Contents

[Introduction 3](#_Toc138933399)

[Revision History 4](#_Toc138933400)

[Acceptance and Refusal of Authorisations Policy 7](#_Toc138933401)

[Animal and Pet Policy 9](#_Toc138933402)

[Birthday cakes policy 11](#_Toc138933403)

[Child Protection Reporting Overview 15](#_Toc138933404)

[Child Protection Policy 17](#_Toc138933405)

[Child Safe Policy 33](#_Toc138933406)

[Child Safe Statement of Commitment 45](#_Toc138933407)

[Code of conduct policy 47](#_Toc138933408)

[Continuity of Education and Care Policy 57](#_Toc138933409)

[Coronavirus (COVID-19) 61](#_Toc138933410)

[Death of a Child Policy 63](#_Toc138933411)

[Delivery And Collection Of Children Policy 65](#_Toc138933412)

[Disinfectant Fogging Procedure 69](#_Toc138933413)

[Education, Curriculum and Learning Policy 73](#_Toc138933414)

[Educator and Management Policy 79](#_Toc138933415)

[Emergency Management and Evacuation Policy 93](#_Toc138933416)

[Emergency Service Contact Policy 105](#_Toc138933417)

[Enrolment Policy 109](#_Toc138933418)

[Environmental Sustainability Policy 115](#_Toc138933419)

[Excursion Policy 119](#_Toc138933420)

[Family Law and Access Policy 121](#_Toc138933421)

[Fees Policy 125](#_Toc138933422)

[Food, Nutrition and Beverage Policy 129](#_Toc138933423)

[Governance Policy 137](#_Toc138933424)

[Complaints and Grievance Policy 151](#_Toc138933425)

[Health, Hygiene and Safe Food Policy 157](#_Toc138933426)

[HIV AIDS Policy 171](#_Toc138933427)

[Immunisation and Disease Prevention Policy 175](#_Toc138933428)

[Incident, Injury, Trauma and Illness Policy 181](#_Toc138933429)

[Interactions With Children 193](#_Toc138933430)

[Infectious Diseases Policy 197](#_Toc138933431)

[Lockdown Policy 207](#_Toc138933432)

[Medical Conditions Policy 211](#_Toc138933433)

[National Quality Framework Policy 221](#_Toc138933434)

[Orientation for Children Policy 223](#_Toc138933435)

[Participation Of Students And Volunteers Policy 227](#_Toc138933436)

[Pest Control Policy 231](#_Toc138933437)

[Photography Policy 235](#_Toc138933438)

[Physical Environment (Workplace Safety, Learning and Administration) Policy 237](#_Toc138933439)

[Privacy and Confidentiality Policy 255](#_Toc138933440)

[Relationships with Children Policy 261](#_Toc138933441)

[Sand Pit Policy 275](#_Toc138933442)

[Sleep, Rest, Relaxation and Clothing Policy 277](#_Toc138933443)

[Staff and Social Media Policy 283](#_Toc138933444)

[Staffing Arrangements Policy 287](#_Toc138933445)

[Sun Protection 297](#_Toc138933446)

[Unenrolled Children Policy 303](#_Toc138933447)

[Water Safety Policy 305](#_Toc138933448)

Introduction

Josie’s Bright Beginnings Kindergarten and Childcare

Policies and Procedures guide the operation of Josie’s Bright Beginnings.

It states the expectations of all educators and Staff, and supports the delivery of a quality education and care service for all our children.

This Policies and Procedure Manual incorporates the National and State legislation and guidelines related to early childhood education and care. It integrates the Education and Care Services National Regulations, Education and Care Services National Law Act 2010, Victoria’s child safe standards and the Early Years Learning Framework and the National Quality Standards.

All Josie’s Bright Beginnings staff and educators are required to act in accordance with the policies and procedures of Josie’s Bright Beginnings. These are to be regularly reviewed.

The Policy and Procedures continue to be improved according to Government requirements, as needs become evident or as opportunities are identified.

It is based on ongoing consultation between families, management, educators, staff and other interested parties.

They are reflective of the diversity within the centres, in particular the wealth of cultural diversity, and are underpinned by respecting the rights of children (Code of Ethics).

Revision History

|  |  |  |
| --- | --- | --- |
| **POLICY NAME** | **Last Review** | **Next Review** |
| Acceptance and Refusal of Authorisations Policy | 10.4.23 | 10.4.24 |
| Animal and Pet Policy | 10.4.23 | 10.4.24 |
| Birthday Cake Policy | 10.4.23 | 10.4.24 |
| Child Protection Policy | 10.4.23 | 10.4.24 |
| Child protection reporting overview | 10.4.23 | 10.4.24 |
| Child Safe Policy | 10.4.23 | 10.4.24 |
| Child safe statement of commitment | 10.4.23 | 10.4.24 |
| Code of Conduct Policy | 10.4.23 | 10.4.24 |
| Continuity of Education and Care Policy | 10.4.23 | 10.4.24 |
| Coronavirus policy | 10.4.23 | 10.4.24 |
| Death of a Child Policy | 15.4.23 | 15.4.24 |
| Delivery and collection of children policy | 12.6.23 | 12.6.24 |
| Disinfectant Fogging Procedure | 15.4.23 | 15.4.24 |
| Education, Curriculum and Learning Policy | 17.4.23 | 17.4.24 |
| Educator and Management Policy | 17.4.23 | 17.4.24 |
| Emergency Management and Evacuation Policy | 17.4.23 | 17.4.24 |
| Emergency Service Contact Policy | 10.4.23 | 10.4.24 |
| Enrolment Policy | 10.4.23 | 10.4.24 |
| Environmental Sustainability Policy | 10.4.23 | 10.4.24 |
| Excursion Policy | 10.4.23 | 10.4.24 |
| Family Law and Access Policy | 10.4.23 | 10.4.24 |
| Fees Policy | 15.6.23 | 15.6.24 |
| Food, Nutrition and Beverage Policy | 10.4.23 | 10.4.24 |
| Governance Policy | 8.5.23 | 8.5.24 |
| Grievance Policy | 1.5.23 | 1.5.24 |
| Health, Hygiene and Safe Food Policy | 10.4.23 | 10.4.24 |
| HIV AIDS Policy | 10.4.23 | 10.4.24 |
| Immunisation and Disease Prevention Policy | 10.4.23 | 10.4.24 |
| Incident, Injury, Trauma and Illness Policy | 17.4.23 | 17.4.24 |
| Interactions with Children Policy | 4.4.23 | 4.4.24 |
| Infectious Diseases Policy | 4.4.23 | 4.4.24 |
| Lockdown Policy | 4.4.23 | 4.4.24 |
| Medical Conditions Policy | 4.4.23 | 4.4.24 |
| National Quality Framework Policy | 4.4.23 | 4.4.24 |
| Orientation for Children Policy | 4.4.23 | 4.4.24 |
| Participation of Students and Volunteers Policy | 7.11.22 | 7.11.23 |
| Pest Control Policy | 4.4.23 | 4.4.24 |
| Photography Policy | 8.4.23 | 8.4.24 |
| Physical Environment (Workplace Safety, Learning and Administration) Policy | 8.4.23 | 8.4.24 |
| Privacy and Confidentiality Policy | 10.3.23 | 10.3.24 |
| Relationship with Children Policy | 8.4.23 | 8.4.24 |
| Sand Pit Policy | 8.4.23 | 8.4.24 |
| Sleep, Rest, Relaxation and Clothing Policy | 8.4.23 | 8.4.24 |
| Staffing Arrangements Policy | 3.5.23 | 3.5.24 |
| Sun Protection policy | 8.4.23 | 8.4.24 |
| Unenrolled Children Policy | 8.4.23 | 8.4.24 |
| Water Safety Policy | 8.4.23 | 8.4.24 |
| Staff and social media policy | 8.4.23 | 8.4.24 |

Acceptance and Refusal of Authorisations Policy

**NQS**

|  |  |  |
| --- | --- | --- |
| QA2 | 2.2.1 | At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard. |

**National Regulations**

|  |  |  |
| --- | --- | --- |
| Regs | 92 | Medication record |
| 93 | Administration of medication |
| 99 | Children leaving the education and care service |
| 102 | Authorisation for excursions |
| 160 | Child enrolment records to be kept by approved provider |
| 161 | Authorisations to be kept in enrolment record |
| 168 | Education and care services must have policies and procedures |

**Aim**

Josie’s Bright Beginnings aims to provide clear and transparent policies and procedures for authorisations. This helps staff and parents understand exactly what they need to do.

**Related Policies**Administration of Medication Policy

Enrolment Policy

Excursion Policy

Photography Policy

Physical Safety (Workplace, Learning and Administration) Policy

**Implementation**

* Where activities require authorisation, either to comply with national regulations, or to comply with our service policies, our service requires that the authorisation is provided in writing, is dated and references the child’s name to whom it refers. These activities include:
  + Administration of medication
  + Administration of medical treatment, general first aid products and ambulance transportation.
  + Excursions including regular outings.
  + Taking of photographs by people who aren’t educators
  + Children being collected from the centre by someone other than their parent
  + Transportation arranged by the centre
* Our service does not accept verbal authorisations in any circumstances except in situations requiring:
  + Emergency administration of medication, including emergencies involving anaphylaxis or asthma
  + As per Paracetamol administration policy

**Source**

**Education and Care Services National Regulations 2011**

**National Quality Standard**

**Review**

The policy will be reviewed annually.

The review will be conducted by:

* Management
* Employees
* Families
* Interested Parties

Animal and Pet Policy

**NQS**

|  |  |  |
| --- | --- | --- |
| QA2 | 2.2.1 | At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard. |

|  |  |  |
| --- | --- | --- |
| QA3 | 3.1.1 | Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child. |
| 3.2.3 | The service cares for the environment and supports children to become environmentally responsible. |
| 3.2 | The service environment is inclusive, promotes competence and supports exploration and play-based learning. |

**National Regulations**

|  |  |  |
| --- | --- | --- |
| Regs | 168 | Policies and procedures are required in relation to health and safety |

**EYLF**

|  |  |
| --- | --- |
| LO2 | Children become socially responsible and show respect for the environment |

**Aim**

Josie’s Bright Beginnings aims to provide a safe and hygienic environment that minimises the risk of a child being harmed by an animal. We also aim to educate children in the proper care of animals.

**Implementation**

* Children must be closely supervised when accessing any animal or pet at the service.
* Any animal or pet kept at the Service will be regularly fed, cleaned, vaccinated and monitored to ensure that they are always healthy.
* Any animal in a cage will have its cage cleaned regularly.
* Animal or pets will not be allowed in the sandpit or any other play area. In event that this happens, educators will refer to the Sand Pit Policy.
* Animal or pets will never be taken into the food preparation area nor will they be allowed near the eating or sleeping area.
* Anyone who has handled the animal or pet will immediately wash their hands after they have finished handling the animal or pet.
* Children’s animal or pets will only be allowed in the Service when permission has been granted by the Nominated Supervisor. If an animal is brought to the Service when families are collecting children it must be left at the gate far enough way so children cannot touch the animal through the fence.
* It will be included in the program how to properly care for animals and how to treat them appropriately.

**Source**

**Education and Care Services National Regulations 2011**

**National Quality Standard**  
**Early Years Learning Framework**

**Review**

The policy will be reviewed annually.

The review will be conducted by:

* Management
* Employees
* Families
* Interested Parties

Birthday cakes policy

**NQS**

|  |  |  |
| --- | --- | --- |
| QA2 | 2.1 | Each child’s health and physical activity is supported and promoted. |
| 2.1.2 | Healthy eating and physical activity are promoted and appropriate for each child. |

|  |  |  |
| --- | --- | --- |
| Regs | 77 | Health, hygiene and safe food practices |
| 78 | Food and beverages |
| 79 | Service providing food and beverages |
| 80 | Weekly menu |
| 90 | Medical conditions policy |
| 91 | Medical conditions policy to be provided to parents |
| 162 | Health information to be kept in enrolment record |
| 168 | Education and care service must have policies and procedures |

**National Regulations**

**EYLF**

|  |  |
| --- | --- |
| LO3 | Children recognise and communicate their bodily needs (for example, thirst, hunger, rest, comfort, physical activity). |
| Children are happy, healthy, safe and connected to others. |
| Children show an increasing awareness of healthy lifestyles and good nutrition. |
| Educators promote continuity of children’s personal health and hygiene by sharing ownership of routines and schedules with children, families and the community. |
| Educators discuss health and safety issues with children and involve them in developing guidelines to keep the environment safe for all. |
| Educators engage children in experiences, conversations and routines that promote healthy lifestyles and good nutrition. |
| Educators model and reinforce health, nutrition and personal hygiene practices with children. |

**Aim**Josie’s Bright Beginnings aims to promote healthy lifestyles, good nutrition and the wellbeing of all of children, educators and families using procedures and policies. We also aim to support and provide adequately for children with food allergies, dietary requirements and restrictions and specific cultural and religious practices. This policy applies to all celebratory cakes and lolly bags.

**Birthday cake**

We enjoy celebrating each child’s birthday and realise its importance as they embark on yet another milestone. Our priority is to ensure all children’s health and safety is maintained including children who are at risk of anaphylaxis. In order to prevent allergic reactions, we ask that families only provide the following.

**Store brought cupcakes with the ingredients clearly labelled on packaging.**

Cupcakes will only be given if:

* They are store brought
* They are enclosed in sealed packaging
* Ingredients are listed on packaging
* The “use by” date is clearly labelled.

We suggest purchasing the cupcakes from Woolworths or Coles as they come in 9, 12 and 24 packs and are great value for money.

The child whose birthday it is will be given their own cupcake with a candle; this is to prevent the spread of germs through saliva on all the cupcakes. Cupcakes will be taken out of their original packaging and placed on a green tray.

All other cakes will not be accepted due to health and safety regulations. Please be aware that some children cannot eat common foods due to various allergies including wheat, diary, nut and egg products.

**Lolly and gift bags**

Families also enjoy giving children individual lolly and gift bags to celebrate their birthday. Josies bright beginnings acknowledges that sharing a celebration is important but does not endorse this practise. For health and safety of children, lolly bags including gift bags are not accepted for distribution. This policy is enforced due to the appropriateness of products contained in each lolly/gift bag.

**Sources  
Education and Care Services National Regulations 2011  
Early Years Learning Framework  
National Quality Standard  
Food Standards Australia New Zealand  
Safe Food Australia, 2nd Edition. January 2001  
Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood   
Dietary Guidelines for Children and Adolescents in Australia.  
Australian Guide for Healthy Eating  
Food Safety Standards for Australia 2001  
Food Standards Australia and New Zealand Act 1991  
Food Standards Australia New Zealand Regulations 1994  
Food Act 2003  
Food Regulation 2004  
Occupational Health and Safety Act 2000  
Occupational Health and Safety Regulations 2001  
Dental Association Australia  
Infant Feeding Guidelines for Health Workers (National Health & Medical Research Council, 2003) Feeding and Nutrition of Infants and Young Children (World Health Organisation, 2000)   
Australian Breast Feeding Association Guidelines**

**Start Right Eat Right Dept Health SA**

Child Protection Reporting Overview

**Notifications of Abuse**

If anyone has suspicions of serious abuse contact   
**Child Protection Service**on **131 278** (24 hours, 7 days)

If anyone has suspicions of low to moderate level abuse contact Child FIRST (see next page)

When children are in immediate danger of abuse contact the **police on** **000**

**Consult OUR Child Protection Policy   
for more information.**

| **Additional Child Protection Contacts** | |
| --- | --- |
| **DHS Regions** | **Telephone** |
| **Eastern** | **1300 360 391** |
| **Southern** | **1300 655 795** |
| **Northern & Western** | **1300 664 977** |
| **South Western Rural and Regional** | **1800 075 599** |
| **Eastern and South Eastern Rural and Regional** | **1800 020 202** |
| **Western Rural and Regional** | **1800 000 551** |
| **North Eastern Rural and Regional** | **1800 650 227** |
| **North Western Rural and Regional** | **1800 675 598** |
| **The Commission for Children and Young People** | **1300 782 978** |
|  | |

**If you are unsure which regional office to call, please see the website below -**

[**http://www.dhs.vic.gov.au/for-individuals/children,-families-and-young-people/child-protection/child-protection-contacts**](http://www.dhs.vic.gov.au/for-individuals/children,-families-and-young-people/child-protection/child-protection-contacts)

**Child FIRST contacts**

<http://www.dhs.vic.gov.au/for-individuals/children,-families-and-young-people/family-and-parenting-support/family-services/child-first-child-and-family-information,-referral-and-support-teams>.

Child Protection Policy

**NQS**

|  |  |  |
| --- | --- | --- |
| QA2 | 2.3.4 | Educators, co-ordinators and educators are aware of their roles and responsibilities to respond to every child at risk of abuse or neglect. |

**National Regulations**

|  |  |  |
| --- | --- | --- |
| Regs | 84 | Awareness of child protection law |

**Aim**

All educators and staff at our service take seriously their responsibility to protect children from any type of abuse, and are aware of their roles and responsibilities regarding child protection. While we understand there are legislative obligations we must follow, we believe it is also our responsibility as educators to ensure the safety and wellbeing of all children, and to provide the children at our service with the opportunity to develop to their full potential free from any form of harm and abuse. We will implement a child protection risk management strategy to ensure the safety of children is paramount and the service will always act quickly in the best interests of a child.

**Related Policies**

Educator and Management Policy

Privacy and Confidentiality Policy  
Record Keeping and Retention Policy  
Family Law and Access Policy  
Relationships with Children Policy  
Tobacco Drug and Alcohol Policy   
Reportable Conduct Scheme Policy

**Related Documentation**

Incident Injury Trauma and Illness Record

Child Protection Annual Review

Educator Induction Processes

Educator Appraisal Processes

Educator Recruitment Processes

Educator Professional Development Processes

Educator Job Descriptions

Staff Records

Risk Management Plans

Child safe standards (updated version 2022)

**Implementation**

The Approved Provider, Nominated Supervisor, educators, staff members and volunteers will implement a Child Protection Risk Management Strategy to ensure the health, wellbeing and safety of all children at the service.

**Child Protection Risk Management Strategy**

1. **Code of Conduct**

The service upholds a Code of Conduct in relation to employers, educators, volunteers, students, families and children to ensure the safety and wellbeing of children (See Educator and Management Policy).

1. **Recruitment, Selection and Training Procedures include child protection principles.**

The Approved Provider or Nominated Supervisor is responsible for developing recruitment and professional development procedures that ensure all people working at the service do not pose a risk to children and understand how to respond to disclosures or suspicions of harm and abuse. (See Appendix A and Educator and Management Policy “Professional Development Requirements).

**3. Procedures for Reporting and Documenting Abuse or Neglect**

**What is abuse?**

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

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

Mandated reporters include Approved Providers, Nominated Supervisors and people with “post-secondary” qualifications such as educators. Mandatory reporters must make a report to Child Protection as soon as possible after forming a belief on reasonable grounds that a child is in need of protection from significant harm as a result of physical or sexual abuse, and the child’s parents are unwilling or unable to protect the child.

However, all educators and staff members who believe on reasonable grounds that a child is in need of protection will report abuse and neglect to either Child Protection on **131278** or Child FIRST. Child FIRST contacts are available at <http://www.dhs.vic.gov.au/for-individuals/children,-families-and-young-people/family-and-parenting-support/family-services/child-first-child-and-family-information,-referral-and-support-teams>.

A report to Child Protection will be made if:

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

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

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

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

A person may form a belief on **reasonable grounds** that a child is in need of protection after becoming aware that a child’s health, safety or wellbeing is at risk and the child’s parents are unwilling or unable to protect the child.

For example:

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

abused (sometimes the child may be talking about themselves)

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

**Responsibilities**

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

* be able to recognise indicators of abuse (see Appendix B).
* take anything a child says seriously and follow up their concerns.
* allow children to be part of decision-making processes where appropriate.
* understand they are mandatory reporters (Approved Provider, Nominated Supervisor and qualified staff) of physical and sexual abuse in children where parents are unwilling or unable to protect a child and they must report this abuse to Child Protection on **131278**.
* understand they must report to Child Protection **131278** or Child FIRST(both available 24 hours/7 days a week) if they believe on reasonable grounds a child has, is or is likely to suffer abuse and neglect.

Educators, staff members and volunteers should make the reports with the assistance or support of the Approved Provider or Nominated Supervisor. If the Approved Provider or Nominated Supervisor does not follow through and make the report, educators, staff and volunteers will make the report

* contact the police on 000 if there is an immediate danger to a child and intervene immediately if it is safe to do so.
* connect families with referral agencies through Child FIRST. Family consent will be sought before making referrals.
* promote the welfare, safety and wellbeing of children at the service.
* prepare accurate records to assist investigations of abuse or suspected abuse by Child Protection or Child FIRST. Accurate records record exactly what happened, was thought to have happened or potentially could happen.
* understand that allegations of abuse and neglect against them are treated in the same way as allegations of harm against other people (see “Allegations against Service Personnel”).

**The Approved Provider and Nominated Supervisor must also:**

* ensure that all employees and volunteers are:
* clear about their roles and responsibilities regarding child protection.
* aware of their obligations to immediately report cases where they believe on reasonable grounds a child has or is experiencing abuse and neglect including sexual abuse.
* aware of the indicators showing a child may be at risk of abuse or neglect.
* provide training and development for all educators, staff and volunteers in the recognition and reporting of harm.
* provide reporting procedures and professional standards to safeguard children and protect the integrity of educators, staff and volunteers.
* inform all stakeholders of the actions or inactions that form a breach of the child protection risk management strategy and the potential outcomes of breaching the strategy.
* manage any breaches of the child protection risk management strategy.
* conduct a Working with Children Check (WWCC) for all educators, staff and volunteers unless the person meets the criteria for exemption from a WWCC. Further information is available at <http://www.workingwithchildren.vic.gov.au/>
* provide access to relevant acts, regulations, standards and other resources to help educators, staff and volunteers meet their obligations.
* ensure records of harm or suspected harm are kept in line with our Privacy and Confidentiality Policy.

**Allegations against Service Personnel**

Allegations of abuse or suspected abuse against educators, staff members, volunteers, the Nominated Supervisor or Approved Provider are treated in the same way as allegations against other people. However, under the legislation any allegation of abuse by the Approved Provider, staff member, educator or visitor to an education and care service must immediately be reported directly to Victoria Police on 000. The following are all types of conduct which is considerable reportable:

* sexual offences committed against, with or in the presence of a child
* sexual misconduct committed against, with or in the presence of a child
* physical violence against, with or in the presence of a child
* any behaviour that causes significant emotional or psychological harm to a child
* significant neglect of a child

Educators will make the report with the assistance or support of the Nominated Supervisor. If the Nominated Supervisor is involved in the harm, then the Approved Provider or most senior educator will assist in notifying Child Protection or Child FIRST.

The Nominated Supervisor or Approved Provider:

* will complete an Incident, Injury, Trauma and Illness Record and notify the Regulatory Authority within 24 hours of making the report to the Commission of Children and Young People which must be made within 3 days of initial report of the incident.
* will provide appropriate support for any educator or staff member who has an allegation made against them.
* will protect the identity of educators/staff members against whom unsubstantiated complaints have been made will be protected.
* will review the person’s duties, and if they continue to interact with children, ensure they are appropriately supervised at all times. If the employee is under investigation internally or by the police based on the reasonable grounds of evidence mentioned previously then the employee will be automatically suspended.
* may seek legal advice about restricting that person’s work activities.
* If an employee is found guilty of committing sexual abuse either by an internal investigation or by court they will be automatically terminated.

**Documentation**

**Documenting a *suspicion* of abuse and neglect**

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

* record their concerns in a non-judgmental, factual and accurate manner as soon as possible.
* record their own observations as well as accurate details of any conversation with a parent (who may for example explain a noticeable mark on a child).
  + not attempt to conduct their own investigation.
* document as soon as possible so the details are accurately captured including:
  + - time, date and place of the suspicion
    - full details of the suspected abuse
    - date of report and signature.

**Documenting a *disclosure* of abuse and neglect**

A disclosure of harm occurs when someone, including a child, tells you about harm that has happened or is likely to happen.

Disclosures of harm may start with:

• ―I think I saw…‖

• ―Somebody told me that…‖

• ―Just think you should know…‖

• ―I‘m not sure what I want you to do, but…‖

When receiving a disclosure of abuse and neglect educators, staff members, the Nominated Supervisor or Approved Provider will:

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

**Notifications of abuse and neglect**

The person making a notification of abuse or suspected abuse will make a record of the answers to the following:

* name of person they spoke to.
* what the next step in the process is.
* what advice will be sent to confirm the report has been made.
* If there is any further action they need to take.

**Confidentiality**  
It is important that any notification remains confidential, as it is vitally important to remember that no confirmation of any allegation can be made until the matter is investigated. The individual who makes the complaint should not inform the person they have made the complaint about. This ensures the matter can be investigated without prior knowledge and contamination of evidence.

**Safeguards for reporters**

Reports made to Child Protection or Child FIRST are kept confidential. Under the *Children Youth and Families Act 2005* if the report is made in good faith:

* the report will not breach confidence or standards of professional conduct
* the report can’t incur civil or criminal liability
* the identity of the person making the report is protected. (However, the Court may grant leave to reveal the person’s identity if the evidence is critically important.)

A report is also an exempt document under the *Freedom of Information Act* 1982.

**4. Procedures for Managing Breaches**

This plan outlines the steps to be taken following a breach of the child protection risk management strategy in order to address the breach in a fair and supportive manner.

**Definition**

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

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

A breach is also any action or inaction by any member of the service, including children and young people, that fails to comply with any part of the strategy including any breach of:

* a statement of commitment to the safety of children and their protection from harm
* a code of conduct for interacting with children
* procedures for recruiting, selecting, training and managing paid employees and volunteers
* policies and procedures for handling disclosures or suspicions of harm, including reporting guidelines
* policies and procedures for implementing and reviewing the child protection risk management strategy
* risk management plans for high-risk activities and special events
* strategies for communication and support.

**Processes to manage a breach of the child protection risk management strategy**

The Nominated Supervisor or Approved Provider will manage breaches in a fair, unbiased and supportive manner:

* all people concerned will be advised of the process
* all people concerned will be able to provide their version of events
* the details of the breach, including the versions of all parties and the outcome will be recorded
* matters discussed in relation to the breach will be kept confidential
* an appropriate outcome will be decided.

**Suitable outcomes for breaches**

Depending on the nature of the breach outcomes may include:

* emphasising the relevant component of the child protection risk management strategy, for example, the code of conduct
* providing closer supervision
* further education and training
* mediating between those involved in the incident (where appropriate)
* disciplinary procedures if necessary
* reviewing current policies and procedures and developing new policies and procedures if necessary.

**5. Risk Management Plan for High-Risk Activity**

In addition to workplace health and safety concerns, a child risk management strategy should analyse the risk of ‘harm’ to children. We do this through the centre’s risk assessment process. For high-risk activities including excursions from the centre we will complete a risk assessment. This will assess not only physical risk associated with the activity but also affects on our children’s privacy both in person and online.

**6. Information for Families**

**Our Child Protection Risk Management Strategy**

Creating safe and supportive service environments for children is everyone’s business. Our service is committed to ensuring children are kept safe from harm. We will initiate and maintain ongoing planning and commitment to a safe and supportive environment so children:

* feel safe and protected from harm
* help plan activities and make decisions
* are consulted and respected
* have their best interests considered and upheld.

We have a written child protection risk management strategy to protect the children in our service from harm, and to ensure we have a safe and supportive environment for children by identifying and minimising risks.

The child protection risk management strategy consists of:

* a code of conduct for interacting with children.
* procedures for recruiting, selecting, training and managing paid employees and volunteers, including screening procedures through working with children checks.
* procedures for handling disclosures or suspicions of harm, including reporting guidelines
* procedures for managing breaches of the strategy
* risk management plans for high-risk activities and special events
* strategies for communication and support.

As a parent/carer it is important for you to understand the policies and procedures that form the child protection risk management strategy.

**Educating Children about Protective Behaviour**

**We aim to teach children:**

* about acceptable and unacceptable behaviour, and appropriate and inappropriate contact in a manner suitable to their age and level of understanding
* that they have a right to feel safe at all times.
* to say ‘NO‘ to anything that makes them feel unsafe
* the difference between ‘fun’ scared that is appropriate risk taking and dangerous scared that is not ok.
* to use their own skills to feel safe.
* to recognise signs that they do not feel safe and need to be alert and think clearly.
* that there is no secret too awful, no story too terrible, that they can share with someone they trust.
* that educators are available for them if they have any concerns.
* to tell educators of any suspicious activities or people.
* to recognise and express their feelings verbally and non-verbally.
* that they can choose to change the way they are feeling.

**Beliefs**

Our service believes that:

* children are capable of the same range of emotions as adults.
* children’s emotions are real and need to be accepted by adults.
* 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.
* children are very in touch with their bodies’ reactions to their emotions.
* children who retain, enhance and better understand their body’s response to an emotion are more able to foresee the outcome out a situation and avoid them or ask for help.

**Sources**

**Community and Disability Services Ministers' Conference (2005). *Creating safe environments for children: Organisations, employees and volunteers: National framework.***

**Community and Disability Services Ministers' Conference (2005). Schedule: Guidelines for building the capacity of child-safe organisations. *Creating safe* *environments for children: Organisations, employees and volunteers: National* *framework.***

**Children, Youth and Families Act 2005**

**The Child Wellbeing and Safety Act 2005**

**Depart of Human Services Child Protection, Dept of Education and Early Childhood Development, Licensed Children’s services and Victorian Schools “Protecting the Safety and Wellbeing of Children and Young People”  
Education and Care Services National Regulations 2011  
Early Years Learning Framework**

**Review**

* The policy will be reviewed annually and will be conducted by:
* Management
* Employees
* Families
* Interested Parties

**Appendix A**

|  |
| --- |
| **Educator Recruitment Procedures** |

**Recruitment Process:**

* The Approved Provider/Nominated Supervisor will oversee and approve the recruitment process:
  + ensuring there is a documented position description for the vacant position that is accurate and current.
  + arranging for the position to be advertised
  + ensuring there is a standard list of interview questions for all applicants
  + reviewing the applications that have been received and making a short list of applicants
  + arranging suitable interview times with the shortlisted applicants
  + contacting at least 2 referees for the most suitable candidate(s). A Telephone reference Check Template is attached.
  + making an offer of employment in writing which the applicant must sign as an acceptance of the offer. The applicant must sign a contract of employment containing the specific terms and conditions of employment. A base Employment Contract is attached.
  + notifying unsuccessful applicants by letter, telephone or email.
* Recruitment and selection decisions will be made by the Approved Provider/Nominated Supervisor.

**Job Description**

Every position must have a position description which:

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

**Advertising**

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

**The Job Advertisement**

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

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

**Interviews**

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

* advise the applicant about the position and the Service
* discuss the applicant’s skills and experience as they relate to the position
* answer any questions the applicant may have
* advise the applicant about the next steps in the selection process
* obtain permission to contact the applicant’s nominated referees.

**Selection of Candidates and Offer of Employment**

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

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

Applicants with a prior conviction relating to violent or sexually related offences will not be employed by Josie’s Bright Beginnings.

All successful candidates must have a working with children’s check before beginning employment. Candidates must also have a criminal record check completed.

**Exit Interviews**

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

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

**Appendix B**

**Indicators of Harm**

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

**General indicators of abuse and neglect**

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

**Physical Abuse**

Physical indicators include:

* Bruises, burns, sprains, dislocations, bites, cuts
* Fractured bones, especially in an infant where a fracture is unlikely to occur accidentally
* Poisoning
* Internal injuries
* Bald patches where hair has been pulled out

Possible behavioural indicators include:

* Showing wariness or distrust of adults
* Wearing long sleeved clothes on hot days (to hide bruising or other injury)
* Demonstrating fear of parents and of going home
* Becoming fearful when other children cry or shout
* Being excessively friendly to strangers
* Being very passive and compliant
* Not reacting or showing little emotion when hurt
* Showing little or no fear when threatened
* Often being absent
* Showing regressive behaviour such as bed-wetting
* Often feeling sad or crying

**Sexual Abuse**

A child is sexually abused when any person uses their authority or power over the child to engage in sexual activity. This can include exploitation through pornography or voyeurism. Sexual abuse is not usually identified through physical indicators. Often the first sign is when a child tells someone they trust that they have been sexually abused. However, the presence of sexually transmitted diseases, pregnancy, or vaginal or anal bleeding or discharge may indicate sexual abuse.

Physical indicators include:

* Injury to the genital or rectal area
* Vaginal or anal bleeding or discharge
* Discomfort in toileting
* Inflammation and infection of genital area
* Bruising
* Frequent urinary tract infections

One or more of these behavioural indicators may be present:

* Child telling someone that sexual abuse has occurred
* Complaining of headaches or stomach pains
* Experiencing problems with schoolwork
* Displaying sexual behaviour or knowledge which is unusual for the child's age
* Showing behaviour such as frequent rocking, sucking and biting
* Experiencing difficulties in sleeping
* Having difficulties in relating to adults and peers
* Drawing or telling stories that are sexually explicit
* Showing regressive behaviour such as bed-wetting

**Emotional Abuse**

Emotional abuse happens when a child is repeatedly rejected, isolated or frightened by threats or by witnessing family violence. It also includes hostility, derogatory name-calling and putdowns or persistent coldness from a person to the extent the child’s emotional development and behaviour is at serious risk of being impaired. There are few physical indicators, although emotional abuse may cause delays in emotional, mental, or even physical development.

Physical indicators include:

* Speech disorders
* Delays in physical development
* Failure to thrive

Possible behavioural indicators include:

* Displaying low self esteem
* Tending to be withdrawn, passive, tearful
* Displaying aggressive or demanding behaviour
* Being highly anxious
* Showing delayed speech
* Acting like a much younger child, e.g. soiling, wetting pants
* Displaying difficulties in relating to adults and peers
* Showing mental or emotional displays
* Having overly high standards and a fear of failure

**Neglect**

Physical indicators include:

* Frequent hunger
* Malnutrition
* Poor hygiene
* Inappropriate clothing, e.g. summer clothes in winter
* Left unsupervised for long periods
* Medical needs not attended to
* Abandoned by parents

Possible behavioural indicators include:

* stealing food or gorging when food is available
* staying at school outside school hours
* often being tired, falling asleep in class
* abusing alcohol or drugs
* displaying aggressive behaviour
* not getting on well with peers
* poor socialising habits
* withdrawn, listless, pale and thin

The presence of indicators such as those described may alert us to the possibility that a child is being abused. It is important that anyone who has concerns that a child or young person is in need of protection contacts a local Child Protection Service for assistance and advice.

**Family Violence**

Family violence, either threatened or actual, occurs within a family, including physical, verbal, emotional, psychological, sexual, financial and social abuse. Child Protection must be informed when there are strong indicators that family violence is placing a child at significant risk if danger.

**Appendix C**

|  |  |
| --- | --- |
| **Child Protection Risk Management Strategy – Template Risk Management Plan for High-Risk Activity** | **C:\Users\matt\Documents\family child staff symbols\Director.jpg** |

**In addition to occupational health and safety concerns, a child and youth risk management strategy should analyse the risk of ‘harm’ to children and young people.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **STEP 1** | **STEP 2** | **STEP 3** | **STEP 4** | **STEP 5** | **STEP 6** |
| **Describe the activity**  Identify all elements of the event from beginning to end | **Identify Risks**  Something that could happen that results in harm to a child or young person | **Analyse the Risk**  (Likelihood/  Consequences) | **Evaluate the Risk**  The level of risk | **Manage the Risk**  Assess the options | **Review**  Nominate who will review after the event/activity |
|  |  |  |  |  |  |

Child Safe Policy

**NQS**

|  |  |  |
| --- | --- | --- |
| QA2 | 2.3.4 | Educators, co-ordinators and staff members are aware of their roles and responsibilities to respond to every child at risk of abuse or neglect |

**National Regulations**

|  |  |  |
| --- | --- | --- |
| Regs | 84 | Awareness of child protection law |

**Aim**

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

**Related Policies**

Additional Needs Policy

Child Protection Policy

Educator and Management Policy

Incident, Injury, Trauma and Illness Policy

Social media Policy

Staffing Arrangements Policy

Technology Usage Policy

**Implementation**

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

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

In complying with Child Safe Standard 1, an organisation must, at a minimum, ensure:

1.1 A child’s ability to express their culture and enjoy their cultural rights is encouraged and actively supported.

1.2 Strategies are embedded within the organisation which equip all members to acknowledge and appreciate the strengths of Aboriginal culture and understand its importance to the wellbeing and safety of Aboriginal children and young people.

1.3 Measures are adopted by the organisation to ensure racism within the organisation is identified, confronted and not tolerated. Any instances of racism are addressed with appropriate consequences.

1.4 The organisation actively supports and facilitates participation and inclusion within it by Aboriginal children, young people and their families.

1.5 All of the organisation’s policies, procedures, systems and processes together create a culturally safe and inclusive environment and meet the needs of Aboriginal children, young people and their families.

**Child Safe Standard 2 – Child safety and wellbeing is embedded in organisational leadership, governance and culture**

In complying with Child Safe Standard 2, an organisation must, at a minimum, ensure:

2.1 The organisation makes a public commitment to child safety.

2.2 A child safe culture is championed and modelled at all levels of the organisation from the top down and bottom up.

2.3 Governance arrangements facilitate implementation of the child safety and wellbeing policy at all levels.

2.4 A Code of Conduct provides guidelines for staff and volunteers on expected behavioural standards and responsibilities.

2.5 Risk management strategies focus on preventing, identifying and mitigating risks to children and young people.

2.6 Staff and volunteers understand their obligations on information sharing and recordkeeping.

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

In complying with Child Safe Standard 3, an organisation must, at a minimum, ensure:

3.1 Children and young people are informed about all of their rights, including to safety, information and participation.

3.2 The importance of friendships is recognised and support from peers is encouraged, to help children and young people feel safe and be less isolated.

3.3 Where relevant to the setting or context, children and young people are offered access to sexual abuse prevention programs and to relevant related information in an age-appropriate way.

3.4 Staff and volunteers are attuned to signs of harm and facilitate child-friendly ways for children and young people to express their views, participate in decision-making and raise their concerns.

3.5 Organisations have strategies in place to develop a culture that facilitates participation and is responsive to the input of children and young people.

3.6 Organisations provide opportunities for children and young people to participate and are responsive to their contributions, thereby strengthening confidence and engagement.

**Child Safe Standard 4 – Families and communities are informed, and involved in promoting child safety and wellbeing**

In complying with Child Safe Standard 4, an organisation must, at a minimum, ensure:

4.1 Families participate in decisions affecting their child.

4.2 The organisation engages and openly communicates with families and the community about its child safe approach and relevant information is accessible.

4.3 Families and communities have a say in the development and review of the organisation’s policies and practices.

4.4 Families, carers and the community are informed about the organisation’s operations and governance.

**Child Safe Standard 5 – Equity is upheld and diverse needs respected in policy and practice**

In complying with Child Safe Standard 5, an organisation must, at a minimum, ensure:

5.1 The organisation, including staff and volunteers, understands children and young people’s diverse circumstances, and provides support and responds to those who are vulnerable.

5.2 Children and young people have access to information, support and complaints processes in ways that are culturally safe, accessible and easy to understand.

5.3 The organisation pays particular attention to the needs of children and young people with disability, children and young people from culturally and linguistically diverse backgrounds, those who are unable to live at home, and lesbian, gay, bisexual, transgender and intersex children and young people.

5.4 The organisation pays particular attention to the needs of Aboriginal children and young people and provides/promotes a culturally safe environment for them.

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

In complying with Child Safe Standard 6, an organisation must, at a minimum, ensure:

6.1 Recruitment, including advertising, referee checks and staff and volunteer pre‑employment screening, emphasise child safety and wellbeing.

6.2 Relevant staff and volunteers have current working with children checks or equivalent background checks.

6.3 All staff and volunteers receive an appropriate induction and are aware of their responsibilities to children and young people, including record keeping, information sharing and reporting obligations.

6.4 Ongoing supervision and people management is focused on child safety and wellbeing.

**Child Safe Standard 7 – Processes for complaints and concerns are child focused**

In complying with Child Safe Standard 7, an organisation must, at a minimum, ensure:

7.1 The organisation has an accessible, child focused complaint handling policy which clearly outlines the roles and responsibilities of leadership, staff and volunteers, approaches to dealing with different types of complaints, breaches of relevant policies or the Code of Conduct and obligations to act and report.

7.2 Effective complaint handling processes are understood by children and young people, families, staff and volunteers, and are culturally safe.

7.3 Complaints are taken seriously, and responded to promptly and thoroughly.

7.4 The organisation has policies and procedures in place that address reporting of complaints and concerns to relevant authorities, whether or not the law requires reporting, and co-operates with law enforcement.

7.5 Reporting, privacy and employment law obligations are met.

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

In complying with Child Safe Standard 8, an organisation must, at a minimum, ensure:

8.1 Staff and volunteers are trained and supported to effectively implement the organisation’s child safety and wellbeing policy.

8.2 Staff and volunteers receive training and information to recognise indicators of child harm including harm caused by other children and young people.

8.3 Staff and volunteers receive training and information to respond effectively to issues of child safety and wellbeing and support colleagues who disclose harm.

8.4 Staff and volunteers receive training and information on how to build culturally safe environments for children and young people.

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

In complying with Child Safe Standard 9, an organisation must, at a minimum, ensure:

9.1 Staff and volunteers identify and mitigate risks in the online and physical environments without compromising a child’s right to privacy, access to information, social connections and learning opportunities.

9.2 The online environment is used in accordance with the organisation’s Code of Conduct and child safety and wellbeing policy and practices.

9.3 Risk management plans consider risks posed by organisational settings, activities, and the physical environment.

9.4 Organisations that contract facilities and services from third parties have procurement policies that ensure the safety of children and young people.

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

In complying with Child Safe Standard 10, an organisation must, at a minimum, ensure:

10.1 The organisation regularly reviews, evaluates and improves child safe practices.

10.2 Complaints, concerns and safety incidents are analysed to identify causes and systemic failures to inform continuous improvement.

10.3 The organisation reports on the findings of relevant reviews to staff and volunteers, community and families and children and young people.

**Child Safe Standard 11 – Policies and procedures document how the organisation is safe for children and young people**

In complying with Child Safe Standard 11, an organisation must, at a minimum, ensure:

11.1 Policies and procedures address all Child Safe Standards.

11.2 Policies and procedures are documented and easy to understand.

11.3 Best practice models and stakeholder consultation informs the development of policies and procedures.

11.4 Leaders champion and model compliance with policies and procedures.

11.5 Staff and volunteers understand and implement policies and procedures.

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

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

Under our*Educator and Management Policy*, the Nominated Supervisor embeds a culture of child safety in several ways including:

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

Our *Child Protection Policy* outlines our Child Protection Risk Management Strategy:

1. Code of Conduct
2. Recruitment, Selection and Training Procedures which include child protection principles (also Standard 4)
3. Procedures for Reporting and Documenting Abuse or Neglect (also Standard 5)
4. Procedures for Managing Breaches
5. Risk Management for High-Risk Activity
6. Information for Families

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

NQS 1.1.1 Curriculum decision making contributes to each child’s learning and development outcomes *in relation to their identity, connection with community,* wellbeing, confidence as learners and effectiveness as communicators.

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

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

Educators do this in numerous ways including:

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

Records which enable staff to monitor and review incidents, and implement continuous improvement practices, are maintained as required under the National Law and our*Incident, Injury, Trauma and Illness Policy.*

1. **A child safe policy**

This policy is available to all families in our policy folder, as part of our regular policy review program.

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

The *Code of Conduct in our Educator and Management Policy* sets out clear expectations for appropriate behaviour with children. For example, all staff and volunteers will:

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

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

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

*Our Relationships with Children Policy* also contains clear guidelines on appropriate behaviour with children.

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

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

Our*Educator and Management Policy* details our commitment to the professional development and performance management of all staff. It explains, for example, that the Nominated Supervisor will complete an annual performance appraisal for all staff, as well as for new staff after 6 months service. Appraisals are used to ensure staff are aware of their duties and responsibilities and to identify training needs which include child safety practices. The Nominated Supervisor will ensure funds are set aside for training in the annual budget.

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

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

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

* position descriptions will clearly describe the expectations for staff to provide a safe and supportive environment for children.
* job advertisements will state applicants need to have a clear Working with Children Check
* applicants will be questioned on their understanding of child safety and child protection, and permission is obtained to contact referees

Our *Staffing Arrangements Policy* sets out the required ratios of staff to children, staff qualifications and the requirement for the Nominated Supervisor to read a person’s Working with Children Check before the person is employed or works as a volunteer at the service (unless exemptions apply).

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

* always supervising students and volunteers
* educators positioning themselves (outdoors) so they see as much as possible

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

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

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

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

Our *Educator and Management Policy* outlines our commitment to training, including training in child safe practices to meet staff needs and obligations (see Standard 4).

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

Our *Relationships with Children Policy*contains extensive guidelines and examples about positive interactions with children to promote their self-esteem, and positive behaviour guidance. The Policy also clearly states that staff will not isolate, intimidate or subject children to corporal punishment to guide behaviour.

Instead, staff may take actions which include:

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

Our *Educator and Management Policy* sets out the practices which will be followed for visitors to the service:

* visitors will never be left alone with children and will always be supervised by staff
* visitors must have or obtain a child protection clearance (unless exempt) before being allowed into the service
* specialists or professionals engaged to support a child will only be allowed to visit and engage with the child if written authorisation has first been obtained from the child’s parents

This policy also outlines our commitment to training, including in child safe practices, to meet staff needs and obligations (see Standard 4).

Our *Technology Usage Policy* requires technology only be used to support children’s learning, that only age-appropriate websites will be accessed and that staff will directly supervise children when they are on-line. Children will view ‘G’ rated videos only.

Our *social media Policy* contains a number of measures designed to ensure children’s privacy and wellbeing. For example:

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

Comments made under Standard 4 also apply.

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

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

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

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

1.1.5 Every child is supported to participate in the program

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

5.1.1 Interactions with each child are warm, responsive and build trusting relationships

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

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

Our *Relationships with Children Policy* contains extensive guidelines on the inclusion and agency of all children. For example, staff will:

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

Our *Additional Needs Policy* indicates we welcome children with additional needs (including children from diverse cultural backgrounds) and will design or adapt the environment to ensure every child can participate and achieve meaningful learning outcomes. We will work with professionals, families and children to ensure that learning environments are suitable and implement plans or instructions. Any questions about child safety or this Policy may be directed to the Approved Provider, Nominated Supervisor or Responsible person in day-to-day charge of the service. If you have any concerns about the way these managers address or respond to child safety issues, you may contact the Child Protection Hotline on 131 278, the Department of Education and Training (Children’s Services) on 1300 307 415 or the Police on 000.

Source

Education and Care ServicesNational Regulations 2011

National Quality Standard  
**Victorian Child Safe Standards**

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

**An overview of the Victorian child safe standards Department of Health and Human Services**

**Commission for children and young people**

**Review**

The policy will be reviewed annually by:

* Management
* Employees
* Families
* Interested Parties

Child Safe Statement of Commitment

Josies Bright beginnings is working towards compliance with the eleven Victorian Child Safe Standards to create a culture of child safety that reduces the opportunity for harm.

Our Child Safe Statement of Commitment applies to all employees, volunteers, work experience students and contractors.

**Statement of Commitment**

Josie’s Bright beginnings is committed to the safety and well-being of children and, as such, is committed to creating and maintaining a child safe service.

We have zero tolerance of child abuse and are committed to actively contributing to a child safe environment where children are protected from abuse.

Our commitment to the safety of children is based on our duty of care and responsibilities to children and always acting in the best interests of children.

Our commitment will be enacted through the implementation and monitoring of the Child Safe Standards, as specified under the *Child Wellbeing and Safety Amendment (Child Safe Standards) Act 2015.*

**Our Commitment to Children**

We are committed to ensuring children feel safe, empowered and are taken seriously if they raise concerns in relation to their safety and well-being.

We value and support diversity, inclusion and equality. In acknowledgment of the particular vulnerabilities of these groups of children, and in accordance with the Child Safe Standards, we particularly support:

* the cultural safety of Indigenous Australian children and children from culturally and linguistically diverse backgrounds
* the participation and empowerment of children with a disability, Indigenous Australian children, children from culturally and linguistically diverse backgrounds and children who identify with the LGBTIQ community.

Code of conduct policy

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **National Quality Framework Quality Area, Standards & Elements**  **Quality Area 4 – Staffing arrangements**  4.2 Educators, coordinators and staff members are respectful and ethical  4.2.1 Professional standards guide practice, interactions and relationships  4.2.2 Educators, coordinators and staff members work collaboratively and affirm, challenge,  support and learn from each other to further develop their skills, to improve practice and  relationships  4.2.3 Interactions convey mutual respect, equity and recognition of each other’s strengths and  skills  **Quality area 7 - Leadership and Service Management**   |  |  | | --- | --- | | 7.1.2 | The induction of educators, coordinators and staff members is comprehensive | | 7.1.3 | Every effort is made to promote continuity of educators and coordinators at the service | | 7.1.4 | Provision is made to ensure a suitably qualified and experienced educator or coordinator leads the development of the curriculum and ensures the establishment of clear goals and expectations for teaching and learning. | |

**PURPOSE**  
This policy provides guidelines to enable Josies bright beginnings to:  
• establish the expected standards of behaviour for the Approved Provider, Nominated Supervisor,  
staff, contractors, volunteers, students on placement, parents/guardians and visitors  
• create and maintain a child safe environment that reflects the philosophy, beliefs, objectives and  
values of Josies bright beginnings  
• promote desirable and appropriate behaviour  
• promote interactions at the service which are respectful, honest, courteous, sensitive, tactful and  
considerate.

**POLICY STATEMENT**

**1. VALUES**  
Josies bright beginnings:  
• respects the rights of the child and values diversity  
• acknowledges the vulnerability of Aboriginal children, children from a culturally and linguistically  
diverse background and children with a disability and has zero tolerance of discrimination  
• maintains a duty of care (refer to Definitions) towards all children at the service  
• is committed to the safety and wellbeing of each child at the service  
• is committed to the safety and wellbeing of all staff at the service  
• provides a safe and secure environment for all at the service  
• provides an open, welcoming environment in which everyone’s contribution is valued and  
respected  
• is committed to communicating openly and honestly  
• is committed to continually learning how to be inclusive and respectful of cultural needs  
• encourages volunteers, students, parents/guardians and visitors to support and participate in the  
program and activities of the service.

**2. SCOPE**  
This policy applies to the Approved Provider, Nominated Supervisor, staff, contractors, volunteers,  
students on placement, parents/guardians and visitors attending the programs and activities of  
Josies bright beginnings

**3. BACKGROUND AND LEGISLATION**  
Codes of conduct establish standards of behaviour to be followed and define how individuals are  
expected to behave towards each other, towards the children in their care, and towards other  
organisations and individuals in the community.

The Approved Provider, Nominated Supervisor and staff have a duty of care to the children attending  
the service and must ensure ‘that every reasonable precaution is taken to protect children being  
educated and cared for by the service from harm and from any hazard likely to cause injury’ (National  
Law: Section 167).

The National Quality Standard requires that staff are respectful and ethical and that ‘professional  
standards guide practice, interactions and relationships’ (National Quality Standard: 4.2 and 4.2.1).

Employers also have a legal responsibility to provide, as far as is practicable, a safe workplace that is  
free from discrimination, bullying and harassment.

Child Safe Standard 3 requires services to develop and review codes of conduct that establish clear  
expectations for appropriate behaviour with children including:  
• how to respond to risks adults may pose to children or that children may pose to each other  
• how to ensure the cultural safety of Aboriginal children and culturally and linguistically diverse  
children  
• how to be inclusive of all children, including children with a disability.

A Code of Conduct should be informed by the service’s philosophy, beliefs and values, and based on  
ethical principles of mutual respect, equity and fairness.

The Approved Provider must ensure that the Nominated Supervisor, staff, contractors, volunteers,  
students on placement, parents/guardians, children and others attending the programs and activities  
of Josies bright beginnings adhere to the expectations outlined in the Code of Conduct when  
communicating to and interacting with:  
• children at the service and their parents and family members  
• each other  
• others in the community.

**Legislation and standards**  
Relevant legislation and standards include but are not limited to:  
• Charter of Human Rights and Responsibilities Act 2006 (Vic)  
• Child Safe Standards (Vic)  
• Children, Youth and Families Act 2005 (Vic)  
• Child Wellbeing and Safety Act 2005 (Vic)  
• Disability Discrimination Act 1992 (Cth)  
• Education and Care Services National Law Act 2010: Sections 166, 167, 174  
• Education and Care Services National Regulations 2011: Regulations 155, 156, 157, 175  
• Equal Opportunity Act 2010 (Vic)  
• Fair Work Act 2009 (Cth)  
• Fair Work Regulations 2009 (Cth)  
• National Quality Standard, Quality Area 4: Staffing Arrangements  
− Standard 4.2: Educators, coordinators and staff members are respectful and ethical  
− Element 4.2.1: Professional standards guide practice, interactions and relationships  
• Occupational Health and Safety Act 2004  
• Occupational Health and Safety Regulations 2007  
• Racial Discrimination Act 1975  
• Racial and Religious Tolerance Act 2001 (Vic)  
• Sex Discrimination Act 1984 (Cth)

**4. DEFINITIONS**  
The terms defined in this section relate specifically to this policy. For commonly used terms e.g.  
Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the General Definitions  
section of this manual.

**Bullying:** Repeated verbal, physical, social or psychological behaviour that is harmful and involves  
the misuse of power by an individual or group towards one or more persons. Bullying occurs when one  
or more people deliberately and repeatedly upset or hurt another person, damage their property,  
reputation or social acceptance.

**Duty of care:** A common law concept that refers to the responsibilities of organisations to provide  
people with an adequate level of protection against harm and all reasonably foreseeable risk of injury.

**Ethical conduct:** Behaviour which reflects values or a code of conduct.

**Harassment:** When someone is demeaning, derogatory or intimidating towards another person.

**Harassment includes:**  
• racial taunts  
• taunts about sexual orientation or gender identity

**Sexual harassment:**

* unwelcome physical, verbal or written behaviour of a sexual nature
* repeated insulting remarks.

**Investigator:** A person/staff member assigned or organization engaged with the responsibility of  
investigating suspected breaches of the Code of Conduct by the Approved Provider.

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

Written reports to DET must include:  
• details of the event or incident  
• the name of the person who initially made the complaint  
• if appropriate, the name of the child concerned and the condition of the child, including a medical  
or incident report (where relevant)  
• contact details of a nominated member of the Grievances Subcommittee/investigator  
• any other relevant information.

Written notification of complaints must be submitted via the National Quality Agenda IT system  
(NQAITS): http://www.acecqa.gov.au/national-quality-agenda-it-system. If the Approved Provider is  
unsure whether the matter is a notifiable complaint, it is good practice to contact DET for confirmation.

**Respect:** Demonstrating regard for the rights of individuals, for different values and points of views.

**Serious incident:** A serious incident is defined as (regulation 12):  
• the death of a child while being cared for by an education and care service;

- or following an incident while being educated and cared for by an education and care service

• any incident involving serious injury or trauma to, or illness of, a child while being educated and  
cared for by an education and care service -  
– which a reasonable person would consider required urgent medical attention from a registered  
medical practitioner (examples include broken limbs or anaphylaxis reaction) attention of a  
registered medical practitioner; or  
– for which the child attended, or ought reasonably to have attended a hospital.

• any incident where the attendance by emergency services at the education and care service  
premises was sought, or ought reasonably to have been sought

• any circumstances where a child being educated and cared for by an education and care service  
appears to be missing or cannot be accounted for;  
– appears to have been taken or removed from the education and care services premises in a  
manner that contravenes National Regulations;  
– is mistakenly locked in or locked out of the education and care service premises or any part of  
the premises.

The Regulatory Authority must be notified of a serious incident (section 174(2)(a)) in writing in the  
case of:  
• the death of a child, as soon as practicable but within 24 hours of the death, or the time that the  
person becomes aware of the death  
• any other serious incident, within 24 hours of the incident or the time that the person becomes  
aware of the incident

Written notification of serious incidents must be submitted via the ACECQA portal using the  
appropriate forms at http://acecqa.gov.au/notifications.  
Support: Work in a co-operative and positive manner.

**5. SOURCES AND RELATED POLICIES**  
**Sources**  
• Early Childhood Australia, Code of Ethics: www.earlychildhoodaustralia.org.au  
• United Nations, The Universal Declaration of Human Rights: http://www.un.org/en/universal-  
declaration-human-rights/  
• United Nations, Convention on The Rights of the Child: http://www.unicef.org/crc/  
• Victoria Legal Aid: www.legalaid.vic.gov.au  
Ethics: http://www.vit.vic.edu.au  
**Related policies**  
• Child Safe (formerly Child Protection) Policy  
• Complaints and Grievances Policy  
• Delivery and Collection of Children Policy  
• Interactions with Children Policy  
• Occupational Health and Safety Policy  
• Privacy and Confidentiality Policy  
• Relaxation and Sleep Policy  
• Staffing Policy

Related policies  
• Child Safe (formerly Child Protection) Policy  
• Complaints and Grievances Policy  
• Delivery and Collection of Children Policy  
• Interactions with Children Policy  
• Occupational Health and Safety Policy  
• Privacy and Confidentiality Policy  
• Relaxation and Sleep Policy  
• Staffing Policy

**RESPONSIBILITIES**

**The Approved Provider is responsible for:**  
• providing a safe environment for staff, contractors, volunteers, students on placement,  
parents/guardians, children and others attending the programs and activities of Josies bright beginnings

• providing guidance through leadership and by being a positive role model

• developing and updating/ reviewing codes of conduct for josies bright beginnings in  
collaboration with the Nominated Supervisor, staff, parents/guardians, children and others involved  
with the service (refer to Attachments 1 and 3)

• ensuring that staff, volunteers, students and parents/guardians are provided with a copy of this  
policy on employment, engagement or enrolment at the service and that the current codes of  
conduct are publicly displayed and promoted to everyone including contractors and visitors

• ensuring that staff complete and sign the Code of Conduct Acknowledgement (refer to Attachment  
2) and that these are filed with individual staff records upon engagement in the service

• ensuring that the codes of conduct are regularly discussed at staff meetings to reinforce  
expectations

• developing a culture of accountability within the service for complying with the code(s) of conduct  
and being prepared to respond when behavioural expectations are not adhered to

• ensuring that all children being educated and cared for at Josies bright beginnings are  
protected from harm and any hazard likely to cause injury (National Law: Section 167) and that the  
children know who to speak to about any concerns and that their concerns are followed-up

• working with the Nominated Supervisor, staff, students, volunteers, parents/guardians and others  
at the service to provide an environment that encourages positive interactions, supports  
constructive feedback and holds one another to the codes of conduct

• ensuring that parents/guardians of a child attending the service can enter the service premises at  
any time that the child is being educated and cared for, except where this may pose a risk to the  
safety of children or staff, or conflict with any duty of care of the Approved Provider, Nominated  
Supervisor or educators under the Law (Regulation 157)

• ensuring that contractors, volunteers, parent/guardians, students or visitors at the service are not  
placed in a situation where they are left alone with a child

• respecting individual abilities, needs, cultural practices and beliefs in all interactions, both verbal  
and non-verbal

• notifying DET in writing within 24 hours of a serious incident (refer to Definitions) or of a notifiable  
complaint (refer to Definitions) at the service (National Law: Sections 174(2)(b) and 174(4),  
National Regulations: Regulations 175(2)(c) and 176(2)(b)) via the NQAITS

• activating the Complaints and Grievances Policy on notification of a breach of the Code of Conduct

• taking appropriate disciplinary or legal action, or reviewing the terms of employment in the event of misconduct or a serious breach of the Code of Conduct

• contacting Police in an emergency situation where it is believed that there is an immediate risk,  
such as when violence has been threatened or perpetrated or where sexual abuse or grooming is  
suspected as outlined in the Child Safe Policy.

**The Nominated Supervisor is responsible for:**  
• ensuring that the children educated and cared for at Josies bright beginnings are protected  
from harm and from any hazard likely to cause injury (National Law: Section 167)

• providing guidance through their leadership and by being a positive role model

• assisting the Approved Provider to develop codes of conduct for staff and parents/guardians,  
students, contractors, volunteers and visitors (See Staff Handbook and Child Enrolment Form)

• completing and signing the Code of Conduct Acknowledgement for staff (See Staff Handbook)

• adhering to the Code of Conduct for staff at all times

• informing the Approved Provider in the event of a serious incident (refer to Definitions), of a  
notifiable complaint (refer to Definitions) or of a breach of the Code of Conduct Policy

• contacting Police in an emergency situation where it is believed that there is an immediate risk,  
such as when violence has been threatened or perpetrated, or where sexual abuse or grooming is  
suspected as outlined in the Child Safe (formerly Child Protection) Policy

• working with the Approved Provider, staff, students, volunteers, parents/guardians and others at  
the service to provide an environment that encourages positive interactions, supports constructive  
feedback and holds one another to the codes of conduct

• ensuring that parents/guardians, students and volunteers sign the code of conduct (Child Enrolment Form)  
• ensuring that parents/guardians of a child attending the service can enter the service premises at  
any time that the child is being educated and cared for, except where this may pose a risk to the  
safety of children or staff, or conflict with any duty of care of the Approved Provider, Nominated  
Supervisor or educators under the Law (Regulation 157)

• developing practices and procedures to ensure that parent/guardians, students, contractors,  
volunteers or visitors at the service, are not placed in a situation where they are left alone with a  
child

• respecting individual abilities, needs, cultural practices and beliefs in all interactions, both verbal  
and non-verbal

• understanding and accepting that serious breaches of this code will be deemed misconduct and  
may lead to disciplinary or legal action, or a review of their employment.

**All staff are responsible for:**  
• assisting the Approved Provider to develop a code of conduct for staff (See Staff Handbook)

• completing and signing the Code of Conduct Acknowledgement

• adhering to the code of conduct for staff at all times

• providing guidance to students, volunteers, parents/guardians, students and visitors through  
positive role modelling and, when appropriate, clear and respectful directions

• working with the Approved Provider, Nominated Supervisor, their colleagues, students, volunteers,  
parents/guardians and others at the service to provide an environment that encourages positive  
interactions, supports constructive feedback and holds one another to the codes of conduct

• ensuring that parents/guardians, students, contractors, volunteers and visitors at the service are  
not placed in a situation where they are left alone with a child

• informing the Approved Provider in the event of a serious incident (refer to Definitions), of a  
notifiable complaint (refer to Definitions) or of a breach of the Code of Conduct Policy

• contacting Police in an emergency situation where it is believed that there is an immediate risk,  
such as when violence has been threatened or perpetrated or where sexual abuse or grooming is  
suspected as outlined in the Child Safe (formerly Child Protection) Policy.

• respecting individual abilities, needs, cultural practices and beliefs in all interactions, both verbal  
and non-verbal  
• understanding and accepting that serious breaches of this code will be deemed misconduct and  
may lead to disciplinary or legal action, or a review of their employment.

**Parents/guardians are responsible for:**  
• reading the Code of Conduct Policy  
• completing and signing the Code of Conduct for parents/guardians   
• abiding by the Code of Conduct for parents/guardians  
• complying with all policies of the service.

Students, contractors, volunteers and visitors while at the service, are responsible for  
following this policy and its procedures.

**EVALUATION**  
In order to assess whether the values and purposes of the policy have been achieved, the Approved  
Provider will:  
• regularly seek feedback from everyone affected by the policy regarding its effectiveness

• monitor the implementation, compliance, complaints and incidents in relation to this policy

• assess whether a satisfactory resolution has been achieved in relation to issues arising from this  
policy

• keep the policy up to date with current legislation, research, policy and best practice

• revise the policy and procedures as part of the service’s policy review cycle, or as required

• notify parents/guardians at least 14 days before making any changes to this policy or its  
procedures.

**Related Policies**

* Behaviour Management
* Centre Philosophy
* Child Abuse and Neglect
* Child Development
* Child Self Esteem
* Family Orientation
* Inclusion and Anti Bias
* Induction,
* Privacy
* Programming
* Recruitment
* Educators Performance

**Sourced**

Convention of Children’s Rights and Early Childhood Australia Inc: “Code of Ethics”,

Education and Care Services National Regulations 2011

<http://www.eduweb.vic.gov.au/edulibrary/public/earlychildhood/nqf/edcareservices.pdf>

Education and Care Services National Law Act 2010

[www.legislation.vic.gov.au/Domino/Web\_Notes/.../10-069a.doc](http://www.legislation.vic.gov.au/Domino/Web_Notes/.../10-069a.doc)

National Quality Framework Resource Kit

<http://acecqa.gov.au/links-and-resources/national-quality-framework-resources/>

Continuity of Education and Care Policy

**NQS**

|  |  |  |
| --- | --- | --- |
| QA6 | 6.2.1 | Continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities. |

|  |  |  |
| --- | --- | --- |
| QA7 | 7.1.2 | Systems are in place to manage risk and enable the effective management and operation of a quality service. |

**Aim**

We aim to ensure the continuity of education and care of all children attending the service in the absence of their family members and/or primary carers. Our service will strive to ensure that all our children feel comfortable and secure whilst being educated and care for at the service.

**Related Policies**Additional Needs Policy

Educator and Management Policy  
Education, Curriculum and Learning Policy

Excursion Policy

Food, Nutrition and Beverage Policy  
Health, Hygiene and Safe Food Policy  
Relationships with Children Policy  
Sleep, Rest, Relaxation and Clothing

Staffing Arrangements Policy

**Implementation  
  
Employment of Regular Educators**

* When our service employs casual educators, or where volunteers and work experience students are present at the service, these persons will be engaged in an induction process that familiarises them with the service environment and any needs of children.
* The service policies and procedures, an educator handbook and description of their roles and responsibilities at the service will be available to the abovementioned persons.
* The service strives to use permanent staff at all times however if ever required to use casual staff, it will seek to make use of the same casual staff where possible. This will ensure that casual educators are able to familiarise themselves with the service environment, expectations, and routine and children and their families.
* Where possible and without undue delay, regular educators will inform family members via Storypark and email of any changes to staffing that will be occurring.
* Casual educators are encouraged, to display a photo of themselves with an introductory paragraph about them to help children and their families familiarise themselves.

**Learning and Transitions**

* Throughout each day, educators will communicate with educators about the experiences of children throughout the day to help provide continuity of education and care when the service has split shifts. This will include information on the attendance and non-attendance of children at the service.
* Children will be supervised when transitioning to and from the service (excursions) and within the service.
* When children return to the service after an absence, educators will provide support to children.
* Educators will help children transition between rooms and settings.
* To assist children transition to formal schooling, the service will support children to liaising with local primary schools. Children with additional needs will also be assisted by specialist support services. We will develop plans to assist children transition to formal schooling.
* Individuals who are authorised to deliver and collect children will be encouraged to share information their child each day.
* The service will regularly promote the important of the continuity of education and care for all children and educators.
* As a part of our commitment to the Early Years Learning Framework, our service encourages families to complete ‘What You Did on the Weekend Sheets’ and provide regular information to enhance their child’s learning at the service.

**Routine to Promote Continuity**

**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  
Education and Care Services National Regulations 2011  
National Quality Standard  
Early Years Learning Framework**

**Review**The policy will be reviewed annually. The review will be conducted by:

* Management
* Employees
* Families
* Interested Parties

Coronavirus (COVID-19)

**NQS**

|  |  |  |
| --- | --- | --- |
| QA2 | 2.1.1 | Each child’s wellbeing and comfort is provided for, including appropriate opportunities to meet each child’s need for sleep, rest and relaxation. |
| 2.1.2 | Effective illness and injury management and hygiene practices are promoted and implemented. |

**National Regulations**

|  |  |  |
| --- | --- | --- |
| Regs | 77 | Health, hygiene and safe food practices |
| 85 | Incident, injury, trauma and illness policies and procedures |
| 86 | Notification to parents of incident, injury, trauma and illness |
| 87 | Incident, injury, trauma and illness record |
| 88 | Infectious diseases |
| 90 | Medical conditions policy |
| 162 | Health information to be kept in enrolment record |

**Aim**  
Josies Bright beginnings is closely monitoring the advice provided by the Australian health authorities regarding the Covid 19 pandemic. This policy will communicate our process for managing this pandemic in order to protect our children, families and employees as much as possible.

**Related Policies**Educator and Management Policy

Enrolment Policy  
Health, Hygiene and Safe Food Policy  
Incident, Injury, Trauma and Illness Policy  
Medical Conditions Policy

Delivery and Collection of Children Policy  
Privacy and Confidentiality Policy

**Who is affected by this policy?**Child  
Parents  
Family  
Educators  
Management  
Visitors  
Volunteers

**Implementation:**

* We constantly monitor all staff and children for Covid related symptoms. If symptoms are present, we will follow the process as per our Infectious Disease Policy to organise for the child to be collected from the centre.
* We require staff and children over 3 to undergo a RAT test to confirm whether or not they are positive for Covid-19. Children under 3 we encourage a PCR test however if this isn’t possible a RAT test will be required to be completed.
* Children aged 3 years and older as well as Staff are required to be symptom free and have evidence of a Negative RAT Covid test result before returning to the centre. Children under 3 are required to be symptom free and provide evidence of a negative Covid 19 PCR test (or again if not possible) a negative RAT test to attend the centre.
* Increased use of our disinfectant fogging system will occur of the whole centre daily after the normal cleaning has taken place.
* We will provide regular updates to our families via Storypark and Email of any positive cases, any changes to policies and procedures and any changed advice from the Department of Education or Department of Health.

For the latest advice, information and resources, go to [www.health.gov.au](https://josiesbrightbeginnings.us17.list-manage.com/track/click?u=0b7397b026169ce59eee1f825&id=db0b9a2a62&e=48625ac4bc) or [www.dhhs.vic.gov.au/coronavirus](http://www.dhhs.vic.gov.au/coronavirus) or contact the National Coronavirus Health Information Line on 1800 020 080. If you have concerns about your health, speak to your doctor.

Death of a Child Policy

**NQS**

|  |  |  |
| --- | --- | --- |
| QA2 | 2.2.2 | Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented. |

**National Regulations**

|  |  |  |
| --- | --- | --- |
| Regs | 12 | Meaning of serious incident |
| 85 | Incident, injury, trauma and illness policies and procedures |
| 176 | Time to notify certain information to Regulatory Authority |

**Aim**

Educators or the Nominated Supervisor 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 Service.

**Related Policies**Emergency Service Contact Policy  
Emergency Management and Evacuation Policy  
Incident, Injury, Trauma and Illness Policy  
Medical Conditions Policy

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

**Implementation**

Educators will follow and implement this procedure:

* Attempt CPR pursuant to current guidelines.
* Call an Ambulance immediately on 000.
* The Nominated Supervisor 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 Regulatory Authority

**Notification of a Serious Incident**

The death of a child being educated and cared for at the service, or following an incident while being educated and cared for at the service, is a “serious incident” under the national law. The Approved Provider will notify the regulatory authority as soon as practicable and within 24 hours of the death using the NQAITS website portal to submit form [SI01 Notification of Serious Incident](http://acecqa.gov.au/application-forms/) (http://www.acecqa.gov.au/notifications).

All records will be kept until the end of 7 years after the death.

**Work Health and Safety (OHS) requirements**

* The death of a person is a “notifiable incident”.
* The approved provider or nominated supervisor must notify WorkCover by telephone or in writing (including by facsimile or email) as soon as possible after the death.
* Records of the incident must be kept for at least 5 years from the date that the incident is notified.
* The approved provider/nominated supervisor must ensure the site where the death occurred is left undisturbed as much as possible until an inspector arrives or as directed by WorkCover.

**Sources**

**Education and Care Services National Regulations**

**National Quality Standard**

**Occupational Health and Safety Act 2004**

**Occupational Health and Safety Regulations 2007**

**Work Health and Safety Act**

**Review**

The policy will be reviewed annually.

The review will be conducted by:

* Management
* Employees
* Families
* Interested Parties

Delivery And Collection Of Children Policy

**NQF**

|  |  |  |
| --- | --- | --- |
| QA6 | 6.1 | Respectful supportive relationships with families are developed and maintained |
| 6.1.1 | There is an effective enrolment and orientation process for families |
| QA2 | 2.3 | Each Child is protected. |
|  | 2.3.1 | Children are adequately supervised at all times. |

**National Regulations**

|  |  |  |
| --- | --- | --- |
| Reg | 99 | Children leaving the education centre and care services premises |

**Aim**

To ensure all children are at all times safe and accounted for throughout the routine of delivering and collecting children at the beginning and end of the day.

**Related Policies**

Enrolment Policy

Family Law and Access Policy

Parental Interaction and Involvement in the Service Policy

Physical Environment (Workplace Safety, Learning and Administration) Policy

Relationships with Children Policy

Staffing Arrangements Policy

Unenrolled Children Policy

**When to use this Policy**

1. Between opening and closing times of the centre.
2. At times when the centres educators or families are concerned with a child’s arrival and departure routine.
3. At times that an unknown person is attempting to pick up a child or children.

**Process Steps**

* Parents or guardians are required to sign in and sign out their child/children using the electronic tablet at reception. If required the co-ordinator can provide any information required on how to use the systems.
* Parents or guardians are to ensure that their child walks and stays in their immediate presence during the arrival and departure routine. This will ensure the safety of children.
* Parents or guardians are to deliver their child to an educator in the room on arrival, ensuring that educators are aware of the child’s presence.
* Educators and parents/ guardians will discuss the child’s specific needs for the day.
* Parents/ guardians are to unpack any relevant items from children’s bags such as dummies, hats, bottles and medication.
* Parents/ guardians are to ensure educators are aware that the child is leaving for the day to ensure the child is accounted for.
* Late collection of children can and may result in a late fee per minute per child being charged. In the event you know you will be late it is encouraged that a phone call be placed at the centre advising educators.
* When collecting a child, the person must be
  + 18 years or over
  + A parent or guardian or
  + An authorised nominee listed on the enrolment form.
* Persons not familiar to educators will be required to show photo identification in the form of a license or passport, which will be photocopied and placed on the child’s file for future reference, regardless if being a parent or listed on the enrolment form as an authorized delivering or collecting person.
* Only parents/ guardians or authorised nominee listed on the enrolment form will be able to collect children from the centre. The exception to this is in the event of an excursion, an emergency, or in the event of the child requiring medical, hospital or ambulance care.
* In cases where a dispute between the family is occurring, the centre will not be able to withhold a child from one parent unless a residency/ court order has been received at the centre. A residency/court order received by the centre can be upheld and allows the centre to prevent the illegal guardian collecting the child. Without residency /court orders both parents have legal access to the child.
* Authorised persons are required to sign in and out their child to be eligible for Child Care Benefit. Any days that the authorised person forgot to sign their child in or out, must also be signed on the next day the child attends care. This will be prompted by the electronic sign in/out system
* No person under the age of 18 is allowed to collect a child from the premises unless correct authorisation is given.
* It is the parents or guardian’s responsibility to ensure all children’s belongings are clearly labelled and accounted for on departure, the educators will do the utmost to ensure all children’s belongings are in the child’s bag prior to departure. The centre does not hold any responsibility for lost items, but endeavours to keep children’s belongings together.
* Parent/ guardians are to be given opportunities daily to offer their involvement and feedback on the programs within the centre.

**Educator techniques**

* Educators will greet and farewell all children and families, using the child’s name and endeavouring to remember and use the parent/ guardians’ names.
* Educators are to be aware of child: educator’s ratios and ensure these are at all times maintained.
* If children are not signed out, educators will call families to ensure they have collected their child if no one present has witnessed the child leave.
* Educators are to ensure all children are at all times accounted for.
* The room rolls and kiosk will be checked periodically throughout the day by the nominated supervisor.
* Educators are to assist families in unpacking children’s bags at the beginning of the day.
* Educators are to ensure all children’s belongings are together in the child’s bag in preparation for departure at the end of the day.
* Educators are to make time to talk to families upon arrival and departure.

**Unknown Persons**

* In the event that an educator is unfamiliar with a person collecting a child, the educator is to seek photo identity, go immediately to the child’s file to ensure the person is listed and check the Enrolment form.
* If authority to collect is established, a photocopy of the person’s identification is to be taken and placed on the child’s file for future reference.
* If authority to collect is not established or the person does not hold photo identity, the child will be unable to leave with the person, regardless if the child shows signs of knowing the person or not.
* The centre policy is to be explained to the person and the parents are to be contacted to explain the centre policy. Alternate arrangements are to be made e.g. the person returns with photo identity or a listed person is to attend to collect the child.

**Sources**

**Education and Care Services National Regulations 2011**

[**http://www.eduweb.vic.gov.au/edulibrary/public/earlychildhood/nqf/edcareservices.pdf**](http://www.eduweb.vic.gov.au/edulibrary/public/earlychildhood/nqf/edcareservices.pdf)

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

[**www.legislation.vic.gov.au/Domino/Web\_Notes/.../10-069a.doc**](http://www.legislation.vic.gov.au/Domino/Web_Notes/.../10-069a.doc)

**Related Policies**

Emergency

Induction

Family Grievance

Family Involvement

Privacy

Record Keeping

Residency

Educator Discipline

Disinfectant Fogging Procedure

**NQF**

|  |  |  |
| --- | --- | --- |
| QA2 | 2.1 | Each child’s health and physical activity is supported and promoted. |
| 2.1.2 | Effective illness and injury management and hygiene practices are promoted and implemented. |

**National Regulations**

|  |  |  |
| --- | --- | --- |
| Reg | 77 | Health, Hygiene and safe food practices |

**Aim**

To ensure that completion of the disinfectant fogging of the centre is completed correctly and in a safe manner so as to be effective at reducing the risk of infectious diseases.

**Related Policies**

Immunisation and disease prevention policy

Incident, injury, trauma and illness policy

**When to use this Policy**

Disinfectant fogging is completed in the centre on a 2-weekly basis.

Disinfectant fogging is completed in the centre as soon as possible after an infectious disease is noted in the centre

**Implementation**

Disinfectant fogging is a method of sterilising an area and its contents in a quick and effective manner. It involves the creation of a very fine mist of disinfectant liquid which is dispersed through the air. Any surface within that area that the mist contacts will be disinfected. This makes it an ideal method to sterilise both surface and airborne bacteria and viruses especially hard to reach areas and small activities and toys.

Note: Only employees who have read this procedure AND have been practically trained in the process are allowed to complete it.

Note: This process is most effective after an area has already been cleaned.

To complete this process requires the following components:

* Disinfectant fogging machine
* Extension cord
* Extension cord connector case
* Socket protectors
* Concentrated disinfectant
* 500ml measuring jug
* Measuring pipette
* 1L jug
* Goggles
* Facemask
* Rubber gloves

**Process Description**

**Disinfectant Preparation:**

The disinfectant fogging machine has a capacity of 1 litre of diluted disinfectant. It is very important to ensure no more than 1L is added to the storage tank at any one time as flooding of the motor will occur.

The process requires a 1:250 ratio mixture of the concentrated disinfectant and water. To do this, follow the steps below:

* Put on the goggles and rubber gloves.
* Using the “500ml measuring jug”, add 500ml of water to the “1L jug’.
* Using the “measuring pipette”, add 4ml of concentrated disinfectant to the “1L jug”.
* Again, add another 500ml of water to the “1L jug”.
* Mix solution slowly and gradually to try and prevent foaming.
* Add the solution to the tank of the fogging machine and retighten the cap.
* Ensure the fogging machine remains upright once the tank is full. Whether it is being held or placed on a surface, it must always be the right way up or flooding of the motor will occur.

**Room Preparation:**

* Locate all electrical sockets in each room and remove all electrical plugs.
* Insert the socket protectors into every socket.
* It is advised to remove smaller electrical equipment from each room e.g. CD players, Radios, toasters, kettles, laptops etc.
* It is advised to cover any vent holes on the top of TVs or monitors and to fully cover computer CPUs and keyboards. This can be done with sheeting or towels.
* Ensure all doors and windows are closed and the air conditioning is off in all rooms.

**Equipment Preparation and Process Completion:**

* Ensure the fogging machine tank contains disinfectant solution and the switch on the unit is “off”.
* Plug in the extension cord into a central location to enable access to all rooms which require disinfection.
* Join the fogging machine plug to the extension cord using the extension cord connector case.
* Put on the goggles, facemask and rubber gloves.
* Start the disinfection from the farthest point in the room and work backwards towards the entrance.
* Use the fogging equipment at speed 1 and aim it at all walls, furniture, bedding and activities in the room moving steadily.
* Once all areas have been disinfected exit the room and close the door. Ensure no disturbances to the room for at least 5 mins.
* Once all rooms are completed, review to see if there is a lot of visible liquid on the floors, walls or furniture. If leaving the room overnight this will not be necessary.
* Record completion of the disinfectant fogging in the maintenance record sheet.

**Post Process steps:**

* Empty the disinfectant tank on the fogging equipment and rinse with 500ml of water. Empty that 500ml of water and add another 500ml of fresh water.
* Aiming the fogging equipment at a safe area e.g. an outside wall, fence or into a shower turn on the unit at speed 2 for 2 minutes. This will ensure the unit is cleaned for the next use.
* Rinse all containers with fresh water.
* Remove socket protectors from all rooms.

Education, Curriculum and Learning Policy

**NQS**

|  |  |  |
| --- | --- | --- |
| QA1 | 1.1.1 | Curriculum decision making contributes to each child’s learning and development outcomes in relation to their identity, connection with community, wellbeing, confidence as learners and effectiveness as communicators. |
| 1.1.2 | Each child’s current knowledge, ideas, culture, abilities and interests are the foundation of the program. |
| 1.1.3 | The program, including routines, is organised in ways that maximise opportunities for each child’s learning. |
| 1.1.4 | The documentation about each child’s program and progress is available to families. |
| 1.1.5 | Every child is supported to participate in the program. |
| 1.1.6 | Each child’s agency is promoted, enabling them to make choices and decisions and to influence events and their world. |
| 1.2.1 | Each child’s learning and development is assessed as part of an ongoing cycle of planning, documenting and evaluation. |
| 1.2.2 | Educators respond to children’s ideas and play and use intentional teaching to scaffold and extend each child’s learning. |
| 1.2.3 | Critical reflection on children’s learning and development, both as individuals and in groups, is regularly used to implement the program. |

**National Regulations**

|  |  |  |
| --- | --- | --- |
| Regs | 73 | Educational programs |
| 74 | Information about the educational program to be kept available |
| 75 | Information about educational program to be given to parents |
| 76 | Documenting of child assessments or evaluations for delivery of educational program |

**EYLF**

|  |  |
| --- | --- |
| LO1 – LO5 | All Learning Outcomes under the Early Years Learning Framework will be addressed through our Policy and practices. |

**Aim**Educators aim to create positive learning environments and guide experiences for each child in conjunction with their family. Educators will observe children and facilitate their learning to provide each child with an individualised portfolio by documenting their learning throughout the year. Children and their families will be encouraged to participate in the ongoing process to promote engaged learning.

**Related Policies**

Additional Needs Policy  
Child Protection Policy

Continuity of Education and Care Policy  
Educator and Management Policy  
Enrolment Policy  
Excursion Policy  
Food, Nutrition and Beverage Policy  
Health, Hygiene and Safe Food Policy

Immunisation and Disease Prevention Policy

Infectious Diseases Policy

Medical Conditions Policy  
Orientation for Children Policy  
Physical Activity Promotion Policy  
Physical Environment (Workplace Safety, Learning and Administration) Policy

Record Keeping and Retention Policy

Relationships with Children Policy  
Technology Usage Policy

**Implementation**

**Our Educational Leader’s details are on display in the foyer**

The role of the educational leader is to work with educators to provide curriculum direction and to ensure children achieve the outcomes of the approved learning framework.

**Our service is committed to the Early Years Learning Framework (EYLF) and The Victorian Early Years Learning and Development Framework**

Observations of all children enrolled in our service will be documented and kept for future reference and reflection, through use of portfolios. Children’s portfolios will be available for a child’s family members to look at but remains the property of the Service for the duration of the child’s enrolment. Portfolios will be added to regularly by educators, families and children and reflected upon by educators to ensure programming for each child remains relevant to their interests and developmental stage.

**National and Victorian Early Years Learning Frameworks**

* Each child’s learning will be based on their interests and strengths and guided by our educators.
* Educators must work in collaboration with families to provide relevant learning experiences for each child, based on their interests and family experiences.
* Every child will be equally valued and their achievements and learning celebrated.
* Educators will observe and record the strengths and learning of each child.
* Educators will work closely with children and families to generate ideas for the curriculum.
* Learning Outcomes will be linked to the curriculum during and after each child’s learning has occurred. The curriculum must not be pre-programmed to match specific Learning Outcomes.
* The curriculum will be based on the children’s interests, educators extending children’s interests, spontaneous experiences and family input.
* Where appropriate, the service will liaise with external agencies and support persons to best educate and care for children with additional needs.
* Where appropriate, the curriculum (play and learning experiences) will build and develop each child’s Learning Stories, Portfolio and Observations of each child’s strengths and achievements.
* The curriculum will be evaluated and reflected upon each week by educators.

**Learning and Play**

* Children are encouraged to express themselves creatively through a wide variety of indoor and outdoor activities.
* Children’s fine and gross motor skills are strengthened and developed through a wide variety of both indoor and outdoor activities including manipulative play, block play, sensory play, dramatic play, drawing and other physical activities such as running and skipping.
* Mathematics and science concepts along with exploration of natural aspects of our environment are encouraged through block play, building, cooking, water play, sensory play, collecting natural materials such as leaves and rocks and gardening.
* Language development is encouraged through educators modelling language, show and tell, story time, games, poems and dramatic play experiences.
* Social/emotional and independence skills are strengthened through activities such as role-play, dramatic play, group games and self-help tasks.
* Music and movement activities encourage physical, social and creative areas of a child’s development.
* Road safety, hygiene, dental care and nutrition will all be built into the weekly program.

These activities will be supervised and guided by educators to find out how child responds as an individual and also as part of a group. Educators will work in conjunction with families to provide learning experiences that are relevant to each child and tailored to their specific needs. A child’s home language, culture and religious practices will be accepted and included in the program.

From this, educators will assess the child’s needs and plan ways to meet these needs. We evaluate this program every week in order to make sure we stay on target and help each child to reach their full potential. The weekly 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.

**EYLF Learning Outcomes**

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

**Sources  
Education and Care Services National Regulations 2011  
National Quality Standard  
Early Years Learning Framework (EYLF)  
Victorian Early Years Learning and Development Framework (VEYLDF)**

**Review**The policy will be reviewed annually. The review will be conducted by:

* Management
* Employees
* Families
* Interested Parties

Educator and Management Policy

**NQS**

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

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

**National Regulations**

|  |  |  |
| --- | --- | --- |
| Regs | 168 | Education and care service must have policies and procedures |

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

**Related Policies**

Child Protection Policy

Incident, Injury, Trauma and Illness Policy

Physical Environment (Workplace Safety, Learning and Administration) Policy

Privacy and Confidentiality Policy

Staffing Arrangements Policy

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

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

**Examples of Appropriate Educator Interactions**

* Positive, trustworthy and co-operative relationships with team members.
* Respectful, courteous and empathetic communications and behaviours.
* Complying with Service grievance procedures and resolving workplace conflicts where possible directly with the person concerned, and never through gossip or by including people who are not involved in the issue.
* Valuing cultural differences, diverse viewpoints, and unique contributions.
* Looking for and supporting educators’ strengths not weaknesses.
* Sharing professional resources, knowledge and information.
* Supporting others to meet their professional development goals and needs.
* Recognising the professional achievements of others.
* Sharing information, experiences and expertise about children and families at the Service with team members to enhance children’s learning and development.
* Actively participating in regular meetings at the Service to discuss professional issues and problems.
* Updating team members about meeting outcomes or workplace issues if they have been absent.
* Sharing the work load equitably with team members.
* Ensure open and clear communication is always used.

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

* Engage in conduct that is detrimental to the professional standing of our Service, is improper or unethical, is an abuse of power, or harasses, discriminates against, victimises, humiliates, intimidates or threatens other educators, staff members, volunteers or visitors at the Service, either directly or indirectly via information technology such as email, text or social media. Additionally, they will not support those who do this.
* Seek or accept a bribe.
* Acquire personal profit or advantage because of their position (e.g., through the use of Service information).
* Take any equipment, supplies or any other items belonging to Josie’s Bright Beginnings off the premises unless approved by the Nominated Supervisor.
* Approach other employees, managers or visitors directly on individual matters that don’t concern them.
* Engage in any action in breach of our Privacy and Confidentiality Policy, including but not limited to disclosure of confidential Service or customer information, or the improper or illegal use of that confidential information. Confidential information will only be accessed by authorised persons for the purpose intended.
* Engage in or support any action in breach of our Technology Usage Policy or Social Networking Usage Policy, including the use of communication media to search for, download, access, transmit or store any material of an offensive, obscene, pornographic, threatening or abusive nature.
* Drink alcohol or use illicit substances on the Service’s premises or come to the Service under their influence.
* Smoke on the Service’s premises including in the car park.
* Show favouritism towards any child.

**Families, visitors and children will:**

* Treat all children at the service equally and respectfully.
* Report any suspicious behaviour to the Nominated Supervisor or Approved Provider and encourage a safe and supportive Service environment.
* Respect the rights, dignity and worth of every person, regardless of their abilities, gender, religion or cultural background.
* Refrain from bullying, harassing or discriminating against any child or adult at the Service.
* Respect the decisions of educators and staff members and teach children (if adults) to do likewise.
* Tell an educator (if a child) or the Approved Provider or Nominated Supervisor if we see any instances of bullying, harassment or discrimination at the Service.
* Cooperate and follow classroom rules.
* Listen to educators’ instructions and follow them.
* Control our emotions and talk to an educator (if a child) if we are feeling upset.
* Speak to an educator (if a child) or the Approved Provider or Nominated Supervisor if they are worried, concerned or have a grievance about something.

**Families and visitors will:**

* Not drink alcohol or use illicit substances while on the service’s premises or come to the Service under their influence.
* Not smoke on the service’s premises including in the car park.

**Management Responsibilities**

At Josie’s Bright Beginnings the Approved Provider and the Nominated Supervisor are responsible for:

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

**Visitors**

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

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

**Communication Procedures**

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

* Direct conversations.
* Phone communication including SMS messaging if appropriate.
* Educator meetings.
* Mailchimp Email list
* Chat groups
* WhatsApp chat groups
* Other forms of written communication e.g., letters, notices, emails.

**Educator Meetings**

The service will hold one formal or informal educator meeting quarterly at a time convenient for all educators. This will take place after hours so all educators can attend and educator to child care ratios are 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.
* the Nominated Supervisor or Approved Provider will chair the meeting and take actions.
* in the meeting educators may:
* raise concerns
* negotiate solutions for any grievances.
* receive, share and discuss new information.
* Critically reflect on our current processes and practices
* In regard to the decision-making process:
* if a decision cannot be reached about an issue the Nominated Supervisor will make an informed decision or
* if there is insufficient information an educator will be chosen by the Nominated Supervisor to research the issue.
* all decisions made will be made on a trial basis and their effectiveness will be discussed at the next meeting.
* Informal meetings may occur with educators within a room and take the form of discussion, review of programs &/or evaluation of learning environment.

**Professional Development and Performance Management**

We employ caring, loyal and capable educators who bring a high skill level, appropriate qualifications and experience to help implement our curriculum and philosophy.

**Training**

The Nominated Supervisor will ensure that funds are set aside for training and development needs in the annual budget. Training will be provided on an equitable basis to all educators and staff and may include:

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

**Appraisals**

Nominated supervisor will ensure staff performance will be appraised and reviewed with each staff member at least annually. Initial appraisal and development plans will be conducted after 6 months for new staff members.

**Work, Health and Safety Issues**

**Bullying, Discrimination and Harassment**

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

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

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

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

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

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

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

documented.

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

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

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

The Approved Provider or Nominated Supervisor will:

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

Educators, staff, visitors and volunteers will:

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

**Identifying Workplace Bullying, Harassment and Discrimination**

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

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

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

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

* implementing a Code of Conduct.
* providing educators, staff, volunteers and visitors with information about our bullying, harassment and discrimination policy and relevant procedures at staff meetings, via email and by displaying anti-bullying posters.
* implementing grievance procedures which deal with bullying complaints in a confidential, reliable and timely way (see Grievance Guidelines).
* implementing effective performance management processes.
* clearly defining jobs and seeking regular feedback from educators and staff about their role and

responsibilities.

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

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

The Approved Provider or Nominated Supervisor will implement a review of the bullying, harassment and discrimination policy and procedures if there is an incident of workplace bullying, at the request of a health and safety representative or committee, when new or additional information about bullying becomes available or at the scheduled review date. Information will be obtained from confidential surveys, exit interviews and records of sick leave and workers compensation claims.

**Stress Management Guidelines**

If an educator feels stressed in any way they should:

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

The Approved Provider or Nominated Supervisor will:

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

**New and Returning/Staff**

**Orientation**

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

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

The Nominated Supervisor will meet with the new educator or staff member at the end of their first week to clarify any questions they may have or resolve any issues that may have arisen including any training needs they have identified.

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

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

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

**Work Experience Students and Volunteers**

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

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

Educators will:

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

Work Experience Students and Volunteers will:

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

**METHOD:**

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

During the visit the Supervisor will:

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

Work Experience Students and Volunteers will:

* inform the Student Supervisor in writing of what will be expected of them by their training body, University or School, or any other training organisation, and provide time sheets and evaluation forms. If this has not happened during the pre-placement visit it will occur on the student’s first day.
* work different shifts to gain knowledge of different aspects of Service operations.
* bring in a photo and a short statement with:
  + name
  + time they will be at the Service
  + what it is they are studying.
* discuss with the Student Supervisor any problems they may be experiencing.

The Room Leader will:

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

**Fail Procedure:**

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

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

**Termination of Practicum:**

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

* harms or is at risk of harming a child in their care.
* is under the influence of drugs or alcohol
* has disregard for the Service and fails to notify the Service if unable to attend
* is observed using repeated inappropriate behaviour at the Service.
* does not comply with all policies and procedures addressed in the student package.
* does not provide the photo with an introduction on commencement.

**Sources  
Education and Care Services National Regulations 2011  
National Quality Standard  
Early Years Learning Framework**

**Occupational Health and Safety Act 2004**

**Fair Work Act 2009  
Bryant, L. (2009). Managing a Child Care Service: A Hands-On Guide for Service Providers. Sydney, Community Child Care Co-Operative.**

**Preventing and Responding to Workplace Bullying: Safe Work Australia Draft Code of Practice**

**Anti-bullying jurisdiction: Fair Work Commission**

**Child Safe Standards 2015**

**Review**The policy and our code of conduct will be reviewed annually by:

* Management
* Employees
* Families
* Interested Parties

Emergency Management and Evacuation Policy

**NQS**

|  |  |  |
| --- | --- | --- |
| QA2 | 2.2.2 | Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented. |

**National Regulations**

|  |  |  |
| --- | --- | --- |
| Regs | 168(2)(e) | Policies and procedures in relation to emergency and evacuation |
| 97 | Emergency and evacuation procedures |
| 98 | Telephone or other communication equipment |

**EYLF**

|  |  |
| --- | --- |
| LO3 | Children become strong in their social and emotional wellbeing. |

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

**Related Policies**Incident, Injury and Trauma and Illness PolicyMedical Conditions Policy

**Implementation** Our service will conduct a risk assessment to identify potential emergencies that could affect our service and use this to prepare emergency and evacuation procedures. An evacuation may be necessary in the event of a fire, chemical spill, bomb scare, earthquake, siege, flood etc.

**Emergency and Evacuation Procedures and Drills**

* Emergency and evacuation procedures that are based on the service’s floor plans will be prominently displayed in the following locations that are near each exit –
  + - In all rooms, next to the exit.
* The service will maintain an up-to-date and compact register of parent contact telephone numbers that must be taken in an emergency or evacuation that is to be located in the following location –
  + - Emergency evacuation bag.
* Emergency telephone numbers will be displayed prominently throughout the service in the following locations, including near telephones or available near mobile phones.
* The service will ensure educators are provided with training on how to use fire extinguishers that are kept in the following locations –
  + - Hallway-Outside the kitchen door
    - Reception-Behind desk
    - Hallway- Outside toddlers room door
  + Fire extinguishers, fire blankets and other emergency equipment will be tested as recommended by the manufacturer by recognised authorities. All tests must be documented.
* The Nominated Supervisor is responsible for ensuring that all educators, including relief educators and staff members, are aware of the service’s policy and procedures relating to Emergency Management and Evacuation.
* Informal games and discussions will be used to familiarise children with the service’s evacuation and emergency procedures.

**Rehearsal Evacuation Drill (Every 3 Months)**

* The service will add to each child’s sense of security, predictability and safety by conducting rehearsal evacuation drills regularly, at least once every three months. The drills will take place at various times of the day and week (rather than always on a Tuesday at 10 am for example) to ensure all children and staff members get the opportunity to rehearse. All persons present at the service during the evacuation drill must participate accordingly.
* Rehearsal evacuation drills must be documented.
* The educator places a fire symbol for another user to find and sound the alarm (whistle). When the alarm is heard, the children will drop what they are doing and go with an educator to the designated safe area. This safe area may be a designated area outside the services boundary and will be determined by the location of the fire symbol. This procedure will be necessary to allow emergency vehicles access without risk to educators or children.
* Our service’s emergency and evacuation safe area is located at –
  + The school oval (primary)
  + The car park of the shopping complex (secondary).

**Role of educators in an emergency**

* Immediately when the alarm sounds, educators will return to the group with which they are working if it is safe to do so.
* Educators will wait to hear what the emergency threat is.
* Follow the individual procedure depending on the threat. See appendix 1 for all procedures.
* Educators must obtain the sign in/out tablets for their group.
* Educators are to ensure that sign in/out tablets remain in the vicinity of that particular group of children at all times.
* Educators to ensure they have their daily chart sheet with them at all times
* If an evacuation is required follow the general safe evacuation procedure detailed in appendix 1.
* Supervise and reassure children.

**Nominated Supervisor or responsible person’s Role in emergency procedure**

* Find out what the type of threat is present and tell all staff.
* Follow the procedure which matches the threat.
* If required, initiate an evacuation.
* Grab a mobile phone.
* Follow the safe evacuation procedure detailed in appendix 1.
* Follow children and other educators to designated area.
* Oversee and check attendances of children, educators, volunteers, families and visitors.
* Supervise and reassure children.

**Emergency Communication Plan**

* At all times, the service will have access to a telephone (such as fixed-line telephone, mobile phone, satellite phone, 2-way radio, video conferencing equipment)
* The service has a main telephone available at the following location to be used during an emergency –
  + Front Office
  + Reception
  + Juniors
  + Toddlers
  + 3K
  + 4K
* If there is a complete loss of electricity and the telephones at the service are not available, the responsible person’s mobile phone should be grabbed from the foyer front desk.
* In each room there is an emergency evacuation bag. The contents of this bag will be inspected monthly to ensure all contents are in place and up to date.
* A first aid bag will be located at the following sites:
  + Beside each evacuation bag
  + Kitchen
  + Office
* Medication bags will be located with the emergency evacuation bags in the room of the individual child.

**Maintenance of Fire Equipment**

Josie’s Bright Beginnings will have some or all of the following fire safety equipment depending on which building regulations and provisions apply. These requirements are in the Building Code of Australia, Australian Standards and State building regulations and local council requirements. All fire equipment at our service will be maintained as per the legal standards. A qualified outside contractor will maintain our fire equipment as per the required regulations

**Sources  
Education and Care Services National Regulations 2011  
National Quality Standard  
Australian Standards 1851-2005 “Maintenance of Fire Protection Systems and Equipment”   
Occupational Health and Safety Act 2004  
Review**The policy will be reviewed annually. The review will be conducted by:

* Management
* Employees
* Families
* Interested Parties

Emergency   
Evacuation   
Procedures

**How to evacuate the premises in a safe manner**

1. Blow whistle which is located on the evacuation bags located in the rooms, in the reception and in the kitchen as soon as you see a threat to the centre
2. Let all the room educators know there is an incident and where it is.
3. Assess the risk and tackle if possible before it gets out of hand.
4. If not safe to tackle, one person must call **000** and follow instructions.
5. Educators in rooms line up the children and instruct them to hold the rope supplied in evacuation bags.
6. Kitchen or floating staff assist in babies’ rooms or anyone who is in immediate danger only if safe to do so.
7. Room leaders collect sign in book, medication bags and emergency bag.
8. Close all doors and windows if safe to do so.
9. Director/ 2IC check bathrooms, staff room, laundry and store rooms for staff members and children.
10. Move everybody outside to an area safe from the threat. (Safe location 1: Backyard gate leading to school oval or safe location 2: main carpark of shopping centre).
11. Remain at the safe assembled area, ensure everybody is accounted for.
12. Do not return to the centre until directed by the police or fire brigade

[](http://www.google.com.au/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwjFzsqljvbLAhUE26YKHb8uA2UQjRwIBw&url=http://www.clipartpanda.com/categories/house-fire-pictures&bvm=bv.118443451,d.dGY&psig=AFQjCNGiMqK-9jbdBVkO6tJ-jt3BYzwk3A&ust=1459898060286707)

**INTERNAL FIRE**

1. Blow whistle as soon as you see an internal fire
2. Let all the rooms know there is a fire and where it is.
3. Assess the risk and put out fire with fire extinguisher if safe to do so (extinguishers located in Reception behind the desk or hallway outside the kitchen door or outside toddlers room door or fire blanket if fire is in the kitchen).
4. If not safe to tackle fire, one person calls the **fire brigade 000.**
5. Follow safe evacuation procedure.

[](http://www.google.com.au/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwi7kr-8jvbLAhXjr6YKHWEAC2AQjRwIBw&url=http://clipartclub.blogspot.com/2015/10/fire-clipart.html&bvm=bv.118443451,d.dGY&psig=AFQjCNFxs4EQv20pcX_EbLic64cf6rGcfA&ust=1459898125699919)

**EXTERNAL FIRE**

1. Call the Fire Brigade on 000
2. Check the source of the fire, if close.
3. Let all staff and students know of the external fire.
4. Move everybody inside and furthest away from the threat.
5. Close all doors and windows.
6. Patrol outside to extinguish any spot fires or burning areas.
7. Retreat inside to avoid radiation as the front passes.
8. **If instructed by the fire brigade initiate evacuate procedure.**
9. Follow all instructions from police or fire brigade.

[](http://www.google.com.au/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwiWyM3jjvbLAhUmXqYKHTrtDZUQjRwIBw&url=http://www.clipartbest.com/animated-earthquake-pictures&bvm=bv.118443451,d.dGY&psig=AFQjCNFCSHFkqlUmNX8CfwrLJU5GP43h9A&ust=1459898169934776)

**EARTHQUAKE**

**Outdoors**

1. Move everybody away from buildings, trees and power lines.

**When the tremor has subsided**

1. Initiate evacuation procedure
2. tune into a radio or internet and follow emergency instructions.
3. Ensure the building is safe before allowing anybody to enter.
4. In the event of damage, contact the SES on **132 500**.

**Indoors**

1. Get everybody in their lockers or under desks and tables.
2. Ensure that nobody leaves the building.

**When the tremor has subsided**

1. Initiate evacuation procedure
2. Tune into a radio or internet and follow emergency instructions.
3. Ensure the building is safe before allowing anybody to enter.

[](http://www.google.com.au/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwiws-DKj_bLAhUFNqYKHQ5wDnYQjRwIBw&url=http://bsccongress.com/blue-and-white-cloud-clip-art/&bvm=bv.118443451,d.dGY&psig=AFQjCNFU32YAv2Uy3tJCcXKD-5NlcIyIYA&ust=1459898419463216)

**TOXIC CLOUD**

**TOXIC EMISSIONS  
(GAS, FUELS OR CHEMICALS)**

1. Locate source of threat and try to identify the threat type. E.g. gas leak/chemical spill
2. Notify staff whether the threat is internal or external
3. If it is a major threat call 000 and explain the situation. Follow instructions.

**Internal Threat**

1. Initiate evacuation procedure

**External Threat**

1. Instruct all staff to close all windows.
2. Turn off all air conditioning units.
3. Be ready to evacuate if advised to by emergency services

[](http://www.google.com.au/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwi_z46HjvbLAhXj5qYKHcEdAWAQjRwIBw&url=http://worldartsme.com/cartoon-bomb-clipart.html&bvm=bv.118443451,d.dGY&psig=AFQjCNGU16MBUFxajagcKJblhd4z5OJ0eQ&ust=1459897995452751)

**BOMB THREAT**

1. KEEP CALM DURING THE PHONE CALL. The more information you can obtain during the phone call the better.
2. Use the bomb threat checklist located in reception to guide your questions and to write down your information.
3. If possible, instruct a colleague to contact 000 during the call without the caller knowing. E.G. hand signals-pointing to bomb threat checklist.
4. Call the police on 000
5. Notify all staff of the threat.
6. Initiate evacuation procedure
7. Await instructions from the Officer in Charge of the Police.

[](http://www.google.com.au/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwjesfz8i_bLAhUBiKYKHRy6ClMQjRwIBw&url=http://www.clipartpanda.com/categories/cyclone-clipart&bvm=bv.118443451,d.dGY&psig=AFQjCNGxjamHG7b8jnfK1vmhp4QFaARQyg&ust=1459897446132491)[](http://www.google.com.au/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwjgpLuujPbLAhUDn6YKHecuAP4QjRwIBw&url=http://www.clipartpanda.com/categories/rain-clipart-for-kids-free&bvm=bv.118443451,d.dGY&psig=AFQjCNGeTmOaqIlW9EQnewZIbDjNO4KvJg&ust=1459897557833803)

**STORM/ CYCLONE**

1. At first warnings, follow local radio, television or internet sites with information on the event.
2. Ensure everybody remains inside.
3. Secure all doors and windows, store loose articles inside.
4. Remain tuned to radio/television/internet and follow any emergency instructions.
5. Do not allow anybody to venture outside unless area is free from debris, fallen power lines or other safety hazards.
6. In the event of damages call the SES on **132 500**

Emergency Service Contact Policy

**NQS**

|  |  |  |
| --- | --- | --- |
| QA2 | 2.2.2 | Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented. |

**National Regulations**

|  |  |  |
| --- | --- | --- |
| Reg | 97 | Emergency and evacuation procedures |
| 98 | Telephone or other communication equipment |

**EYLF**

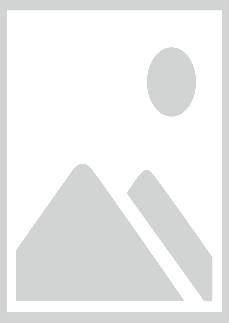
|  |  |
| --- | --- |
| LO3 | Children become strong in their social and emotional wellbeing. |

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

An evacuation may be necessary in the event of a fire, chemical spill, bomb scare, earthquake, siege, flood etc.

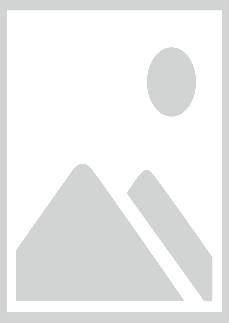
**Related Policies**Emergency Management and Evacuation PolicyLockdown PolicyIncident, Injury and Trauma and Illness PolicyAdministration of Authorised Medication PolicyDeath of a Child PolicyMedical Conditions Policy

**Implementation**



**When you call Triple Zero (000)**

* Do you want Police, Fire or Ambulance?
* Stay calm, don't shout, speak slowly and clearly
* Tell us exactly where to come. Give an address or location.



**If you are deaf or have a speech or hearing impairment, call 106**

* This is a Text Emergency Call, not SMS
* You can call from teletypewriters
* Tell us which service you need and where to come

**How to call Triple Zero (000)**

* Stay focused, stay relevant, stay on the line
* The Triple Zero (000) service is the quickest way to get the right emergency service to help you. You can contact Police, Fire or Ambulance in life threatening or emergency situations.

**Assess the situation**

* Is someone seriously injured or in need of urgent medical help?
* Is your life or property being threatened?
* Have you just witnessed a serious accident or crime?
* If you answered YES call Triple Zero (000).

**Make your call**

* Stay calm and call Triple Zero from a safe place
* When your call is answered you will be asked if you need Police, Fire or Ambulance
* If requested by the operator, state your town and location
* Your call will be directed to the service you asked for
* When connected to the emergency service, stay on the line, speak clearly and answer the questions
* Don't hang up until the operator tells you to do so.

**Providing location information**

* You will be asked where you are
* Try to provide street number, street name, nearest cross street and the area
* In rural areas give the full address and distances from landmarks and roads as well as the property name
* If calling from a mobile or satellite phone, the operator may ask you for other location information
* If you make a call while travelling, state the direction you are travelling and the last motorway exit or town you passed.

**Instructions from the operator**

* The operator may ask you to wait at a pre-arranged meeting point to assist emergency services to locate the incident

**Other languages and text-based services**

* People with a speech or hearing impairment can use the One Zero Six (106) text-based service
* If you can't speak English, you can call Triple Zero (000) from a fixed line and ask for 'Police', 'Fire', or 'Ambulance'. Once connected you need to stay on the line and a translator will be organised
* Further information in several community languages can be found on the Emergency information in other languages page.

**Sources  
Education and Care Services National Regulations 2011  
National Quality Standard  
Australian Government, Attorney General’s Department, Australian Emergency Management**

**Review**The policy will be reviewed annually. The review will be conducted by:

* Management
* Employees
* Families
* Interested Parties
* Appendix 1

|  |
| --- |
| Emergency Contact: |
| Police: 000 |
| Ambulance: 000 |
| Gas Leak: 1800 000 922 |
| Poison Hotline: 13 11 26 |
| Electrical: 9411-2165 |
| Royal Children Hospital: 9345- 5522 |
| Children Protection Line: 13 12 78 |
| Department: Grampians: 03 4301 7000 |

Enrolment Policy

**NQS**

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

|  |  |  |
| --- | --- | --- |
| QA6 | 6.1 | Respectful relationships with families are developed and maintained and families are supported in their parenting role. |
| 6.1.1 | Families are supported from enrolment to be involved in the service and contribute to service decisions. |

**National Regulations**

|  |  |  |
| --- | --- | --- |
| Regs | 77 | Health, hygiene and safe food practices |
| 78 | Food and beverages |
| 79 | Service providing food and beverages |
| 80 | Weekly menu |
| 88 | Infectious diseases |
| 90 | Medical conditions policy |
| 92 | Medication record |
| 93 | Administration of medication |
| 96 | Self-administration of medication |
| 97 | Emergency and evacuation procedures |
| 99 | Children leaving the education and care service premises |
| 100 | Risk assessment must be conducted before excursion |
| 101 | Conduct of risk assessment for excursion |
| 102 | Authorisation for excursions |
| 157 | Access for parents |
| 160 | Child enrolment records to be kept by approved provider and family day care educator |
| 161 | Authorisations to be kept in enrolment record |
| 162 | Health information to be kept in enrolment record |
| 168 | Education and care service must have policies and procedures |
| 173 | Prescribed information is to be displayed |
| 177 | Prescribed enrolment and other documents to be kept by approved provider |
| 181 | Confidentiality of records kept by approved provider |
| 183 | Storage of records and other documents |

**EYLF**

|  |  |
| --- | --- |
| LO1 | Children feel safe, secure, and supported |

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

**Related Policies**Excursion Policy

Food, Nutrition and Beverage Policy

Health, Hygiene and Safe Food Policy

Medical Conditions Policy

Orientation for Children Policy

Privacy and Confidentiality Policy

Relationships with Children Policy

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

**Implementation**  
Josie’s Bright Beginnings accepts enrolments of children aged between 6 weeks to 6 years for long day care. We also accept children of school age for before & after school care.

**Enrolments will be accepted providing**:

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

**Priority of Access Guidelines:**

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

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

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

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

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

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

**Enrolment:**

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

* A tour of our service. During this tour, the educator conducting the tour will give the family information about the service including, but not limited to, programming methods, meals, incursions, excursions, inclusion, fees, policies, procedures, our status as a Sun Smart service, regulations for our state and the licensing and assessment process, signing in and out procedure, the National Quality Framework, room routines, educator qualifications, introduction of educator in the room the child will be starting in and educator and parent communication. Families are also invited to ask any questions they may have.
* Families are given a copy of the Parent Handbook to read and are invited to ask questions.
* Discussions are held between office staff and families regarding availability of days, a start date and tailoring an orientation process to suit the needs of the family and child. Families are informed of the Priority of Access Policy, and have their position assessed as to how they place within this system. Any matters that are sensitive of nature, such as discussing a child’s medical needs, Court Orders, parenting plans or parenting orders, will be discussed privately with the Nominated Supervisor at this time. We request that parents begin to fill out enrolment forms at that time, and discuss their child with us so we can accommodate their needs in the service from the first day they start with us. Should a child use English as a second language, or speak another language at home, we request that families provide us with some key words in the languages the child speaks at this time so that educators can learn the words.
* Families also need to contact the Family Assistance Office (Centrelink) to have their eligibility for Child Care Benefit assessed. If these details are available, we will complete the child’s formal enrolment. Should a family still need to access this information, we will complete an informal enrolment until these details are finalised.
* As per our Orientation for Children Policy, families will be invited to bring their child into the service at a time that suits them so the child and family can familiarise themselves with the environment.
* Before the child begins their first day with us, the service must have all required documentation for the child. The child will not be accepted into the service without this being completed. This includes a fully completed enrolment form as well as all required vaccine documentation.
* Our enrolment form will meet all the regulatory requirements required.

**On the child’s first day:**

* The child and their family are welcomed into their room for the first day.
* The Nominated Supervisor and parents will ensure all details are finalised and complete and sign the Orientation Checklist.
* Educators will complete a “My First Day” on Storypark.

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

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

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

**Review**The policy will be reviewed annually.

Review will be conducted by:

* Management
* Employees
* Families
* Interested Parties

Environmental Sustainability Policy

**NQS**

|  |  |  |
| --- | --- | --- |
| QA2 | 2.2.1 | At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard. |

|  |  |  |
| --- | --- | --- |
| QA3 | 3.1.1 | Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child. |
| 3.1.2 | Premises, furniture and equipment are safe, clean and well maintained. |
| 3.1 | The design of the facilities is appropriate for the operation of a service. |
| 3.2.1 | Outdoor and indoor spaces are organised and adapted to support every child's participation and to engage every child in quality experiences in both built and natural environments. |
| 3.2.2 | Resources, materials and equipment allow for multiple uses, are sufficient in number, and enable every child to engage in play-based learning. |

|  |  |  |
| --- | --- | --- |
| QA6 | 6.1.1 | Families are supported from enrolment to be involved in the service and contribute to service decisions. |
| 6.1.3 | Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing. |
| 6.1.2 | The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child’s learning and wellbeing. |

**National Regulations**

|  |  |  |
| --- | --- | --- |
| Regs | 82 | Tobacco, drug and alcohol-free environment |
| 99 | Children leaving the education and care service premises |
| 103 | Premises, furniture and equipment to be safe, clean and in good repair |
| 104 | Fencing and security |
| 105 | Furniture, materials and equipment |
| 106 | Laundry and hygiene facilities |
| 107 | Space requirements—indoor |
| 108 | Space requirements—outdoor space |
| 109 | Toilet and hygiene facilities |
| 110 | Ventilation and natural light |
| 111 | Administrative space |
| 112 | Nappy change facilities |
| 113 | Outdoor space—natural environment |
| 114 | Outdoor space—shade |
| 115 | Premises designed to facilitate supervision |
| 156 | Relationships in groups |
| 249 | Declared approved services (other than declared approved family day care services) |
| 251 | Declared out of scope services |

**EYLF**

|  |  |
| --- | --- |
| LO2 | Children develop a sense of belonging to groups and communities and an understanding of the reciprocal rights and responsibilities necessary for active community participation |
| Children become socially responsible and show respect for the environment |

|  |  |
| --- | --- |
| LO4 | Children develop dispositions for learning such as curiosity, cooperation, confidence, creativity,  commitment, enthusiasm, persistence, imagination and reflexivity |
| Children develop a range of skills and processes such as problem solving, enquiry, experimentation,  hypothesising, researching and investigating |
| Children transfer and adapt what they have learned from one context to another |
| Children resource their own learning through connecting with people, place, technologies and natural and processed materials |

**Aim**At Josie’s Bright Beginning’s we aim to ensure that our centre is safe, clean and environmentally sustainable. We believe that our children learn about the environment from our educators who lead by example in their daily practices. We strive to ensure our children are educated on the importance of respecting the environment and its limited resources. Through these efforts we hope that all our children and their families become advocates for a sustainable future.

**Related Policies**

Physical Environment Policy

Incident, Injury, Trauma and Illness Policy

Relationships with Children Policy

**Implementation**Learning about sustainability starts with everyday practices and routines. We believe environmentally sustainable practices should be embedded into the operations of our centre. To limit our centre’s effect on the environment and ensure our children learn and continue to implement environmentally sustainable practices requires input from our educators, management and families. By working together we can ensure that all our children grow up respecting their environment and acting in an environmentally responsible way.

**Management will:**

* Ensure to purchase energy intensive equipment (e.g. dishwasher, dryer, washing machine) based on their energy and resource use rating as well as functionality.
* Constantly research current practices and sustainability ideas and implement these where possible.
* Encourage educators, families and children to engage in innovative practices to help appreciate the natural environment.
* Reuse old resources and materials to create new equipment or activities for the centre. E.g. tires, spools etc.
* Use recycled materials where at all possible. E.g. office paper, art supplies etc.
* Facilitate innovative ideas by educators and staff to help our children gain experience with the natural environment including plants and animals.
* Ensure educators and staff are trained in how to operate equipment in the centre as energy efficiently as possible.
* Where possible use electronic means of communicating with our families to reduce office paper use.

**Educators will:**

* Role model sustainable practices.
* Discuss sustainable practices with the children and families as part of the curriculum.
* Provide information to families on sustainable practices that are implemented at the service and encourage the application of these practices in the home environment.
* Share ideas between educators, children and families about sustainable ideas, implementation and resources.
* Ensure all energy sources are turned off when not required. This includes:
  + Lights
  + Air-conditioning
  + Under floor heating
  + Taps and water sources
* Seek to purchase equipment and activities that are as environmentally friendly and as natural as possible.
* Use the concept of “Reduce, Reuse and Recycle” in everyday practice for both educators and children.

**All staff will:**

* Operate all equipment in a manner that reduces energy and resource use. Instructions on how to operate the equipment is either at the unit, on the shared drive or in the office document cabinet.
  + Clothes Dryer requires a clean out of BOTH filters before each use. Filter blockage results in a much lower energy efficiency when in use.
  + Dishwasher must be cleaned and drained at the end of each day. Ensure to turn off the power switch at the socket.
  + Washing machine must be used with the quickest cycle possible for its contents. A 30-minute quick wash is effective for small items like bibs, smocks and towels. For sheets, a longer cycle should be used. If contents are not fully dry after any wash cycle put them through an additional “Spin” cycle to further dry them before using the dryer.
  + Air Conditioners must only be used when required and at the slowest fan speed possible without affecting people’s comfort in the rooms. Ensure windows are OPEN in each room to allow air to circulate when using the air conditioners.
  + The under-floor heating systems are run automatically on their controllers. Adjustments should not be required.

**Sources**

**Education and Care Services National Regulations 2011  
Early Years Learning Framework  
National Quality Standard   
Occupational Health & Safety Act 2004**

**Review**

The policy will be reviewed annually by:

* Management
* Employees
* Families
* Interested Parties

Excursion Policy

**NQS**

|  |  |  |
| --- | --- | --- |
| QA2 | 2.3.1 | At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard. |

**National Regulations**

|  |  |  |
| --- | --- | --- |
| Reg | 100 | Risk assessment must be conducted before excursion. |
| 101 | Conduct of risk assessment for excursion. |
| 102 | Authorisation for excursion. |

**Aim**Josie’s Bright Beginnings acknowledges the value of relevant excursions in allowing children to gain a greater insight of the society in which they live, and learn from these experiences. Our service will actively seek to minimise any risks associated with excursions, and respond promptly and appropriately to any emergency whilst on an excursion. Educators will educate children and families regarding safe road (or other transport) and play practices.

**Related Policies**Staffing Arrangements Policy

Educator and Management Policy

Emergency Management and Evacuation Policy

Incident, Injury, Trauma and Illness Policy

**Implementation**

**Excursion Risk Assessment and Planning Process**

* The service must conduct a risk assessment prior to an excursion taking place.
* Risk assessments are only required once if the excursion is a regular outing. Regular outings are walks, drives or trips to places that we visit regularly and which always have the same risks. This includes trips to and from local schools with our before and after school care children.
* The risk assessment must be recorded using the centre’s risk assessment and minimisation form. Parents will be notified on the Authorisation for Excursion Form that they can access the Excursion Risk Assessments prior to the excursion upon their request. The service must comply with these requests and make all information available to parents if requested.
* Using the centre’s risk assessment and minimisation form, the service must take into consideration the following –
  + Any risk that the excursion may pose to the safety, health and wellbeing of any child and identify how these risks will be managed and minimised.
    - Also consider privacy risks (i.e unsolicited photos being taken, talking to strangers)
  + Any risks associated with water-based activities.
  + Transportation (to and from).
  + The ratio of adults and children which must comply with the ratios in the Staffing Arrangements Policy.
  + Specialised skills required (such as life-saving skills).
  + Proposed activities.
  + Proposed duration.
  + Any medical conditions that need to be considered and managed for each child with specific health needs.
* The Risk Assessment Checklist must also be conducted prior any excursion.
* A parent or authorised nominee must provide a written authority for each child who is attending the excursion using the Authorisation for Excursion Form. This authorisation only needs to be obtained once every 12 months for regular excursions.
* Using the Authorisation for Excursion Form, the service will ensure that the emergency contact details for each child are up-to-date.

**Transport Considerations**   
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.

Family Law and Access Policy

**NQF**

|  |  |  |
| --- | --- | --- |
| QA2 | 2.2.3 | Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect. |

**National Regulations**

|  |  |  |
| --- | --- | --- |
| Regs | 84 | Awareness of child protection law |

**Aim**

To ensure that the service is upholding any responsibilities or obligations in relation to family law and access at the service. To inform of the family law and access roles and responsibilities.

**Related Policies**

Child Protection Policy

Child safe policy

Administration of Authorised Medications Policy

Enrolment Policy

Privacy and Confidentiality Policy

**Who is affected by this policy?**

Children

Families

Staff

Management

**Implementation**

**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.

Parents/guardians, regardless of their marital status, have joint and equal legal responsibilities for their children unless there is a Court Order determining otherwise. Service staff members and educators need to be knowledgeable of which parent/guardian has specific legal rights and responsibilities. Thus, the service 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 are legally defined, the service’s policy must be followed as stated on the enrolment form. When situations change a copy of the Custody Order must be provided to the Service. Where confrontation situations arise over custody the child will be kept at the Service, the custodial parent must be contacted without undue delay and if necessary, the Police and/or relevant government departments, the service will follow procedures in line with the Child Protection Policy to ensure the safety of all children.

**Sources**

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

**Family Law Act 1975**

**Education and Care National Regulations 2011**

**National Quality Standard**

**Child Safe Standards 2022**

**Review**The policy will be reviewed annually. The review will be conducted by:

* Management
* Employees
* Families
* Interested Parties

Fees Policy

**NQF**

|  |  |  |
| --- | --- | --- |
| QA7 | 7.1.2 | Systems are in place to manage risk and enable the effective management and operation of a quality service. |

**Aim**

For parents to pay their child care fees on time.

**Related Policies**

Orientation for Children Policy

Privacy and Confidentiality Policy

Enrolment Policy

**Who is affected by this policy?**

***Parents***

Management

**Implementation**

Josie’s Bright Beginnings fees are payable, based on frequency in advance at all times.

Our method of payment is via Direct Debit. The Direct Debit form must be returned alongside enrolment forms prior to start date.

Payments will be processed every second Monday. It is the parent’s /guardians’ responsibility to ensure there is enough money in your account to cover your fortnightly fee and avoid a dishonour fee of $20.00.

In the case of a declined payment, the full declined amount must be paid prior to the date of next payment.

A change of details form can be collected from the office if you need to change your personal details or account details. This must be received the Friday before the next direct debit payment. Two weeks’ notice in writing must be given to alter or cancel your bookings. If this is not adhered to, normal fees will be charged for the period. Days may be swapped within the same week only and only if resources are available on the proposed swap day. If available, additional days can also be given upon request, again depending on centre resources.

**Fees are as follows:**

Full Day: $130.00

Casual Day $130.00

Fees are payable for ALL days booked, including any absences due to illness, holidays or public holidays.

Late Collection Fees - A fee of $2.00 per minute will apply after 6:30 pm. If you are going to be late for any reason, please contact the educators at the centre.

If at any stage you have financial difficulties, please speak to the Director as we may be able to provide special assistance or work out a payment plan. If fees lapse by 2 weeks and no special arrangements have been made your child's place will be considered vacant and may be offered to another child.

Child care Subsidies (CCS) is available to all families who are Australian Residents. To find out their eligibility, families must contact the Family Assistance Office.

Child care Subsidies can be received as:

* A reduction of fees through the service.
* A lump sum payment to families at the end of the financial year.

A receipt and or statement may be issued at any time or on an ongoing basis upon request.

Should you wish to end your child’s place at the service or should management make the decision to terminate your child’s place, 2 weeks written notice is required from the terminating party. If this does not occur, a cessation of care will be charged at full fee for the two weeks which does not include your CCS and CCR entitlements.

**Overdue Fees**

Any family who is one or more weeks late with their fees will receive a **Friendly Fee Reminder.** Families can make appointments to speak with the approved provider or nominated supervisor regarding payments if there is a need to do so. Continually not paying fees will put your children’s place in the centre in jeopardy.

**Sources**

**Bryant, L. (2009). *Managing a Child Care Service : A Hands-On Guide for Service Providers.* Sydney: Community Child Care Co-Operative.**

**Education and Care Services National Regulations 2011**

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

**Review**

The policy will be reviewed annually.

Review will be conducted by:

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

Food, Nutrition and Beverage Policy

**NQS**

|  |  |  |
| --- | --- | --- |
| QA2 | 2.1 | Each child’s health and physical activity is supported and promoted. |
| 2.1.2 | Healthy eating and physical activity are promoted and appropriate for each child. |

**National Regulations**

|  |  |  |
| --- | --- | --- |
| Regs | 77 | Health, hygiene and safe food practices |
| 78 | Food and beverages |
| 79 | Service providing food and beverages |
| 80 | Weekly menu |
| 90 | Medical conditions policy |
| 91 | Medical conditions policy to be provided to parents |
| 162 | Health information to be kept in enrolment record |
| 168 | Education and care service must have policies and procedures |

**EYLF**

|  |  |
| --- | --- |
| LO3 | Children recognise and communicate their bodily needs (for example, thirst, hunger, rest, comfort, physical activity). |
| Children are happy, healthy, safe and connected to others. |
| Children show an increasing awareness of healthy lifestyles and good nutrition. |
| Educators promote continuity of children’s personal health and hygiene by sharing ownership of routines and schedules with children, families and the community. |
| Educators discuss health and safety issues with children and involve them in developing guidelines to keep the environment safe for all. |
| Educators engage children in experiences, conversations and routines that promote healthy lifestyles and good nutrition. |
| Educators model and reinforce health, nutrition and personal hygiene practices with children. |

**Aim**Josie’s Bright Beginnings aims to promote healthy lifestyles, good nutrition and the wellbeing of all of children, educators and families using procedures and policies. We also aim to support and provide adequately for children with food allergies, dietary requirements and restrictions and specific cultural and religious practices. This dietary information will also be provided to families so they can plan healthy home meals for their child.

**Related Policies**Additional Needs Policy  
Enrolment Policy  
Health, Hygiene and Safe Food Policy  
Immunisation and Disease Prevention Policy  
Incident, Injury, Trauma, Illness Policy  
Medical Conditions Policy  
Physical Activity Promotion Policy  
Relationships with Children Policy

**Implementation**Josie’s Bright Beginnings has a responsibility to help children attending the service to develop good food habits and attitudes. By working with families and all educators, we will also positively influence each child’s health and good nutrition at home. As stated in the *National Regulations (Regulation 79 [4])*, we recognise that these requirements do not apply to food or a beverage provided by a parent of family member for consumption by their child at the service.

In order to achieve these habits and attitudes, the Approved Provider and the Nominated Supervisor, who is responsible for overseeing all educators, will –

**In relation to the provision of food and beverages**

* Ensure children have access to, and are encourage to access, safe drinking water at all times.
* Ensure children are offered foods and beverages throughout the day that are appropriate to their nutritional and specific dietary requirements based on written advice from families that is typically set-out in a child’s Enrolment Form and Child Details Form. We will choose foods based on the individual needs of children whether they are based on likes, dislikes, growth and developmental needs, cultural, religious or health requirements. Families will be reminded to update this information regularly or as necessary.
* Children who do not eat during routine meal times or children who are hungry will be provided with foods at periods other than meal times or snack times.
* Ensure food is consistent with the service’s menu that is based on the Australian Government’s -

***Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood (http://www.health.gov.au/internet/main/publishing.nsf/Content/phd-gug-child-cookbook)***

**And**

***Dietary Guidelines for Children and Adolescents in Australia***   
***(***[***http://www.nhmrc.gov.au/\_files\_nhmrc/publications/attachments/n34.pdf***](http://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/n34.pdf)***)***

***And***

***Victorian Healthy Choices Guidelines***

[Healthy eating](https://www.health.vic.gov.au/preventive-health/healthy-eating-nutrition)

* Provide food that is hygienic by following the relevant policies and procedures set out in the Health, Hygiene and Safe Food Policy.
* Ensure foods and beverages have a reduced risk of choking.
* Families will be provided with daily information about their child’s food and beverage intake and related experiences.
* Provide a weekly menu of food and beverages that are based on the Australian Dietary Guidelines to ensure the provision of food and beverages is nutritious and adequate in quantity.
* The weekly menu must be displayed in an accessible and prominent area for parents to view. We will also display nutritional information for families and keep them regularly updated. We will also publish the menu on our website at www.josiesbrightbeginnings.com
* The weekly menu must accurately describe the food and beverages provided each day of the week.
* Present food attractively.
* Babies will be fed individually by educators if required.
* Age and developmentally appropriately utensils and furniture will be provided for each child.

**In relation to promoting healthy living and good nutrition**

* Develop health and nutrition awareness and act to the best of our abilities on cross-cultural eating patterns and related food values.
* Make meal times relaxed and pleasant and timed to meet the needs of the children. Educators will engage children in a range of interesting experiences, conversations and routines.
* Discuss food and nutrition with the children.
* Organise practical learning experiences where our children can partake in the preparation of their own foods.
* 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 without being required to eat food they do not like or more than they want to eat.
* Encourage toddlers to be independent and develop social skills at 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.
* 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 educators 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 when required.

**Breastfeeding, Breast Milk and Bottle Warming**

Healthy lifestyles and good nutrition for each child is paramount. As such, we encourage all families to continue breast feeding their child until at least 12 months in line with recommendations from recognised authorities.

We aim to work with families with children who are still being breastfed and provide a supportive environment by feeding children breast milk supplied by their families.

We will provide a supportive environment for mothers to breastfeed.

Families will be regularly reminded by educators and the service to update the service in regards to their child’s preferences, habits, likes, dislikes, dietary requirements and restrictions.

**Breast milk procedure**

* Breast milk that has been expressed should be brought to the service in a clean sterile container labelled with the date of expression and the child’s name.
* We encourage families to transport milk to the service in cooler bags and eskies; this should be immediately given to educators, who will put it in the refrigerator.
* We will refrigerate the milk at 4 degrees Celsius until it is required.
* Breast milk will be warmed and/or thawed by standing the container/bottle in a container of warm water. This will be completed by the cook in the kitchen.
* The milk will then be temperature tested by educators before being given to the child.
* If the service does not have enough breast milk from the family to meet the child’s needs that day, individual families will be consulted on what the service should do in these circumstances.
* To avoid any possible confusion, we will not store unused milk at the service.
* Unused milk will be returned to families at the end of the day when they come to collect their child.

**Educators who Breastfeed at the Service**

* The service also recognises the importance and benefits of breastfeeding and that many women will return to work before they wish to wean their children. Requests for allowances to be made for educators to continue breastfeeding once they have returned to work at the service will be treated sympathetically and reasonably and all efforts will be made to support the educator in her choice to continue breastfeeding her child.
* On return to work from maternity leave, female educators may seek to change their work arrangements. The returning staff member will have a meeting with the Nominated Supervisor to try and work out an arrangement which suits the educator, the Nominated Supervisor and also the running of the service. The service will provide Lactation Breaks for the educator to express milk or breastfeed her child. The Nominated Supervisor will be reasonably flexible as to when these occur.
* If arrangements have been made for the educator’s child to come to the service to breastfed and needs its nappy changed, the educator can use the service’s nappy changing area as long as the relevant policies and procedures are followed.
* When an educator is in the process of breastfeeding her child or expressing milk, educator to child ratios cannot be compromised. Educators will work to cover the Lactation Break as they would any other break.

**Safe Storage and Heating of Babies Bottles**

Josie’s Bright Beginnings will use microwaves to heat Infant Formula/Cow’s Milk

**Microwave Instructions**

We recognise that microwaves are an efficient and safe way to heat infant formula and cow’s milk. We will not heat breast milk in the microwave as it may destroy some of the breast milk’s properties.

**For infant formula or cow’s milk, the service will always:**

* Use microwave safe bottles.
* Heat a minimum of 120mls of formula/cow’s milk in the bottle to ensure it does not overheat.
* Only heat formula/cow’s milk that has been adequately refrigerated.
* Stand the bottle up straight.
* Always take off the teat/bottle top and leave outside the microwave.
* Not use microwave ovens with wattage over 700W (or if ovens with a higher wattage are used, heat for less than the following times and take extra care when checking temperature)
* For a 120ml size bottle – use high setting and heat for less than 30 seconds.
* For a 240ml size bottle – use high setting and heat for less than 1 minute.
* Follow specific manufacturer instructions provided with the microwave.
* **Minimise the risk of uneven heating by adequately rotating and shaking the bottle directly after microwaving.**
* Check the temperature of the formula/milk on the inside of the wrist before giving to the child to ensure contents are at a safe temperature.

**Sources  
Education and Care Services National Regulations 2011  
Early Years Learning Framework  
National Quality Standard  
Food Standards Australia New Zealand  
Safe Food Australia, 2nd Edition. January 2001  
Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood   
Dietary Guidelines for Children and Adolescents in Australia.  
Australian Guide for Healthy Eating  
Food Safety Standards for Australia 2001  
Food Standards Australia and New Zealand Act 1991  
Food Standards Australia New Zealand Regulations 1994  
Food Act 2003  
Food Regulation 2004  
Occupational Health and Safety Act 2000  
Occupational Health and Safety Regulations 2001  
Dental Association Australia  
Infant Feeding Guidelines for Health Workers (National Health & Medical Research Council, 2003) Feeding and Nutrition of Infants and Young Children (World Health Organisation, 2000)   
Australian Breast Feeding Association Guidelines**

**Start Right Eat Right Dept Health SA**

**Review**The policy will be reviewed annually. The review will be conducted by:

* Management
* Employees
* Families
* Interested Parties

Governance Policy

**NQS**

|  |  |  |
| --- | --- | --- |
| QA6 | 6.1.1 | Families have opportunities to be involved in the service and contribute to service decisions. |
| 6.1.2 | The expertise of families is recognised and they share in decision making about their child’s learning and wellbeing. |

|  |  |  |
| --- | --- | --- |
| QA7 | 7.1 | Governance supports the operation of a quality service. |
| 7.1.1 | A statement of philosophy guides all aspects of the service’s operations. |
| 7.1.2 | Systems are in place to manage risk and enable the effective management and operation of a quality service. |
| 7.1.3 | Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service. |

**National Regulations**

|  |  |  |
| --- | --- | --- |
| Reg | 168 | Education and care services must have policies and procedures |
| 177 | Prescribed enrolment and other documents to be kept by approved provider |
| 181 | Confidentiality of records kept by approved provider |
| 181-184 | Confidentiality and storage of records |

**Aim**Our service will meet its legal and financial obligations by implementing appropriate governance practices that support our aim to provide high quality child care that meets the objectives and principles of the National Quality Framework, the National Quality Standard and the Early Years Learning Framework.

**Related Policies**Privacy and Confidentiality Policy

National Quality Framework Policy

Record Keeping and Retention Policy

**Implementation**

**Service Structure**

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

The Approved Provider is responsible for:

* ensuring the financial viability of the service
* overseeing control and accountability systems
* supporting the Nominated Supervisor / Responsible Persons in their role and providing resources as appropriate for the effective running of the service.

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

* Creating an environment that keeps our children safe by following and embedding practices which meet all 11 of the child safe standards. We ensure all our children are respected and safe at all times. We follow our child safe policy at all times and review and critically reflect on our approach to ensure we are always improving.
* Ensuring all required information is on display and clearly visible at all times (See attachment 1)
* Report all circumstances to the regulatory authority as required by the national law and regulations within the specified time period (See attachment 2) via the NQAITS website.
* Report all serious incidents to the regulatory authority within the required time periods (See attachment 3) via the NQAITS website. Examples of serious incidents include:
  + Death of a child
  + Incident involving a serious injury or trauma to a child
  + Incident involving a serious illness of a child
  + A child is missing or cannot be accounted or taken from the centre
  + A child was mistaking locked in or out of the centre
  + Incident involving physical or sexual abuse of a child
* Retain accurate records (see attachment 4) are stored securely and that our privacy and confidentiality policy is followed at all times.

**Commitment to good governance**

Our service has adopted the following eight ASX Corporate Governance Principles and Recommendations, which we recognise as suitable for our business

1. Lay solid foundations for management and oversight.

*Management Principles*

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

1. Management by Agreement

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

1. Management by Exception

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

1. Clearly Defined Reporting Relationships

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

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

Our reporting relationships are:

* The Nominated Supervisor reports to the Approved Provider.
* The centre Manager or Responsible person in charge of the day-to-day operations of the service reports to the Nominated Supervisor.
* Each Room Leader reports to the centre Manager.
* The Nominated Supervisor has the authority to communicate information about the work and to direct the activities of the Room Leader.
* Educators in the rooms report to the Room Leader

1. Guidelines for Effective Delegation

Our service will:

* identify the work/result to delegate and to whom

Educators/staff will not delegate responsibilities for which they are accountable or work/results that have been delegated to them with their agreement or work/results attached to someone else's position (unless that person has agreed).

* put the delegation in writing with a clear due date
* discuss the delegation with the educator/staff member whenever possible
* seek the educator/staff member's agreement

The person who delegates remains accountable for making sure the right result is achieved.

1. Guidelines for Effective Regulation

Regulating work means monitoring, reviewing, and adjusting it to get the right result.

Our service will:

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

1. Structure the management team to add value

To comply with these principles to the best of our ability and to ensure we can discuss issues and (potential) changes to policies, procedures or the regulatory environment, we will schedule and conduct regular communication between all members of our management team.

1. Promote ethical and responsible decision-making

Our service will make decisions which are consistent with our policies, our obligations and requirements under the National Education and Care Law and Regulations, our approved learning frameworks (EYLF and VEYLDF) and the ethical standards in our code of conduct.

1. Make timely and balanced disclosure

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

Our service will also:

* advise the regulatory authority of any required notifications including any change to the person designated as the Nominated Supervisor no later than 14 days after the change
* develop a Quality Improvement Plan that is completed regularly, available on request and ready for submission to the Regulatory Authority when requested.

1. Respect the rights of parents, families and children

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

* Creating a culturally safe environment for all children. We recognise the unique identities and experiences of aboriginal children and ensure they are respected and valued.
* developing and implementing plans to ensure regular communication with families including advice about events, activities and policy updates
* enabling them to have access and provide input to reviews of policies and procedures
* Informing and involving them in promoting child safety and wellbeing.
* providing and displaying a range of information about relevant issues
* ensuring we follow all policies and procedures including the Parental interaction and Involvement Policy and Privacy and Confidentiality Policy.
* Ensure our children and families have access to our grievance policy and are aware that the process is child focussed and accessible.

Our service will respect the rights of children by ensuring:

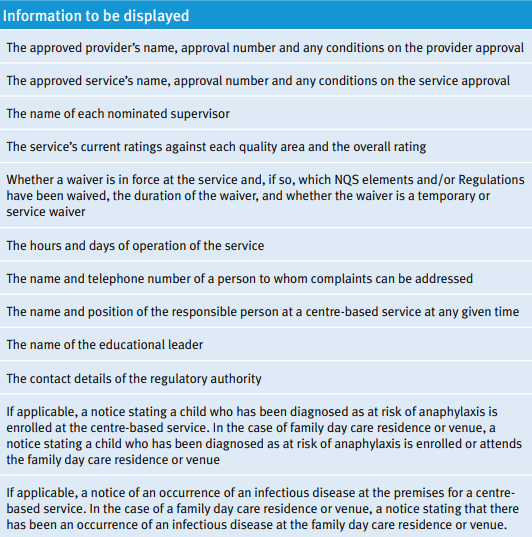
* the Nominated Supervisor complies with their responsibilities under the National Law and Regulations
* we follow our policies and procedures including the Relationships with Children Policy, Child Protection Policy and Privacy and Confidentiality Policy.
* our children are provided with the experiences and learning which allows them to develop their identities, wellbeing and social connection.
* We empower children to know their rights and to participate in decisions that affect them.

1. Recognise and manage risk

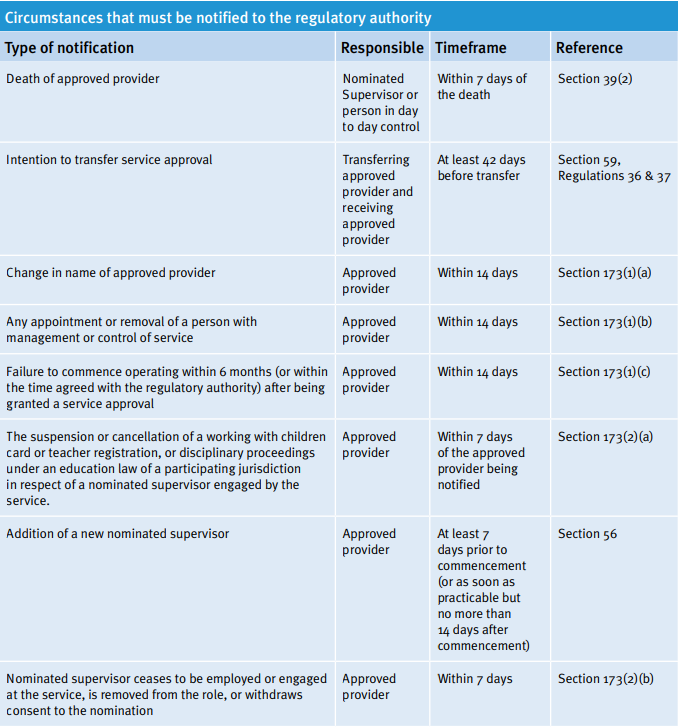
Our service will take every reasonable precaution to protect children from harm and any hazard likely to cause injury. We will follow service policies including those covering Workplace Health and Safety, Child Protection, Excursions and the Delivery and Collection of Children and complete regular risk assessments and opening and closing checks. We provide a physical environment that promotes safety and wellbeing and minimises the risk of harm to our children.

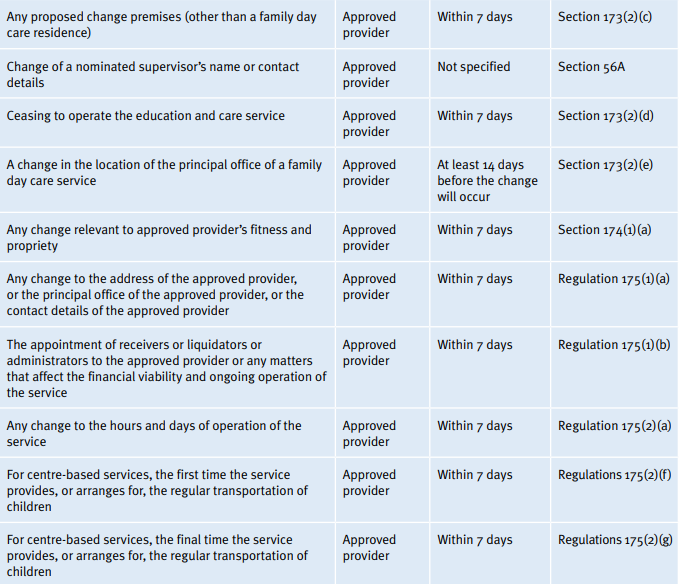
1. Remunerate fairly and responsibly all staff. Ensure all staff are supported and provided the means necessary to care for and educate our children.

**Attachment 1: Information to be displayed at the centre**

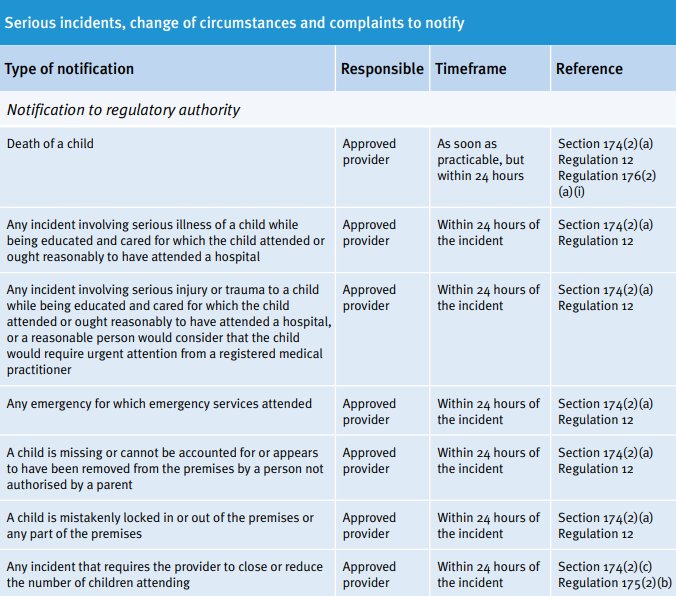


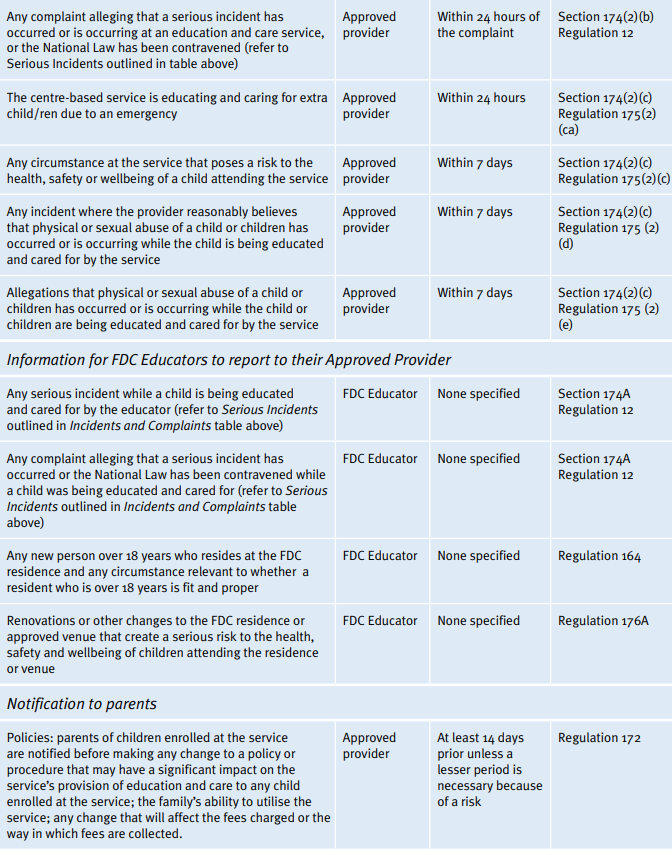
**Attachment 2: Circumstances that must be notified to the regulatory authority**

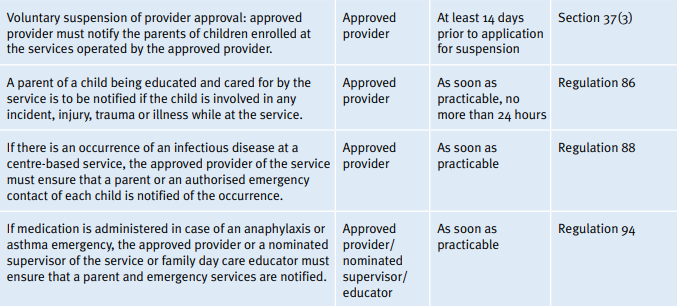


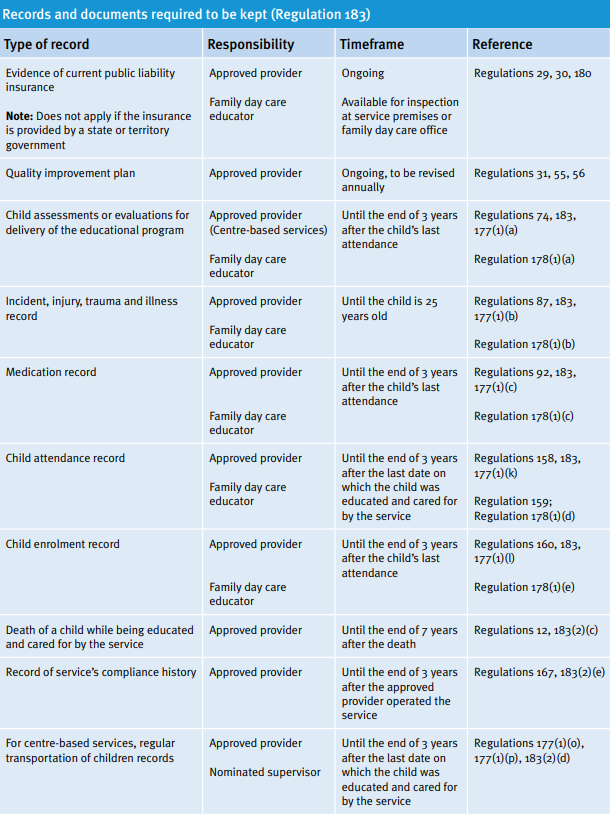


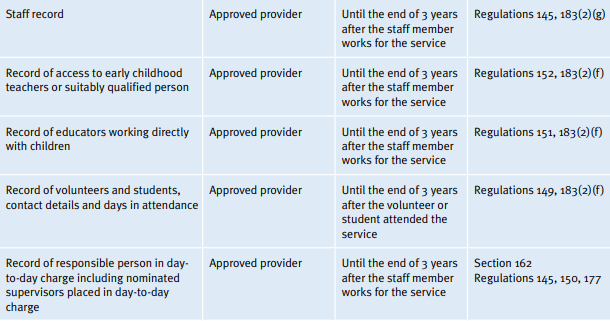
**Attachment 3: Notification of serious incidents, change of circumstances and complaints**

****

****

****

**Attachment 4: Records to be kept**



**Sources  
Education and Care Services National Regulations 2011  
National Quality Standard**

**Early Years Learning Framework  
Corporate Governance Principles and Recommendations ASX Corporate Governance Council**

**Review**The policy will be reviewed annually. The review will be conducted by:

* Management
* Employees
* Families
* Interested Parties

Complaints and Grievance Policy

**NQS**

|  |  |  |
| --- | --- | --- |
|  | 7.1 | Governance supports the operation of a quality service. |

**National Regulations**

|  |  |  |
| --- | --- | --- |
| Regs | 168 | Education and care service must have policies and procedures |

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

**Related Policies**

Educator and Management Policy

Privacy and Confidentiality Policy

**Managing Breaches and Complaints**

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

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

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

* Children and families need to know that their concerns or complaints will be dealt with seriously and in a fair and systematic way.
* staff and visitors need to know a process exists for receiving and managing grievances and complaints fairly, impartially, promptly and thoroughly.
* they help to ensure small issues or problems do not escalate.
* supervisors and managers need to be aware of issues causing conflict.
* documentation provides evidence and a record of the grievance and the outcome.
* complaints facilitate continuous improvement of Service operations.

**Complaints Guidelines**

* We educate our children that their voice will be listened to and if they don’t feel comfortable that they should tell their parents and their educators. We use visual aids in the class rooms to remind children of the importance of this. See attachment 1.
* We encourage any families with a complaint to highlight this as soon as possible either directly with the staff member involved or the room leader in their child’s room.
* If the family feels uncomfortable in approaching the educator, they should highlight the complaint directly with the nominated supervisor or responsible person in charge.

***Phone:*** (03) 9449 0777

***Email:*** jbbhillside@gmail.com

* The nominated supervisor will discuss the issue with the family and will investigate the issue.
* The complaint will be recorded on the Complaints and Grievance form immediately. This can be completed by the family or by the nominated supervisor/responsible person working with the family.
* Family discussion, subsequent details, actions taken and conclusions are recorded on the grievance form as they evolve.
* A meeting may be called with one or all parties, depending on the severity, and an action plan put in place with agreed actions, timeframes and signed agreement with all parties.
* If the family does not feel the complaint is adequately resolved they should contact the regulatory authority of the Department of Education.

***Grampians Area***

***Postal Address:***

109 Armstrong Street North,

Ballarat,

Victoria 3350

***Phone:*** (03) 4334 0589

***Email:*** grampiansqar@edumail.vic.gov.au

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

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

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

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

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

**The Approved Provider or Nominated Supervisor will:**

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

**Outcomes may include:**

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

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

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

Josie’s bright beginnings will ensure that the contact details of the regulatory body are on display in the centre’s reception area at all times so as to be available for any parents or guardians if required. The complaint/grievance contact details for our centre are also on display. We encourage all families to discuss any issues with the co-ordinator or educators at all times.

**Sources  
Education and Care Services National Regulations 2011  
National Quality Standard  
Early Years Learning Framework**

**Dealing with Employee Work-related Concerns and Grievances Policy and Guidelines: NSW DPC**

**Review**The policy and our code of conduct will be reviewed annually by:

* Management
* Employees
* Families
* Interested Parties



Health, Hygiene and Safe Food Policy

**NQS**

|  |  |  |
| --- | --- | --- |
| QA2 | 2.1 | Each child’s health and physical activity is supported and promoted. |
| 2.1.1 | Each child’s wellbeing and comfort is provided for, including appropriate opportunities to meet each child’s need for sleep, rest and relaxation. |
| 2.1.2 | Effective illness and injury management and hygiene practices are promoted and implemented. |
| 2.1.3 | Healthy eating and physical activity are promoted and appropriate for each child. |
| QA2 | 2.2.1 | At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard. |

**National Regulations**

|  |  |  |
| --- | --- | --- |
| Regs | 77 | Health, hygiene and safe food practices |
| 78 | Food and beverages |
| 79 | Service providing food and beverages |
| 80 | Weekly menu |

**EYLF**

|  |  |
| --- | --- |
| LO3 | Actively support children to learn hygiene practices. |
| Promote continuity of children’s personal health and hygiene by sharing ownership of routines and schedules with children, families and the community. |
| Discuss health and safety issues with children and involve them in developing guidelines to keep the environment safe for all. |
| Model and reinforce health, nutrition and personal hygiene practices with children. |

**Aim**Josie’s Bright Beginnings aims to promote and protect the health, safety and wellbeing of all of children, educators and families using procedures and policies to maintain high standards of hygiene and provide safe food to children. We also aim to reduce the risk of infectious diseases and illnesses spreading and following appropriate OHS standards. A holistic and consistent approach to health, hygiene and safe food across the service will help to effectively meet this aim.

**Related Policies**

Enrolment Policy  
Incident, Injury, Trauma, Illness Policy  
Medical Conditions Policy  
Relationships with Children Policy

Disinfectant Fogging Procedure

**Implementation**The Approved Provider will ensure that the Nominated Supervisor and qualified food supervisor must implement adequate health and hygiene practices and safe practices for handling, preparing and storing food. This policy, and related policies and procedures at the service will be followed by nominated supervisors and staff members of, and volunteers at, the service in relation to -

**(a) Hygiene practices.**

**(b) Safe and hygienic storage, handling and preparation of all food and drinks, including foods and drinks provided by the child’s home.**

**(c) Working with children to support the promotion of hygiene practices, including hand washing, coughing, dental hygiene and ear care.**

**(d) Toileting, nappy changing and cleaning of equipment.**

**(e) The provision of fresh linen and sheeting for cots and mattresses.**

Children will be grouped in a way that allows educators to maintain a hygienic environment for each individual at the service.

In any instances where children display any signs of illness or injury, educators will refer to the Incident, Injury, Trauma and Illness Policy and Incident, Injury, Trauma and Illness Record.

Importantly, we will work with each child to promote health and safety issues, encourage effective hygiene, food safety and dental care, and maintain a healthy environment that is safe for each child. Regular discussions between educators and children will be integrated throughout the program at appropriate intervals.

**For all cleaning and disinfectant tasks, the following colour coding applies:**

**Mop and Buckets (see appendix 1 for centre signage):**

Yellow = Bathrooms

Green= kitchen

Blue=Rooms

Red=Blood and Vomit

**Equipment and Environment**The service will wash mouthed toys daily using disinfectant and dry in the sun, rotate toys to allow for washing, clean books by wiping with paper towel and drying, clean storage areas weekly.

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 after washing.

The centre is fully sterilised by using the disinfectant fogging machine at most on a fortnightly basis.

**Sterilisation of Dummies/Pacifiers**

Where a baby does not have a spare, clean dummy educators will sterilise a dirty dummy by using the sterilising machine. Dummies will not be sterilised using a microwave. Educators will ensure the dummy is cool before use. The dummy will be air-dried and stored in an individually assigned container if it is not being used immediately. Educators will advise parents to discard the dummy if the baby has an infection. For children over 12 months old dummies can be cleaned by washing with warm, soapy water and rinsing well.

**Sterilisation of Bottles**

All bottles, teats etc. will be washed in warm, soapy water using a clean bottlebrush to thoroughly remove all traces of milk and rinsed. For children under the age of 12 months the bottles will be returned to the children’s guardians every day upon collection. They will be advised of the requirement to sterilise the bottles.

**Bedding**  
Each child will have their own bedding. When used by one child it will be washed before it is used by another child. All linen will be washed fortnightly or before if required. Once linen is removed all beds will be sprayed with disinfectant and wiped down with paper towels.

**Hand Washing Procedure**

Josie’s Bright Beginnings will provide the appropriate height basins for children to wash their hands in as well as basins height appropriate for adults. Liquid soap will be provided for all individuals to wash their hands and we will ensure any allergies to soap are identified using the Enrolment Form and catered for appropriately. Along with this, the service will provide either/and/or individual towels, paper towel or an automatic dryer for individuals to dry their hands.

**All individuals should wash their hands:**

* Upon arrival to reduce the introduction of germs.
* Before handling food.
* After handling food.
* After doing any dirty tasks such as cleaning.
* After removing gloves.
* After going to the toilet.
* Before and after nappy change procedures.
* After giving first aid.
* Before and after giving each child medication. If giving medication to more than one child, between each child.

**Below are instructions on how to effectively wash hands. All individuals are to follow this procedure and it should be displayed at each hand washing facility.**

* Wash hands using running water and soap.
* Rub hands vigorously.
* Wash hands all over ensuring that the back of the hands, wrists, between fingers and under the fingernails are cleaned.
* Rinse hands thoroughly.
* Turn off the tap.
* Dry hands thoroughly with paper towel or an automatic dryer.
* This should take about as long as singing “Happy Birthday” twice.

**Hygienic coughing and sneezing procedure**

Coughing, sneezing and runny noses are one of the main causes of bacteria spreading from person to person. To minimise this from happening the educators are required to sanitise their hands after the following instances are observed.

* Educator sneezes or coughs-educator to sanitise hands.
* If an educator is required to clean or help a child clean a runny nose, then he/she is required to sanitise their hands.

**Hygienic Nappy Change Procedure**

Josie’s Bright Beginnings accepts enrolments of children who have not yet been toilet trained Toileting occurs at any time of the day and is specific to individual needs. Educators will communicate with parents to develop consistency with their child’s toileting habits. Educators must be aware of and consider any special requirements related to culture, religion or privacy needs. Children who are in nappies will have this detail recorded in the register kept by the staff. This is located in the Bathrooms for parents to check.

Nappy changing and toileting will only be carried out by educators by following the nappy changing procedure. At times it may be necessary for a student to carry out the nappy change procedure as part of certificate 3 practical education requirements, and a trained educator must always be present to monitor this situation and ensure the procedure is being followed adequately. If a parent is present and helping their child (toileting in the bathroom), it is required that an educator ensures no other children are using the toilet at the same time. Additionally, the service will follow hygienic nappy change practices at all times using the following procedure -

* 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.
* Nappy changing will be done only in the nappy change area which will be properly stocked with plastic bags, fresh nappies, clean clothes**,** rubbish bin lined with plastic and microfiber cloths.
* Always prepare change area first ensuring, gloves, wipes and bag to dispose of nappy are present if required.
* Educator must sanitise their hands before commencing the procedure.
* Assist the child up to the nappy change table using the steps if child is walking.
* If the nappy is **soiled or leaked through** the educator must put on gloves.
* Remove the dirty nappy and clean affected area in the required manner and remove gloves.
* Put on clean nappy
* Dress the child
* For younger children wipe the child’s hands clean with wet wipes. For older children they will be assisted to wash their hands with an Educator at the basin. Take the child away from change area.
* Disinfect the nappy changing area and wipe down with red or orange microfiber cloth.
* Wash your hands using sanitiser after each individual nappy change.
* Wash your hands using hand wash and warm soapy water after the last nappy change in a series of nappy changes.

**Hygienic Toileting Procedure**

At times it may be necessary for a student to assist children in the area of toileting as part of Certificate 3 practical education requirements, and a trained educator must always be present to monitor this situation and ensure the procedure is being followed adequately. If a parent is present and helping their child (toileting in the bathroom), it is required that an educator accompany any other children needing to use the bathroom at the same time.

**Additionally, the service will follow hygienic toileting practices at all times using the following procedure -**

* Educators 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 when toilet training for effective hygiene and infection control factors.
* The service 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.

**If the child has soiled or wet their clothing:**

* Put gloves on.
* Remove any wet/soiled clothing and seal in a bag for washing. It must be double-bagged.
* Clean and dry the child.
* Remove your gloves and wash hands, do not touch the child’s clean clothing.
* Dress the child, wash and dry the child’s hands. Have them leave the bathroom.
* Clean any spills following the procedure for cleaning spills of body fluids.
* Remove and dispose of gloves, wash and dry your hands.
* The laundry area includes a washing machine and trough with hot and cold water supply for the laundering of soiled cloths, linen.

**Dental Hygiene and Care**

* The service will arrange for dental health professionals to attend the service to discuss good dental health practices and guidelines with educators, children and family members.
* Educators should actively seek to be positive role models for children and families in attendance at the service.
* Educators 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 educators in their home language as required.
* The service 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.
* Children will be encouraged to drink water to quench their thirst and remain hydrated.
* Children will be encouraged to eat apple after meals to clean teeth
* 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.

**Dental Accidents**

If a dental accident occurs at the service, the following procedure must be followed:

For younger children:

* The accident will be managed as an emergency. Injury forms will be completed.
* The tooth will not be reinserted into the socket, but gently rinsed in clean water or clean milk to remove any blood and will be placed in a clean container or wrapped in cling wrap to give to the child’s parent or dentist.
* Seek dental advice as soon as possible and ensure educators or the parent takes the tooth/tooth fragment to the dentist with the child.

For older children or adults:

* The accident will be managed as an emergency. Injury forms will be completed.
* Gently rinse the tooth fragments in clean milk or clean water for a few seconds to remove excess dirt and blood.
* Handle the tooth by its crown (the white enamel top part of the tooth), not its root and be careful not to rub off the endothelial fragments on the root of the tooth as these are needed for the tooth to take, if replaced by the dentist.
* In an adult or older child who can be relied on not to swallow their tooth, it is preferable to replace the tooth back into the socket. (Be certain that the tooth is placed into the socket the correct way round, in its original position, using the other teeth next to it as a guide).
* Hold the tooth in place by gently biting on a clean handkerchief or gauze pad.
* If unable to reinsert the tooth, get the casualty to hold the tooth inside the mouth next to the cheek or place the tooth in clean milk, sterile saline, or clean water. Place a firm pad of gauze over the socket and have the casualty bite gently on the gauze.
* Seek dental advice as soon as possible and ensure you or the family takes the child to the dentist with the tooth/tooth fragments within 30 minutes, as the root endothelial layer begins to deteriorate after 30 minutes.
* If the tooth has been in contact with dirt or soil, advise the family that tetanus prophylaxis may be required and advise them to consult with both their dentist and doctor

**Food Preparation and Food Hygiene Procedure**  
Josie’s Bright Beginnings will follow appropriate food preparation hygiene techniques to meet the requirements of the *Food Standards Australia New Zealand* and our approved food safety plan such as:

* Wash hands before food preparation.
* 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 individuals 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
  + Not wearing jewellery (wedding band excluded)
  + Covering cuts with a blue bandaid and gloves
* Avoiding the contamination of one work area to another by using disinfectant and paper towel and restricting the movement of contaminated items (such as gloves and cleaning implements) from one area to another.
* Clean children’s dining tables with disinfectant and dry before serving food.
* Ensuring food is always served in a hygienic way using tongs/serving spoons.
* Clean children’s dining tables with disinfectant and paper towel and dry after meal times.
* Each child will be provided with their own clean drinking and eating utensils at each mealtime. These utensils will be washed after each use. Educators will actively encourage and monitor children so they do not to use drinking or eating utensils which have been used by another child or dropped on the floor.
* 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.

All food handlers must obey all aspects of the food safety programme located in the kitchen at all times.

**Cooking with Children**

We sometimes include cooking experiences in our service’s programming for the children. When these experiences are carried out, educators that are supervising will be vigilant to ensure food preparation remains a hygienic and safe experience. The relevant points from the above food preparation procedure will be followed during the children’s cooking experiences.

Examples of the type of activities children will participate in during cooking experiences include:

* Helping choose what to cook.
* Measuring and weighing ingredients.
* Stirring or mixing ingredients.
* Washing salad, vegetables or fruit.
* Setting the tables.

**Food Safety, Temperature Control and Transport Procedure**

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

* Provide food safety information from Safe Food Australia and VIC Food Authority.
* Encouraging educators 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.

**Note: The bacteria that commonly cause food poisoning grow rapidly between 5oC and 60oC; this is commonly referred to as the “temperature danger zone”.**   
  
**To keep food safe:**

* All food for children brought from home will be immediately placed in the refrigerator provided in the service. Children’s food will be removed from insulated containers before placing in the refrigerator. Ingredients must be provided.
* Don’t leave perishable foods in the temperature danger zone for longer than 2 hours.
* Keep cold food in a fridge, freezer, below 5oC until you are ready to cook or serve, e.g. if you are serving salads keep them in the fridge until ready to serve.
* Keep hot food in an oven or on a stove, above 60oC until you are ready to serve.
* Refrigerate leftovers as soon as possible, within 2 hours. If reheating leftovers, reheat to steaming hot. Heating food is not always recommended and is usually reserved for low-risk foods such as pure vegetables etc.
* Never defrost foods on the bench top. Foods should be defrosted overnight in the fridge or in the microwave.
* Use a thermometer to make sure your fridge is below 5oC. Don’t overload refrigerators, as this reduces cooling efficiency.
* 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. The ingredients must also be listed with the date it was opened.
* 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.
* All foods are wrapped, covered, dated (used by date and date it entered the Service) and labelled.
* Store foods on shelves, never on the floor including play dough material.
* 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 and fridge door seals checked to be in good repair.
* The operating temperature of the fridge and freezer need to be checked daily as per the food safety programme.

**Protecting food from contamination will be achieved by:**

* Using containers with lids or by applying plastic film over each container. These materials will be suitable for food contact to ensure that they do not contain any chemicals that could leach into the food.
* Aluminium foil, plastic film and clean paper may be used and food will be completely covered.
* Food already in packaging may not need additional coverage. However, if additional coverage is required the above will apply.
* Previously used materials and newspaper will not be used.

**Temperature Control**

* When potentially hazardous foods are being transported, they will be kept at or below 5 degrees Celsius for cold food, or above 60 degrees Celsius for hot food.
* If the journey is short, insulated containers may be used to keep the food cold/hot. If the journey is longer, ice bricks or heat packs will be used to maintain temperature requirements.
* Only pre-heated or pre-cooled goods will be placed in insulated containers, which will have a lid to maintain temperatures.
* Insulated containers will be kept clean and in good working conditions at all times, will only be used for food and will be kept away from other items such as chemicals or fuel.
* Insulated containers will be filled as quickly as possible and closed as soon as they have been billed and kept closed until immediately before the food is needed or is placed in other temperature-controlled equipment at the destination.

**The following will be considered when transporting food:**

* Containers of cool food will be placed in the coolest part of the vehicle.
* If the inside of the vehicle is air-conditioned, cold food may be transported better here rather than in the boot.
* Vehicle will be kept clean and maintained at hygienic standards.
* When food is being packed in the vehicle, cold foods will be collected last and immediately placed in insulated containers for transporting.
* Upon arrival at the destination, staff will immediately unload any hot or cold food and place it in an appropriate temperature-controlled environment.
* Temperature and condition of all foods and packaging must be checked on arrival to the centre. Temperatures must be recorded on the “Daily Food Record Sheet”. If cold food and frozen food is above 5˚C or -15˚C upon delivery the food is rejected.
* All food will be served within two hours of it being cooked.

**Food Storage Procedure**In order to implement safe food storage practices to the highest possible standard, educators will access and amend their practices to the latest known information. This information will be passed onto families.

Educators will ensure that foods 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. The ingredients must also be listed with the date it was opened.
* 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 Service) 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.
* Raw meats must be stored on the bottom shelf of the fridge and sit in an additional container to prevent juices dripping if the original packaging is compromised or damaged
* 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.

**Tobacco, Drug and Alcohol**

**Our service is strictly tobacco, drug and alcohol free.**

In order to keep children, educators, families and visitors free from the dangers of

drugs, alcohol, tobacco smoke and other smoke, including illegal substances, the

following rules apply -

* The consumption of tobacco, drugs and alcohol is prohibited in all areas of the

service

* Smoking and the consumption of alcohol is also prohibited
  + On incursions or excursions at any point during the event.
  + While travelling with a child.
  + At educator meetings.
  + At parent meetings.
  + At any social activity, whether in work hours or not, where the children and

educators are involved.

Under no circumstances will any person attend the service if they are affected by

alcohol or drugs, including prescription medication, if in any way the consumption of

these items impair an individual’s capacity to supervise, educate or care for children.

Parents, volunteers and visitors to the service are to be courteously informed of the

Tobacco, Drug and Alcohol Policy.

**Health and Hygiene Documentation Procedure**

Documentation required for health and hygiene are as follows;

- Nappy/toilet   
- Bottles  
- Bedding   
- Comfort items  
- Daily chart   
- Cleaning & sterilisation: rooms/bathroom/equipment

All recorded documentation must be on a laminated chart that is completed with a whiteboard marker.

If an educator does not comply with documentation procedures, they will be required to record all charts hand written, charts will be collected on a weekly basis by the nominated supervisor.

In addition to our paper-based documentation we also use a program called Xplore. All information is sent directly to parents.

**Sources  
Education and Care Services National Regulations 2011  
Early Years Learning Framework  
National Quality Standard  
Food Standards Australia New Zealand  
Safe Food Australia, 2nd Edition. January 2001  
NSW Health  
Caring for Children- Food, Nutrition and Fun Activities, 4th Edition 2006  
Australian Guide for Healthy Eating  
Dietary Guidelines for Children and Adolescents in Australia incorporating the Infant Feeding Guidelines for Health Workers Endorsed 10 April 2003   
National Health and Medical Research Council. (2005). Staying Healthy in Child Care Preventing Infectious Diseases in Child Care (4th Edition).   
Food Safety Standards for Australia 2001  
Food Standards Australia and New Zealand Act 1991  
Food Standards Australia New Zealand Regulations 1994  
Food Act 2003  
Food Regulation 2004  
Occupational Health and Safety Act 2000  
Occupational Health and Safety Regulations 2001  
Dental Association Australia**

**Use and care of dummies (pacifiers) SESI Health Service NSW**

**Sterilising bottles, teats and dummies Qld Health**

**Bottle feeding with formula: Better Health Vic Govt**

**Bottle Feeding (cleaning and sterilising bottles and equipment): Health Direct Australia**

**Review**The policy will be reviewed annually. The review will be conducted by:

* Management
* Employees
* Families
* Interested Parties

HIV AIDS Policy

**NQS**

|  |  |  |
| --- | --- | --- |
| QA2 | 2.1 | Each child’s health and physical activity is supported and promoted. |
| 2.1.2 | Effective illness and injury management and hygiene practices are promoted and implemented. |
|  |  |

**National Regulations**

|  |  |  |
| --- | --- | --- |
| Regs | 77 | Health, hygiene and safe food practices |
| 88 | Infectious diseases |
| 90 | Medical conditions policy |

**Aim**The service aims to effectively care for any child that may be infected with Human Immunodeficiency Virus Infection, AIDS Virus and also minimise the risk of exposure to HIV through effective hygiene practices.

**Related Policies**Enrolment Policy  
Food Nutrition and Beverage Policy  
Health, Hygiene and Safe Food Policy  
Incident, Injury, Trauma and Illness Policy  
Infectious Diseases Policy  
Medical Conditions Policy  
Privacy and Confidentiality Policy

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

Staff

Families

Community

Visitors

Management

**Implementation**It is the Nominated Supervisor’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 provides 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 Nominated Supervisor regarding a child from family members must not be passed on to any other staff member unless the child’s caregivers provide written authorisation.

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

Educators will carry out routine hygiene precautions to Australian standards at all times to prevent the spread of any infections following the service’s relevant policies and procedures.

Educators will exercise care in regards to the exposure of bodily fluids and blood and the service’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 service. Children who have abrasions or open wounds will cover them while at the service. If these abrasions cannot be covered for any reason unfortunately the child will have to be excluded from the service until the wound has healed or can be covered.

Educators 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, educator, parent or other visitor to the service will be denied First Aid at any time.

**Sources  
Education and Care Services National Regulations 2011  
Early Years Learning Framework  
National Quality Standard  
Public Health (Amendment) Act 1991  
Anti-Discrimination Act 1997  
National Health and Medical Research Council. Staying Healthy in Child Care – Preventing infectious diseases in child care**

**Review**

The policy will be reviewed annually.

Review will be conducted by:

* Management
* Employees
* Families
* Interested Parties

Immunisation and Disease Prevention Policy

To be read with -  
Infectious Diseases Policy

**NQS**

|  |  |  |
| --- | --- | --- |
| QA2 | 2.1.1 | Each child’s wellbeing and comfort is provided for, including appropriate opportunities to meet each child’s need for sleep, rest and relaxation. |
| 2.1.2 | Effective illness and injury management and hygiene practices are promoted and implemented. |

**National Regulations**

|  |  |  |
| --- | --- | --- |
| Reg | 77 | Health, hygiene and safe food practices |
| 88 | Infectious diseases |
| 90 | Medical conditions policy |
| 162 | Health information to be kept in enrolment record |

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

**Related Policies**Enrolment Policy  
Food Nutrition and Beverage Policy  
Health, Hygiene and Safe Food Policy  
Incident, Injury, Trauma and Illness Policy  
Infectious Diseases Policy  
Medical Conditions Policy  
Privacy and Confidentiality Policy

**Who is affected by this policy?**Child  
Parents  
Family  
Educator  
Management  
Visitors  
Volunteers

**Implementation**

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

**Department of Health, Victoria  
Immunisation Program**[**http://www.health.vic.gov.au/immunisation/**](http://www.health.vic.gov.au/immunisation/) **Telephone - 1300 882 008**

**Immunisation Records**

Parents who wish to enrol their child are required to provide evidence of their child’s immunisation record at the time of enrolment.

This information allows children at risk of catching a vaccine preventable disease to be identified if there is a case of that disease at the service.

Acceptable immunisation records are –

An Australian government, Department of Human Services immunisation history statement

To allow a child to enrol the immunisation record must state that he/she is either:

Fully vaccinated for their age

Is on a recognised catch up schedule if they have fallen behind

Has a medical reason not to be vaccinated

The AIR maintains immunisation records for children up until their seventh birthday. You can obtain an AIR Immunisation History Statement for your child by calling 1800 653 809.

The original immunisation record is usually kept in the personal health record book. These books are usually given to parents at the time of their child’s birth.

Each child’s Immunisation Record should stay intact until your child reaches primary school. Do not remove any of the duplicate pages until this time.

The Nominated Supervisor will ensure records are kept of the immunisation status of each child.

Ongoing monitoring of a child’s immunisations is carried out through the CCMS payment of CCB and/or CCR. If this payment is ceased by CCMS we will notify parents and encourage them to investigate if it is due to not following their immunisation schedule. We will encourage all parents to ensure they are up to date with their child immunisations. Full fees will be required to be paid by the families until immunisations are completed and CCMS payments recommence.

**16-Week Grace Period**

Some families experiencing vulnerability and disadvantage may face difficulties accessing their immunisation documentation. These families are allowed by law a 16-week grace period to enable them to begin care whilst they access their immunisation records. Josie’s Bright Beginnings will provide assistance to these families in accessing their immunisation records. This grace period applies to all families as mentioned in “immunisation enrolment toolkit”.

**Catering for Children with Overseas Immunisation Records**

Overseas immunisation schedules often differ from the schedule recommended in Australia and a child may require extra vaccinations to be up to date with the Australian schedule.

Parents are responsible for having their child’s overseas immunisation record transcribed onto the Australian Childhood Immunisation Register (ACIR), if your child is less than seven years of age.

A medical practitioner, registered nurse, registered midwife, enrolled nurse, or an individual authorised by the state/territory Health Officer may transcribe overseas immunisation records.

We cannot accept oversees immunisation records. These must be reviewed by a registered Australian doctor or immunisation nurse.

**Immunisations for Educators and Staff**

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

Hepatitis A

Measles-Mumps-Rubella (MMR)

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

Varicella if they have not previously been infected with chickenpox

Pertussis (whooping cough). An adult booster dose is especially important for those educators caring for the youngest children who are not fully vaccinated

Influenza (annually)

Hepatitis B if caring for unimmunised children with intellectual disabilities (although the risk is low).

Covid-19 vaccination

The Nominated Supervisor will:

* regularly provide educators and staff with information about diseases that can be prevented by immunisation through in-service training sessions, fact sheets and the Staying Healthy in Childcare publication
* regularly advise educators and staff that some infectious diseases may injure an unborn child if the mother is infected while pregnant through in-service training sessions, fact sheets and the Staying Healthy in Childcare publication. These infections include chickenpox, cytomegalovirus and rubella (German measles)
* ask new employees to confirm in writing that we have provided this information during their induction.
* strongly encourage all non-immune staff to be vaccinated
* advise female educators / staff who are not fully immunised to consider doing so before getting pregnant
* advise pregnant educators and staff to review the Staying Healthy in Childcare publication and consult their medical practitioner to consider the risks of continuing to work at the service
* ensure pregnant educators and staff follow good infection control and hygiene procedures
* consider restricting pregnant educators and staff to working only with toilet trained children
* exclude all non-immune (unvaccinated) educators and staff for the periods outlined under Exclusion Periods during an outbreak of an infectious disease or until they determine it is safe for the educator to return

OR

Allow educators who are not immunised to use their best judgement to decide whether they exclude themselves from the service during an outbreak of an infectious disease.

Immunisation Related Payments for Parents - Child Care Benefit

The benefit applies to children who are fully immunised or have an approved exemption from immunisation. This initiative ensures parents are reminded of the importance of immunising their children at each of the milestones. For parents to receive CCB without their child being fully immunised their doctor or immunisation provider needs to certify that the child:

is on a catch-up immunisation schedule or

* has an approved exemption from the immunisation requirements. Approved exemptions include conscientious objection, medical reason, existing natural immunity, or a vaccine is unavailable.

Information on how a child’s immunisation status affects payments made to a family, and more information on exemptions is available on the following website -

<http://www.medicareaustralia.gov.au/public/services/acir/family-assist.jsp#N10059>

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

**Sources**  
**Education and Care Services National Regulations 2011  
National Quality Standard  
Department of Health and Ageing, National Immunisation Program Schedule   
NHMRC. Staying Healthy Preventing infectious diseases in early childhood education and care services 5th edition  
Medicare Australia   
Immunisation enrolment toolkit- Victorian department of health and human services**

**www.coronvirus.com.gov.vic**

**Review**

The policy will be reviewed annually. The review will be conducted by:

* Management
* Employees
* Families
* Interested Parties

Incident, Injury, Trauma and Illness Policy

**NQS**

|  |  |  |
| --- | --- | --- |
| QA2 | 2.2.1 | Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented. |

**National Regulations**

|  |  |  |
| --- | --- | --- |
| Regs | 12 | Meaning of serious incident |
| 85 | Incident, injury, trauma and illness policies and procedures |
| 86 | Notification to parents of incident, injury, trauma and illness |
| 87 | Incident, injury, trauma and illness record |
| 88 | Infectious diseases |
| 89 | First aid kits |
| 97 | Emergency and evacuation procedures |
| 161 | Authorisations to be kept in enrolment record |
| 162 | Health information to be kept in enrolment record |
| 168 | Education and care service must have policies and procedures |
| 174 | Prescribed information to be notified to Regulatory Authority |
| 176 | Time to notify certain information to Regulatory Authority |

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

**Related Policies**  
Emergency Management and Evacuation Policy  
Enrolment Policy  
Health, Hygiene and Safe Food Policy  
Medical Conditions Policy

**Implementation**This policy and related policies and procedures at the service will be followed by nominated supervisors and educators of, and volunteers at, the service in the event that a child -

(a) is injured; or

(b) becomes ill; or

(c) suffers a trauma.

The approved provider of the service will ensure that a parent of a child is notified as soon as practicably possible and without undue delay. Parents will be notified no later than 24 hours of the injury, illness or trauma. An Incident, Injury, Trauma and Illness Record will be completed without delay.

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

We will ensure first aid, anaphylaxis management training and asthma management training is current and updated at least every 3 years, and that all components of the first aid certificate are current if some require an earlier revision.

First aid qualified educators will be present at all times on the roster and in the service. They will never exceed their qualifications and competence when administering first aid.

During induction training for new educators and staff we will:

* advise which educators have first aid qualifications, and asthma and anaphylaxis management training and the location of the first aid kit
* obtain information about any first aid needs the educator may have that could require specific treatment in a medical emergency. This information will only be provided to first aid qualified educators with the employee’s consent.

We will review our first aid response plan, the location of the first aid kit and who our first aid trained educators are at least annually or when there are any changes during staff meetings or through newsletters, emails or memos.

**Illnesses**

**If an illness arises at the service, we will respond to any symptoms in the following manner -**

* Prevent contact with other children
* Ensure the child is comfortable and appropriately supervised by educators.
* A courtesy call will be made if we suspect your child may be unwell (Example: A child has had one very loose bowel movement), Please keep in mind, in most cases you will receive a second call to come and collect your child. If your Child’s condition progresses and is suspected of having a contagious disease, we will contact you immediately to come and collect. If you are unable to collect your child within 15 to 20 minutes, we will contact your nominated emergency contact to come and collect your child. The exclusion periods, as per our infectious diseases policy, must be followed in all cases. A doctor’s certificate is required before your child can re attend the center.  
  Specifically, children who suffer vomiting or loose bowel movements cannot attend the center until 48 hours after the last soft bowel movement or vomit. A doctor’s certificate will also be required in this case. Any individual picking the child up from the service must be approved by the child’s parents and be able to show identification.
* Ensure all bedding, towels and clothing which has been used by the child is disinfected. These items will be washed separately and if possible, air dried 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 the child’s home languages to the best of our ability.
* Inform all service families and educators of the presence of an infectious disease.
* Ensure confidentiality of any personal health related information obtained by the service and educators in relation to any child or their family.
* The Nominated Supervisor or another Responsible Person may require a child or staff member to provide a doctor’s certificate on the first day back from an infectious illness stating they are okay to return to the Service.

**Fevers**

Unwell children include those with fevers. Fevers refer to temperatures above 37.5°C, and are usually a sign of infection (e.g. virus). When children develop a fever at the service, educators and staff will:

* contact parents and ask them to collect the child. If you are unable to collect your child within 15 to 20 minutes, we will contact your nominated emergency contact to come and collect your child. Babies less than 3 months old with fevers must always be collected by parents /authorised nominees who will be advised to take the child to a doctor.
* Children who are teething may have a fever of up to 38°C. However, a temperature greater than 38°C should never just be attributed to teething. It is more likely that an infection is present.

Therefore, we will not accept a doctor’s clearance for children who have had a temperature of 38°C and above claiming it is due to teething.

[**Kids Health Information : Fever in children (rch.org.au)**](https://www.rch.org.au/kidsinfo/fact_sheets/fever_in_children/#:~:text=Can%20teething%20cause%20a%20fever,that%20an%20infection%20is%20present.)

* administer first aid if required in line with service procedures. This may include calling an ambulance. Educators and staff will be especially vigilant caring for babies less than 3 months old with fevers.
* if the child is distressed, bathe their face in lukewarm water and administer paracetamol if parents have given permission.
* offer water to the child and ensure they are not overdressed and their clothing is comfortable.
* monitor the child’s behaviour, alertness and any other symptoms that could indicate serious infection including rash, stiffness, vomiting, coughing or convulsions.
* Children cannot attend the following day after being sent home with a fever.

**Medical clearances**

We do not accept medical clearances from Sydenham/Hillside Medical clinic. We understand this is an unusual step however we constantly find Children having been given clearances to come back to care yet still have obvious infectious symptoms. Everyone tries very hard to keep illnesses out of the centre including all of our families. We need to put the welfare of all our children first.

**The clearances need to clearly state the following:**

* Child's full name including first name and last name (no Master, Miss etc.)
* State the child was seen by a contact appointment (not telehealth).
* State the illness the child was sent home with, and that they are now clear from that medical condition.
* State the full name of the child.  
    
  Please email through your medical clearance the night before attendance so we can check everything is correct and inform morning staff that your child will be in attendance that next day. Management will respond to your email to give the all clear.

If your child has NO SYMPTOMS, you will not need a clearance.

However, if you are called to pick up your child from care because they are displaying symptoms whether it be a dry cough, barking cough, consistent white runny nose or green runny nose, to return to the centre, they will need to have either:

* No symptoms

OR

* If they still have symptoms, they need both a medical clearance form (with details as above) from a doctor AND a negative RAT test.

**Note:** If your child’s symptoms are not those typically associated with Covid 19 then you only need the medical clearance form to return to the centre.

**Also don't forget that if your little one is already fighting an infection their immunity to other illnesses is compromised and they are at a heightened risk of catching other illnesses.  
Please do not administrate Panadol before dropping off.** **This causes illnesses to spread between children and then onto the educators.  
It also puts immense pressure on the educators trying to care for a whole class room when they have to provide one on one care to an individual child that is not feeling well.**

**Accident, Illness or Injury Response Procedure**

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

* Educator or staff member notifies nominated supervisor and a first aid qualified educator of the incident, illness or injury
* Nominated supervisor or first aid qualified educator reviews child’s medical information including any medical information disclosed on the child’s enrolment form, medical management plan or medical risk minimisation plan before the first aid qualified educator attends to the injured or ill child or adult.

If the illness or incident involves asthma or anaphylaxis, an educator with approved asthma or anaphylaxis training will attend to the child or adult.

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

**First Aid Kit Guidelines**

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

* Not be locked.
* Not contain paracetamol.
* Be appropriate for the number of employees and children and adequate for the immediate treatment of injuries at the service.
* Be in a place that takes an employee no longer than two minutes to reach, including time required to access secure areas.
* Be constructed of resistant material, be dustproof and of sufficient size to adequately store the required contents
* Be capable of being sealed and preferably be fitted with a carrying handle as well as have internal compartments.
* Contain a list of the contents of the kit.
* Be checked quarterly using the First Aid Kit Checklist to ensure the contents are as listed and have not deteriorated or expired.
* Have a white cross on a green background with the words 'First Aid' prominently displayed on the outside.
* Be easy to access and if applicable, located where there is a risk of injury occurring.
* Display emergency telephone numbers, the phone number and location of the nearest first aid trained educators (including appropriate information for those employees who have mobile workplaces).
* Be provided in each work vehicle.
* First Aid kits must be taken on excursions and be attended by First Aid qualified educators.
* Be maintained in proper condition and the contents replenished as necessary.
* Our co-ordinator or delegate will be responsible for maintaining all First Aid kits at the service.

**This delegated individual is responsible for using the First Aid Checklist and ensuring each Kit has the required quantities, items are within their expiry dates and sterile products are sealed. This will occur after each use or if unused, at least annually. They will also consider whether the first aid kits and modules suit the service’s hazards and the injuries that have occurred. If the kit requires additional resources, these individuals will advise and follow up with the nominated supervisor.**

**First Aid Kit Checklist**

Josie’s Bright Beginnings will carry out a check of all first aid kits on a quarterly basis. This requires the contents of each kit to be compared to the kit checklist contained in each first aid kit. Once completed this check will be recorded on the first aid checklist form. Any contents which are found to be deficient in number will be replenished as soon as possible.

**Incident, Injury, Trauma and Illness Record**

Josie’s Bright Beginnings will use the form below to record all incidents, injuries, traumas and illnesses at the centre.

(Circle relevant type of record)

|  |
| --- |
| **Child details** |
| Surname: ......................................................... Given names: ............................................................  Date of birth: ......../......../........ Age: .........................Room/group........................................... |

|  |
| --- |
| **Incident/injury/trauma/illness details** |
| Incident/injury/trauma |
| Circumstances leading to the incident/injury/trauma:  ..............................................................................................................................................................  ..............................................................................................................................................................  Products or structures involved:  ..............................................................................................................................................................  ..............................................................................................................................................................  Location: ...................................................... Time: ................. am/pm Date: ......../......../........  Name of witness: ....................................................................................................................................  Signature: ........................................ Date: ......../......../........ |

Nature of injury sustained:

|  |  |  |
| --- | --- | --- |
|  | Abrasion, scrape   Bite   Broken bone / fracture   Bruise   Burn   Concussion |  Cut   Rash   Sprain   Swelling   Other (please specify)  .......................................... |

**Illness**

Circumstances surrounding child becoming ill, including apparent symptoms: .....................................

..................................................................................................................................................................

..................................................................................................................................................................

..................................................................................................................................................................

Time of illness: .................... am/pm Date of illness: ......../......../........

|  |
| --- |
| **Action Taken** |
| Details of action taken, including first aid administration of medication:  .............................................................................................................................................................  ..............................................................................................................................................................  Medical personnel contacted: Yes / No  If yes, provide details: ..............................................................................................................................  ............................................................................................................................................................. |
| **Details of person completing this record** |
| Name: ...................................................... Signature: .....................................................................  Time record was made: ....................................... am/pm Date record was made ......../......../........ |
| **Notifications (including attempted notifications)** |
| Parent/guardian: ............................................... Time: .................... am/pm Date: ......../......../........  Director/teacher/coordinator: .......................... Time: .................... am/pm Date: ......../......../........  Regulatory authority (if applicable): ................. Time: .................... am/pm Date: ......../......../........ |
| **Parental acknowledgement:** |
| I.........................................................................................................(Name of parent/guardian)  have been notified of my child’s incident/injury/trauma/illness.  (Please circle)  Signature: ....................................................................................... Date: ......../......../........ |
| Additional notes / follow up: Please attach if required |

**Notification of serious incidents and complaints**

The Approved Provider will notify the regulatory authority within 24 hours of any serious incident at our service (s. 174). This includes any serious injury or trauma to, or illness of a child which a reasonable person would consider required urgent medical attention from a medical practitioner or for which the child attended, or ought reasonably to have attended, a hospital.

Serious injuries, traumas and illnesses include:

|  |  |
| --- | --- |
| * head injuries * broken limbs * burns * removal of fingers * meningococcal infection * anaphylactic reaction requiring urgent medical attention * witnessing violence or a frightening event | * epileptic seizures * bronchiolitis * whooping cough * measles * diarrhoea requiring urgent medical attention * asthma requiring urgent medical attention * sexual assault |

A serious incident also includes:

* The death of a child at the service or following an incident at the Service
* An incident at the service where the emergency services attended or ought reasonably to have attended
* A child is missing
* A child has been taken from the service without the authorisations required under the regulations
* A child is mistakenly locked in or out of the service.

If our service only becomes aware that the incident was serious afterwards, we will notify the regulatory authority within 24 hours of becoming aware that the incident was serious.

We will notify the regulator using the NQAITS website portal and form [SI01 Notification of Serious Incident](http://acecqa.gov.au/application-forms/) .

The Approved Provider will also notify the regulatory authority in writing:

* within 24 hours of any complaints alleging that the safety, health or wellbeing of a child is being compromised at the service or
* within 7 days of any circumstances arising at the Service that pose a risk to the health, safety and wellbeing of a child.
* within 24 hours of the attendance of any children being educated and care for in an emergency. This includes where the child needs protection under a child protection order or the parent of the child needs urgent health care. The emergency care can be for no more than two consecutive days the service operates.

We will advise the regulatory authority what the emergency is and make a statement that the Approved Provider has taken into account the safety, health and wellbeing of all the children attending the service before deciding to accept the additional child/children.

**Sources  
Education and Care Services National Regulations 2011  
National Quality Standard  
Occupational Health and Safety Act 2004**

**Occupational Health and Safety Regulations 2007**

**Your Health and Safety Guide to Workplace amenities and first Aid June 2007: Work safe Victoria**

**First Aid for low-risk Micro Businesses May 2009: WorkSafe Victoria**

**Children’s services occupational health and safety compliance kit: WorkSafe Victoria**

**Compliance Code First Aid in the Workplace 2008: Work safe Victoria**

**Safe Work Australia Legislative Fact Sheets First Aiders**

**Safe Work Australia First Aid in the Workplace Code of Practice**

**Work Health and Safety Act**

**Review**The policy will be reviewed annually. The review will be conducted by:

* Management
* Employees
* Families
* Interested Parties

Interactions With Children

|  |  |  |
| --- | --- | --- |
| **National Quality Framework Quality Area, Standards & Elements**  This policy relates to:  **Quality Area 1 – Educational Program and Practice**  1.1 An approved learning framework informs the development of a curriculum that enhances  each child’s learning and development.  1.2 Educators and co-ordinators are focused, active and reflective in designing & delivering the  program for each child.  **Quality Area 5 – Relationships with Children**  5.1 Respectful and equitable relationships are developed and maintained with each child.  5.2 Each child is supported to build and maintain sensitive and responsive relationships with  other children and adults.  **Quality area 7 – Leadership and Service Management**   |  |  | | --- | --- | | 7.3.5 | Service practices are based on effectively documented policies and procedures that are  available at the service and reviewed regularly. | |

**Aim**

*To highlight the vital importance of developing positive, caring and nurturing relationships with all children within the centre.*

**When to use this Policy**

During all interactions with children.

**Educator Techniques**

Educators will:

* Support all children’s attempts to interact and communicate regardless of the child’s communication abilities to form caring and trusting relationships and secure attachments with all of the children in their immediate environment.
* Support new children in care and provide them with extra special attention to form secure attachments.
* Respond sensitively to infant and toddler cues and signals.
* Develop rituals to help settle children at arrival and departure times.
* Provide one to one nurturing and caring interactions with infants and toddlers during routine times.
* Engage in play with children.
* Be positive and expressive in their interactions.
* Allow children to initiate their own play and make choices that allow and encourage children to express themselves and their opinions.
* Help children to develop self-help skills and foster their independence ensuring that it is age stage appropriate.
* Empower children to feel confident in their learning environment, foster their self-esteem and feel a sense of belonging and ownership within their room.
* Observe children for signs of distress and attend to their emotional needs.
* Communicate with families about their child’s individual routine and aim to connect the home to the centre by working in collaboration together and valuing culture.
* Ensure that all children feel a sense of belonging in their own room.
* Pay close attention to what children are saying and communicate through active listening, talking and observing.
* Collaborate with children in their learning experiences.
* Ensure that the atmosphere is relaxed and happy with consideration taken for size grouping.
* Sit and engage in conversations at meal times and provide an unhurried meal time which is relaxed.
* Support the child’s home language by using routine words where appropriate with parent/family collaboration
* Ensure each child is supported to feel secure, confident and included. All children are to be treated equally.
* Praise and acknowledge children’s efforts and achievements with every care taken with each child’s intellectual and physical wellbeing.
* Respect children and ensure the dignity and rights of the child are maintained at all times.
* Allow children to use items of comfort from home, e.g. a favourite toy.
* Support children in developing positive relationships with their peers by role modelling, initiating play in small groups and peer scaffolding.
* Identify children’s individual and shared interests and program experiences to support them.
* Identify children who are displaying problems with their learning or development and work collaboratively with the centre, families and community services (if applicable) to work towards helping the child by developing an ‘Inclusion Support Plan’.
* Assist children to develop dispositions to regulate their own behaviour and support them to identify their own feelings. Educators will help children who have displaying behavioural problems by collaborating with families and other educators and developing an ‘Inclusion Support Plan’ for them, and following the ‘Behaviour Management & Positive Guidance Policy’.
* Ensure that each child is positively guided and encouraged towards acceptable behaviour.
* Put the child first at all times.

**Standard/Element National Law and National Regulations**

|  |  |
| --- | --- |
| 1.1 | section 168 Offence relating to required programs |
| 1.1 | section 323 Approved learning framework |
| 1.1 | regulation 73 Educational programs |
| 1.1 regulation 75 Information about the educational program to be kept available | |
| 1.1 | regulation 76 Information about educational program to be given to parents |
| 1.2 | regulation 74 Documenting of child assessments or evaluations for delivery of educational program |
| 5.2 | section 166 Offence to use inappropriate discipline |
| 5.1, 5.2 | regulation 155 Interactions with children |
| 5.2 | regulation 156 Relationships in groups |
| 7.3.5 | regulations 168–172 Policies and procedures |

**Related Requirements**

|  |  |
| --- | --- |
| 5.1, 5.2 | regulation 73 Educational program |

**Related Policies**

* Behaviour Management& Positive Guidance
* Child Development
* Inclusion& Anti Bias
* Programming
* Child Self Esteem

**Sourced**

National Quality Framework Resource Kit

Commonwealth of Australia, 2010, Educators Belonging, Being & Becoming: Educators’ Guide to the

EYLF for Australia, Australian Government Department of Education, Employment & Workplace Relations for the Council of Australian Governments.

Commonwealth of Australia, 2009, Belonging, being & becoming: The Early Years Learning Framework

for Australia, Australian Government Department of Education, Employment & Workplace Relations for the Council of Australian Governments.

Education and Care Services National Law Act 2010

Education and Care Services National Regulations 2011

Infectious Diseases Policy

To be read with -  
Immunisation and Disease Prevention Policy

**NQS**

|  |  |  |
| --- | --- | --- |
| QA2 | 2.1.1 | Each child’s wellbeing and comfort is provided for, including appropriate opportunities to meet each child’s need for sleep, rest and relaxation. |
| 2.1.2 | Effective illness and injury management and hygiene practices are promoted and implemented. |

**National Regulations**

|  |  |  |
| --- | --- | --- |
| Regs | 77 | Health, hygiene and safe food practices |
| 85 | Incident, injury, trauma and illness policies and procedures |
| 86 | Notification to parents of incident, injury, trauma and illness |
| 87 | Incident, injury, trauma and illness record |
| 88 | Infectious diseases |
| 90 | Medical conditions policy |
| 162 | Health information to be kept in enrolment record |

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

**Related Policies**Educator and Management Policy

Enrolment Policy  
Health, Hygiene and Safe Food Policy  
Incident, Injury, Trauma and Illness Policy  
Medical Conditions Policy  
Privacy and Confidentiality Policy

**Who is affected by this policy?**Child  
Parents  
Family  
Educators  
Management  
Visitors  
Volunteers

**Implementation**

* We will minimise the spread of potential infectious diseases between children, other children and educators by excluding children who may have an infectious disease or are too ill to attend the service
* The service will use the attached Recommended Minimum Periods of Exclusion to exclude children and educators and inform parents of exclusion and non-exclusion periods for infectious diseases.
* Notification of the child’s parents or nominated contacts will occur immediately.
* Our service will comply with the relevant legislation which requires child care services to notify the local Public Health Unit of specific notifiable diseases (see heading Notification and Exclusion periods).
* Children might be brought to care with symptoms or signs of illness or while in care suddenly develop an illness that has not been diagnosed by a doctor, and that might be potentially infectious or potentially life-threatening for the child. Symptoms may not clearly fit those listed in exclusion diseases making it difficult for the service to decide whether to accept or exclude the child from the service. If we suspect a child may have an infectious disease, we will exclude the child until we receive a medical certificate stating the child is not contagious and is okay to attend the Service. Please note that for suspected contagious disease a telehealth medical certificate will not be accepted to allow a child to reattend the centre.
* Many illnesses, while not fitting exclusion criteria, can transmit disease to other children in care, and can make a child too ill to participate in normal activities. All children who are unwell should not attend the Service and we will ask parents of children who are unwell to collect the child from our Service or to make alternative arrangements for their child’s care.

**If an infectious disease arises at the service, we will respond to any symptoms in the following manner -**

* Prevent contact with other children
* Ensure the child is comfortable and appropriately supervised by educators.
* A courtesy call will be made if we suspect your child may be unwell (Example: A child has had **one** very loose bowel movement). Please keep in mind, in most cases, you will receive a second call to come and collect your child. The initial call is therefore a notification to allow you time to organise pick up in the likely event of a second call. If your Child’s condition progresses and is suspected of having a contagious disease, we will contact you immediately to come and collect. If you are unable to collect your child within 20 to 30 minutes, we will contact your nominated emergency contact to come and collect your child. The exclusion periods, as per our infectious diseases policy, must be followed in all cases. A doctor’s certificate is required before your child can re attend the center.   
  Specifically, children who suffer vomiting or loose bowel movements cannot attend the center until 48 hours after the last soft bowel movement or vomit. A doctor’s certificate will also be required in this case. Any individual picking the child up from the service must be approved by the child’s parents and be able to show identification.
* Medical clearances need to state the child’s full name, (no Master, Miss etc), That it was a contact appointment (not a telehealth), the illness treated and confirmation that they are recovered.
* Ensure all bedding, towels and clothing which has been used by the child is disinfected. These items will be washed separately and if possible, air dried 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 the child’s home languages to the best of our ability.
* Inform all service families and educators of the presence of an infectious disease.
* Ensure confidentiality of any personal health related information obtained by the service and educators in relation to any child or their family.
* The Nominated Supervisor or another Responsible Person may require a child or staff member to provide a doctor’s certificate on the first day back from an infectious illness stating they are okay to return to the Service.

**Fevers**

Unwell children include those with fevers. Fevers refer to temperatures above 38°C, and are usually a sign of infection (e.g. virus). When children develop a fever at the service, educators and staff will:

* contact parents and ask them to collect the child unless we have written advice from a medical practitioner that the fever is not caused by an infectious disease (e.g. teething). Babies less than 3 months old with fevers must always be collected by parents /authorised nominees who will be advised to take the child to a doctor.
* administer first aid if required in line with service procedures. This may include calling an ambulance. Educators and staff will be especially vigilant caring for babies less than 3 months old with fevers.
* if the child is distressed, bathe their face in lukewarm water and administer paracetamol if parents have given permission.
* offer water to the child and ensure they are not overdressed and their clothing is comfortable.
* monitor the child’s behaviour, alertness and any other symptoms that could indicate serious infection including rash, stiffness, vomiting, coughing or convulsions.

**Notifications and Exclusion periods**

As outlined in the Public Health and Wellbeing Regulations 2009 (Vic):

* parents must advise educators as soon as possible if a child has an infectious disease or the child has been in contact with a person infected with an infectious disease Reg 84(1). These diseases and the minimum periods of exclusion are listed in Schedule 7 and can be accessed on-line at [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
* Approved providers or nominated supervisors must inform the parents and the Secretary of the Department of Health within 24 hours of forming the belief that a child is suffering from pertussis, poliomyelitis, measles, mumps, rubella or meningococcal C Reg 84(2).
* Approved providers or nominated supervisors must not allow a child who has been infected or had contact with the diseases outlined in Schedule 7 to the Regulations to attend the service for the exclusion periods outlined in Schedule 7 Reg 85.

The diseases and exclusion periods outlined in the Schedule to the Public Health and Wellbeing Regulations 2009 are similar to the National Guidelines detailed below under “Recommended Periods of Exclusion”.

**Infectious Diseases requiring Notification to the local Public Health Unit**   
Apart from pertussis, poliomyelitis, measles, mumps, rubella or meningococcal C, infectious diseases only require notification from doctors and laboratories. A list of diseases can be found at

<http://ideas.health.vic.gov.au/notifying.asp>

**Recommended Minimum Periods of Exclusion**National Health and Medical Research Council.Staying Healthy -Preventing Infectious Diseases in Early Childhood Education and Care Services 5th edition, Commonwealth of Australia 2012.

**Children who are unwell should not attend the service.**

The definition of ‘contacts will vary according to disease. Please refer to specific Fact Sheets in the Staying Healthy Publication for the definition of ‘Contacts’.

**Campylobacter**

Exclude until there has not been a loose bowel motion for 48 hours.  
Exclusion of Contacts - Not excluded.

**Candidiasis (‘Thrush)**

Exclusion is NOT necessary.  
Exclusion of Contacts - Not excluded.

**Chickenpox (Varicella)**

Exclude until all blisters have dried. This is usually at least 5 days after the rash first appeared in unimmunised children and less in immunised children.

Exclusion of contacts - Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded.

**CMV (Cytomegalovirus infection)**

Exclusion is NOT necessary.  
Exclusion of Contacts - Not excluded.

**Conjunctivitis**

Exclude until discharge from the eyes has stopped unless a doctor has diagnosed non-infectious Conjunctivitis.

Exclusion of Contacts - Not excluded.

**Cryptosporidium**

Exclude until there has not been a loose bowel motion for 48 hours. b  
Exclusion of Contacts – Not excluded.

**Diarrhoea (No organism identified)**

Exclude until there has not been a loose bowel motion for 48 hours. b  
Exclusion of Contacts - Not excluded.

**Fungal infections of the skin or nails (e.g. ringworm, tinea)**

Exclude until the day after starting appropriate anti-fungal treatment.

Exclusion of Contacts - Not excluded.

**German measles (See ‘Rubella’)**

**Giardiasis**

Exclude until there has not been a loose bowel motion for 48 hours. b  
Exclusion of Contacts - Not excluded.

**Glandular fever (Mononucleosis, EBV infection)**

Exclusion is NOT necessary.  
Exclusion of Contacts - Not excluded.

**Hand, foot and mouth disease**

Exclude for 7 days from service.

Exclude until all blisters have dried.

Medical clearance required to return if symptoms are still present after 7 days.  
Exclusion of Contacts - Not excluded.

**Haemophilus influenzae type b (Hib)**

Exclude until the person has received appropriate antibiotic treatment for at least 4 days. Exclusion of Contacts - Not excluded.

**Head lice (Pediculosis)**

Exclusion is NOT necessary if effective treatment begins before the next day at the Service. (The child doesn’t need to be sent home immediately if head lice are detected).  
Exclusion of Contacts - Not excluded.

**Hepatitis A**

Exclude until a medical certificate of recovery is received and until at least 7 days after the onset of jaundice.   
Exclusion of Contacts - Not excluded. Contact a public health unit for specialist advice about treating or vaccinating children in the same room or group.

**Hepatitis B**

Exclusion is NOT necessary.  
Exclusion of Contacts - Not excluded.

**Hepatitis C**

Exclusion is NOT necessary.  
Exclusion of Contacts - Not excluded.

**Herpes simplex (cold sores, fever blisters)**

Exclusion is not necessary if the person is developmentally capable of maintaining hygiene practices to minimise the risk of transmission.

If the person is unable to comply with these practices they should be excluded until the sores are dry. Sores should be covered by a dressing where possible.   
Exclusion of Contacts - Not excluded.

**Human Immunodeficiency Virus (HIV/AIDS)**

Exclusion is NOT necessary. If the person is severely immunocompromised, they will be vulnerable to other people’s illnesses.   
Exclusion of Contacts - Not excluded.

**Human Parvovirus B19 (fifth disease, erythema infectious, slapped cheek syndrome)**

Exclusion is NOT necessary.  
Exclusion of Contacts - Not excluded.

**Hydatid disease**

Exclusion is NOT necessary.   
Exclusion of Contacts - Not excluded.

**Impetigo (school sores)**

Exclude until appropriate antibiotic treatment has commenced. Any sores on exposed skin should be covered with a watertight dressing.   
Exclusion of Contacts - Not excluded.

**Influenza and influenza-like illnesses**

Exclude until well.  
Exclusion of Contacts - Not excluded.

**Listeriosis**

Exclusion is NOT necessary.   
Exclusion of Contacts - Not excluded.

**Measles**

Exclude for 4 days after the onset of the rash.  
Exclusion of Contacts - Immunised and immune contacts are not excluded. For non-immunised contacts, contact a public health unit for specialist advice. All immunocompromised children should be excluded until 14 days after the first day of appearance of rash in the last case.

**Meningitis (viral)**

Exclude until well.  
Exclusion of Contacts - Not excluded.

**Meningococcal infection**

Exclude until appropriate antibiotic treatment has been completed.  
Exclusion of Contacts - Not excluded. Contact a public health unit for specialist advice about antibiotics and /or vaccination for people who were in the same room.

**Molluscum contagiosum**

Exclusion is NOT necessary.   
Exclusion of Contacts - Not excluded.

**Mumps**

Exclude for 9 days or until swelling goes down (whichever is sooner).   
Exclusion of Contacts - Not excluded.

**Norovirus**

Exclude until there has not been a loose bowel motion or vomiting for 48 hours.  
Exclusion of Contacts - Not excluded.

**Pertussis (See ‘Whooping Cough’)**

**Pneumococcal Disease**

Exclusion until person is well.  
Exclusion of Contacts - Not excluded.

**Roseola**

Exclusion is NOT necessary.  
Exclusion of Contacts - Not excluded.

**Ross River virus**

Exclusion is NOT necessary.  
Exclusion of Contacts - Not excluded.

**Rotavirus infection**

Children are to be excluded from the service until there has not been a loose bowel motion or vomiting for 48 hours. b  
Exclusion of Contacts - Not excluded.

**Rubella (German measles)**

Exclude until fully recovered or for at least four days after the onset of the rash.  
Exclusion of Contacts - Not excluded.

**Salmonellosis (Salmonella infection)**

Exclude until there has not been a loose bowel motion for 48 hours. b  
Exclusion of Contacts - Not excluded.

**Scabies**

Exclude until the day after appropriate treatment has commenced.  
Exclusion of Contacts - Not excluded.

**Shigellosis**

Exclude until there has not been a loose bowel motion for 48 hours. b   
Exclusion of Contacts - Not excluded.

**Streptococcal sore throat (including scarlet fever)**

Exclude until the person has received antibiotic treatment for at least 24 hours and feels well.  
Exclusion of Contacts - Not excluded.

**Toxoplasmosis**

Exclusion is NOT necessary.  
Exclusion of Contacts - Not excluded.

**Tuberculosis (TB)**

Exclude until medical certificate is produced from an appropriate health authority.  
Exclusion of Contacts - Not excluded. Contact a public health unit for specialist advice about screening, antibiotics or TB clinics.

**Varicella See ‘Chickenpox’**

**Viral gastroenteritis (viral diarrhoea)**

Excluded until there has not been a loose bowel motion for 48 hours. b  
Exclusion of Contacts - Not excluded.

**Whooping cough (pertussis)**

Exclude until 5 days after starting appropriate antibiotic treatment or for 21 days from the onset of coughing.

Exclusion of Contacts - Contact a public health unit for specialist advice about excluding non-vaccinated contacts, or antibiotics

**Worms**

Exclude if loose bowel motions are occurring. Exclusion is not necessary if treatment has occurred.

Exclusion of Contacts - Not excluded.

b If the cause is unknown, possible exclusion for 48 hours until the cause is identified. However, educators and other staff who have a food handling role should always be excluded until there has not been a loose bowel motion for 48 hours.

Exclude if loose bowel motions present. Exclusion of Contacts - Not excluded.

**Sources  
Education and Care Services National Regulations 2011  
National Quality Standard  
Department of Health and Aging, National Immunisation Program Schedule   
NHMRC. Staying Healthy -Preventing Infectious Diseases in Early Childhood Education and Care Services 5th edition  
Public Health and Wellbeing Act 2008  
Public Health and Wellbeing Regulations 2009**

**Review**The policy will be reviewed annually. The review will be conducted by:

* Management
* Employees
* Families
* Interested Parties

Lockdown Policy

**NQS**

|  |  |  |
| --- | --- | --- |
| QA2 | 2.2.2 | Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented. |

**National Regulations**

|  |  |  |
| --- | --- | --- |
| Reg | 168(2)(e) | Policies and procedures in relation to emergency and evacuation |
| 97 | Emergency and evacuation procedures |
| 98 | Telephone or other communication equipment |

**Aim**

The Lockdown Policy aims to ensure the safety of all children, educators, families and other visitors to the service in the event of a threat. Also, the service aims to minimise the risk of harm or the exposure to danger to anyone on the premises through the implementation of this procedure.

**Related Policies**

Death of a Child Policy  
Bushfire Policy  
Child Protection Policy

Emergency Management and Evacuation Policy

Incident, Injury, Trauma and Illness Policy

**Implementation**

Examples of such critical incidents are:

* Death of a child at the service or on an excursion.
* Children/educators being taken hostage.
* A siege of service property.
* A disaster in the local community.
* Unusual amounts of media attention.
* Aggressive trespassers.

**Initial Notification**

If an event takes place that requires a "Lock Down", the following should occur:

* The educator who witnesses the event or issue must try to raise an alarm with the most senior individual in charge.
* 000 must be called immediately if the event or issue requires the police, ambulance or fire service to respond.
* The most senior individual in charge will determine the need for a "Lock Down" and raise the appropriate alarm.

**Alarm Procedure**

* The most senior individual in charge will make the following announcement
* **“This is a LOCK DOWN”**
* **“This is not a fire drill”**
* **“Everyone is to stay in the room, remain seated and to keep calm and quiet.”**

**Movement of Children and Staff**

* All individuals will remain in their rooms.
* If possible, educators will make efforts to seal and lock classroom doors and windows.
* Children should remain under the desks or down low and out of sight during the lockdown period.
* If children are outside, educators should get them inside as quickly as possible even if they are not from their room.

**Staff Responsibilities:**

* Individual in charge to contact Emergency Services and follow their instructions.
* Educators not involved in the lockdown or without children to supervise are to go to the front of the service to liaise with Emergency Services if it is safe to do so.
* Educators must check the electronic sign in system and check all signed-in children are present. Any absences must be reported to the Nominated Supervisor as soon as it is safe.
* Educators are to close and lock all doors and windows, turn the lights off and ensure children are kept below the window level.
* All staff, children and anyone else present will remain in the locked room until the “All Clear Signal” is given by the individual in charge.

**All Clear Signal**

The All-Clear Signal is as follows:

* The most senior individual in charge will sound the service’s bell (if applicable) or blow a whistle for 5 seconds.
* The most senior individual in charge will then say, “The Lock Down has now ended. Everyone follow me and the educators in an orderly manner”.

**Sources**

**National Quality Standard  
Education and Care Services National Regulations**

**Review**

The policy will be reviewed annually. Review will be conducted by

* Management
* Employees
* Parents/Families
* Interested Parties

Medical Conditions Policy

**NQS**

|  |  |  |
| --- | --- | --- |
| QA2 | 2.1.1 | Each child’s wellbeing and comfort is provided for, including appropriate opportunities to meet each child’s need for sleep, rest and relaxation. |
| 2.1.2 | Effective illness and injury management and hygiene practices are promoted and implemented. |
| 2.2.1 | At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard. |

**National Regulations**

|  |  |  |
| --- | --- | --- |
| Reg | 90 | Medical conditions policy |
| 90(1)(iv) | Medical Conditions Communication Plan |
| 91 | Medical conditions policy to be provided to parents |
| 92 | Medication record |
| 93 | Administration of medication |
| 94 | Exception to authorisation requirement—anaphylaxis or asthma emergency |
| 95 | Procedure for administration of medication |
| 96 | Self-administration of medication |

**EYLF**

|  |  |
| --- | --- |
| LO3 | Children are happy, healthy, safe and connected to others. |
| Educators promote continuity of children’s personal health and hygiene by sharing ownership of routines and schedules with children, families and the community |
| Educators discuss health and safety issues with children and involve them in developing guidelines to keep the environment safe for all |

**Aim**Josie’s Bright Beginnings and all educators can effectively respond to and manage medical conditions including asthma, diabetes and anaphylaxis at the service to ensure the safety and wellbeing of children, staff and visitors.

**Related Policies**  
Emergency Management and Evacuation Policy  
Enrolment Policy  
Health, Hygiene and Safe Food Policy

Incident, Injury, Trauma and Illness Policy   
Infectious Diseases Policy  
Privacy and Confidentiality Policy

**Implementation**Josie’s Bright Beginnings will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The service will adhere to privacy and confidentiality procedures when dealing with individual health needs.

A copy of the Medical Conditions Policy must be available to all educators and volunteers at the service. The Policy must also be available to parents of children enrolled at the service including those whose child has been identified as having a specific health care need or allergy. Educators are also responsible for raising any concerns with a child’s parents about any medical condition/suspected medical condition, or known allergens that pose a risk to the child.

No child enrolled at the service will be able to attend the service without medication prescribed by their medical practitioner. In particular, no child who has been prescribed an adrenaline auto-injection device, insulin injection device or asthma inhaler is permitted to attend the service or its programs without the device.

Families are required to provide information about their child’s health care needs, allergies, medical conditions and medication on the Enrolment Form and are responsible for updating the service about of these things, including any new medication, ceasing of medication, or changes to their child’s prescription.

All educators and volunteers at the service must follow a child’s Medical Management Plan in the event of an incident related to a child’s specific health care need, allergy or medical condition.

**Information that must be provided in Enrolment Record**

The service’s Enrolment Form provides an opportunity for parents to help the service effectively meet their child’s needs relating to any medical condition.

The enrolment record will include details of any:

* Specific health care needs or medical conditions of the child, including asthma, diabetes, allergies, and whether the child has been diagnosed at risk of anaphylaxis.
* Any Medical Management Plan provided by a child’s parents and/or registered medical practitioner. This Plan should:
  + have supporting documentation if appropriate
  + include a photo of the child
  + if relevant, state what triggers the allergy or medical condition
  + first aid needed
  + contact details of the doctor who signed the plan
  + State when the Plan should be reviewed

Copies of the plan will be kept with the child’s medication, in the rooms and in the kitchen.

Where there is a Medical Management Plan, a risk minimisation plan must be developed and informed from the child’s Medical Management Plan.

Note: parents are responsible for updating their child’s Medical Management Plan/providing a new Plan as necessary and will be regularly reminded by the service as per the Medical Management Communications Plan. A monthly review of the CCS Software Medical audit report will be completed by the centre coordinator or representative to ensure all plans are in date. This audit report compiles all allergies, anaphylaxis or special considerations for each child when enrolled and an updated copy is kept in each room at all times.

Any new information will be attached to the Enrolment Form and kept on file at the service. Educators will ensure information that is displayed about a child’s medical conditions is updated.

**Identifying Children with Medical Conditions**

Any information relating to a child’s medical conditions will be shared with relevant educators, volunteers and the family day care co-ordinator at the service. Educators will be briefed by the co-ordinator on the specific health needs of each child.

Our service will ensure that all relevant educators, staff and volunteers are:

* Informed about the Medical Conditions Policy.
* Easily able to identify a child with medical conditions by positioning their medical management plan in their room and in the kitchen.
* Are aware of the requirements of any medical management plans and risk minimisation plans.
* Aware of the location of each child’s Medication-Always located in the fridge or beside the emergency evacuation bag in the room.
* Updated on the child’s treatment along with any regulatory changes that may affect practices for specific medical conditions.

Our service will display information about a child’s medical management plan, risk minimisation plan, and the location of each child’s medication in each of the children’s rooms and the kitchen. We will ensure the display of information meets privacy guidelines and is not accessible to visitors or other families. We will explain to families why this is important for the safety of the child and obtain parental consent.

Where a child has been diagnosed at risk of anaphylaxis, a notice stating this must be displayed at the service.

**Medical Conditions Risk Minimisation Plan**

Using a child’s Medical Management Plan, our service will develop a Medical Conditions Risk Minimisation Plan in consultation with a child’s parents and medical professionals which will ensure that:

* any risks are assessed and minimised
* if relevant, practices and procedures for the safe handling of food, preparation, consumption and service of food for the child are developed and implemented (note we will follow all health, hygiene and safe food policies and procedures)
* all parents are notified of any known allergens that pose a risk to a child and how these risks will be minimised
* a child does not attend the service without medication prescribed by their medical practitioner in relation to their specific medical condition.

Our service will routinely review each child’s medication to ensure it hasn’t expired.

**Medical Communication Plan**

Communication between our staff and our children’s parents/guardians is critical to ensure the effective management of our children’s medical conditions or allergies. To ensure all of our roles are identified and implemented, a medical communications plan is used and requires signoff by both the nominated supervisor and the child’s parents/guardian. The medical management plan form is attached as an appendix to this procedure. This must be completed for each child with a medical management plan and risk minimisation plan.

**Medical Conditions Risk Minimisation Plan: Anaphylaxis/Allergy Management**

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. We are aware that allergies are very specific to the individual and it is possible to have an allergy to any foreign substance.

Anaphylaxis is usually caused by a food allergy. Foods most commonly associated with anaphylaxis include peanuts, seafood, nuts, eggs and cow’s milk. While developing the Medical Conditions Risk Minimisation Plan and to minimise the risk of exposure of children to foods that might trigger severe allergy or anaphylaxis in susceptible children, our service will:

* Not allow children to trade food, utensils or food containers.
* Prepare food in line with a child’s medical management plan and family recommendations.
* Use non-food rewards with children, for example, stickers for appropriate behaviour.
* Request families to label all bottles, drinks and lunchboxes etc with their child’s name.
* Consider whether it’s necessary to change or restrict the use of food products in craft, science experiments and cooking classes so children with allergies can participate.
* Instruct educators on the need to prevent cross contamination.
* request all parents not to send food with their children that contain highly allergenic elements even if their child does not have an allergy by, for example, placing a sign in the foyer or near the front door reminding families about this.
* where a child is known to have a susceptibility to severe allergy or anaphylaxis to a particular food, the service will have a “allergy-awareness policy” for that food e.g. an “Allergy-Aware (Nut) Policy” which would exclude children or other individuals visiting the service from bringing any foods or products containing nuts or nut material such as:
  + peanuts, Brazil nuts, cashew nuts, hazelnuts, almonds, pecan nuts
  + any other type of tree or ground nuts, peanut oil or other nut-based oil or cooking product, peanut or any nut sauce, peanut butter, hazelnut spread, marzipan
  + any other food which contains nuts such as chocolates, sweets, lollies, nougat, ice creams, cakes, biscuits, bread, drinks, satays, pre-prepared Asian or vegetarian foods
  + foods with spices and seeds such as mustard, poppy, wheat and sesame seeds
  + Cosmetics, massage oils, body lotions, shampoos and creams such as Arachis oil that contain nut material.
* Be aware that a child may have a number of food allergies or there may be a number of children with different food allergies, and it may not be possible to have an allergy free policy for all those foods involved. Nut allergy is the most likely to cause severe reaction and will take precedence.
* If appropriate, seat a child with allergies at a different table if food is being served that he/she is allergic to. This will always be done in a sensitive manner so that the child does not feel excluded. If a child is very young, the family may be asked to provide their own high chair to further minimise the risk of cross infection.
* Hold non-allergic babies when they drink formula/milk or there is a child diagnosed at risk of anaphylaxis from a milk allergy.
* Ensure all children with food allergies only eat food and snacks that have been catered for appropriately.
* Instruct food preparation staff and volunteers about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food, such as careful cleaning of food preparation areas and utensils.
* Closely supervise all children at meal and snack times and ensure food is eaten in specified areas. To minimise risk children will not be permitted to ‘wander around’ the service with food.
* Consult risk minimisation plans when making food purchases and planning menus.

Allergic reactions and anaphylaxis are also commonly caused by:

* All types of animals, insects, spiders and reptiles.
* All drugs and medications, especially antibiotics and vaccines.
* Many homeopathic, naturopathic and vitamin preparations.
* Many species of plants, especially those with thorns and stings.
* Latex and rubber products.
  + Band-Aids, Elastoplast and products containing rubber-based adhesives.

Our service will ensure that body lotions, shampoos and creams used on allergic children are approved by their parent.

Risk minimisation practices will be carried out to ensure that the service is to the best of our ability providing an environment that will not trigger an anaphylactic reaction. These practices will be documented and reflected upon, and potential risks reduced if possible.

When required our service will ensure that the auto-injection device kit provided by the child is stored in a location that is known to all staff, including relief staff, easily accessible to adults (not locked away), inaccessible to children, and away from direct sources of heat.

Educators should be on the lookout for symptoms of an allergic reaction as they need to act rapidly if they do occur. If a child is displaying symptoms of an anaphylactic reaction our service will:

* call an ambulance immediately by dialling 000
* ensure the first aid trained educator/educator with approved anaphylaxis management training provides appropriate first aid which may include the injection of an auto immune device EpiPen® in line with the steps outlined by the Australian Society of Clinical Immunology and Allergy <http://allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis> and CPR if the child stops breathing.
* contact the parent/guardian or the person to be notified in the event of illness if the parent/guardian cannot be contacted.

**Medical Conditions Risk Minimisation Plan: Asthma Management**

Asthma is a chronic lung disease that inflames and narrows the airways. While developing the Medical Conditions Risk Minimisation Plan our service will implement procedures where possible to minimise the exposure of susceptible children to the common triggers which can cause an asthma attack. These triggers include:

* dust and pollution
* inhaled allergens, for example mould, pollen, pet hair
* changes in temperature and weather, heating and air conditioning
* emotional changes including laughing and stress
* activity and exercise

Risk minimisation practices will be carried out to ensure that the service is to the best of our ability providing an environment that will not trigger an asthmatic reaction. These practices will be documented and reflected upon, and potential risks reduced if possible.

An asthma attack can become life threatening if not treated properly. If a child is displaying asthma symptoms, our service will:

* ensure a first aid trained educator/educator with approved asthma management training immediately attends to the child. If the procedures outlined in the child’s medical management plan do not alleviate the asthma symptoms, or the child does not have a medical management plan, the educator will provide appropriate first aid, which may include the steps outlined by Asthma Australia as follows:

1. Sit the child upright
   * Stay with the child and be calm and reassuring
2. Give 4 puffs of blue reliever puffer medication
   * Use a spacer if there is one
   * Shake puffer
   * Put 1 puff into spacer
   * Take 4 breaths from spacer
   * Repeat until 4 puffs have been taken

(Shake, 1 puff, 4 breaths)

1. Wait 4 minutes
   * If there is no improvement, give 4 more puffs as above
2. If there is still no improvement call emergency assistance 000
   * Keep giving 4 puffs every 4 minutes until emergency assistance arrives

* contact the child’s parent or authorised contact where the parent cannot be reached

**Medical Conditions Risk Minimisation Plan: Diabetes**

Diabetes is a chronic condition where the levels of glucose (sugar) in the blood are too high. Glucose levels are normally regulated by the hormone insulin.

The most common form of diabetes in children is type 1. The body’s immune system attacks the insulin producing cells so insulin can no longer be made. People with type 1 diabetes need to have insulin daily and test their blood glucose several times a day, follow a healthy eating plan and participate in regular physical activity.

See <http://www.diabeteskidsandteens.com.au/whatisdiabetes.html> for an online presentation for children explaining how diabetes affects the body.

Type 2 diabetes is managed by regular physical activity and healthy eating. Over time type 2 diabetics may also require insulin.

While developing the Medical Conditions Risk Minimisation Plan our service will implement procedures where possible to ensure children with diabetes do not suffer any adverse effects from their condition while at the service. These include ensuring they do not suffer from hypoglycaemia (have a “hypo”) which occurs when blood sugar levels are too low. Things that can cause a “hypo” include:

* A delayed or missed meal, or a meal with too little carbohydrate
* Extra strenuous or unplanned physical activity
* Too much insulin or medication for diabetes
* Vomiting

Children with Type 1 diabetes may also need to limit their intake of sweet foods. Our service will ensure information about the child’s diet including the types and amounts of appropriate foods is part of the child’s Medical Management Plan and that this is used to develop the Risk Minimisation Plan.

Our service will ensure our first aid trained educator is trained in the use of the insulin injection device (syringes, pens, pumps) used by children at our service with diabetes.

If a child is displaying symptoms of a “hypo” our service will:

* + ensure the first aid trained educator provides immediate first aid which will be outlined in the child’s medical management plan and may include giving the child some quick acting and easily consumed carbohydrate.
  + call an ambulance by dialling 000 if the child does not respond to the first aid and CPR if the child stops breathing.
  + contact the parent/guardian or the person to be notified in the event of illness if the parent/guardian cannot be contacted.

**Educator Training and Qualifications**

Our service will ensure that sufficient paid educators attending the service:

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

so that we have someone onsite at all times that are qualified in these areas.

Our staffing Arrangements Policy has more details about educator training and qualifications in this area.

Educators in our service recognise how serious anaphylaxis is and will undertake steps to minimise the possibility of occurrence. The service will maintain the following in relation to educator qualifications for anaphylaxis:

* all educators in all services whether or not they have a child diagnosed at risk of anaphylaxis undertakes training in the administration of the adrenaline auto-injection device and cardio- pulmonary resuscitation every 12 months.

**Supervised Self-Administration of Medication by Children over Preschool Age**

The service does not permit a child of any age to self-administer medication.

**Sources  
Education and Care Services National Regulations 2011  
National Quality Standard**

**Asthma Australia**

**National Asthma Organisation**

**The Asthma Foundation Victoria**

**Australasian Society of Clinical Immunology and Allergy** [**www.allergy.org.au**](http://www.allergy.org.au)

**Australian Diabetes Council**

**Review**The policy will be reviewed annually. The review will be conducted by:

* Management
* Employees
* Families
* Interested Parties

National Quality Framework Policy

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

**Related Policies**Enrolment Policy  
Educators Orientation Policy

**Who is affected by this policy?**Educators  
Families  
Child  
Management  
Visitors

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

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

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

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

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

1. Educational program and practice

2. Children’s health and safety

3. Physical environment

4. Staffing arrangements

5. Relationships with children

6. Collaborative partnerships with families and communities

7. Leadership and service management  
  
The Rating System

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

**The Ratings are as follows –**

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

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

**Sources  
National Quality Standard  
Early Years Learning Framework   
Education and Care Services National Regulations 2011**

**Review**

The policy will be reviewed annually.

The review will be conducted by:

* Management
* Employees
* Families
* Interested Parties

Orientation for Children Policy

**NQF**

|  |  |  |
| --- | --- | --- |
| QA6 | 6.1.1 | Families are supported from enrolment to be involved in the service and contribute to service decisions. |
| 6.2.1 | Continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities. |

**National Regulations**

|  |  |  |
| --- | --- | --- |
| Reg | 177 | Prescribed enrolment and other documents to be kept by approved provider |

**Aim**

To provide children and families with an orientation procedure that allows the child and family to transition to their child being in care, transition to a new room within the service or transitioning to school.

**Related Policies**

Enrolment Policy

Physical Environment (Workplace Safety, Learning and Administration) Policy

Relationships with Children Policy

Staffing Arrangements Policy

**Implementation**

We believe orientation is an important process where educators are able to get important information about the new child’s needs and those of the family. This process helps to make the transition from home to care as smooth as possible with the aim to maintain continuity between home and the service, which helps the child adjust to the new setting.

The Nominated Supervisor will arrange for the new child to attend the service (together with parents/s) to visit and meet the staff, and familiarise with the environment. The children may participate in the activities if they so desire. A number of young children prefer to just watch, rather than do. Positive interactions at this time (between parents, educators and the child) are important for the children to build positive attitudes to the service environment. Educators are aware that some children respond to new experiences faster than others and will adapt to the situation.

At this time, the daily timetable and program will be discussed, as well as routines and any special requirements for the child that may need to be accommodated. Parent/s will also be encouraged to send any special comfort items (teddy etc) to help the child in the initial settling in period. Parents will also be invited to ring and check on their child at any time if there are any concerns.

Part of this orientation visit is also to explain/collect the required documentation for the child (enrolment form, immunisation record and Medicare number etc). Staff will also explain modes of fee payment and communication (newsletters, pockets, communication box etc), what the child will need, the importance of labelling personal items and also show the parent library where they can access the service’s policies and other resources.

Educators will also discuss how best to tailor the child’s settling in period – with some parents choosing to gradually build up to a full day so the child is reassured that the parents will return to collect them. Educators will encourage parents to say goodbye when dropping off – and reassured that if the child remains distressed over a period of time, that educators will contact them. Parents are able to stay as long as needed to reassure their child, but sometimes it’s easier for the educator to settle the child if the parents come earlier on collection to spend time with their child – rather than do this at drop off time.

Parents will be kept informed about how their child is settling in on collection and are welcome to discuss any aspects with the Nominated Supervisor at a convenient time.

Information on the service’s child orientation policy will be available in different languages when required.

**Transition**

The service aims to arrange for room transitions when a vacancy occurs or at the beginning of the New Year. As each room has different challenges and expectations, children will only be transitioned when they are ready in all aspects of their development. The opportunity to transition between groups / rooms at the service is based on many factors other than just age. When the child becomes of the age to attend school, the service will work with the parents and the school to prepare the child for school entry.

**Transition from one room to another**

Change is harder for some children than others, however, by making this transition as smooth as possible for children and families, we are helping to encourage our children’s learning and development. Separation can evoke children’s deep feelings which can trigger restlessness, frustration etc.

**Implementation**

As to minimise any distress that the transfer may cause;

* Think about the transition ahead of time. Lay the groundwork for a new teacher to get to know their child by sharing information and insights you have gained.
* Talk to families about how their child handles change and the strategies they use to help their child cope with change
* Plan to have the child and family visit the new group more than once if possible.
* Invite the new teacher to visit the child in their room numerous times
* Talk about change, starting from 2 weeks before the transition
* Don’t talk about the transition in terms of concern or sorrow
* Talk about their new teacher every day in general conversation
* Celebrate the child’s last day in the room with a special snack or by signing a special song you have made together
* Be sure to say goodbye.

**Transition to school**

When a child first attends school, there is a great change for that child and for their family. We believe that the child’s parents are the most important link in this transition.

* The better the transition between home and school, the better the education: that’s the message of recent research.
* The Service will always talk about starting school in a positive manner that will reinforce a healthy attitude toward the transition.
* If possible, information on local schools will be made available to parents.
* Toward the end of each year an orientation is arranged to visit the local school so as to familiarise the children with the school environment. This is organised with the family and school directly.
* Parents with children who are of eligible age to commence school in the following year will be given a school readiness report in October.
* Information regarding school readiness is issued in October.
* Children will be encouraged to bring a school lunch for a week in December to help prepare for school. Parents will be provided with information regarding appropriate nutrition and lunches for school.

**Sources**

**Education and Care Services National Regulations**

**National Quality Standard**

**Review**The policy will be reviewed annually.

Review will be conducted by:

* Management
* Employees
* Families
* Interested Parties\

Participation Of Students And Volunteers Policy

|  |
| --- |
| **National Quality Framework Quality Area, Standards & Elements**  This policy relates to:  **Quality Area 4 – Staffing arrangements**  4.2 Educators, co-ordinators and staff members are respectful and ethical at all times  4.2.1 Professional standards guide practice, interactions and relationships  4.2.3 Interactions convey mutual respect, equity and recognition of each other’s strengths and  skills  **Quality Area 7 – Leadership and service management**  7.1Effective leadership promotes a positive organisational culture and builds a  professional learning community. |

**Aim**

*To ensure that students and volunteers are informed and gain centre specific requirements. To ensure an easy and enjoyable transition into the centre is achieved for all students and volunteers. To ensure all students and volunteers are active participants during placements.*

**When to use this Policy**

1. Upon arrival of a new student and/or volunteer
2. During work placements

**Process Steps**

* The Director is to show students or volunteers around the centre and introduce them to all educators.
* Students are to receive an induction via the induction checklist and sign off confidentiality agreement. This includes using centre name, photos and families and children on social media sites.
* The student is to complete the ACECQA Staff Record.
* The nominated supervisor is to verify the students Working with Children Check
* The student and volunteer are to complete educator Acknowledgement of Code of Conduct
* The Director is to show the student or volunteer where they can access the student and visitor handbook.
* Student or volunteers need to sign in and out of the centre using the visitor log
* Students and volunteers are to follow the centres dress code
* Students and volunteers are to ensure they are greeting and introducing themselves to families and children
* Educators are never to leave a student or volunteer on their own with the children
* Educators need to explain that students are not to discuss concerns, issues or complaints to families
* The Director is to discuss any relevant important information about specific children to the student or volunteer (i.e.- court orders, additional needs) so that the student or volunteer is aware.

**Educator techniques**

* Educators are to make themselves available to students when possible
* Educators are to encourage students to ask, seek help and advice
* Educators are to role model appropriate behaviour and conduct themselves in a professional manner
* Educators are to guide the students throughout the day and feedback is to be given to students daily.
* Educators should liaise with the centre Director if there are any concerns with the student and the RTO will be notified.
* Educators are to make the student or volunteer feel welcome and a valued member of the team
* Students are not allowed to change children’s nappies unless under the direct supervision of an educator
* Educators are to encourage students to use their initiative
* Students are to have a poster with a current appropriate photo displayed which at least states: name, qualification studying and name of RTO (Registered Training Organisation)

**Related Requirements**

|  |  |
| --- | --- |
| 4.2 | regulation 55 Quality improvement plans |

**Related Policies**

* Induction
* Privacy
* Residency Orders
* Educator Grievance
* Indoor Supervision
* Outdoor Supervision
* Excursions

**Sourced**

Education and Care Services National Regulations 2011

<http://www.eduweb.vic.gov.au/edulibrary/public/earlychildhood/nqf/edcareservices.pdf>

Education and Care Services National Law Act 2010

[www.legislation.vic.gov.au/Domino/Web\_Notes/.../10-069a.doc](http://www.legislation.vic.gov.au/Domino/Web_Notes/.../10-069a.doc)

National Quality Framework Resource Kit

<http://acecqa.gov.au/links-and-resources/national-quality-framework-resources/>

Pest Control Policy

**NQS**

|  |  |  |
| --- | --- | --- |
| QA3 | 3.1.2 | Premises, furniture and equipment are safe, clean and well maintained. |

**National Regulations**

|  |  |  |
| --- | --- | --- |
| Reg | 168 | Child safe environment policies and procedures |

**Aim**To ensure effective controls are in place to eliminate the presence of pests and to ensure all actions that are carried out are recorded.

**Related Policies**  
Physical Environment (Workplace Safety, Learning and Administration) Policy  
Work Health and Safety Policy

**Implementation**

In order to ensure Josie’s Bright Beginnings is maintained in a pest free state certain routine actions are required. These are designed to either monitor for or prevent the presence of all pests which are likely to be present in the area.

The most important aspect of our pest control strategy is to maintain a clean and sanitary childcare centre in-side and out at all times. All other strategies are only effective if the facility is kept in a sanitary state.

To ensure we are proactive in our approach to pest management we are committed to the following tasks and frequencies.

|  |  |  |  |
| --- | --- | --- | --- |
| **Pest** | **Action** | **Frequency** | **Responsibility** |
| Rodents | Monitor via bait station activity | 3 months | Maintenance |
| Insects | Preventative chemical spraying | 3 monthly (In-house) and annually (professional) | Maintenance and Outside contractor |
| Flies | Electric Fly Trap-Laundry | Ongoing | Automatic |
| Birds | Bird netting installed | Once off | Maintenance |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Rodents:**

Rodent activity is monitored via the 4 bait stations located at the following spots:

1. Outside the office window
2. Laundry-Near exit door
3. Kitchen-Behind the smaller freezer
4. Grease trap-Between it and the fence

**Instructions:**

* Open the bait station and visually check for any bite marks or nibbles on the bait.
* Fill in the Pest Control Record sheet detailing each bait condition.
* If activity has been noted, replace the bait with a fresh one.
* Return bait station to original location

**Insects:**

In-House

* Obtain pump sprayer and chemical
* ENSURE ALL REQUIRED PPE IS USED WHEN HANDLING CHEMICALS INCLUDING SAFETY GLASSES AND PROTECTIVE GLOVES
* Follow all instructions on mixing the chemical
* Spray all window frames, door frames, concrete areas surrounding the building (2metre strip surrounding the building), wall vents and anywhere there is cobwebs noted
* Record completion of task on the Pest Control Record Sheet

Contractor

* Schedule spraying for a Friday evening after all kids have left
* Prepare the inside and outside but moving all furniture and other objects away from the walls. Remove all items from under the back pergola area
* Mop all floors to be sprayed as mopping of sprayed areas is not recommended after spraying for 4 weeks. This area is usually just a strip around the walls of the rooms
* Record completion of task on the Pest Control Record Sheet and include a copy of the service report or invoice from the contractor

**Sources  
Education and Care Services National Regulations 2011  
Early Years Learning Framework  
National Quality Standard  
Health and Safety in Family Day Care 2003 UNSW**

**Review**The policy will be reviewed annually by:

* Management
* Employees
* Families
* Interested Parties

Photography Policy

**NQS**

|  |  |  |
| --- | --- | --- |
| QA4 | 4.2.2 | Professional standards guide practice, interactions and relationships. |

|  |  |  |
| --- | --- | --- |
| QA5 | 5.1.2 | The dignity and rights of every child are maintained. |

**Aim**

To ensure the privacy of children and families is respected when any individual who is not a staff member or educator is taking photographs within the service.

**Related Policies**

Child Protection Policy

Educator and Management Policy

Enrolment Policy

Parental Interaction and Involvement in the Service Policy

Privacy and Confidentiality Policy

Social Networking Usage Policy

**Who is affected by this policy?**Child FamiliesEducators Management

**Implementation**

**For Parents and Family Members**

In relation to any parent or family member who is visiting the service with the intention to take photographs the service will ensure:

* All families are notified in advance of when, why and by whom photographs may be taken in the Service.
* All families are given the opportunity to object to their child being involved in any photographs, and that these wishes are respected.
* Any parent or family member may only photograph their own child unless given permission by another child’s parent.

Josie’s Bright Beginnings accepts that families may want to display photographs of their own child on the internet; however we do not condone the display of photographs taken of children from other families.

Josie’s Bright Beginnings will respect the wishes of all families who do not wish their child to be photographed and will be responsible for ensuring that the child is not photographed while in attendance at the Service. This may mean however, that the child may be removed from group situations where photos will be taken.

If a parent has given permission for their child to be photographed by anyone other than a staff member or educator, the Service does not accept responsibility for the distribution or use of any photograph taken.

**For any other Individual**

The Service does not allow any other individual visiting the service to take photographs of any child without written permission from the child’s parent or authorised nominee. An example of such an individual may be a School Photographer.

**Sources  
National Quality Standard  
Early Years Learning Framework**

**Review**

The policy will be reviewed annually.

The review will be conducted by:

* Management
* Employees
* Families
* Interested Parties

Physical Environment (Workplace Safety, Learning and Administration) Policy

**NQS**

|  |  |  |
| --- | --- | --- |
| QA2 | 2.2.1 | At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard. |

|  |  |  |
| --- | --- | --- |
| QA3 | 3.1.1 | Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child. |
| 3.1.2 | Premises, furniture and equipment are safe, clean and well maintained. |
| 3.2.1 | Outdoor and indoor spaces are organised and adapted to support every child's participation and to engage every child in quality experiences in both built and natural environments. |
| 3.2.2 | Resources, materials and equipment allow for multiple uses, are sufficient in number, and enable every child to engage in play-based learning. |

|  |  |  |
| --- | --- | --- |
| QA6 | 6.1.1 | Families are supported from enrolment to be involved in the service and contribute to service decisions. |
| 6.1.3 | Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing. |
| 6.1.2 | The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child’s learning and wellbeing. |

**National Regulations**

|  |  |  |
| --- | --- | --- |
| Regs | 82 | Tobacco, drug and alcohol-free environment |
| 99 | Children leaving the education and care service premises |
| 103 | Premises, furniture and equipment to be safe, clean and in good repair |
| 104 | Fencing and security |
| 105 | Furniture, materials and equipment |
| 106 | Laundry and hygiene facilities |
| 107 | Space requirements—indoor |
| 108 | Space requirements—outdoor space |
| 109 | Toilet and hygiene facilities |
| 110 | Ventilation and natural light |
| 111 | Administrative space |
| 112 | Nappy change facilities |
| 113 | Outdoor space—natural environment |
| 114 | Outdoor space—shade |
| 115 | Premises designed to facilitate supervision |
| 156 | Relationships in groups |
| 249 | Declared approved services (other than declared approved family day care services) |
| 251 | Declared out of scope services |

**EYLF**

|  |  |
| --- | --- |
| LO2 | Children develop a sense of belonging to groups and communities and an understanding of the reciprocal rights and responsibilities necessary for active community participation |
| Children become socially responsible and show respect for the environment |

|  |  |
| --- | --- |
| LO4 | Children develop dispositions for learning such as curiosity, cooperation, confidence, creativity,  commitment, enthusiasm, persistence, imagination and reflexivity |
| Children develop a range of skills and processes such as problem solving, enquiry, experimentation,  hypothesising, researching and investigating |
| Children transfer and adapt what they have learned from one context to another |
| Children resource their own learning through connecting with people, place, technologies and natural and processed materials |

**Aim**To provide a physical environment that is safe, appealing, constructive, well-maintained and welcoming to all individuals who use it.

**Related Policies**

Health, Hygiene and Safe Food Policy

Incident, Injury, Trauma and Illness Policy

Relationships with Children Policy

**Implementation**

The Approved Provider and Nominated Supervisor will provide a stimulating environment that continually engages children and fosters their learning and development while ensuring their safety and that of educators, families and visitors.

**Resources and Equipment**

The Approved Provider or Nominated Supervisor will:

* provide appropriately sized furniture and equipment in the indoor and outdoor settings for the age ranges at the service
* provide sufficient furniture, resources, materials, toys and equipment for the number of children and ensure they are developmentally appropriate
* check that all equipment, including resources, car seats, booster seats etc meets Australian Standards and educators are trained in correct maintenance and assembly
* ensure non-fixed play equipment in the grounds is less than one-metre in height and that educators can adequately supervise children at all times
* place any outdoor climbing equipment, swings or slides on impact absorbing surfaces (soft fall materials)
* select resources and equipment that reflect the cultural diversity of our families, local community and nation, including the culture and diversity of Australia’s Indigenous community
* actively seek the views of parents and families about our resources and equipment
* advise educators and families about the purchase of new equipment and ensure a risk assessment is carried out
* prepare an ongoing prioritised maintenance plan for the service at the beginning of each year, and implement the plan throughout the year by organising maintenance systems (e.g. checklists, logs, building and equipment records).

Educators will:

* Add a note of any equipment which requires maintenance in the maintenance folder. They will include as much detail on the issue as possible to help resolution.
* introduce children to new resources and equipment, and teach them how to use and care for them appropriately
* store equipment that should only be used under supervision in a secure place
* regularly check equipment and resources to ensure it is clean and safe
* ensure they comply with cleaning schedules for resources and equipment

**Facilities**

The Approved Provider or Nominated Supervisor will:

* provide adequate, sufficient and accessible facilities for hand-washing, toileting, eating and sleeping. Toileting and hand-washing facilities will be accessible from our indoor and outdoor environments
* provide adequate, sufficient and hygienic facilities for nappy changing which are inaccessible to children if they are not directly supervised, and providing at least 1 properly constructed nappy changing bench for children under 3 years of age
* provide access to clean drinking water in our indoor and outdoor environments
* providing secure and hygienic laundry facilities
* provide a separate indoor space for children under 2 years of age
* ensure that the premises and grounds comply with building regulations (Local, State and Federal Government) and the Building Code of Australia in relation to fire, ventilation, lighting and safety glass
* provide appropriate and hygienic areas for food preparation
* ensure access is granted for the annual site safety check which is completed through the landlord by an outside contractor. Maintain records of these inspections.
* implement management plans to ensure the safety of educators, children, families and visitors if the service undertakes major renovations
* ensure there are at least 3.25 square metres of unencumbered indoor space for each child at the service (does not include passageways, bathrooms, food preparation areas, staff or administrative rooms, storage areas, kitchens unless primarily used by children as part of the program and any space not suitable for children)
* ensure there are at least 7 square metres of unencumbered outdoor space for each child at the service (does not include areas like thoroughfares, car parks and storage sheds)

Indoor and outdoor space requirements do not apply to children being educated and cared for in:

* an emergency for no more than two consecutive days the Service operates, or
* exceptional circumstances where all the children are siblings in the same family, or the child is in need of protection under a child protection order.

Note transitional provisions for space and fencing requirements apply to services that were operating immediately prior to 1 January 2012. The regulatory authority can provide further advice.

**Environment**

The Approved Provider or Nominated Supervisor will:

* include natural elements like plants, trees, gardens, rock, mud and water
* provide adequate shading
* adequately fence the environment.
* incorporate natural and artificial lighting, appropriate ventilation, heating, cooling and fresh air
* include elements that challenge children and encourage appropriate risk taking for the child’s developmental level
* incorporate specific requirements for special needs children as seamlessly as possible
* incorporate sustainable practices which develop environmental responsibility
* ensure elements in the environment encourage children to explore, solve problems, create, construct and engage in critical thinking

**Layout**

The Approved Provider or Nominated Supervisor will:

* organise the environment so children, educators and visitors can move around without disrupting children’s activities
* create spaces which encourage collaborative learning through group interactions and one-on-one interactions
* create areas where children can engage in quiet, restful or independent activities
* establish the environment so children can be adequately supervised at all times
* provide space for administrative functions, consultation with children’s parents and private conversations
* keep plans about the arrangement of the rooms and outdoor spaces to show how our service creates inviting learning spaces, and document how the arrangement, resources and equipment contribute to children’s learning.

**Activities**

The Approved Provider or Nominated Supervisor and educators will:

* undertake regular risk reviews to ensure risk is minimised or eliminated at all times
* engage children in a wide variety of indoor and outdoor experiences
* discuss safety issues with children (e.g. using toys or equipment) and involving children in rule setting to minimise or eliminate safety risks.
* cover unused power points with safety caps, securing all electrical cords and ensuring all double adaptors and power-boards are inaccessible to children

**Children’s Groupings**

It is important that children have opportunities to interact with other children and educators in group situations. This contributes to their learning and development and helps children to develop respectful and positive relationships. When forming groups, the Nominated Supervisor and educators will consider whether the size and composition of the group is appropriate by considering whether children:

* are settled
* develop secure relationships with educators and positive relationships with peers.

The Nominated Supervisor and educators will:

* base children’s’ rooms and groupings on their age and/or development
* have open play time in the morning so all children can interact with children and educators from other rooms.

**Safety Checks**

To ensure the safety of all children and educators all educators must constantly review their areas both in the rooms and outside for potential dangers to their children. Any risks identified must be remedied or removed immediately if safe to do so. If not, all children must be prevented from accessing the area and the risk reported to the centre co-ordinator.

If required, educators will wear gloves and use tongs to pick up any sharp objects (e.g. syringes) and place them directly into the main outside bin to prevent double handling.

Any maintenance required will be immediately reported to the Approved Provider or Nominated Supervisor and added to maintenance register. Appropriate arrangements to have repairs carried out will be made by management.

* regular pest inspections will be carried out as per the pest control policy.
* A six-monthly safety inspection of the building, the safety equipment and the emergency exit lighting will be carried out by an external contractor.

The Nominated Supervisor will keep records of pest inspections and findings, and records to verify completion of safety checks.

**Cleaning of Buildings, Premises, Furniture and Equipment**

To ensure that cleaning is carried out regularly and thoroughly and the environment, resources and equipment are hygienic, the Nominated Supervisor will ensure educators and other staff:

* implement structured cleaning schedules (See cleaning checklist) to ensure that all cleaning is carried out regularly and thoroughly so that the service environment, resources and equipment are hygienic.
* use the least dangerous cleaning substance possible
* follow the health, hygiene and food policy at all times
* wash and dry hands after cleaning before returning to the children
* clean and dry-cleaning equipment between uses so germs can’t multiply on the equipment.
* store cleaning equipment securely
* wash dress-up and play clothes once a week in hot water and detergent
* clean the service at the end of each day and throughout the day as the need arises
* clean up accidents and spills as quickly as possible.

**Use of Detergents**

Ordinary detergents will be used to help remove dirt from surfaces. Proper cleaning with detergent and warm water, followed by rising then drying and airing time kills most germs as they are unable to multiply in a clean environment.

**Use of 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.

Essentially, there is no ideal disinfectant. Disinfectants cannot kill germs if the surface is not clean. For disinfectants to work effectively, there still needs to be thorough cleaning using a detergent beforehand. However, it is more important to make sure surfaces have been cleaned with detergent and warm water than to use a disinfectant. To kill germs, any disinfectant needs:

* to be of the right concentrate
* a clean surface to be able to get to the germ
* enough time to kill the germs - at least 10 minutes.

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

**Clothing**

Educators will:

* wash their clothing daily
* wear protective garments (e.g. aprons) to cover clothing that cannot be washed frequently
* have a change of clothes available in case of accidents.

**Toys**

To avoid the spread of disease, the Approved Provider or Nominated Supervisor will:

* only buy washable toys
* discard non-washable toys that are for general use (non-washable toys may be used for one child only)

To avoid the spread of disease, educators will:

* wash toys at the end of each day, especially in younger children’s rooms
* immediately remove a toy that has been sneezed on, mouthed, soiled or discarded after play by a child who has been unwell, so it can be washed at the end of the day
* wash toys in warm water and detergent (many can be washed in a dishwasher but not at the same time as dishes) and rinse in clean water
* use a toothbrush or other tool to clean difficult to reach areas e.g. corners
* take care cleaning toys that cannot be immersed in water e.g. wooden toys, rattles, toys with paper and cardboard and books, and wipe with a damp cloth and detergent
* thoroughly dry toys and books before returning to use. All, toys, including cloth toys and books can be dried by sunlight. Items like LEGO and construction blocks can also be left to drain on a clean tea-towel overnight
* regularly clean ride-on vehicles and outdoor toys and protect from the weather to preserve their lifespan.

**Play Dough**

To reduce the risk of spreading infections, educators will:

* get children to wash their hands with soap and water before and after using play dough
* store play dough in an airtight container in the refrigerator
* make a new batch of play dough each week
* discard play dough at the end of each day if there is an outbreak of vomiting and/or diarrhoea.

**Packing Toys Away**

Educators will:

* pack small pieces in bags provided and replace bags which may be deteriorating
* use elastic bands to contain similar items (like railway tracks)
* complete puzzles before packing away if possible.

**Hazardous Substances**

A 6 monthly review of the storage conditions of hazardous substances will be carried out to ensure we are operating safely and all policies are being followed. Attachment A is to be used to record these checks.

When **purchasing** dangerous chemicals, substances, medicines or equipment, the Approved Provider or Nominated Supervisor will:

* select and use the least hazardous substance or equipment
* only select substances which have child resistant lids or caps
* ensure dangerous substances/chemicals are supplied with a Safety Data Sheet (SDS) formerly called a Material Data Safety Sheet
* ensure educators adhere to the manufacturer’s instructions for use, storage, and first aid recorded on the SDS
* keep a copy of the SDS for all hazardous chemicals at the point of storage.

When **using** dangerous chemicals, substances, medicines or equipment, educators will:

* ensure the child resistant lids or caps are properly closed after use
* adhere at all times to manufacturer’s advice and instructions (e.g. follow advice for products which need to be stored in a refrigerated environment)
* wear appropriate personal protective clothing recommended on the manufacturer’s instructions.

When **storing** dangerous chemicals, substances, medicines or equipment, educators will:

* store all dangerous substances in their original containers
* keep all labels and/or use by dates intact at all times
* dispose of (without using) any dangerous substance not stored in the original container, or with destroyed labels and/or unknown use by dates. Disposal will be safe and in line with local council guidelines. Containers will not be reused under any circumstances
* lock all dangerous substances and equipment, including cleaning materials, detergents, toiletries poisons, dangerous tools and equipment with sharp and razor edges, in a place or facility which is labelled, secure and inaccessible to children.
* lock particularly dangerous and hazardous materials such as pesticides, herbicides, petroleum, kerosene, solvents and equipment which is operated by an engine or hazardous to children, in a locked facility external to the main building of the service, and separate from children’s play or outdoor environments. The facility must have a bonded floor, be inaccessible to children and be clearly labelled as storing dangerous substances and/or equipment
* store any dangerous substances that need to be refrigerated in a labelled, child resistant container, preferably in a separate compartment or in a part of the refrigerator inaccessible to children
* wear appropriate personal protective clothing recommended on the manufacturer’s instructions.

**First Aid**

The Approved Provider or Nominated Supervisor will:

* seek medical advice immediately if poisoning or potentially hazardous ingestion, inhalation, skin or eye exposure has occurred by calling the Poisons Information Line on 131126 or Ambulance service on 000
* immediately ring the emergency services on 000 if there is any major emergency involving a hazardous chemical or equipment, a gas, fire or explosion hazard
* implement the first aid procedures in the Incident, Injury, Trauma and Illness Policy, and if required the emergency procedures in the Emergency Management and Evacuation Policy, if a child or any other person is injured by a chemical, substance or equipment.

**Other requirements**

The Approved Provider or Nominated Supervisor will:

* notify the appropriate Workplace Health and Safety Authority if there is any major emergency involving a hazardous chemical or equipment, a gas, fire or explosion hazard or a child or any other person is seriously injured by a chemical, substance or equipment (refer Work Health and Safety Policy).
* regularly implement the Poison Safety Checklist attached to this policy to ensure we protect the health and safety of all children and adults at the service.

**Kitchens**

The Approved Provider or Nominated Supervisor will ensure:

* children cannot gain access to any harmful substance, equipment or facility
* a door, half-gate or other barrier prevents unsupervised entry by children into the kitchen
* the preparation of children’s bottles is both safe and hygienic at all times and separate from nappy change area.

**Laundry**

* The laundry area includes a **washing machine and trough** with hot & cold-water supply for the laundering of soiled clothes, linen and nappies.

**Sun Protection**

1. **Outdoor Activities**

Educators and staff will use a combination of sun protection measures for all outdoor activities from mid-August to the end of April and whenever UV levels reach 3 and above. The sun protection measures include items below numbered 2-11. **UV levels will be monitored by reviewing the local daily sun protection times via the SunSmart widget on the service’s website www.josiesbright beginnings.com, the free SunSmart app or at sunsmart.com.au**

1. **Shade**

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

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

1. **Hats**

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

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

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

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

1. **Clothing**

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

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

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

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

1. **Sunglasses**

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

1. **Sunscreen**

All educators, staff and children will apply SPF30+ or higher broad-spectrum water-resistant sunscreen 20 minutes before going outdoors and reapply every 2 hours. Sunscreen will be stored in a cool, dry place and the use-by-date monitored. Authorisation to apply sunscreen will be obtained from parents. Children and babies may not be able to play outside if we are not authorised to apply sunscreen.

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

When UV levels reach 3 or above babies will not be exposed to direct UV and they will be kept in the shade at all times. Their skin will always be well protected. They will wear sun safe hats and clothing and small amounts of SPF30+ or higher broad-spectrum water-resistant sunscreen may be applied to their exposed skin. The widespread use of sunscreen on babies under 6 months old is not recommended.

1. **Role Modelling**

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

* wearing a sun safe hat (see Hats)
* wearing sun safe clothing (see Clothing)
* applying SPF30+ or higher broad-spectrum water-resistant sunscreen 20 minutes before going outdoors and reapplying every 2 hours
* using and promoting shade
* wearing sunglasses that meet the Australian Standard 1067.

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

1. **Education and Information**

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

1. **Policy Availability**

The sun protection policy, updates and requirements (including hat, clothing and sunscreen) will be made available to educators and staff, families and visitors in our Parent Handbook and through other Service communications.

1. **Review**

The Nominated Supervisor will monitor and review the effectiveness of our sun protection policy regularly, at least once every 12 months and submit to Cancer Council Victoria every 3 years to maintain our SunSmart Membership.

**Water Safety**

The Approved Provider, Nominated Supervisor and educators understand the risks that water-based activities pose and will undertake measures to protect the health and safety of all children involved in water-based activities.

Educators will:

* complete a risk assessment before allowing children to engage in water-based activities at the service or on excursion and ensure all risks are minimised or eliminated where possible.
* ensure no child swims in any water without:
  + written permission from parents.
  + appropriate educator/child ratios in place and adequate supervision.
* closely supervise children at all times and never leave any child unattended near water.
* ensure children with diarrhoea, upset stomachs, open sores or nasal infections do not swim or play in water.
* ensure all children wear appropriate swimmers in a pool, go to the toilet before entering the pool, and follow correct toileting hygiene practices while in the pool.
* remove all children immediately if a child passes a bowel motion in the pool, advise pool managers if at a public pool, disinfect and if practical empty a home pool or trough.

To prevent accidents and illnesses related to water-based activities at the service educators will:

* fill wading pools with less than 300 mm of water.
* cover all water containers like ponds, spas, nappy buckets, bathtubs or ensure they are inaccessible to children
* immediately empty all wading pools/water troughs etc. after every use and store in a way that prevents water collecting in them (e.g. upright/inverted).
* check grounds after rain or watering and empty water that has collected in holes or containers.

**Visitors**

To ensure we can meet Work Health and Safety requirements and ensure the safety of our children, individuals visiting our service must sign in when they arrive at the service, and sign out when they leave.

**Inspection and testing of electrical equipment**

Services must ensure that electrical equipment is regularly inspected and tested by a competent person if the electrical equipment is supplied with electricity through an electrical socket and used in conditions where it could be damaged, including exposure to moisture, heat, vibration, mechanical damage, corrosive chemicals or dust. A record of the testing, which may be a tag attached to the equipment tested, must be kept until the equipment is next tested or disposed of and must specify:

* the name of the tester
* the date and outcome of the testing
* the date on which the next testing must be carried out.

**Fire Equipment**

All fire equipment at our service will comply with relevant laws and regulations, council requirements and the Building Code, and be maintained in line with the Australian Standard AS 1851-2012 (see Attachment D).

**Back Care and Manual Handling**

Manual handling means any activity requiring the use of force exerted by the person to lift, lower, push, pull, carry or otherwise move, hold or restrain any person or object.

Manual handling injuries can be the result of incorrect manual handling techniques, overuse, or from accidents. Injuries include back strains, and sprains in other parts of the body such as the neck, arm, shoulder and knee, bruising and lacerations.

Employers and managers have a legal duty to provide safe workplaces and implement safe workplace practices.

**Principles of Preventing Manual Handling Injuries**

1. Eliminate or reduce the amount of manual handling.
2. Reduce the amount of bending, forward reaching, and twisting, in all tasks.
3. Reduce worker fatigue.
4. Keep all equipment in good working order.
5. Keep the workplace environment safe.

The Nominated Supervisor will:

* Ensure employees are aware of the correct method of manual handling
* display written, current information regarding manual handling in the staff room
* ensure equipment and facilities are designed and maintained to reduce manual handling injuries
* ensure work practices are consistent with safe manual handling guidelines
* ensure educators and staff follow our safe manual handling procedures
* identify, assess and control all risks associated with manual handling

To help prevent manual handling injuries educators and staff will:

* do warm-up exercises for three to five minutes before starting work, particularly during cold periods. Simple exercises to warm and stretch all the major muscle groups help prevent injury. Regular exercise such as walking, tennis, or aerobics will help condition muscles, but anyone with neck, back or muscular problems should see a doctor before exercising.
* kneel rather than bend down e.g. to help a child put their shoes on
* sit rather than bend e.g. to comfort a child, educators will sit on the floor and encourage the child to sit on their lap
* sit in an appropriately sized chair (or on the floor) so their upper legs are horizontal to hips and feet flat on the floor
* sit in an appropriately sized chair and table to complete writing tasks (e.g. programming)
* carry children with one arm under the child’s buttocks and the other arm supporting the child’s back, with the child facing them as close as possible to their body
* not carry a child on their hip because this can strain the back, and only carry children when necessary
* lift safely and avoid twisting, especially with awkward loads
* lift a child out of a cot by leaning against the cot and raising the child as close as possible to their body. Educators and staff will not stretch over and lift
* help larger children to climb up steps/ladder provided to change table
* use a step ladder to reach above shoulder level
* avoid extended reaching forward e.g. leaning into low equipment boxes
* share the load if the equipment is heavy, long or awkward
* ask for help and organise a team lift when sliding, pulling or pushing equipment that is not easy to move e.g. trestles or gym mats
* rearrange surroundings to meet the needs of both children and adults where possible
* use equipment and furniture that can be moved around as safely and easily as possible
* store seldom-used objects up high between the shoulder-to-raised arm height
* avoid storing objects between a person’s knuckles and the floor
* use mechanical aids like ladders and trolleys where possible to avoid lifting and stretching
* Reduce accidents by implementing good housekeeping practices including ensuring:
* the floors and other walking surfaces are uncluttered, even and non-slippery
* the environment is tidy
* there is adequate space to work
* equipment is maintained regularly
* lighting is adequate.

**How to Lift Safely**

1. Place your feet in astride position
2. Keep your breastbone as elevated as possible
3. Bend your knees
4. Brace your stomach muscles.
5. Hold the object close to your centre of gravity i.e. around your navel
6. Move your feet not your spine
7. Prepare to move in a forward-facing direction
8. Ask for help when it is not possible to lift on your own

**Avoid Twisting when Lifting**

To avoid injuries, result from twisting educators and staff will:

* move equipment when children are not around
* rearrange storage so that it is easier and safer to replace and remove items
* lift only within the limits of their strength
* use beds and equipment that are easy to move
* ensure they can see where they are going when carrying equipment or children
* be especially careful when lifting a child with special needs.

**Organising a Team Lift**

Educators and staff will:

1. Ask a colleague who is willing and able to help, and ideally is fairly well matched with them in size and strength
2. Agree on a plan of action to achieve a coordinated lift
3. Appoint one person as team leader to ‘call’ the lift.

**How to Assess the Correct Storage and Shelving Height**

Correct storage and shelving height is important to prevent slips, falls and strains. When standing with feet together and hands by sides:

* the best height range for handling loads is around waist level
* the acceptable height for lifting is any point between a person’s knuckle and shoulder.

**Sources**

**Education and Care Services National Regulations 2011  
Early Years Learning Framework  
Dangerous Substances (National Code of Practice for the Labelling of Workplace Substances) Code of Practice Approval 2006  
National Quality Standard   
Occupational Health & Safety Act 2004  
Staying Healthy –Preventing infectious diseases in early childhood education and care services 2012**

**Cancer Council VIC Sample SunSmart policy for ECEC services**

**Work Safe Victoria: Children’s services – occupational health and safety compliance kit**

**Australian Standards 1851-2005 “Maintenance of Fire Protection Systems and Equipment”  
Building Code of Australia**

**Building Act 1993**

**Building Regulations 1994**

**Building Commission Practice Note 2013-05**

**Royal Life Saving Society Home Pool Safety Checklist**

**Royal Life Saving Society Wading Pools Checklist**

**Australian Standard 1926.1 Swimming Pool Safety**

**Kidsafensw: Playground surfacing**

**Review**

The policy will be reviewed annually by:

* Management
* Employees
* Families
* Interested Parties

**Attachment A**

**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 chemicals stored securely? |  |  |  |
| Are Safety Data Forms available for all chemicals in the Service and placed with the chemical? |  |  |  |
| SDS Register available? |  |  |  |
| SDS Register Current? |  |  |  |
| Are containers for soiled nappies securely covered and the contents inaccessible to children? |  |  |  |
| Are low toxicity products used whenever possible? |  |  |  |
| If any handbags contain medication, are they stored safely? |  |  |  |
| Is the Poisons Information centre number available at every phone? (13 11 26) |  |  |  |
| Is there any paint flaking of the walls that may contain lead? |  |  |  |
| Have all poisonous plants been removed from the Service’s premises? |  |  |  |
| Have families been provided with information on poison safety? |  |  |  |
| Have chemical storage areas been labelled with chemicals stored here signs? |  |  |  |
| Medication is stored in locked containers/cupboard? |  |  |  |

Educators Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educators Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attachment B**

**Fire Equipment and Maintenance**

|  |  |
| --- | --- |
| **Key** | |
| **Inspection Procedure of Fire Safety Installations (F.S.I)** | **1.** Inspect for obvious visual faults.  **2.** Inspect for faults and witness test of F.S.I by a competent person  **3.** Inspect for faults where possible and accept logbook details of F.S.I  **4.** Check Building file for details of any extra requirements. |
| **Required Record of Keeping Fire Safety Installations (F.S.I)** | **L =** log book required  **R =** record of maintenance required  **T** = Metal tag on F.S.I or service details/service label  **(Y)** = Weekly test may be omitted refer AS 1851-2005 |

External agencies will be employed to assist the service with this maintenance if no currently employed staff or educators are qualified to complete the maintenance checks.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Special Fire Service** | **Inspection Procedures for FSI** | **Required Record Keeping for FSI** | **Maintenance Schedule** | | | | | | | **Annual Survey of Installation** | **Maintenance Standard or Building Preference** |
| **1 Wk** | **1 Mth** | **3 Mth** | **6 Mth** | **12 Mth** | **3 Yr** | **5 yr** |
| **Fire Extinguishers (Portable)** | 2 | R-T |  |  |  | Y | Y |  | Y | Y | 1851- Section 15 |
| **Fire Blankets** | 2 | R-T |  |  |  | Y |  |  |  |  | 1851-Section 16 |

Privacy and Confidentiality Policy

**NQS**

|  |  |  |
| --- | --- | --- |
| QA4 | 4.2.2 | Professional standards guide practice, interactions and relationships. |

|  |  |  |
| --- | --- | --- |
| QA5 | 5.1.2 | The dignity and rights of every child are maintained. |

|  |  |  |
| --- | --- | --- |
| QA6 | 6.1 | Respectful relationships with families are developed and maintained and families are supported in their parenting role |

|  |  |  |
| --- | --- | --- |
| QA7 | 7.1 | Governance supports the operation of a quality service. |

**National Regulations**

|  |  |  |
| --- | --- | --- |
| Reg | 181 | Confidentiality of records kept by approved provider |
| 181-184 | Confidentiality and storage of records |

**Aim**

This policy is to address the issues of privacy and confidentiality of children, educators, volunteer workers and parents using the service. It aims to protect the privacy and confidentiality by ensuring that all records and information about individual children, families, educators and management are kept in a secure place and are only accessed by or disclosed to those individuals who need the information to fulfil their responsibilities at the service or have a legal right to know.

**Related Policies**

Child Protection Policy

Child safe policy

Educator and Management Policy

Enrolment Policy

Medical Conditions Policy

**Who is affected by this policy?**Child FamiliesEducators Management

**Implementation**

**National Privacy Principles**

**NPP 1: collection**Describes what an organisation should do when collecting personal information, including what they can collect, collecting from third parties and, generally, what they should tell individuals about the collection.

**NPP 2: use and disclosure**Outlines how organisations may use and disclose individuals' personal information. If certain conditions are met, an organisation does not always need an individual's consent to use and disclose personal information.  There are rules about direct marketing.

**NPPs 3 & 4: information quality and security**An organisation must take steps to ensure the personal information it holds is accurate and up-to-date, and is kept secure from unauthorised use or access.

**NPP 5: openness**An organisation must have a policy on how it manages personal information, and make it available to anyone who asks for it.

**NPP 6: access and correction**Gives individuals a general right of access to their personal information, and the right to have that information corrected if it is inaccurate, incomplete or out-of-date.

**NPP 7: identifiers**Generally prevents an organisation from adopting an Australian Government identifier for an individual (e.g. Medicare numbers) as its own.

**NPP 8: anonymity**Where possible, organisations must give individuals the opportunity to do business with them without the individual having to identify themselves.

**NPP 9: trans-border data flows**Outlines how organisations should protect personal information that they transfer outside Australia.

**NPP 10: sensitive information**Sensitive information includes information such as health, racial or ethnic background, or criminal record.  Higher standards apply to the handling of sensitive information.

**Service Privacy Guidelines**

* 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 1988.)
* Collection of personal information will be lawful, fair, reasonable and unobtrusive.(National Privacy Principle 1.2 - Privacy Act 1988.)
* 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 1988).
* 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 1988).
* 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 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 1988).
* 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 1988).
* Personal information will not be removed from the premises by staff or educators. (National Privacy Principle 4 – Privacy Act 1988)
* 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 1988).
* 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 willdeal with privacy complaints promptly and in a consistent manner*,* following the Service’s Grievance Procedures. Where the aggrieved individual 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 1988). www.privacy.gov.au
* All employees are 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.

* All employees are 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 educators have with parents, or the Co-ordinator has with educators will be conducted in a quiet area away from other children, parents and educators. Such conversations are to be minuted and stored in a confidential folder.
* Personnel forms and employee information will be stored securely.(Workplace Relations Act 1996).
* 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.
* Information about educators will only be accessed by the Co-ordinator, Educators Liaison Officer/Operator and individual educator concerned. (Workplace Relations Act 1996.)
* All matters discussed at committee meetings will be treated as confidential. (Privacy Act 1988.)
* No member of educators 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 educators at the Service and may be given to the Operator, when this is reasonably needed for the proper operation of the Service and the wellbeing of users and educators. (Privacy Act 1988).
* 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 vulnerable children in line with the Child Protection Policy and Child Safe Standards.
* Staff will protect the privacy and confidentiality of other educators by not relating personal information about another educator to anyone either within or outside the Service.
* Students/individuals on work experience/volunteers will not make educators/children or families at the Service, an object for discussion outside of the Service (e.g. college, school, home etc.), nor will they at any time use family names in recorded or tutorial information.
* Students/individuals on work experience/volunteers will only use information gained from the Service upon receiving written approval from the Service to use and/or divulge such information, and will never use or divulge the names of individuals.

**Sources**

**National Quality Standard  
Education and Care Services National Regulation  
Privacy Act 1988   
Information Privacy Principles as stipulated in the Privacy Act 1988  
United Nations Convention of the Rights of a Child   
Freedom of Information Act 1989**

**Child Safe Standards**

**Review**

The policy will be reviewed annually.

The review will be conducted by:

* Management
* Employees
* Families
* Interested Parties

Relationships with Children Policy

**NQS**

|  |  |  |
| --- | --- | --- |
| QA5 | 5.1 | Respectful and equitable relationships are maintained with each child. |
| 5.1.1 | Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included. |
| 5.1.2 | The dignity and rights of every child are maintained. |
| 5.2 | Each child is supported to build and maintain sensitive and responsive relationships. |
| 5.2.1 | Children are supported to collaborate, learn from and help each other. |
| 5.2.2 | Each child is supported to regulate their own behaviour, respond appropriately to the behaviour of others and communicate effectively to resolve conflicts. |

**National Regulations**

|  |  |  |
| --- | --- | --- |
| Regs | 155 | Interactions with children |
| 156 | Relationships in groups |

**EYLF**

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

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

**Related Policies**  
Child Protection Policy

Enrolment Policy

Staffing arrangements policy

Orientation for Children Policy

**Implementation**

**Interactions with Children**

Our Service’s philosophy guides our interactions with children.

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

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

**Group Relationships**

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

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

**Behaviour Guidance**

**Positive Behaviour**

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

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

**Inappropriate Behaviour**

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

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

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

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

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

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

Parents will:

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

If parents do not comply with these requirements, the Nominated Supervisor may suspend or terminate the child’s enrolment after providing two weeks’ notice. The Nominated Supervisor may, however, suspend or terminate a child’s enrolment without providing two weeks’ notice if he or she believes the child’s behaviour poses an unacceptable risk to the welfare and safety of other children and educators.

**Inclusion**

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

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

Supporting Children through Difficult Situations

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

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

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

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

**Coping Mechanisms**

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

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

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

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

Should it be required, educators will liaise with appropriate authorities, such as the Department of Education and Children’s Services, and follow any recommendations made by these authorities, in line with our Child Protection Policy and Child Safe Standards.

**Bullying**

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

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

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

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

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

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

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

**Biting**

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

Some reasons a child may bite are:

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

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

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

**Sources**

**National Quality Standard  
Education and Care Services National Regulations 2011  
Early Years Learning Framework**

**Child Safe Standards**

**Review**

The policy will be reviewed annually.

Review will be conducted by:

* Management
* Employees
* Families
* Interested Parties

Sand Pit Policy

**NQS**

|  |  |  |
| --- | --- | --- |
| QA2 | 2.2.1 | At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard. |

**National Regulations**

|  |  |  |
| --- | --- | --- |
| Reg | 168 | Child safe environment policies and procedures |

**Aim**To ensure sand pits are clean and safe for all users.

**Related Policies**Animal and Pet Policy  
Chemical Spills Policy  
Incident, Injury, Illness or Trauma Policy  
Physical Activity Promotion Policy  
Physical Environment (Workplace Safety, Learning and Administration) Policy  
Staffing Arrangements Policy

**Implementation**

In order to ensure our sand pit is always a safe and hygienic place for children to play and learn we will:

* Ensure sand is of a depth that can be easily raked over before each use and during the day.
* Rake sand pits at regular intervals each day and remove any dangerous or foreign matter such as animal or human faeces and urine which could cause illness or infection in children or educators.
* Wash the sandpit regularly with tap water if it is not regularly washed by the rain
* Remove toys from the sandpit at the end of each day.
* Regularly clean sand by raking salt thoroughly through the sand.
* Carefully remove and dispose of any contaminated sand.
* Change sand at least annually but preferably every 6 months.
* Use sand that is appropriate for use in sandpits and meets state regulations
* Cover sand pits when they are not in use.
* Ensure children wash their hands with soap and water after playing in the sandpit.

If sand is contaminated by animal or human faeces, blood or other body fluids remove all children from the sandpit and then:

* Use a shovel and dispose of the contaminated sand in a plastic bag. Educators will wear suitable protective clothing.
* Wash remaining sand thoroughly with water then rake salt through the sand at intervals during the day and leave exposed to the sun.
* Change sand completely if it is contaminated extensively.

**Sources  
Education and Care Services National Regulations 2011  
Early Years Learning Framework  
National Quality Standard  
Occupational Health and Safety Act 2004 (VIC)  
Public Health and Wellbeing Act 2008 (VIC)  
National Health and Medical Research Council: Preventing Infectious Diseases in Childcare 2005  
Health and Safety in Family Day Care 2003 UNSW**

**Review**The policy will be reviewed annually by:

* Management
* Employees
* Families
* Interested Parties

Sleep, Rest, Relaxation and Clothing Policy

**NQS**

|  |  |  |
| --- | --- | --- |
| QA2 | 2.1.1 | Each child’s wellbeing and comfort is provided for, including appropriate opportunities to meet each child’s need for sleep, rest and relaxation. |

**National Regulations**

|  |  |  |
| --- | --- | --- |
| Regs | 81 | Sleep and Rest |

**EYLF**

|  |  |
| --- | --- |
| LO3 | Children take increasing responsibility for their own health and wellbeing |
| * Children recognise and communicate their bodily needs (for example, thirst, hunger, rest, comfort, physical activity). * Educators consider the pace of the day within the context of the community. * Educators provide a range of active and restful experiences throughout the day and support children to make appropriate decisions regarding participation. |

**Aim**Our Service aims to meet each child’s needs for sleep, rest and relaxation in a safe and caring manner that takes into consideration the preferences and practices of each child’s family.

**Related Policies**Medical Conditions Policy

Physical Environment Policy

**Implementation**Most children benefit from periods of rest which help them grow and ensures their learning and development. Our service implements rest periods which are consistent with the developmental needs of children, including a short period of rest each day for older children.

The Nominated Supervisor will ensure:

* there is a quiet and restful environment for sleep and rest that enables educators to see, hear and closely monitor children.
* there are comfortable spaces for children to engage in quiet experiences.
* educator to child ratios are maintained at all times children are sleeping and resting.
* a copy of this policy is available to parents at all times.

The Nominated Supervisor will ensure educators, staff and volunteers:

* accommodate each child’s and family’s preferences for rest, sleep and clothing to the extent they are consistent with our policies and requirements. This includes preferences related to a child’s social and cultural heritage. In line with the principles and objectives of the National Law, if a resting child falls asleep without assistance in instances where families have requested the child not have naps, educators may allow the child to sleep for a period they believe is in the best interests of the child’s health and wellbeing.
* follow the procedures in this policy which are based on recommendations from SIDS and Kids. If a child has a medical condition which prevents educators from following these procedures, for example a condition which prevents a child from being placed on their back, an alternative resting practice must be authorised by a registered medical practitioner in writing. This should be part of a child’s Medical Management Plan.
* communicate daily with parents about their child’s sleep and rest routines at the service and at home.
* regularly monitor all children who are sleeping with specific attention to breathing patterns, and monitor all babies every 10 minutes.
* monitor the temperature of the rest environment to ensure it is comfortable without becoming too hot or cold.
* help children learn about their needs for rest and comfort and where appropriate negotiate the need for sleep and rest with children. Children will be encouraged to communicate their needs where possible and to make appropriate decisions.
* provide children who do not require sleep or rest with quiet activities.
* support children who need rest and relaxation outside our designated “rest time.”
* group children in a way that minimises overcrowding.
* comfort children when required. We discourage rocking children to sleep however if requested by a family we will accommodate.
* respect the privacy needs of each child when dressing and undressing.

**Safe resting practices for babies (birth to 24 months)**

Educators, staff and volunteers will:

* place babies on their back to rest (unless a medical practitioner has authorised an alternative resting practice due to a medical condition).
* allow older babies to find their own sleeping position if they move after being placed on their back to rest.
* ensure a baby’s face is never covered with bed linen while they are sleeping.
* place babies so their feet are close to the bottom end of the cot and they cannot wriggle under the bed linen.
* ensure quilts and doonas are not used as bed linen, and that pillows, lamb’s wool and cot bumpers are not used.
* use light bedding as the preferred option, and tuck all bedding in to prevent a baby from pulling it over their head. Sleeping bags with a fitted neck and arm holes (and no hood) may also be used instead of bed linen.
* play calm, relaxing music.
* provide dummies if required but they will not be attached to chains.

**Safe resting practices for toddlers (18months – 3 years).**

Educators, staff and volunteers will:

* place toddlers on their back to rest (unless a medical practitioner has authorised an alternative resting practice due to a medical condition).
* allow toddlers to find their own sleeping position if they move after being placed on their back to rest.
* ensure a toddler’s face is never covered with bed linen while they are sleeping.
* if using a cot, place toddlers so their feet are close to the bottom end of the cot and they cannot wriggle under the bed linen.
* ensure quilts and doonas are not used as bed linen, and that pillows, lamb’s wool and cot bumpers are not used.
* use light bedding as the preferred option, and tuck all bedding in to prevent a baby from pulling it over their head. Sleeping bags with a fitted neck and arm holes (and no hood) may also be used in cots or on mattresses/beds instead of bed linen.
* offer quiet experiences to those toddlers who do not fall asleep.
* play calm, relaxing music.

**Safe resting practices for preschool children (3-5yrs)**

Educators, staff and volunteers will:

* place preschool children on their back to rest (or ask them to lay on their back to rest).
* allow preschool children to find their own sleeping position if they move while sleeping or after lying on their back initially.
* ensure a preschool child’s face is never covered with bed linen while they are sleeping.
* use light bedding as the preferred option
* offer quiet experiences to those preschool children who do not fall asleep.
* play calm, relaxing music.

**Cots**All cots must meet Australian Standards AS/NZS 2172:2010 or AS/NZS 2195:2010 (folding cots).

* Cot mattresses should be in good condition, clean, firm, flat and must fit the cot base with no more than a 20mm gap between the mattress and the sides of the cot.
* The distance between slats must be at least 50 mm.
* For cots in the lowest base position the distance between the top of the mattress base and the top edge of the lowest cot side or end must be a minimum of:
  + - 600 mm when the access is closed
* 250 mm when the access is open.
* For cots in the upper base position the distance between the top of the mattress base and the top edge of the lowest cot side or end must be a minimum of:
* 400 mm when the access is closed
* 250 mm when the access is open.

Refer [www.productsafety.gov.au](http://www.productsafety.gov.au) for more information.

**Prams and strollers will not be used for children to sleep or rest in.**

**Hygiene practices**

The Nominated Supervisor will ensure:

* cots and mattress protective covers are cleaned when sheets are removed from mattress or if visibly soiled. If a child soils a cot or mattress educators, staff and volunteers will:
  + wash hands and put on gloves
  + clean the child
  + remove gloves
  + dress the child, wash the child’s hands and their hands
  + put on gloves
  + clean the cot
    - remove the bulk of the soiling or spill with absorbent paper towels
    - place the soiled linen in the laundry

remove any visible soiling of the cot or mattress by cleaning thoroughly with detergent and water

* remove gloves and wash hands
* provide clean linen for the cot. cleaning schedules are displayed in rooms. (Refer to the Physical Environment Policy for cleaning schedules.)
* remove any visible soiling of the cot or mattress by cleaning thoroughly with detergent and water
* each child has their own bed linen and it is washed every week following their last day at the service.

**Children’s Clothing**

Educators, staff and volunteers will discuss with parents the need for children to be dressed in clothes that:

* are suitable for the weather i.e. loose and cool in summer to prevent overheating and warm enough for cold weather including outdoor play in winter.
* protect them from the sun during outdoor play (refer Sun Protection Policy).
* allow children to explore and play freely.
* do not restrict children’s comfort or compromise their safety when sleeping and resting. e.g. Clothes with hoods or cords are not suitable for babies or toddlers to sleep in.
* allow easy access for toileting i.e. elasticised trousers, track pants – rather than buttons, zips, belts etc.
* can get dirty when children play and engage in Service activities. Children should not come dressed in their best clothes.
* include appropriate footwear so children can play comfortably and safely. i.e. thongs, clogs or backless shoes have a trip factor and do not allow children to use equipment safely.
* are clearly labelled with the child's name.

Educators, staff and volunteers will:

* ensure children are protected from the sun during outdoor activities in accordance with the Sun Protection Policy.
* monitor children to ensure they are appropriately dressed for all weather, play experiences, rest and sleep routines.
* provide clean and appropriate spare clothing to children if needed.
* encourage children to use aprons for messy play and art experiences to protect their clothing.

Sources  
**Education and Care Services National Regulations 2011  
Early Years Learning Framework  
Occupational Health & Safety Act 2004  
Standards Australia: AS/NZS 2172:2010, Cots for household use—Safety requirements   
Standards Australia AS/NZS 2195:2010, Folding cots—Safety requirements  
sidsandkids** [**www.sidsandkids.org**](http://www.sidsandkids.org)

**sidsandkids brochures: Making Up Baby’s Cot, Safe Sleeping, Infant Safe Sleeping Child Care Kit, Cot to Bed Safety, Safe Wrapping**

**sidsandkids information sheets: Bedding Amount Recommended for Safe Sleep, Pillow Use, Room Temperature, Sleeping Position for Babies with Gastro-Oesophageal Reflex, Soft Toys in the Cot, Wrapping Babies**

**sidsandkids: Sudden Unexpected Death in Infancy Frequently Asked Questions**

**NHMRC: Staying Healthy Preventing infectious diseases in early childhood education and care services**

**Review**The policy will be reviewed annually by:

* Management
* Employees
* Families
* Interested Parties

Staff and Social Media Policy

**NQS**

|  |  |  |
| --- | --- | --- |
| QA2 | 2.2 | Each child is protected. |
| QA4 | 4.2.1 | Management, Educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other’s strengths and skills. |
| QA7 | 7.1.1  7.1.2 | A statement of philosophy guides all aspects of the service’s operations.  Systems are in place to manage risk and enable the effective management and operation of a quality service. |

**National Regulations**

|  |  |  |
| --- | --- | --- |
| Regs | 181 | Confidentiality of records Kept by approved provider |
| 183 | Storage of records and other documents |

**Who is affected by this policy?**

Parents, Educators, Managers, Children and stakeholders.

**Related policies**

Educator and management policy, Privacy and confidentiality policy and child protection policy.

**Rationale**

The use of social media such as Facebook, My Space, LinkedIn, YouTube, Twitter, Weblogs, Flickr and Instant Messaging (including SMS) has increased significantly in recent years.

Approved Providers generally accept that staff will use social media in their personal lives to keep in touch with friends, share ideas and engage in online discussions. However, they also recognise the potential for damage that the misuse of social media can cause to their business, staff members, children and families. Such damage can be occasioned when the comments are untoward and the staff members can be identified within the service.

All staff need to be aware that they are personally responsible for the content they publish in a personal capacity on any social media platform. They also need to accept that any comments they post are usually available to a far wider audience than intended, and may be permanent.

**Aim**

Josie’s bright beginnings aims to ensure that the centre, children, staff and families are protected from being compromised in any form of social media. This policy provides guidelines for the publication of, and commentary on, social media by staff and others who can be identified as being connected with the centre.

**Implementation**

*When participating in social media, staff should:*

- Be respectful to and about others at all times;

- Assume that the comments that they post may be available to persons other than those for whom the communication was intended;

- Be certain not to disclose other people’s personal information or publish images of others without permission. Recognise that a person may be readily identifiable even when not named; and

- Re-read and reconsider what is being said before posting it.

***When participating in social media, staff must not:***

- Imply they are authorised to speak for the centre nor for the Approved Provider unless they have permission or instruction to do so;

- Use the centres email or any logos or branding pertaining to the centre when conducting personal business or expressing personal views:

- Use the identity or likeness of another employee, customer, supplier or business partner, etc;

- Publish or report on conversations or information that is deemed confidential or classified or deals with matters that are internal in nature;

- Use or disclose any information (including photographs or videos) relating to children and families, other staff or anyone connected with the centre, obtained through their employment at the centre;

- Make any comment or post any material that might otherwise cause damage to a staff member’s reputation or bring the centre into disrepute. This includes any comments that are defamatory, harassing, bullying, discriminatory, insulting, obscene or in any other way harmful.

-Add, accept or follow any family members attending Josie’s bright beginnings on social media. This does not apply if you were connected on social media before employment or attending Josie’s bright beginnings.

***Identifying inappropriate use:***

- Staff who notice inappropriate or unlawful content online in any way relating to the centre, or content that may be in breach of this policy, should inform the Nominated Supervisor immediately.

***Harassment, bullying and discrimination***

- Abusive, harassing, threatening or defaming postings which are in breach of any of the centre’s policies may result in disciplinary action being taken, even if such comments are made using private social media networks outside of working hours. All staff and others connected with the centre are expected to treat each other with respect and dignity, and ensure their behaviour both online and while at the centre does not constitute unlawful discrimination, bullying or harassment in any form.

***Access to social media at the centre***

- The centres computers and other communication devices are for work purposes only, and not for conducting personal business or for participating on social media websites during working hours or otherwise;

- Staff are not to use their personal mobiles, computers or other electronic devices to access social media in any form during rostered work hours except during lunch breaks;

***Photographs and camera use***

- Staff are not to use their personal cameras, mobile phones or other electronic devices to take photographs while at the centre or on excursion unless prior permission is given by the Nominated Supervisor. This may be in relation to a specific experience, research with children, shortage of room cameras, etc. The requirements of this policy are to be met at all times with regard to this usage.

- If prior permission is given for staff to use their personal devices for photographs, these must be downloaded and deleted from that device as soon as possible.

- No photographs taken at the centre by staff can be used on social media without permission and consultation with the Nominated Supervisor

- No photographs are allowed to be taken by parents, visitors or contractors when onsite unless a specific photograph area is setup to ensure a parent or guardian can only take photos of their own children.

- Photographs stored on staff USB drives can only be used for the purpose of authorised centre documentation. At the end of each year, all photos should be backed up onto the shared drive at the centre and permanently deleted from the staff member’s USB. Staff are reminded to use this back-up process on a weekly basis to ensure the photographs they have taken are not lost as a result of USB failure or loss

- During excursions staff must ensure no photographs are taken of the children by persons unknown to the group and centre.

***Breach of policy***

- Any staff member whose actions are deemed to be in breach of this policy could face disciplinary action.

- Where necessary, disciplinary action will be determined by the Approved Provider according to the circumstances of the case. Counselling, mediation, retraining and the issue of written warnings may be considered by the Approved Provider as possible remedies. In severe circumstances, failure to act in accordance to this policy could result in termination of employment.

**POLICY AVAILABILITY**

The Staff and Social Media Policy will be readily accessible to all staff, families and visitors, and ongoing feedback on this policy will be invited.

**Review**

This policy will be reviewed annually. Review will be conducted by:

* Management,
* Employees,
* Family members,
* Interested parties.

Updated information will be incorporated as needed from sources which may include regulatory or peak bodies.

Staffing Arrangements Policy

**NQS**

|  |  |  |
| --- | --- | --- |
| QA4 | 4.2.2 | Professional standards guide practice, interactions and relationships. |
| QA7 | 7.1 | Governance supports the operation of a quality service. |

**National Regulations**

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

|  |  |  |
| --- | --- | --- |
| Reg | 122 | Educators must be working directly with children to be included in ratios |
| 123 | Educator to child ratios—centre-based services |
| 126 | centre-based services—general educator qualifications |
| 129 | Requirements for educators who are early childhood teachers |
| 130 | Requirement for early childhood teacher—centre-based services—fewer than 25 approved places |
| 131 | Requirement for early childhood teacher—centre-based services—25 or more approved places but fewer than 25 children |
| 132 | Requirement for early childhood teacher— centre-based services—25 to 59 children |
| 133 | Requirement for early childhood teacher—centre-based services—60 to 80 children |
| 134 | Requirement for early childhood teacher—centre-based services—more than 80 children |
| 135 | Early childhood teacher illness or absence |
| 136 | First aid qualifications |
| 150 | Staff record must include name of responsible person at service each time children being educated and cared for by the service. |
| 173(2)(c) | Offence not to clearly display name of responsible person in the main entrance |
| 240 | Qualifications for educators—centre-based service applies until 31.12.15  **Applies to reg 126** |
| 241  242 | Persons taken to hold an approved early childhood teaching qualification  Persons taken to be early childhood teachers applies from 1.1.14 to 1.1.16  **Applies to regs 130-134** |
| 243 | Persons taken to hold an approved diploma level education and care qualification |
| 244 | Persons taken to hold an approved certificate III level education and care Qualification |
| 245 | Person taken to hold approved first aid qualification.  Applies until 31.12.12 or qualification expires. |
| 246 | Anaphylaxis training |
| 247 | Asthma management training |
| 355 | Educator to child ratio—children over preschool age  **Applies to reg 123(1)(d)** |
| 356 | Qualifications for educators—children over preschool age  **Applies to reg 126(2)** |
| 357 | Educator to child ratio—children aged over 24 months but less than 36 months  **Applies to reg 123(1)(b)** |
| 358 | Working with children check to be read |
| 360 | Educator to child ratios—children aged 36 months to preschool age  **Applies to reg 123(1)(C) until 31.12.15** |
| 361 | General qualifications—centre-based service  **Applies to reg 126(1) until 31.12.15** |
| 362 | Early childhood teacher in attendance—fewer than 60 children  **Regs 130-132 do not apply until 1.1.14.** |
| 363 | Early childhood teacher in attendance—60 or more children  **Reg 133(1)(a) and (b)does not apply until 1.1.14**  **Reg 134(1)(a) and (b) does not apply until 1.1.20** |
| 364 | Educational qualifications—centre-based services— saving of existing experience and qualification  **Applies to reg 126(1)(b)** |

**Aim**

To ensure that our education and care service is at all times compliant in relation to staff/child ratios and qualified educators.

**Related Policies**Excursion Policy

Educator and Management Policy

Privacy and Confidentiality Policy

Physical Environment Policy

**Who is affected by this policy?**ChildrenFamiliesEducators  
Management

**Implementation**

Josie’s Bright Beginnings will maintain compliance to the following:

* Our service will nominate a qualified and experienced educator, co-ordinator or other individual as the service’s Educational Leader. This person is responsible to lead the development and implementation of the service’s educational programs.
* Our service will ensure that any educator that is under eighteen years of age does not work alone at the service and is supervised at all times by an educator who is over eighteen.
* We will only include educators in the educators to child ratio who are working directly with the children.

Josie’s Bright Beginnings will maintain compliance to the following in relation to the everyday practicalities of service’s operations:

* Educators rostering and routines will at all times make sure enough educators are available for the adequate supervision of children.
* Supervising educators give their attention to the children and not to any other duties.
* At no time will unqualified students or volunteers be included in the ratio of adults supervising children.
* A nominated supervisor or responsible person will be on the premises at all times when children are being educated or cared for.
* Students and volunteers will never be left alone with a child or a group of children.
* In any situation where adequate supervision of children is threatened, any educators on a meal-break must be prepared to return to duty to supply adequate supervision.
* The Approved Provider or Nominated Supervisor will ensure that regulations in relation to the supervision of children are adhered to.
* Educators supervising outdoors, should position themselves to see as much of the play area as possible.
* Any water activity should be closely supervised by one educator at all times.
* Except for necessary discussions or concerns regarding children or matters relating to the centre, educators will not congregate together outside.
* When children are resting or sleeping, they will be supervised.
* During hand washing and/or toilet times children will be supervised in the bathroom area.
* Toddlers and children undergoing toilet training will not be left unsupervised in the bathroom.
* No child is to be left unattended at the table when eating.
* Rosters will be designed and implemented to ensure that children receive continuity of care.
* Our service will, when possible and to the best of our ability, make use of a regular pool of casual staff.

**Supervision of Services – Responsible Person**

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

* an approved provider
* a nominated supervisor
* a competent person who is in charge of the daily running of the service. This person must be:
  + 18 years or older
  + Have adequate knowledge of education and care provisions and the ability to supervise and manage the service
  + Have given consent in writing
  + Have completed child protection training

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

If the responsible person needs to change (for example the current person needs to leave the Service), he or she will “hand over” responsibility for the role to another eligible person at the Service. Both the old and new responsible person will communicate directly, sign the responsible persons booklet and ensure the name of the responsible person displayed at the Service correctly reflects who currently holds the position.

Current responsible person to place their mobile phone in the reception desk drawer or another easily accessible location in case of emergency.

**Educator to Child Ratios**

Our educator to child ratios will always meet the minimum requirements as stated below. Note the numbers of children referred to in this section does not include children being cared for in an emergency for no more than two consecutive days the service operates.

* For children aged from birth to less than 36 months, 1 educator to 4 children.
* For preschool aged children 36 months and over 1 educator to 11 children.
* If children being educated and cared for at the service are of mixed ages the minimum number of educators for the children must meet the requirements above at all times.
* When an early childhood teacher (ECT) is required to be in attendance at the service as per the licensed places of our service, that teacher is counted as an educator at the service for the purposes of this regulation.
* If the service is required to have access to an ECT for a period of time as per the licensed places, the ECT must be added to the minimum number of educators required for that service for that period.
* At all times we will consider the needs of the children and provide adequate supervision.

**Educator Qualifications**

We will ensure that we follow the following qualification requirements for educators at a centre-based service educating and caring for children preschool age or under at all times:

* At least 50% of the educators who are required to meet the relevant educator to child ratios for the service must have or be actively working towards at least an approved diploma level education and care qualification.
* All other educators required to meet the relevant educator to child ratios for the service must have or be actively working towards at least an approved certificate III level education and care qualification.

**Approved Diploma Qualification**

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

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

**Approved Certificate III Qualification**

A person is taken to hold an approved Certificate III level education and care qualification if immediately before 1 January 2012:

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

**Actively Working Towards**

In some circumstances, a person who is 'actively working towards' an [approved certificate III](http://www.acecqa.gov.au/Certificate-III-level-education-and-care-qualifications), [diploma](http://www.acecqa.gov.au/Diploma-level-education-and-care-qualifications) or [early childhood teaching (ECT) qualification](http://www.acecqa.gov.au/Early-childhood-teaching-qualifications) can be counted towards qualification requirements.

A person who meets requirements 1 to 4 below may be counted as a certificate III qualified educator. They must also give the approved provider documentary evidence from their course provider that they meet requirements 2 to 4.

A person who meets all five requirements below may be counted as a diploma qualified educator. They must give the approved provider documentary evidence from their course provider that they meet requirements 2 to 5.

The requirements for actively working towards an approved qualification are:

1. being enrolled in a course for the qualification
2. having commenced the course
3. making satisfactory progress towards completion
4. meeting the requirements to maintain enrolment
5. holding an approved certificate III qualification OR having completed the [approved certificate III units](http://files.acecqa.gov.au/files/Quals/20131217-ACECQA-actively-working-towards-units.pdf) OR having completed 30% of the units in an approved ECT qualification.

For centre-based services educating and caring for children preschool age or under, actively working towards provisions apply under National Regulation 126(1).

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

Note the numbers of children referred to in this section does not include children being cared for in an emergency for no more than two consecutive days the service operates.

* For services licensed for **60 or more children but not more than 80 children** on any given day:
  + The service must have an ECT in attendance for at least 6 hours on that day if the service operates for 50 or more hours a week or

In the event of an ECT being sick or absent the service will meet the following requirements if the ECT is absent for periods under twelve weeks:

* A person with an approved Diploma level education and care service qualification may be taken as an ECT.
* A person who holds a qualification in primary teaching may be considered an ECT.

If the period is over 12 weeks, the service will engage another ECT.

**Approved ECT qualifications:**

* an approved qualification that is published on <http://www.acecqa.gov.au/qualifications/>
* The educator holds a qualification that is published in the list of former qualifications on <http://www.acecqa.gov.au/qualifications/>. The educator was recognised as an ECT under the former law of any participating jurisdiction, or for the purposes of a preschool funding program.
* The educator was registered as an ECT in accordance with the requirements of another jurisdiction. This does not apply if the educator was working towards an ECT qualification.
* If immediately before 1 January 2012, the educator was recognised as an ECT because they were enrolled in a course for a qualification that is published on <http://www.acecqa.gov.au/qualifications/> in the list of former qualifications approved as early childhood teacher qualifications, the educator is taken to hold an approved ECT qualification when they complete the course.
* If immediately before 1 January 2012, the recognition, registration, accreditation or qualification as an ECT as written above was subject to any restrictions imposed by or under an education law of a participating jurisdiction, the person is taken to be an ECT with the same restrictions.
* The educator was registered as a teacher under the Teachers Registration and Standards Act 2004 of South Australian and was employed to deliver a preschool program.
* In some cases, educators who were registered as teachers in other States or jurisdictions hold an approved qualification. These are listed in regulation 241 and on the national regulator’s website [www.acecqa.gov.au/qualifications](http://www.acecqa.gov.au/qualifications).
* From 1 January 2014 to 1 January 2016, an educator who has completed at least 50% of a relevant qualification that would enable them to be qualified as an ECT and is actively working towards the completion of the qualification or holds an approved diploma level education and care qualification can be counted as an ECT.

**Other Educators Qualifications:**

**First Aid Qualifications**

* The approved provider must ensure that at all times on the premises we have an educator that:
  + holds a current approved first aid qualification
  + has undertaken current approved anaphylaxis management training and
  + has undertaken current approved emergency asthma management training.
* An educator is taken to hold an approved first aid qualification or training if:
  + the educator holds an approved qualification or training as published on <http://www.acecqa.gov.au/qualifications/> or

**Working With Children Check**

* + All employees are required to apply for their working with children check before starting work at Josie’s Bright Beginnings. Proof of application is required to be obtained from the individual if they do not already have their working with children’s check card. Once the card is obtained a photocopy is required to be made of it and kept in the records of that employee.

**Centre Code of Conduct**

* The centre is to embrace and encourage the centre educators to follow and implement the staff code of conduct. Code of conduct is referenced in the staff handbook and is provided to all staff members on commencement.
* Educators are to respect and use the “Convention of Children’s Rights” as a basis for their interactions with children.
* The Code of Ethics has been developed to inform and guide the decisions and behaviour of all personnel involved directly or indirectly with the provision of Early Childhood Services.
* The positions that Early Childhood personnel are in; is a role of a special trust, one that is powerful, important and easily violated. The vulnerability of young children and the multi-faced dimensions of the role of the Early Childhood personnel serves, high lights the importance of a Code of Ethics.
* The Code of Ethics provides educators with a basis for critical reflection, a guide to professional behaviour and assistance with the resolution of ethical dilemmas.
* Adherence to the Code of Ethics involves a commitment to:
  + Viewing the individual child as having fundamental importance.
  + Acknowledging the uniqueness of each person.
  + Consideration to the needs of the child in the context of their family and culture, as the family has the major influence on the child.
  + Take into account the impact of self-esteem on an individual’s development
  + Base practice on sound knowledge, research and theories, while at the same time recognizing the limitations and uncertainties of these.
  + Work to fulfil the rights of all children and their families to access services of high quality.
* Centre educators are asked to also demonstrate a commitment to the Code of Ethics sub groups which are; Children, Families, Colleagues, Community and self as a Professional.

**Educator techniques**

* Educators are to read, understand and acknowledge the Code of Ethics at the time of induction and on an annual basis.
* Educators are to display a commitment to work within the Code of Ethics guidelines as an active individual to the Early Childhood professional community.
* Educators are to implement the strategies within the Code of Ethics both during work and non-working hours as a professional team member.
* Educators are encouraged to use the Code of Ethics as a basis to develop their own professional behaviour and attitudes.
* Educators use appropriate language in front of the children, families, students, visitors and other educators at all times.
* It is expected that educators are dressed daily in the centre uniform. Inappropriate dress or appearance may result in the educators being asked to return home to dress appropriately.
* Educators are to ensure that their work uniform is clean and pressed before commencing the daily shift at the centre.
* Educators are to be mindful of their actions when in public wearing work uniform as they are representing the centre.
* Educators are to be mindful of punctuality when arriving at the centre for the start of their shift.
* Educators are expected to show commitment towards their role at the centre through attending meetings and training, completing paperwork and achieving all required tasks on time.
* Educators must be aware of their own personal hygiene, ensuring they have clean bodies, hands, hair and fingernails before arrival at work.
* Educators are to maintain confidentiality in regards to children, families, educators and the centre through all interactions and conversations with educators, families, children and visitors in and out of the centre.

Educators are expected to show respect towards their colleagues through all interactions by demonstrating open, respectful, appropriate and meaningful communication

**Sources**

**Education and Care Services National Regulations 2011  
National Quality Standard  
Children’s Services Regulations 2009**

**Department of Justice Vic**

**Working With Children Act 2005**

**Working With Children Regulations 2006**

**Review**The policy will be reviewed annually.

Review will be conducted by:

* Management
* Employees
* Families
* Interested Parties

Sun Protection

**NQS**

|  |  |  |
| --- | --- | --- |
| QA2 | 2.2.1 | At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard. |

|  |  |  |
| --- | --- | --- |
| QA3 | 3.1.1 | Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child. |
| 3.1.2 | Premises, furniture and equipment are safe, clean and well maintained. |
| 3.2.1 | Outdoor and indoor spaces are organised and adapted to support every child's participation and to engage every child in quality experiences in both built and natural environments. |
| 3.2.2 | Resources, materials and equipment allow for multiple uses, are sufficient in number, and enable every child to engage in play-based learning. |

|  |  |  |
| --- | --- | --- |
| QA6 | 6.1.1 | Families are supported from enrolment to be involved in the service and contribute to service decisions. |
| 6.1.3 | Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing. |
| 6.1.2 | The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child’s learning and wellbeing. |

**National Regulations**

|  |  |  |
| --- | --- | --- |
| Regs | 82 | Tobacco, drug and alcohol-free environment |
| 99 | Children leaving the education and care service premises |
| 103 | Premises, furniture and equipment to be safe, clean and in good repair |
| 104 | Fencing and security |
| 105 | Furniture, materials and equipment |
| 106 | Laundry and hygiene facilities |
| 107 | Space requirements—indoor |
| 108 | Space requirements—outdoor space |
| 109 | Toilet and hygiene facilities |
| 110 | Ventilation and natural light |
| 111 | Administrative space |
| 112 | Nappy change facilities |
| 113 | Outdoor space—natural environment |
| 114 | Outdoor space—shade |
| 115 | Premises designed to facilitate supervision |
| 156 | Relationships in groups |
| 249 | Declared approved services (other than declared approved family day care services) |
| 251 | Declared out of scope services |

**EYLF**

|  |  |
| --- | --- |
| LO2 | Children develop a sense of belonging to groups and communities and an understanding of the reciprocal rights and responsibilities necessary for active community participation |
| Children become socially responsible and show respect for the environment |

|  |  |
| --- | --- |
| LO4 | Children develop dispositions for learning such as curiosity, cooperation, confidence, creativity,  commitment, enthusiasm, persistence, imagination and reflexivity |
| Children develop a range of skills and processes such as problem solving, enquiry, experimentation,  hypothesising, researching and investigating |
| Children transfer and adapt what they have learned from one context to another |
| Children resource their own learning through connecting with people, place, technologies and natural and processed materials |

**Aim**   
To provide a physical environment that is safe, appealing, constructive, well-maintained and welcoming to all individuals who use it.

**Related Policies** 

Health, Hygiene and Safe Food Policy

Incident, Injury, Trauma and Illness Policy

Relationships with Children Policy

**Implementation** 

The Approved Provider and Nominated Supervisor will provide a stimulating environment that continually engages children and fosters their learning and development while ensuring their safety and that of educators, families and visitors.

1. **Outdoor Activities**

Educators and staff will use a combination of sun protection measures for all outdoor activities from mid-August to the end of April and whenever UV levels reach 3 and above. The sun protection measures include items below numbered 2-11. **UV levels will be monitored by reviewing the local daily sun protection times via the SunSmart widget on the service’s website www.josiesbright beginnings.com, the free SunSmart app or at sunsmart.com.au**

1. **Shade**

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

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

1. **Hats**

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

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

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

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

1. **Clothing**

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

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

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

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

1. **Sunglasses**

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

1. **Sunscreen**

All educators, staff and children will apply SPF30+ or higher broad-spectrum water-resistant sunscreen 20 minutes before going outdoors and reapply every 2 hours. Sunscreen will be stored in a cool, dry place and the use-by-date monitored.  Authorisation to apply sunscreen will be obtained from parents. Children and babies may not be able to play outside if we are not authorised to apply sunscreen.

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

When UV levels reach 3 or above babies will not be exposed to direct UV and they will be kept in the shade at all times. Their skin will always be well protected. They will wear sun safe hats and clothing and small amounts of SPF30+ or higher broad-spectrum water-resistant sunscreen may be applied to their exposed skin. The widespread use of sunscreen on babies under 6 months old is not recommended.

1. **Role Modelling**

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

* wearing a sun safe hat (see Hats)
* wearing sun safe clothing (see Clothing)
* applying SPF30+ or higher broad-spectrum water-resistant sunscreen 20 minutes before going outdoors and reapplying every 2 hours
* using and promoting shade
* wearing sunglasses that meet the Australian Standard 1067.

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

1. **Education and Information**

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

1. **Policy Availability**

The sun protection policy, updates and requirements (including hat, clothing and sunscreen) will be made available to educators and staff, families and visitors in our Parent Handbook and through other Service communications.

1. **Review**

The Nominated Supervisor will monitor and review the effectiveness of our sun protection policy regularly, at least once every 12 months and submit to Cancer Council Victoria every 3 years to maintain our SunSmart Membership.

Unenrolled Children Policy

**Aim**

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

**Related Policies**

Child Protection Policy

Enrolment Policy

Excursion Policy

Family Law and Access Policy

Orientation for Children Policy

Relationships with Children Policy

Staffing Arrangements Policy

**Who is affected by this policy?**

Child

Educators

Families

Management

**Implementation**

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

**Sources**

**Education and Care Services National Regulations  
National Quality Standard**

**Review**

The policy will be reviewed annually.

The review will be conducted by:

* Management
* Employees
* Families
* Interested Partie

Water Safety Policy

**NQS**

|  |  |  |
| --- | --- | --- |
| QA2 | 2.1.2 | Effective illness and injury management and hygiene practices are promoted and implemented. |
| 2.1.3 | Healthy eating and physical activity are promoted and appropriate for each child. |
| 2.2.1 | At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard. |
| QA7 | 7.1.3 | Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service. |

**National Regulations**

|  |  |  |
| --- | --- | --- |
| Regs | 168 (2) A (iii) | Policies in relation to water safety is required |
| 101 (2) B+C | Excursion water activities risk assessment |

**Related Policies**

Health Hygiene and safe food policy

**Aim**

Josie’s Bright Beginnings acknowledges the importance of safe practices around water. Water hazards, pools and spas are a high risk to children’s safety. Supervision of children is paramount to ensure their safety.

To ensure all educators, coordinators and families are informed of the procedure required by Josie’s Bright Beginnings in relation to experiences involving water and excursions where there is a water hazard

**Strategies and Practices**

**The coordinator will:**

Ensure that educators are aware of their responsibilities in regards to the Water Safety Policy

* Ensure parents/guardians are informed of the Water Safety Policy on enrolment
* Ensure that water safety information is provide to educators and families
* Ensure a risk assessment is competed for all JBB planned events and excursions
* Ensure an annual certificate of currency is obtained from each educator that has a pool or spa
* Monitor the implementation, compliance, complaints and incidents in relation to this policy
* Keep the policy up to date with current legislation, research, policy and best practice
* Revise the policy and procedures as part of the service’s policy review cycle, or as required

**Educators will**:

* Remain vigilant in the supervision of children in and around water and be alert to potential risks in everyday practice in the learning environment, including excursions to parks, sanctuaries, the beach, river, pool and ponds etc.
* Never leave children alone near any water. Drowning is the leading cause of death for children in Victoria, with infants and toddlers most at risk.
* Ensure that water hazards and risks associated with water-based activities are considered in a risk assessment prior to conducting excursions.
* Be aware that small bodies of water, including nappy buckets, water containers, pet water bowls and poor drainage which allows water to collect can also present drowning hazards for young children. Children can drown in as little as a few centimetres of water.
* Only fill wading pools, plastic and blow-up pools, water play troughs to a maximum depth of 30cm, otherwise pool fencing is required.
* Empty wading pools, plastic and blow-up pools, water play troughs after each use and store to prevent the collection of water.
* Not allow children with diarrhoea, upset stomach, open sores, or nasal infections to use a pool or wading pool.
* Fit ponds and water features with a child proof cover to prevent child access.
* Keep nappy buckets inaccessible to children and check garden after rain or watering and empty water that has collected in holes or containers.
* Keep bathroom and toilet doors closed or supervise children when using the bathroom.
* Keep an accessible, current and legible cardiopulmonary resuscitation (CPR) guide near water play areas.
* Remove all objects from around water hazard that a child could use to climb over fencing, such as logs, trees, bikes, chairs, bins.
* Maintain educator/child ratios for all water orientated activities that involve paddling /swimming / playing in the water, at a beach, pool, river, pond, spa. Participation is dependent upon parents signing a non-Regular excursion form and a risk assessment is completed.
* Report any incidents to the centre Coordinator.
* Maintain a current approved First Aid qualification.

**References**

* Kid safe Victoria Water Safety Fact Sheet 2011
* RCH Safety Centre Water Safety Fact Sheet 2008
* Royal Lifesaving Society Australia Water Awareness Fact Sheet