

Forever Green Montessori Contents of Policies 2014.

Contents

1. Acceptance and Refusal	Regs	
2. Arrival and departure	Regs	
3. Child Protection	Regs	
4. Code of Conduct	Regs	
5. Animals in the environment	NQS	
6. Cleaning and maintaining the environment	NQS	
7. Complaints and Feedback	Regs	
8. Confidentiality and records	Regs	
9. Dental	NQS	
10. Determining the responsible person	Regs	
11. Emergency and evacuation	Regs	
12. Enrolment and Orientation	Regs	
13. Environmental Sustainability	NQS	
14. Excursions	Regs	
15. Fee Policy	Regs	
16. First Aid	Regs	
17. Family Participation and communication		NQS
18. Hygiene and Infection control	NQS	
19. Incident, Injury, Trauma and Illness	Regs	
20. The indoor and outdoor environment	NQS	
21. Interactions with children	Regs	
22. Infectious Disease	Regs	
23. Medical Conditions	Regs	
24. Nappy Change Policy	NQS	
25. Nutrition/food/beverage/dietary		Regs
26. Privacy and Confidentiality	NQS	
27. Priority of Access	NQS	
28. Safe storage of dangerous goods	NQS	
29. Sun Protection	Regs	
30. Transition to Primary School	NQS	
31. Volunteers and students	Regs	
32. Water Safety		Regs
33. Medical Administration	NQS	
34. Toileting	NQS	
35. Safe sleep and rest times	NQS	
36. Supervision	NQS	
37. Risk management	NQS	
38. Providing a Child Safe Environment Policy	NQS	
39. Governance and Management of the Service Policy	NQS	
40. Health, Hygiene and Safe Food Policy	NQS	

All FEEDBACK is welcome!

Address ALL feedback to fgm@live.com.au

1. Acceptance and Refusal of Authorisation

QUALITY AREA 7: LEADERSHIP AND SERVICE MANAGEMENT

Introduction

Our education and care service requires authorisation for actions such as administration of medications, collection of children, excursions and providing access to personal records. This policy outlines what constitutes a correct authorisation and what does not, and may therefore result in a refusal.

Goals - What are we going to do?

We will ensure that we only act in accordance with correct authorisation as described in the Education and Care Services National Regulations, 2011.

Strategies - How will it be done?

The Nominated Supervisor will:

1. Ensure documentation relating to authorisations contains:
 - a. the name of the child enrolled in the service;
 - b. date;
 - c. signature of the child's parent/guardian, or nominated contact person who is on the enrolment form;
 - d. the original form/letter/register provided by the service.
2. Apply these authorisations to the collection of children, administration of medication, excursion and access to records.
3. Keep these authorisation in the enrolment record.
4. Exercise the right of refusal if written or verbal authorisations do not comply.
5. Waive compliance where a child requires emergency medical treatment for conditions such as anaphylaxis or asthma. The service can administer medication without authorisation in these cases, provided they contact the parent/guardian as soon as practicable after the medication has been administered.

Evaluation

Correct authorisation is obtained, referred to and applied appropriately ensuring reduction in possible risk.

Statutory Legislation & Considerations

Children (Education and Care Services National Law Application) Act 2010

Education and Care Services National Regulations 2011

Sources Child Care Co-operative July 2012

Children (Education and Care Services National Law Application) Act 2010

Education and Care Services National Regulations 2011

Education and Care Services National Regulations 2011: 168

Link to National Quality Standard: 7.3

Community Child Care Co-operative (NSW) 2012 To be reviewed September 2014

2. Arrival and Departure Policy

Introduction

This policy relates to the arrival and departure of children within the education and care setting. It is the responsibility of staff and families to ensure the safe arrival and departure of children at the education and care setting and the completion of statutory documentation. Practical and safe approaches will promote a smooth transition between home and the centre, assure the completion of the required records for the claiming of the Commonwealth Child Care Benefit in long day care services and confirms children's presence or absence from the service. This ensures a child's arrival and departure at the service continues their safe care and custody.

Goals - What are we going to do?

The education and care setting will:

Ensure the safe and documented arrival and departure of children at the education and care setting;

Support children in settling into the service each day and experience quality education and care through continuity of educators, positive interactions within the community of the service.

Strategies - How will it be done?

1. A record of attendance, kept at the centre, includes full name of each child attending, arrival and departure times, and signature of the person who delivers and collects the child or the nominated supervisor or educator.

Responsibility of: **Approved provider or delegated authority.**

2. A child will leave the centre only with a parent, authorised nominee, an authorised delegate as a part of an excursion or because the child requires medical care. (This does not include a parent who is prohibited by a court order from having contact.)

Responsibility of: **Approved provider or delegated authority.**

In addition to these records the responsible person will:

1. Review the **Sign In and Out Sheet**. Where parents or authorised persons have not signed in a staff member will note that the child is in attendance. Families will be reminded to complete this record.
2. Ensure that two staff members verify all children have been signed out of the centre. If a child is not signed out educators/ staff members will check all areas of the centre to ensure no child remains. This will be confirmed via the **Statement on the Sign In/Out Sheet**.
3. Request a 'signed alternative pick-up note in our family communication book" from the family

prior to allowing anyone other than those listed on the enrolment form to collect a child from the service.

4. Allow a child to leave the centre only with an authorised person who appears able to appropriately care for the child. Educators and staff will always act in the interest of safety for the child, themselves and other children in the care and education service.

It is at the educators' discretion to determine if they believe an authorised person is unable to appropriately care for the child based on the individual case and circumstances

Families/family member or delegated authority will:

1. Sign each child in and out of the service upon arrival and at the time of departure, on Record of Attendance with a full signature.
2. Remain responsible for their child whilst they are on the education and care premises.

Arrival and departure - the experience for the child and family

The responsible person will:

1. On orientation and on the first day of enrolment, remind families that all children need to be signed in and out as a part of regulatory and funding obligations. Families will also be informed that sign on sheets will be used for emergency evacuations and need to be completed by families both on arrival and on departure from the service.
2. Develop rosters to provide for continuity of care for the families and children throughout the day.

Evaluation

Arrival and departure times encourage families to interact, build relationships, open communication networks and ensure the safety of children when being delivered and collected from the service.

Statutory Legislation & Considerations

Children (Education and Care Services National Law Application) Act 2010

Education and Care Services National Regulations 2011

Child Care Benefit (Eligibility of Child Care Services for Approval and Continued Approval)

Determination 2000

Family Assistance Law

Sources

Department of Education, Employment and Workplace Relations - www.deewr.gov.au

Child Care Co-operative July 2012. To be reviewed September 2014

3. Child Protection Policy

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY

Goals - What are we going to do?

Our goal is to ensure that every reasonable precaution is taken to protect children being educated and cared for by the service from harm. Our service (educators, staff, management and volunteers) has a responsibility to defend children's right to care and protection to ensure their safety, welfare and wellbeing, and a responsibility to report any children at significant risk of harm.

Definitions

'At risk of significant harm' - in relation to a child or young person means that there are current concerns for their safety, welfare or wellbeing because of the presence to a **significant extent** of any one or more of the following circumstances:

The child's or young person's basic physical or psychological needs are not being met or at risk of not being met;

The parents or other caregivers have not arranged and are unable or unwilling to arrange for the child or young person to receive medical care;

In the case of a child or young person who is required to attend school in accordance with the Education Act 1990 — the parents or other caregivers have not arranged and are unable or unwilling to arrange for the child or young person to receive an education in accordance with that Act;

The child or young person has been, or is at risk of being, physically or sexually abused or illtreated;

The child or young person is living in a household where there have been incidents of domestic violence and, as a consequence, the child or young person is at risk of serious physical or psychological harm;

A parent or other caregiver has behaved in such a way towards the child or young person that the child or young person has suffered or is at risk of suffering serious psychological harm; or risk of serious physical harm.

Introduction

Our service is committed to providing an environment that fosters health, development, spirituality, self-respect and dignity, that is free from violence and exploitation. Under the Children and Young Persons (Care and Protection) Act 1998, children and young people must receive the care and protection necessary to ensure their safety, welfare and wellbeing. All educators and volunteers of our service are Mandatory Reporters and are required to report to the Child Protection Helpline (**Phone: 133 627**) if they have reasonable grounds to suspect a child or young person is at risk of significant harm and have current concerns about the safety, welfare or wellbeing of a child or young person where the concerns arise during or from their work. We are committed to ensuring all educators and staff have a full understanding of their responsibilities as a Mandatory Reporter and are supported in fulfilling these.

¹ Any such circumstances may relate to a single act or omission or to a series of acts or omissions.

Strategies - How will it be done?

The Approved Provider/Nominated Supervisor will:

Ensure that any adult working directly with children signs a Prohibited Employment Declaration Form and a Consent to a Working with Children Check, and ensure their clearance, prior to employment;

Ensure every adult working with children is made aware of The Children and Young Persons (Care and Protection) Act 1998 and Keep Them Safe: A shared approach to child wellbeing and of their obligations under this law and action plan (Education and Care Services National Regulation, Regulation 84, National Quality Standards QA 2);

Orientate every working adult to this child protection policy, Keep Them Safe protocols and Mandatory Reporter responsibilities and ensuring their regular review of these;

Educators and staff will:

Develop trusting and secure relationships with all children at the service;

Make reports of current concerns for any child at risk of significant harm to the Child Protection Helpline for Mandatory Reporters; and

Make appropriate responses to all disclosures of abuse and any allegation of abuse against staff members of the service.

Documentation of current concerns

The Approved Provider/Nominated Supervisor will:

Support staff through the process of documenting and reporting current concerns of children at risk of significant harm; and

Provide all staff and educators with clear guidelines around documentation and a template to support this.

Child Protection Helpline Number:

133 627

Educators and staff will:

Make a record of the indicators observed that have led to the belief that there is a current risk of harm to a child or young person. Information on indicators of risk of harm are outlined in the NSW Mandatory Reporters Guide which is accessible at

www.keepthemsafe.nsw.gov.au/reporting_concerns/mandatory_reporter_guide;

Discuss any concerns with the Nominated Supervisor of the service.

Advise the Nominated Supervisor of their intention to make a report to the

Child Protection Helpline (133 627):

Advise the Nominated Supervisor when a report has been made to the Child Protection Helpline.

The Approved Provider/Nominated Supervisor will:

Provide all staff and educators working directly with children with a copy of this Child Protection Policy and a copy of the Mandatory Reporters Guide to assist them in their reporting;

Provide all staff and educators working directly with children with access to the Child Wellbeing and Child Protection NSW Interagency Guidelines; and

Display the **Child Protection Helpline number (133 627)** on all phone and lists of emergency contact number in the interests of timely reporting.

Educators and Staff will:

1. In an emergency, where there are urgent concerns for a child's health or life, it is important to contact the police, using the emergency line '000';

2. Using the Mandatory Reporter Guide, answer the questions relating to concerns about a child or young person. At the end

of the process, a decision report will guide as to what action to take. The Nominated Supervisor is

available if staff require assistance to use this online tool;

3. If the Mandatory Reporter Guide determines that there are grounds to suspect a risk of significant harm to a child or young person, the staff member or educator will phone the **Family and Community Services Helpline on 133 627**. Reports can also be made using the Reporting Fax form, available from Family and Community Services website;

4. Mandatory reporters should note that the legislation requires that they continue to respond to the needs of the child or young person (within the terms of their work role) even after a report to the **Child Protection Helpline** has been made;

Family and Community Services Helpline: 133 6275.

5. If the Mandatory Reporter Guide determines that an educator or staff member's concerns do not meet the risk of significant harm threshold they do not need to make a report to the **Family and Community Services Helpline**, however, they should discuss the matter with the Nominated Supervisor to determine whether the child or family would benefit from the assistance of another agency;

6. The staff member or educator should monitor the situation and if they believe there is additional information that could be taken into account, please repeat steps **I to 5** as required.

A Support Line for Mandatory Reporters is available 8am to 5pm Monday to Friday on 1800 772 479.

Disclosures of abuse

Educators and staff will:

React calmly to child making the disclosure;

Listen attentively and later write down the child's **exact words**;

Provide comfort and care to the child.

Follow the steps for reporting as per the Mandatory Reporters Guide.

Reassure the child or young person that:

It is not their fault;

It was right to tell;

It is not OK for adults to harm children - no matter what;

Explain what will happen now - that it is part of your job to tell people who can help the child or young person.

Educators and staff will not:

Prompt the child for further details or ask leading questions which would make the child feel uncomfortable or has the potential to jeopardise any future legal proceedings that may arise as a result of any investigation.

It is important to understand that our role is solely to support the wellbeing of the child at all times, not to investigate further any disclosure made by the child.

Support Line for Mandatory Reporters

1800 772 479

Allegations of abuse against staff, educators, volunteers or students

The Approved Provider/Nominated Supervisor will:

Develop and maintain a system of appropriate record keeping for all allegations to ensure detailed documentation is made and stored as required; Take all allegations of abuse seriously and clarify what is being alleged with the person who is making the allegation;

Assess whether or not a child or young person is 'at risk of significant harm' and, if so, make a report to the **Child Protection Helpline**;

Determine whether or not the allegation is a reportable allegation, a reportable conviction, or reportable conduct. For determination, reference will be made to:

www.ombo.nsw.gov.au/publication/PDF/guidelines/Child%20Protection%20in%20the%20workplace.pdf;

Report reportable allegations and reportable convictions to the Ombudsman within **30 days of receipt**;

Consider whether or not the police need to be informed of the allegation and if so, make a report;

If a report is made to the police, complete a **SI01 Notification Of Serious Incident Form** and submit to Department of Education and Communities within 24 hours of the incident;

If a report has not been made to the police, complete a **NLO1 Notification of Complaints and Incidents (other than serious incidents) Form** and submit to the Department of Education and Communities within **7 days of the incident**;

Ensure confidentiality is maintained at all times and that systems are in place to deal with any breaches of confidentiality;

Undertake a risk management approach following an allegation to ensure the protection and safety of

children, staff and visitors to the service. Based on this risk assessment, decisions will be made in order to manage the risks that have been identified;

Develop an investigation plan of the matter. Obtain relevant information from a range of sources. This may include a statement from the person who made the allegation; statements from witnesses and a statement from the person against whom the allegation has been made and any other relevant documentation;

»»If the allegation is being investigated by Family and Community Services or the Police, the service will be guided by their advice as to whether they should independently investigate the allegation;

"Ensure confidentiality is maintained at all times and that systems are in place to deal with any breaches of confidentiality"»»If the investigation is carried out by the service, the information that has been gathered will be assessed and a finding made as to whether the allegation is false, vexatious, misconceived, not reportable conduct, not sustained or sustained. The reasons for the finding will be clearly recorded to ensure that the decision-making has been transparent;

The educator, volunteer or student will be advised of the outcome of the investigation in writing. Advice will be provided about the investigation finding and any follow up action that may be required. Advice will also be provided about any rights of appeal and the person will be advised that the NSW Ombudsman has been notified and the Commission of Children and Young Persons also notified of the relevant employment proceeding (if relevant);

Part B of the Ombudsman Notification form will be completed and sent to the Child Protection Division, NSW Ombudsman with all supporting documentation gathered during the investigation; Family and Community Services will also be informed of the outcome of the investigation.

Informing the Educator, Volunteer/Student

The Approved Provider/Nominated Supervisor will:

Treat the staff member/educator/volunteer/student with fairness at all times and uphold their employee rights at all times;

Depending on the nature of the allegation, arrange to inform the person immediately (though be guided by the advice of FaCS or the police);

Arrange for the person against whom an allegation has been made, to have a support person attend the meeting. This support person must not participate in the discussions throughout the meeting;

Make accurate documentation of all conversations, and ensure all records are kept confidentially;

Offer counselling or support to the person subject to the allegation;

Depending on the nature of the allegation made, the person subject to the allegation may be suspended pending further investigation;

After all investigations are completed, provide the educator/carers/volunteer with verbal and written notification of the outcome of the investigation.

Statutory Legislation & Considerations

New Children and Young Persons (Care and Protection) Act 2013

Commission for Children and Young People Act 1998

Ombudsman Act 1974

Education and Care Services National Law Act 2010

Rights of all parties

The decision making process throughout the investigation will be based on the safety and well being of the child/ren and the staff/carers/carers' household members;

Consideration will be taken in relation to actual or potential 'conflicts of interest' that may be held by the investigator

All reportable allegations will be notified to the Ombudsman. The person, against whom the allegation has been made, will be notified of this and will also be notified of the investigation find and follow up action, including the notification to the Commission of Children and Young Persons, if relevant;

The person, against whom the allegation has been made, will be notified of any appeal mechanisms if they are not satisfied with the investigation process or the outcome of the investigation;

The Licensee, Authorised Supervisor, or other nominated person who conducts the investigation, will ensure that they act without bias, without delay and without conflict of interest; and

All parties can complain to the Ombudsman if they are not satisfied with the conduct of the investigation;

Further information on the Ombudsman can be obtained by:

Phoning: 02 9286 1000 or toll-free (outside Sydney metro) 1800 451 524

Emailing: nswonbo@ombo.nsw.gov.au

Web: www.ombo.nsw.gov.au

Confidentiality

The service will handle any allegation of child abuse in a **confidential manner**.

References

Council of Social Service of New South Wales 2010, Keep Them Safe: www.ncoss.org.au

NSW Government, Department of Human Services, Community Services, Resources for Mandatory Reporters, accessed from:

www.community.nsw.gov.au/preventing_child_abuse_and_neglect/resources_for_mandatory_reporters.html

NSW Government, Department of Premier and Cabinet, Child Wellbeing & Child Protection: NSW Interagency Guidelines, accessed from: www.keepthemsafe.nsw.gov.au

NSW Government, 2009, Department of Premier and Cabinet, Child Wellbeing & Child Protection: NSW Interagency Guidelines: Mandatory Reporter Guide, accessed from:

www.sdm.community.nsw.gov.au/mrg/app/summary.page

Community Child Care Co-operative (NSW) July 2012 To Be Reviewed September 2014

4. Code of Conduct

(QUALITY AREA 4: STAFFING ARRANGEMENTS)

Introduction

This policy relates to conduct within the care and education services.

Ethical conduct guides the behaviour and decisions within the care and education setting and is founded in respect for, and the valuing of children, families, educators and staff, and the extended service community.

Education and Care Services National Regulations 2011: 168

Link to National Quality Standard: 4.2.1

Goals - What are we going to do?

The centre community will uphold the highest standards in ethical conduct in accordance with the ECA Code of Ethics (2010) The United Nations Convention on the Rights of the Child (1989) and service philosophy and policy.

Strategies - How will it be done?

Educators and staff will be familiar with the legislation and statutory documents that apply to their role with children, families and other staff in the centre.

Educators and staff will be familiar with the ECA Code of Ethics and service philosophy. This will guide conduct and decision making within the centre.

Ethical conduct and decision making will occur with reference to legislation and statutory documents and through a process of critical reflection. Decision making processes will be clear and the service director/ coordinator will be accountable for decisions and able to demonstrate how those decisions are made.

The Provided and Nominated Supervisor of the service ensure all Educators and staff are made aware of their obligations through personal discussions, staff meeting activities and opportunities to critically reflect upon ethical practice.

The service community will work together in the best interests of the children and families and will act in a manner that will enhance the standing of the early childhood sector. This involves a full understanding of role responsibilities and obligations combined with collegial practice and collaborative decision making.

Evaluation Educators, staff and volunteers in the service will conduct themselves in an ethical manner through clear processes in accordance with legislative and statutory guidelines.

Statutory Legislation & Considerations

Children (Education and Care Services National Law Application) Act 2010

Education and Care Services National Regulations 2011

Sources ECA Code of Ethics (2006) United Nations Convention on the Rights of the Child (1989)

Early Childhood Australia www.eca.com.au

Community Child Care Co-operative (NSW) July 2012 Review date: September 2014

5. Animals in the environment Policy

INTRODUCTION

Educators are "encouraged to foster children's capacity to understand and respect the natural environment and the interdependence between people, plants, animals and the land." (NQS element 3.2)

Responsible ownership of pets, animals or birds that may reside at the Education and Care Service or visit the premises is vital. Role models of appropriate behaviours with animals and guidance in caring for the needs of animals is beneficial for children. This policy also considers the management of unwanted visitors such as pests and vermin.

GOALS - What are we going to do?

The Education and Care Service will:

- Provide a safe, clean and humane environment for all animals and birds that visit or reside at the service;
- Ensure pest control measures are regularly undertaken, and;
- Ensure there are procedures in place for removing unwanted animals, pests and vermin from the premises.

STRATEGIES - How will it be done?

Centre Pets and Invited Visitors

Educators will ensure that all pets and their enclosures are kept clean and hygienic. Educators must ensure they have clean bedding and water. Food is available for the pet, but kept out of reach of children at all times.

Children must be supervised at all times when interacting with pets or animals. Educators will manage any health or safety risk for the children that may be caused by animals, such as asthma and allergies.

Pets will not have access to children's bedding, toys, food preparation areas, eating surfaces or utensils.

Animals and birds visiting the education and care service as part of the educational program are the responsibility of the owner(s). The educators will ensure that the environment remains safe and hygienic at all times during the visit.

Animals and Birds Other than Pets or Invited Visitors

There are situations that may spontaneously occur, involving animals. For example, there may be a situation where an animal or bird has made its way into the education and care service. Educators may use this as a spontaneous learning experience for the children. At all times they will ensure the safety and well being of the children.

If an animal or bird is potentially dangerous; such as a snake or spider, educators will contact an appropriate authority for assistance. In NSW this authority is the National Parks and Wildlife Service

- **1300 361 967** (8.30am - 5.00pm) or NSW Wildlife Information, Rescue and Education Service Inc on

13 000 WIRES - 13 00 094 737.

- The animal's movements should be monitored to ensure a speedy and efficient capture by a professional, but priority is to be given to educator, child and family safety. At no time is the potentially dangerous animal, insect or bird to be approached or touched by educators, children or families.

Pests and Vermin

7.1 Pest control will occur at the education and care service on an annual basis. Educators will monitor any occurrences in the service to determine the success of control measures.

7.2 If pests and vermin are seen, educators will advise the nominated supervisor. The approved provider is responsible for arranging additional pest control visits.

7.3 Where appropriate, educators discuss with children safety issues relating to dangerous products, plants vermin and objects.

7.4 Educators will thoroughly clean all areas that animals or pests have accessed in the education and care service with hot, soapy water. If the remains of an animal or animal faeces have been found, the remains will be disposed of according to the local Council guidelines and the area where the remains were found will be thoroughly disinfected with hot, soapy water.

7.5 Educators will be responsible for assessing any situation in the education and care service where animals are involved to ensure the health, safety and well-being of children, families and animals.

EVALUATION

The presence of animals in the education and care service will be managed by educators to ensure that the safety and wellbeing of children, families, educators and animals is maintained at all times. Educators will consider the risks versus the benefits of including animals in the educational program.

Statutory Legislation & Considerations

Sources

- ↗ Kidsafe NSW Inc - www.kidsafensw.org.au
- ↗ NSW Department of Health - www.health.nsw.gov.au/factsheets/general/pettingzoo_fs.html
- ↗ Guide to the National Quality Standard (3) ACECQA (2011)
- ↗ Health and Safety in Children's Services Model Policies and Practices - 2nd Ed. revised (2003) www.community.nsw.gov.au/docswr/_assets/main/documents/childcare_model_policies.pdf
- ↗ Kidsafe NSW Inc - www.kidsafensw.org.au
- ↗ Staying Healthy in Child Care - Preventing Infectious Diseases in Child Care - 4th Ed. 2006
- ↗ Community Child Care Co-operative (NSW) July 2012 To be reviewed September 2013

6. Cleaning and maintaining the environment Policy

INTRODUCTION

Children have the right to an education in an environment that provides for their health and safety. Good cleaning and maintenance of the environment ensures that illness and unintentional injuries are avoided. Environmental responsibility also encompasses the cleaning and maintenance of the education and care service in ways that are sustainable and environmentally friendly.

GOALS - What are we going to do?

13

Follow procedures and schedules that ensure the buildings, premises, furniture and equipment are safe, clean and well maintained.

Promote awareness of environmental sustainability through daily practices and information sharing.

Involve children in discussions about health and safety issues and support children to develop guidelines to keep the environment safe for all.

Encourage eco-friendly practices and encourage staff, children and families to use chemical free options for cleaning.

STRATEGIES - How will it be done?

Approved Provider will:

Arrange for the education and care service to be cleaned at the end of each day.

Ensure that written policies and procedures regarding child safe environments are developed.

Develop systems to ensure that daily checks and risk assessments of the environment are documented and that where repairs, cleaning or maintenance issues are identified, they are attended to promptly.

The Nominated Supervisor will:

↗ Develop systems to ensure that the daily cleaning of the service is carried out to a satisfactory standard.

↗ Ensure that educators are familiar with policies related to cleaning and maintaining safe environments for children.

↗ Ensure that daily checks and risk assessments of the environment are conducted and documented

↗ Respond to any identified risks, repairs, cleaning or maintenance issues promptly.

↗ Support educators to research and consider alternative and sustainable cleaning options and arrange for regular professional development to ensure a clean and safe environment for children.

Educators will:

- Ensure that cleaning duties do not compromise care and supervision of children at any time.

- Identify when the building, premises, furniture or equipment require cleaning or maintenance. The identified issue will be dealt with immediately.

This will be done by cleaning as required or by removing the damaged furniture or equipment to be repaired or discarded as decided by the nominated supervisor and the approved provider. The educator will complete required documentation and refer this to the nominated supervisor for attention.

- Involve children in discussions about health and safety issues and support children to develop guidelines to keep the environment safe for all.

- Role model good cleaning practices for the children and encourage children to be

involved in the cleaning of the environment where appropriate.

- Support children to have an active role in caring for their environment and to contribute to a sustainable future.
- Be responsible for spot cleaning the education and care service to ensure cleanliness and hygiene standards are maintained throughout the day.
- Seek to minimise the use of chemicals in the education and care environment.
- Research natural cleaning alternatives for use in the education and care environment. Natural or chemical-free options that are sensitive to the needs of educators and children with allergies will be utilised when possible.
- Consider sustainable practice when they are cleaning. They will reflect on their practices and access professional development, journals and the Internet for more ideas on ecofriendly cleaning options.
- Use Neutral cleaner for daily cleaning of tables, nappy change surfaces, mouthed toys and general spills both indoors and outside. The soapy water can be made from pH Neutral detergent diluted in water and stored in a labelled spray bottle out of reach of children.
- Consider the use of vinegar and water as an alternate to disinfectant for cleaning the bathrooms and nappy change mats throughout the day. The vinegar and water can be made in a labelled spray bottle with equal parts of white vinegar and water and stored out of reach of children.
- Consider using the following:

Bicarbonate of Soda (made into a paste) - replaces Jif and Gumption.

Vinegar - an alternate to bleach.

- Aim to minimise waste by:

»» Encouraging recyclable materials to be placed in labelled recycling containers rather than garbage bins.

»» Recycling food scraps at meal and snack times. Children and educators can place food scraps into these containers which will then be placed in composting or worm farm containers. The kitchen will have containers for food scraps and recycling for educators to use.

EVALUATION

The education and care service is well cleaned and maintained to support children's health and safety. Children and educators work cooperatively to care for the environment in a sustainable manner. The education and care environment reflects sustainable practices, 'Green Cleaning' and eco-friendly choices. Educators, children, families and the wider community will learn together and embrace environmentally friendly practices

Statutory Legislation & Considerations

- Education and Care Services National Regulations 2011
- Guide to the National Quality Standard (3) ACECQA (2011)
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011.
- The NSW Work Health and Safety Act 2011 and the NSW Work Health and Safety Regulation 2011
- Staying Healthy in Child Care - Fourth Edition

Sources

- NSW Department of Environment and Heritage - www.environment.nsw.gov.au/households/EasyCleaning.htm
- Department of Sustainability, Environment, Water, Population and Communities - www.environment.gov.au
- Clean and Green: Natural Cleaning Formulas by Loretta Wallace - www.nourishedmagazine.com.au/blog/articles/clean-and-green-natural-cleaning-formulas
- Health and Safety in Children's Centres: Model Policies and Practices (2nd ed.) www.community.nsw.gov.au/docswr/_assets/main/documents/childcare_model_policies.pdf
- Community Child Care Co-operative (NSW) 2012 Revision September 2014

Links to Education and Care Services National Regulations 2011: 103, 168

Links to National Quality Standards/Elements: 2.1.3, 2.1.4, 3.1.2, 3.3, 3.3.1, 3.3.2

7. Complaints and Feedback Policy

(QUALITY AREA 7: LEADERSHIP AND SERVICE MANAGEMENT)

Introduction

Our service values the **feedback** of educators, staff, families and the wider community in helping to create a service that meets regulation and the needs of enrolled children and their families. We encourage open communication through opportunities to respond and feedback on the program. A component of this feedback is the ability to put forward a **complaint** and have this managed appropriately with due consideration for accountability and quality improvement.

Education and Care Services National Regulations 2011: 168, 173, 176

Link to National Quality Standard: 7.3

Goals - What are we going to do?

We will:

Provide opportunities for consultation, evaluation and review of the service operation and delivery of the education and care program;

Develop a process for making and managing complaints;

Communicate the option and process of making a complaint;

Handle complaints diligently and confidentially.

Strategies - How will it be done?

Feedback:

Communications will aim at all times to be open, honest and confidential.

Our service will offer a variety of ways to communicate and provide feedback including:

Day books

Daily Program - will have a section dedicated to comments or feedback on the program and activities

Interactions

Formal feedback and comments

Surveys

Family meetings

With permission, educators may write comments on behalf of families to help with evaluations of the program and encourage further family input.

Families are provided the service's email address and phone details at orientation. Families will be encouraged to converse with educators at pick up and drop off times, and may email or call throughout the day.

Feedback from families is encouraged and educators and staff will take this feedback into account in ongoing planning and quality improvement.

Families will be informed as to how their feedback has contributed to improvements in the service through information notice board displays, emails, and/or newsletters.

Complaints

The nominated Supervisor will:

1. Develop a process for managing complaints. This process includes:

a. Receiving complaints;

b. Addressing and investigating complaints;

c. Documenting complaints.

2. Communicate information on the process to families through enrolment and orientation processes and information.

3. Provide contact details for putting forward a complaint.

4. Ensure every complaint is managed and is an opportunity for quality improvement.

5. Discuss the process for managing complaints with the educator and staff team.

6. Provide or arrange training on complaints management.

Sample process (Information for families)

1. Families make a formal complaint about aspects of our service and no person will be disadvantaged in any way as a result of that complaint.

2. Complaints should be forwarded to:

Name of Service Forever Green Montessori

Name of Approved Provider Crown Investment Group

Name of Nominated Supervisor Jennifer Alsaleh
Address and Phone 469 Malabar Road, Maroubra 93493766

3. Your complaint will be dealt with in the strictest confidentiality. Any educator or staff member involved in handling complaints will ensure that information is restricted only to those who genuinely need to be notified in order to deal with the complaint. If information specific to the complaint needs to be disclosed to others during its resolution, the complainant will be informed.

4. Your complaint will be documented by an educator or staff member, and placed on the complaints register. The complaint will then be forwarded on to the most appropriate person to investigate the complaint. This will include the Nominated Supervisor and the approved provider.

5. Actions to address the complaint will be determined. Once the outcomes or resolutions are agreed on, all persons involved in the original complaint will be notified and informed of any actions for improvement that will take place as a result of the complaint.

6. The Department of Education and Communities will be notified of any complaint made to the service alleging a breach of regulation within 24 hours of the complaint being made.

Sample process (Information for educators and staff)

1. Educators and staff may make a formal complaint about aspects of our service and no person will be disadvantaged in any way as a result of that complaint.

2. Complaints should be forwarded to:

Name of Service Forever Green Montessori

Name of Approved Provider Crown Investment Group

Name of Nominated Supervisor Jennifer Alsaleh

Address and Phone 469 Malabar Road, Maroubra 93493766

3. Your complaint will be dealt with in the strictest confidentiality. Any educator or staff member involved in handling complaints will ensure that information is restricted only to those who genuinely need to be notified in order to deal with the complaint. If information specific to the complaint needs to be disclosed to others during its resolution, the complainant will be informed.

4. Your complaint will be documented, and placed on the complaints register. The complaint will then be forwarded on to the most appropriate person to investigate the complaint. This will include the Nominated Supervisor and the approved provider.

5. Actions to address the complaint will be determined. Once the outcomes or resolutions are agreed on, all persons involved in the original complaint will be notified and informed of any actions for improvement that will take place as a result of the complaint.

6. The Department of Education and Care will be notified of any complaint made to the service alleging a breach of regulation which alleges that the safety health or wellbeing of a child was or is affected, or that the service has broken the Education and Care Services National Law within 24 hours of the complaint being made.

Evaluation

Continuous improvement of our service occurs where there is reflection and constructive feedback given from the service community which results in positive change and improvement.

Complaints are managed well, lead to quality improvement and are conducted in a safe manner in a secure environment.

Sources

NSW Ombudsman (2004) 'Effective Complaint Handling'. NSW Ombudsman

NSW Ombudsman (2009) 'Complaint Handling Kit'. NSW Ombudsman

Community Child Care Co-operative (NSW) July 2012 Revision September 2014

8. Confidentiality & Records Policy

QA 7: LEADERSHIP AND SERVICE MANAGEMENT

Introduction

Our education and care service recognises and respects the importance of privacy and confidentiality as an individual right and a basis for building partnerships. This policy has been developed with regard to the Information Protection Principles (IPPs) (2003) and pursues the highest standard in the protection and preservation of privacy and confidentiality.

Education and Care Services National Regulations 2011: 181

Link to National Quality Standard: 7.3.5

Goals - What are we going to do?

We will:

maintain private and confidential files for educators and staff, children and their families. We will develop systems for the appropriate use, storage and disposal of records.

ensure the information in these files is used only for the education and care of the child enrolled in the service, and only shared with relevant or authorised people as defined within authorisations of the Education and Care Services National Regulations 2011.

Strategies - How will it be done?

Collection of Information

For the education and care service to be able to meet the needs of each child, family, educator and staff member information must be collected and maintained.

The Nominated Supervisor will provide families with details on the collection of personal information during the enrolment process..

The Nominated Supervisor will ensure information provided by families and staff is only used for the purpose it was collected for.

Storage of Information

The Nominated Supervisor will ensure that all personal information is stored securely reducing the chance of unauthorised access, use or disclosure.

Access to Information

The Nominated Supervisor will ensure that information kept is not divulged or communicated, directly or indirectly, to anyone other than:

Medical and developmental information that is required to adequately provide education and care for the child, or

The Department of Education and Communities, or an authorised officer, or

As permitted or required by any Act or Law.

Individuals will be allowed access to their personal information when they request it. Authorised persons may request to view any information kept on their child.

Information may be denied under the following conditions:

Access to information could compromise the privacy of another individual;

The request for information is frivolous or vexatious;

The information relates to legal issues, or there are legal reasons not to divulge the information such as in cases of custody and legal guardianship.

Maintaining Information

The Nominated Supervisor is responsible for keeping all service records required under the Education and Care National Regulation 2011. Information will be updated regularly.

In keeping with the Early Childhood Australia (ECA) Code of Ethics (2008), the Education and Care Services National Regulations 2011 and the Privacy Legislation, educators and staff employed by the education and care service bound to respect the privacy rights of children enrolled and their families; educators and staff and their families and any other persons associated with the service. New working with Children check copy and expiry date kept for new staff.

Evaluation

All information related to the service, the staff and families will be maintained in a private and confidential manner.

Statutory Legislation & Considerations

Children (Education and Care Services National Law Application) Act 2010

Education and Care Services National Regulations 2011

Sources: Community Child Care Co-operative (NSW) July 2012.

Information Privacy Principles www.privacy.gov.au/publications/ipps.html

Department of the Officer of the Privacy Commissioner - www.privacy.gov.au

Early Childhood Australia - www.earlychildhoodaustralia.org.au **Revision September 2014**

9. Dental health Policy

INTRODUCTION

Conversations and information exchange on dental health should be encouraged to promote good dental hygiene practices and lifelong learning for children and their families. Dental health will be included as part of everyday practice at our education and care service.

GOALS - What are we going to do?

Our education and care service will promote dental health. The education and care service will provide nutritional foods for children, avoiding food and drinks that have a sweet and sugary content. Water will be available at all times.

STRATEGIES - How will it be done?

The Approved Provider/Nominated Supervisor will:

- Ensure that the daily menu contains a nutritional balance of foods;
- Minimise the provision of sugary foods; and
- Ensure access to safe drinking water at all times.
- Arrange annual visits by dental health professionals as part of the program. Families and children will be encouraged to attend these visits where correct brushing techniques and dental care will be discussed; and
- Provide dental care information to families through newsletters, posters, professional visits, web links and brochures.

Educators will:

- Include dental health practices in the daily program;
- Support children to access dental health resources for research, exploration and identification. These resources will be available through books, posters and visual aids;
- Talk with children about dental health during the day. This can be done by encouraging children to drink water throughout the day;
- Pay particular attention to meal and snack times where children will be encouraged to drink water after eating and before rest times, to rinse their mouths;

EVALUATION

Children are provided with nutritional food and drink to reduce exposure to tooth decay. Dental health practices are role modelled and encouraged at the service and information on dental health is made available to families.

Statutory Legislation & Considerations

National Law Application) Act 2010/1
Regulations 2011

Guide to the National Quality Standard (3)

Sources : Community Child Care Co-operative (NSW) 2012 Revision September 2014

www.raisingchildren.net.au

Health Insite - www.healthinsite.gov.au

Health and Safety in Children's Centres:

Model Policies and Practices (2nd ed.)

» Links to Education and Care Services National »» Links to National Quality

Regulations 2011: 77-79, 168. Standards/Elements: 2.1, 2.2

10. Determining Responsible Person

QUALITY AREA 4: staffing arrangements

Introduction

The Education and Care Services National Law determines that a responsible person must be physically present at a centre based service at all times that an Approved service operates. Education and Care Services National Regulations 2011: 173, 168(2)(i)

Link to National Quality Standard: 4.2

Goals - What are we going to do?

A responsible person will be on the premises at all times, and the details of the responsible person at any time will be clearly displayed for educators, staff and families.

The process for determining the responsible person will be clear to all educators and staff, and followed at all times.

Details of the person responsible are documented and displayed for all users of the service.

Strategies - How will it be done?

A service must always have a responsible person physically present at all times.

A responsible person can be:

1. The APPROVED PROVIDER - if this is an individual. If it is an organisation or company then someone with management and control of the service.
2. The NOMINATED SUPERVISOR - this is a person with a Supervisor's Certificate designated by the service as the Nominated Supervisor.
3. A CERTIFIED SUPERVISOR who has been placed in day-to-day charge of the service.

The Approved Provider will:

1. Ensure Nominated Supervisors and Certified Supervisors have a clear understanding of the role of the Responsible person;
2. Ensure the responsible person is appropriately skilled and qualified;
3. Ensure a responsible person is physically present at the centre. A substitute for the responsible person will be in present where a Waiver is in place.

The Nominated Supervisor or delegated authority will:

1. Arrange for the keeping of a "responsible person record". This record will document the current responsible person.
2. The name of the responsible person will be displayed in the main entrance at the service.
3. Develop rosters in accordance with the availability of responsible persons, centre operation and attendance patterns of children.

Evaluation

A responsible person is physically present at the centre at all times and this is documented and displayed.

Statutory Legislation & Considerations

Children (Education and Care Services National Law Application) Act 2010

Education and Care Services National Regulations 2011

Sources

Children (Education and Care Services National Law Application) Act 2010

Education and Care Services National Regulations 2011

Community Child Care Co-operative (NSW) July 2012. **Revision July 2013**

11. Emergency and Evacuation Procedure Policy

Introduction Emergency and evacuation situations in an education and care service can arise in a number of circumstances and for a variety of reasons. In the event of an emergency or evacuation situation, the safety and wellbeing of all staff, children, families and visitors to the centre are paramount and as such, this education and care service is committed to identifying risks and hazards of emergency and evacuation situations, and planning for their reduction or minimisation, and ongoing review of planned actions around handling these situations. 1 Risks assessed should include but not be limited to a range of emergency situations, including fire or explosion, dangerous chemical release, medical emergency, natural disaster, bomb threats, violence or robbery.

Goals - What are we going to do?

This education and care service will:

Conduct ongoing risk assessments¹ and reviews of all potential emergency and evacuation situations, including medical emergency situations (see Medical Conditions Policy);

Develop specific procedures around each potential emergency situation and ensure full awareness by all staff through the provision of professional development; and Ensure regular rehearsal and evaluation of emergency and evacuation procedures every three months at different times of the day and week..

Strategies - How will it be done?

Risk management approach to emergency and evacuation situations

The Approved Provider and Nominated Supervisor will:

Work together with staff to identify potential emergency and evacuation situations that may arise at this specific centre to identify all risks associated with such situations. This risk assessment will be attached to this policy and reviewed at least on an annual basis;

Work together with staff to develop procedures to manage all risks associated with emergency and evacuation situations. These procedures will be attached to this policy;

Ensure the development of an emergency evacuation floor plan. This floor plan will be attached to

this policy;

Ensure educators and staff have ready access to an operating telephone or similar means of communication and that emergency telephone numbers are displayed near telephones;

Ensure educators and staff have ready access to emergency equipment such as fire extinguishers and fire blankets,

Ensure that emergency equipment is tested as recommended by recognised authorities; and

Ensure that up to date portable emergency contact lists are held in each room within the centre and that evacuation procedures include the carrying of this list by the room leader at the point of evacuation.

Educators will:

Assist the Nominated Supervisor in identifying risks and potential emergency situations;

Assist the Nominated Supervisor in developing procedures to lessen the risks associated with emergency evacuations; and

Ensure they are aware of the placement of operating communications equipment and emergency equipment, and are confident in their ability to operate them.

Communication and display of emergency and evacuation procedures

The Approved Provider and Nominated Supervisor will:

Ensure the emergency evacuation procedures and floor plan are displayed in a prominent position near each exit and that all staff and educators are aware of these;

Ensure that all staff are trained in the emergency evacuation procedures;

Ensure that all staff are aware of emergency evacuation points; and

Ensure that families are regularly reminded of the emergency procedures in place at the service.

Educators and staff will:

Contribute to the development of emergency and evacuation procedures;

Ensure they are aware of the emergency evacuation procedures; and

Ensure the emergency evacuation procedures and floor plan are displayed.

Scheduled and spontaneous rehearsals of responses to emergency situations

The Approved Provider and Nominated Supervisor will:

Provide staff and educators with specific procedures around all potential emergency situations;

Ensure that the evacuation procedures are in accordance with the evacuation floor plan;

Ensure that rehearsals of evacuation procedures are regularly scheduled, every three months as a minimum, and that the schedule maximises the number of children and staff participating in the procedures at different times and days of the week;

Ensure that staff are aware of when scheduled emergency evacuation drills are to take place;

Ensure that spontaneous rehearsals also take place to ensure staff participate in the simulation of an unplanned, emergency evacuation events; and

Provide staff with evaluation/feedback forms after each scheduled and spontaneous rehearsal to assist in refining their risk management procedures around the safe evacuation of staff and children.

Educators and staff will:

Be aware of upcoming scheduled emergency evacuations, and be ready in the event of a spontaneous simulated evacuation;

Will provide children with learning opportunities about emergency evacuation procedures; and

Be alert to the immediate needs of all children throughout the scheduled and spontaneous evacuation drills.

Documentation and record keeping

The Approved Provider and Nominated Supervisor will:

Ensure all scheduled, spontaneous and actual evacuations are documented and reviewed;

Ensure all emergency contact lists are updated as required.

Policy availability The emergency and evacuation policy will be readily accessible to all staff, families and visitors, and ongoing feedback on this policy will be invited.

Source: Community Child Care Co-operative (NSW) July 2012 **REVISION September 2014**

Review: Management and staff will monitor and review the effectiveness of the emergency and evacuation policy regularly. Updated information will be incorporated as needed.

Statutory Legislation & Considerations

Education and Care Services National Regulations 2011: 97, 99 (4)(d)(ii), 168 Updated Sept 2013

12. Enrolment and Orientation Policy

Introduction

Enrolment and orientation procedures form the foundation for strong relationships between families and early education and care settings and promote a quality experience of education and care for children.

Good procedures include consistent information around service operation and authorisations promoting compliance and a safe and secure environment for children and families.

Goals - What are we going to do?

Enrolment and orientation processes are planned and implemented.

Due consideration is given to culture and language in undertaking processes.

Documentation, including authorisations, are completed during the enrolment and orientation process.

A thoughtful process is planned in consultation with families, to orient a child and family to the education and care service.

Strategies - How will it be done?

Pre-enrolment orientation

Our education and care service welcomes visits from prospective families and children. The Nominated Supervisor or delegated authority may provide the visiting family with a tour of the service environment and information that may include:
service philosophy and curriculum; approaches to documentation, curriculum and planning;
introduction to educators and staff; the physical environment; administrative matters, cost, and fee payment methods; how to provide feedback.

Next steps

Following a pre-enrolment orientation a family may wish to place their child's name on the waiting list. After consideration of access guidelines and availability of a position by the Nominated Supervisor, the child/ren may be offered a position at the centre.

The family will be asked to accept the offer of the position.

Enrolment

The Nominated Supervisor will conduct an enrolment process following the acceptance of an offer.

An enrolment package will be given to the family and will include:

An enrolment form-that includes authorisations;

Current fee structure and payment details;

An information booklet on the early education and care service;

Policies including, but not limited to, those required under Regulation 168;

Information on National Quality Framework, National Quality Standards, and the EYLF;

Orientation checklist;

Feedback form.

Information on Child Care Benefit (CCB)

Information around Child Care Rebate (CCR)

The information in the enrolment package is retained by the family for future reference.

Prior to conducting the enrolment interview the Nominated Supervisor should consider the language and cultural needs of the family.

A translator may be required along with an alternative venue for the enrolment visit.

During the enrolment interview a process of orientation will be planned in collaboration with families to provide the best possible start for the child at the service.

Families will provide the following, prior to the agreed start date for the child:

A completed enrolment form including authorisations;

A bond payment as outlined in service fee policy;

Current Immunisation records; (See letter on Immunisation to support this policy)

Birth Certificate, Passport or other identification;

Current contact information for parents and emergency contacts;

Information on children's additional needs (including medical conditions, health and developmental concerns).

This information will be kept at the service premises in accordance with service policies and the Education and Care Services National Regulations 2011.

Prior to formally commencing at the service:

1. Prior to the child's first day educators and staff will familiarise themselves with information about the child from the enrolment information provided. They will ensure they are aware of any medical conditions and how to manage them if required including immunisation letter to parents 2014 complied to.
2. The Nominated Supervisor will inform the educators and staff of the intended time for any precommencement orientation visits.
3. A family member will remain in the premises service during these orientation visits. The family must sign the visitors book/register on arrival and when they leave. The child cannot be left at the service until they have formally commenced at the service and are therefore not included in the ratios.
4. During the orientation process educators and staff will interact with the child and actively encourage them to engage in the service program and activities. They will also be available to the family to answer any questions they may have, whilst ensuring they are not compromising the supervision of other children or required ratios.

Upon commencement

On the child's first day of attendance educators and staff will welcome the family and the child, ensuring that there is a space ready for the child's belongings. Educators will reassure the family and assist with separation if required. Throughout the day, educators will contact the family to let them know how their child is settling.

The Nominated Supervisor will undertake a final check of enrolment details, authorisations and information updates prior to the family departing the service.

Evaluation

Successful orientation and enrolment procedures promote smooth transitions between home and service. Information sharing and the signing of authorisations ensures a safe and secure environment for the child.

Statutory Legislation & Considerations

Children (Education and Care Services National Law Application) Act 2010

Education and Care Services National Regulations 2011

Sources: Community Child Care Co-operative (NSW) July 2012

Department of Education, Employment and Workplace Relations - www.deewr.gov.au

Revision September 2014

13. Environmental sustainability Policy

INTRODUCTION

As an education and care community, we can encourage and increase awareness of environmental responsibilities and implement practices that contribute to a sustainable future. Children can be supported to become environmentally responsible and show respect for the environment. Environmentally sustainable practices should be embedded into the operations of the education and care service and involve educators, children and families in order to be successful.

GOALS - What are we going to do?

The education and care service will ensure the environment is safe, clean and well-maintained. Children's awareness of the environment will be promoted through daily practices, resources and interactions. Sustainable practices will be encouraged within the education and care service. Educators, children and families will be encouraged to become advocates for a sustainable future.

STRATEGIES - How will it be done?**The Approved Provider will:**

- Ensure the service joins the NSW **Early Childhood Environmental Education Network** to liaise with other education and care services and keep up to date on practices and ideas for sustainability.
- Encourage educators, families and children to engage in innovative practices and appreciate the wonder of the natural world while protecting the planet for future generations.
- Educators will make sustainable practices a part of the daily routine. These include:

Recycling

Gardening

Energy conservation

Water conservation

Sustainable equipment purchases

Educators will:

- Include recycling as part of everyday practice at the education and care service. Recycling containers will be provided throughout the service.
- Role model sustainable practices.
- Discuss sustainable practices with the children and families as part of the services education and care curriculum.
- Provide information to families on sustainable practices that are implemented at the education and care 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. This can be done at parent meetings, through emails, newsletters and conversations.
- Use a worm farm to reduce food waste in the education and care service. Children will be encouraged to place food scraps into separate containers for use in the worm farm. Educators will discuss with the children and families which scraps worms can eat and which foods can be composted. The children will be involved in maintaining the worm farm and compost.
- Role model energy and water conservation practices of turning off lights and air-conditioning when a room is not in use, emptying water play containers onto garden areas,
- Aim to purchase equipment that is eco-friendly where possible. Educators will reduce the amount of plastic and disposable equipment they purchase and select materials that are made of natural materials and fibres.
- Seek to embed sustainable practice in the education and care service. The concepts of "reduce, re-use and recycle" will become part of everyday practice for both children and educators to

26

build lifelong attitudes towards sustainable practices.

- Use local Council and Government departments as sources of information on sustainable practices

used in the local community. They will liaise with the Council and Government departments for possible grants available to put in place water and energy conservation practices in the education and care service. These may include water tanks, grey water systems, converting toilet cisterns to dual flush and converting to water saving taps.

EVALUATION

The education and care environment reflects sustainable practices, 'Green Cleaning' and eco-friendly choices. Educators, children, families and the wider community will learn together and embrace environmentally friendly practices.

Statutory Legislation & Considerations

- Education and Care Services National Regulations 2011
- Guide to the National Quality Standard (3) ACECQA (2011)
- Environment Protection & Biodiversity Conservation Act 1999
- Energy Efficiency Opportunities Act 2006

Sources

- NSW Department of Environment and Heritage - www.environment.nsw.gov.au
- Department of Sustainability, Environment, Water, Population and Communities - www.environment.gov.au
- Early Childhood Environmental Education Network - www.eceen.org.au
- Community Child Care Co-operative July 2012

»» Links to Education and Care Services National

Regulations 2011: Schedule 1.

»» Links to National Quality Standards/Elements: 3.3.1,

3.3.2. 6.1.2 REVISION September 2014

14. Excursion Policy

Goals - What are we going to do?

We will:

Plan for excursions with careful consideration of the safety of children and adults;

Carry out excursions only where full documentation and permissions have been completed and obtained;

Undertake full risk assessments, consideration of value of educational excursions, and plan for first aid requirements.

Strategies - How will it be done?

Planning and Preparations

All excursions will be planned in advance to:

- maximise both children's developmental experiences and their safety;
- reflect the age, capacity and interests of the children;
- ensure they are properly supervised and conducted in a safe manner; and
- are conducted with fully informed written parental permission.

All excursions will be thoroughly researched to ensure:

- supervision is adequate so children cannot be separated from the group;
- access to hazardous equipment and environments are minimised;
- there is adequate access to food, drink and other facilities (toilets, hand washing etc);
- consideration is given to the mobility and supervision requirements of children with additional needs;
- that adequate sun and shade protection is available.

When planning for an excursion staff will:

- Assess the requirements for the excursion;

- Conduct a risk assessment;

- Book transport venues;

- Make alternative arrangements for adverse weather conditions;

- Inform families of the details of the excursion including destination, objectives and outcomes, and what the child should bring;

- Provide parents or legal guardians with an excursion permission form to complete to authorise their child to participate on the excursion;

- Collect completed permission forms for each child attending the excursion;

- Request additional adult participation on the excursion where required;

- Arrange for a suitably equipped first aid kit (including EpiPen) and mobile phone to be taken on the excursion.

Educators must make alternate arrangements for any children who are not attending the excursion, and ensure that any dialogue or pre-planning for the excursion does not alienate such children from social networks.

Additional factors need to be considered in the planning of excursions for children with additional needs. Where possible, our service will uphold the right for all children to access all excursions and engage in meaningful ways while on excursions.

Risk Assessment

The Nominated Supervisor will:

Ensure a risk assessment is conducted prior to any excursion to identify and assess the risk the excursion may pose to the safety, health and wellbeing of any child whilst on the excursion, and will specify how the service will manage any risks identified.

The risk assessment conducted will consider:

- destination and duration of the excursion;

- potential water hazards or any hazard associated with water based activities;

- transport to and from destination;

- number of educators, responsible persons, and children involved;

- proposed activities; and

- items to be taken on the excursion eg: mobile phone, emergency contact numbers etc.

If the excursion is a regular occurrence a risk assessment will only be carried out once, provided the circumstances around the excursion have not changed in any way since the initial risk assessment was conducted.

The Nominated Supervisor will also:

- appoint a Certified Supervisor to be in charge of the excursion.

Authorisation for Excursions

The Nominated Supervisor will ensure that:

For all excursions parents or legal guardians will be given an excursion permission form with full details of the excursion including:

- date, description, duration and destination of proposed excursion; method of transport to be used;

reason for the excursion, and proposed activities to be conducted on the excursion;
the anticipated adult: child ratio - outlining number of educators and staff and other adults attending;
a statement that a risk assessment has been prepared and is available at the service for parents to view.

If the excursion is a regular outing, authorisation is required once in a 12 month period. All parents or legal guardians will be asked to sign permission forms for regular excursions on enrolment and at the beginning of each subsequent year.

No child will be taken on an excursion unless written permission from parents or legal guardian has been received.

Families and Volunteers

Families will be encouraged to participate in excursions to assist in maintaining suitable child/staff ratios. If the parent needs to bring their child's sibling because they cannot find suitable care, the siblings must be included in ratios.

If additional adults are required volunteers will be invited. Volunteers will be mature, responsible people who are aware of the hazards and responsibilities of taking a group of children out the service.

Family members/volunteers will not to be left in sole charge of children and must be supervised by an educator at all times.

All volunteers/family members' details will be entered into the appropriate staff record for that day.

Transport and Traffic

Safety of children will be considered in the choice of route and mode of transport. Our service will follow all applicable NSW road rules as well as the Kids and Traffic best practice recommendations for transporting young children safely in buses. Every reasonable precaution will be taken to protect children from harm and any hazard likely to cause injury.

Educators will ensure children obey road rules and cross roads at a crossing or lights where available.

Educators will remain vigilant to ensure no child runs ahead or lags behind the group.

Supervision

Supervision on excursions will ensure the safety and wellbeing of all children for the duration of the excursion, taking into account ratios and all risks and hazards likely to be encountered.

The venue will be assessed as safe for all children and adults on the excursion and will be easily supervised and accessible.

Water Hazards

No excursions will be conducted to a swimming pool or other water related activity. Where there are significant water hazards (such as rivers, lakes or beaches), risk management strategies will be identified and implemented.

Conducting the Excursion

All educators, volunteers and children attending will be informed of excursion timetable/itinerary, special requirements, safety procedures, grouping of children and responsibilities.

A list of children on the excursion will be left at the service and a copy carried by the delegated Certified Supervisor.

Before leaving on the excursion, a notice will be prominently displayed at the service which includes: itinerary and timetable; and mobile contact phone number.

Items to be taken on excursions include:

a suitable stocked first-aid kit including EpiPen; a mobile phone; children's emergency contact numbers; children's medication, if required; and other items as required e.g. sunscreen, drinking cups, jackets etc.

If a child is lost on an excursion, we will always leave a staff member behind to look, while the other group leaders escort the children back.

Evaluation

All excursions are conducted in a safe manner and evaluated. Any improvements identified in the risk assessment prior to conducting the excursion or the evaluation of the excursion are addressed and actioned to ensure children's safety.; 7

Statutory Legislation & Considerations

Education and Care Services National Regulations 2011

NSW Occupational Health and Safety Act 2000

Occupational Health and Safety Regulations 2001

Sources: Community Child Care Co-operative (NSW) July 2012. Revision September 2014

Guide to the National Quality Standard October 2011

15. Fee Policy

Introduction

To enable our service to provide high quality early education and care for children we need to ensure we are financially viable at all times. Prompt payment of fees allows us to plan with certainty. We have a commitment to ensuring our fees are as affordable as possible and that all families have access to any subsidies that are available to reduce these fees. Our service will advocate with governments for all children's right to access early education and care regardless of their family's financial situation.

Goals - What are we going to do?

Our service's financial health and access to our service will be maximised by:

ensuring families are aware of all fees and fee payment requirements upon enrolment;

keeping fee increases to a minimum;

ensuring the cost of administering fee collection is minimised;

following the appropriate priority of access requirements;

following all legal requirements required by our access to government funding;

managing fee collection to avoid bad debts;

families are notified as far ahead as possible and no less than 14 days of any changes to fees or the ways fees will be collected; and

ensuring we issue statements of fees on a regular basis.

Strategies - How will it be done?

Priority of Access

The Approved Provider will:

Ensure the service complies with Family Assistance law (If CCB approved);

Ensure vacant places are filled under the appropriate priority of access policy for the service type. (NB - For CCB approved places: Priority 1—a child at risk of serious abuse or neglect Priority 2—a child of a single parent who satisfies, or of parents who both satisfy, the work, training, study test under section 14 of the A New Tax

System (Family Assistance) Act 1999 Priority 3—any other child. Within these main categories, priority should also be given to the following children: children in Aboriginal and Torres Strait Islander families; children in families which include a disabled person children in families which include an individual whose adjusted taxable income does not exceed the lower income threshold for CCB or who or whose partner are on income support children in families with a non-English speaking Background, children in socially isolated families and children of

single parents. - For NSW state funded community based preschools the Priority of Access Guidelines are defined by NSW State Government funding agreements. In no particular order, these are: Children who are at risk of harm, Aboriginal and Torres Strait Islander children, Children from low income families, children from culturally and linguistically diverse backgrounds, children with disabilities, children in their year before school (with highest priority given to children closest to school entry);

Ensure adequate records of attendance are kept for each child as required;

As required under family assistance law pass all fee reductions to families as advised by DEEWR against an Attendance Record Report within 14 days of being advised of the amount (Approved Services only);

Ensure the service submits online weekly Attendance Record Reports to DEEWR for each child using care

Comply with Australian Government or NSW Government funding agreements as required;

Ensure the service remains financially viable and can meet its debts and other obligations as they fall due;

Review fees twice annually in line with CPI and market forces;

Charge no more than the usual fee for fees being paid by the Government such as special childcare benefit;

Issue statements for all children in respect of whom fee reductions are provided to provide families with a complete record of the CCB and/or CCR and or/ other fee reductions that have been provided by the service at least every three months;

Only collect and disclose personal information about children and families to DEEWR/ the Family Assistance

Office(FAO)/ the Department of Education and Communities where the disclosure is legally required.

Accounts Administrator:

Ensure all families are made aware of service fees and available subsidies on enrolment;

Ensure statements of fees are given to all families no less than every three months;

Submit attendance records to DEEWR on a regular basis and ensure subsequent fee reductions are passed on to families as soon as possible (Approved Services only); and

Join in advocacy actions designed to reduce the cost of early education and care fees for families wherever possible.

Families will:

Obtain a Customer Reference Number from the Family Assistance Office as soon as practical before or after enrolment at the service. (Approved Services only); and

Record the arrival and departure times of their child or children attending care.

Fee payment procedures

The Nominated Supervisor will:

Ensure families are aware of fee payment options: Direct Deposit, Cheques, Cash, Payment by credit card/eftpos.

Implement an overdue fee process with any families whose fees are not 1 week in advance.

Families will:

Ensure all fees are kept 1 week in advance at all times.

Late fees

The Approved Provider will:

Levy a late fee for families who arrive after the service closing time. This fee is set at \$15 for first 10 minutes and an additional \$1 per every additional late minute.

The Nominated Supervisor will:

Ensure families are made aware of late fee on enrolment; and

Organise for separate invoicing of late fees.

Public holidays

Families will:

Pay for any booked day of education and care which falls on a public holiday.

Absences

Ensure families are regularly reminded of the current numbers of allowable absences allowed under CCB legislation and procedures for claiming additional absence days.

Families will:

Provide documentation for additional absence days as required.

Accounts Administrator will:

Provide all families with a statement of outstanding fees on receipt of notification of withdrawal of a child from the service.

Families will pay:

A **\$50** non-refundable registration fee to be placed on the waiting list.

A **BOND of \$500** is required on acceptance and secures your place.

An Annual Family levee of **\$125** is due each year for extra incursions and additional craft due 31st March each year.

Withdrawal from Centre

The BOND is only refunded after commencing & with 4 weeks written notification before 01

October NOTE: after 1st November fees are to be paid to the end of year. (If your child ceases to attend during this period CCB will not apply and therefore full fees will be charged. This ensures continuity for children and staff.)

Evaluation

Families pay fees on time, and collect children on time. Fees are kept as low as possible whilst ensuring the service's financial health.

National Quality Standard: 7.3

Care Services National Regulations 2011: 168 (n) 172

Sources

Child Care Service Handbook 2011-2012 DEEWR

Community Child Care Co-operative (NSW) July 2012 **Revision September 2014**

Statutory Legislation & Considerations

16. FIRST AID POLICY

Introduction

First aid is the emergency aid or treatment given to persons suffering illness or injury following an accident and prior to obtaining professional medical services if required. It includes emergency treatment, maintenance of records, dressing of minor injuries, recognition and reporting of health hazards and participation in safety programs.

Our education and care service is committed to providing a safe and healthy environment. We recognise our responsibility to provide first aid facilities that are adequate for the immediate treatment of injuries and illnesses. The educators and staff of our service are aware of their duty of care to children, families, staff and

visitors in providing appropriate first aid treatment.

Goals - What are we going to do?

We will ensure:

all educators, including casual staff, hold a first aid qualification;

all children, staff, families and visitors who are involved in accidents and incidents whilst at the centre and require first aid to be administered will be done so according to guidelines and recommended practices of a first aid qualification;

all incidents will be documented and stored according to regulatory requirements; and

a risk management approach to health and safety shall be adopted.

Strategies - How will it be done?

Professional development of staff and educators

The Approved Provider will ensure:

that all educators are supported to ensure they hold current recognised first aid qualifications;

all educators have undertaken current approved anaphylaxis management training (from 1st January, 2013);

all educators have undertaken current approved emergency asthma management training (from 1st January, 2013); and

employee induction includes an induction to the first aid policy.

The Nominated Supervisor will:

ensure the skills and competencies of trained first aiders are maintained and skills are kept up to date, refresher first aid and CPR training will be scheduled and maintained in a staff register;

collaborate and consult with staff and educators to develop and implement a risk assessment and management plan; and

ensure first aid guides and publications are accessible to staff at all times to assist them in their understanding and administration of first aid. Services National Regulations 2011: 85, 86, 87, 22, 136, 245
link to National Quality Standard: 2.4

Hazard identification and risk assessment

The Approved Provider will:

provide a child-safe environment.

The Nominated Supervisor will:

guide staff in regularly conducting risk assessments of the environment to determine likely injuries and illnesses that might occur, and rectify their potential causes;

introduce preventive measures to eliminate the risk, or control measures to minimise the risk;

review and analyse accident, injury, incident and 'near miss' data; and

collaborate with staff and educators to develop a first aid plan for the service (i.e. identification of first aid qualified staff, contact details of emergency services and other emergency contacts, details of the nearest hospital or medical centre, map identifying location of first aid kits at the service, first aid contents checklist, response procedure following an incidence of illness or injury. See sample).

Educators and staff will:

regularly undertake risk assessments in the environment in order to plan safe experiences for children.

Administration of first aid to children, families, staff and visitors to the centre

The Approved Provider will:

ensure that there is always at least one first aid qualified educator on the premises at all times.

The Nominated Supervisor will:

ensure that enrolment records for each child include a signed consent form for the administration of first aid and the approved products to be used;
review and sign off on all documentation when first aid has been administered; and
dial 000, and call for an ambulance when emergency medical treatment is required or delegate this responsibility.

In general:

administration of first aid will be done in accordance with first aid training and undertaken by a qualified first aider;

as per the first aid plan, and in the interests of avoiding delay of treatment, in the first instance, first aid will be administered by the person who has witnessed the incident/injury/illness;

the nominated supervisor and families (where first aid is being administered to a child) will be notified of the nature of the incident/ accident; and

the person administering first aid will be the person who completes the incident/illness/injury/trauma record and passes to the responsible person for verification and signing by parent or guardian.

First aid supplies

The Approved Provider will ensure that:

the centre is supplied with an appropriate number of first aid kits for the number of children being educated and cared for by the service;

the first aid kits are suitably equipped, easily accessible and recognisable; and

first aid kits are carried on field excursions.

Educators and staff will:

ensure a first aid box checklist is kept in every first aid kit;

staff will regularly monitor supplies and update stock as required; and

discard and replace out of date stock.

Documentation and record keeping

Educators and staff will:

complete an incident, injury, trauma and illness record for all incidents/injuries/trauma/illnesses occurring at the centre; and ensure that a copy of the accident/incident report will be made available for parents/guardians

on request.

The Approved Provider will:

ensure records are confidentially stored for the specified period of time as required by the Regulation.

Managing serious incidents

The Approved Provider will ensure:

any serious incident occurring at the centre will be documented on a SI01 Notification of serious incident form

and reported to the Department of Education & Communities within 24 hours;

a copy of the incident report will be provided to the family as soon as possible; and

educators and staff are aware of the procedures around managing serious incidents.

The Nominated Supervisor or responsible person will:

notify parents of any serious incident; and

arrange for medical intervention if required.

Educators and staff will:

manage serious incidents as per this policy; and

notify the Nominated Supervisor immediately after the serious incident has occurred.

Policy Availability

The first aid policy will be readily accessible to all staff, families and visitors, and ongoing feedback on this policy will be invited.

Review

Management and staff will monitor and review the effectiveness of the first aid policy regularly. Updated information will be incorporated as needed.

Statutory Legislation & Considerations

Education and Care Services National Regulations 2011

NSW Occupational Health and Safety Act 2000

Sources

The Work Health and Safety Act 2011 and the Work Health and Safety Regulation 2011

CCCCo-operative NSW July 2012 Revision September 2014

17. Family participation & communication policy

INTRODUCTION

"Partnerships with families contribute to building a strong, inclusive community within the service. Continuous, honest and open two-way communication with educators assists families to feel connected with their children's experience in education and care and helps them develop trust and confidence in the service. Shared decision making with families supports consistency between children's experiences at home and at the service, helping children to feel safe, secure and supported." Guide to the National Quality Standard (3) ACECQA (2011), p.148

Family participation in the education and care service is an important part of making the service a true part of the community and creating an environment that is welcoming and inclusive and supports a sense of belonging for children, families and educators.

GOALS - What are we going to do?

- The education and care service welcomes and facilitates family participation and open communication in the service by encouraging families to engage with their children's education and care. Families are invited to attend Parent Workshops, assist with projects and attend social gatherings. The education and care service has an open door policy for families.
- The education and care service values the input of families, educators and the wider community to help create service that meets the needs of the children who attend the service.
- The education and care service encourages open communication through the enrolment and orientation process, policy review, feedback forms, the Parent liaison, the daily program, documentation, formal and informal meetings, emails and conversations.

STRATEGIES - How will it be done?

Approved Provider will:

- Ensure that parents may enter the education and care services at any time unless such entry would pose a risk to the safety of children/educators or breach court orders regarding access to children.
- Ensure that educators provide information to families regarding the content and operation of the educational program, in relation to their child and that a copy of the educational program is available for inspection at the education and care service.
- Ensure that families have access to documents regarding the assessment of the child's developmental needs, interests, experiences and participation in the educational program and assessments of the child's progress against the outcomes of the educational program.
- Ensure that parents are notified of any incident, injury, trauma or illness that occurs for their child while at the education and care service.
- Ensure that administrative spaces are adequate for the purpose of consulting with parents and for conducting private conversations.
- Ensure that parents are notified of changes to policies or fees and given adequate notice as per the Education and Care Services National Regulations 2011.
- Ensure that a copy of the Education and Care Services National Regulations 2011 is available for parents to access.
- Ensure that the enrolment and orientation process provides families with information about the philosophy, policies and practices of the education and care services prior to children's first attendance at the service.

The Nominated Supervisor will:

- Develop systems for families to provide feedback regarding the enrolment and orientation process and when reviewing policies and procedures to improve processes and practice.
- Ensure that parents may enter the education and care services at any time unless such entry would pose a risk to the safety of children/educators or breach court orders regarding access to children.
- Inform families about the processes for providing feedback and making complaints.
- Develop an enrolment and orientation procedures that ensures families are provided with information about the philosophy, policies and practices of the education and care services prior to children's first attendance at the service.

Educators will:

- Inform families about the processes for providing feedback and making complaints.
- Be available for families at pick up and drop off times to pass on important messages and information about their child's participation in the education and care program..
- Encourage families to be involved in the education and care service and the program through feedback, visiting the service, bringing in items from the home environment and giving feedback on children's emerging interests and needs.
- Promote continuous open and honest two way communication with families to assist them to feel connected with their children's experiences in the education and care setting and to develop families' trust and confidence in the education and care service.
- Value parents as the first and most important educator in their child's life, seeking to share the parent's understandings, knowledge and preferences for their child and seeking to balance individual needs with practice in the education and care service.
- Recognize that because families, and parents in particular, are often busy with many competing priorities, they will need to consider a range of strategies to build and maintain relationships with each family.
- Make documentation available to families and prepare documentation in a way that is readily understandable to the parents of the child and to other educators.

Families will:

- Provide accurate information on enrolment and medical information forms during the enrolment process and notify educators when any information changes.
- Be invited to contribute to the quality improvement process within the education and care service.
- Be encouraged to attend children's excursions to help meet required ratios and to support their children's knowledge of and engagement in their community.
- Be invited to assist with working bees in the education and care service. These will be arranged from time to time to help maintain equipment and the education and care environment and will be a family event where children can also participate.
- Be invited to family events to be held periodically to help families network and develop friendships in the local community. Educators will be encouraged to attend these events.

EVALUATION

Families feel valued and welcomed as the first and most important educator in their child's life. Continuous improvement in the education and care setting is occurring because collaboration, clear communication, reflection, constructive feedback and positive relationships are fostered between all participants.

Statutory Legislation & Considerations

- Education and Care Services National Regulations 2011
- Early Years Learning Framework for Australia: Belonging, Being and Becoming, 2009

Sources

- Guide to the National Quality Standard (3) ACECQA (2011)
- Raising Children Network - Involving parents in school and childcare - http://raisingchildren.net.au/articles/involving_parents_in_school_and_childcare.html

Community Child Care Co-operative July 2012 Revision September 2014

18. Hygiene and infection control Policy

INTRODUCTION

It is important that educators' role-model positive health practices and those children are appropriately supervised, assisted and encouraged in their daily health and hygiene routines. Education and care environments must be hygienically maintained to reduce the possible spread of infection and illnesses.

GOALS - What are we going to do?

- The education and care service aims to maintain a healthy and hygienic environment for children, educators and families by providing professional cleaning services on a daily basis.
- The service will ensure that additional procedures are implemented to minimise the potential risk of disease and illness. These procedures will include:

Spot and routine cleaning by educators;

Effective hand washing practices;

Identifying and excluding sick children and educators as per the Infectious diseases and the

Illness policy;

Maintaining updated immunisation records as per the Infectious diseases policy;

Effective handling, storage and disposal or washing of soiled items; and

The use of personal protection equipment.

STRATEGIES - How will it be done?

Approved Provider will:

- Ensure procedures that prevent the spread of infectious diseases are designed to be implemented by educators and volunteers.
- Ensure that the Nominated Supervisor, educators and volunteers are aware of the need to implement health, hygiene practices and safe food handling and storage practices in order to minimise risks for the children in the education and care service.

The Nominated Supervisor will:

- Ensure that educators and volunteers implement health, hygiene practices and safe food handling and storage practices in order to minimise risks for the children in the education and care service.
- Ensure that in the event of an infectious disease being identified within the children, families or educators in the service, steps are taken to prevent the spread of the infectious disease and that parents and emergency contact details are notified about the occurrence of an infectious disease as soon as possible.
- Maintain up-to-date immunisation records for all children. Families will be given reminder notifications when scheduled immunisations are due. If any outbreak occurs within the education and care service children who are not immunised will be excluded as per the Infectious Diseases Policy.
- Introduce cleaning systems that prevent contamination and cross infection. Cleaning buckets, cloths, mops etc will be clearly labelled, coded to indicate their specific use and stored in a location inaccessible to children.
- Ensure that new educators, casual educators and volunteers are informed about the strategies and procedures implemented by the education and care service to keep themselves and the children protected.
- Prioritise training and professional development for educators regarding current hygiene and infection control practices.
- Place a copy of hand washing procedures near all hand washing areas for educators to follow.
- Monitor sand cleanliness and arrange for annual change or topping up as needed.

Educators will:

- Engage in training, research and professional development about current hygiene and infection control practices.
- Be responsible for routine cleaning of the education and care service. This will include sweeping and mopping floors after meal and activity times, wiping tables with soapy water before and after meals, sanitizing toys and equipment after use; and particularly after children have mouthed toys. The sandpits will be raked daily, covered each night and the sand cleaned frequently.
- Ensure that children's hand washing areas have a visual procedure available for children to refer to. Educators will role model correct hand washing techniques and give verbal reminders to children when washing hands.
- Monitor children's health and wellbeing while they are at the education and care service: Educators will observe children's activity carefully. If a child shows symptoms such as lethargy, high temperature, vomiting, skin rash, difficulty in breathing, diarrhoea or when educators have concerns about a child's health, they will immediately inform the Nominated Supervisor and the family. (Implement the Incident, Injury, Trauma and Illness Policy and the Infectious Diseases Policy.)
- Wear gloves at all times when assisting a child with soiled or wet their clothing, and during nappy change and toileting routines.
- Cover any cuts, abrasions, dermatitis or open skin on hands with a water resistant dressing.
- Spot clean bathroom areas as required during the day and clean the areas thoroughly once daily.
- Effectively manage bodily fluid spills and accidents. Blood or bodily fluid spills will be isolated with barricades until the educator can remove the spill hygienically. The educator will: avoid direct contact with the spill; use personal protective equipment; contain the spill as far as possible using paper towel, disposing of it in a sealed plastic bag; clean the spill using neutral detergent; dry or ventilate the area; notify the work cover authority if there has been exposure to bodily fluids that may present the risk of the transmission of blood borne diseases.
- Administer first aid to any educator who has blood or bodily fluids splash into their eyes or mouth by

irrigating the eyes for 5-10 minutes and/or blow nose and spit out and rinse out the mouth.

- Store and dispose of soiled items appropriately as per toileting policies.
- Encourage children to cover their noses and mouths when sneezing or coughing and to wash and dry their hands afterwards. Model this behaviour.
- Children's cups, plates and bowls along with all kitchen utensils used in the preparation of food will be thoroughly cleaned.
- Use every precaution to minimise the risk of infection within the education and care service environment for themselves, the children and the families.

EVALUATION

The safety and well-being of the educators, families and children will be the priority of the education and care service. Effective hygiene practices will be implemented by the education and care service to minimise the risk infection spreading.

Statutory Legislation & Considerations

- The NSW Work Health and Safety Act 2011 and the NSW Work Health and Safety Regulation 2011
- Education and Care Services National Regulations 2011
- Guide to the National Quality Standard (3) ACECQA (2011)

Sources

- Staying Healthy in Child Care - Fourth Edition - 2005
- WorkCover NSW - www.workcover.nsw.gov.au
- Centre for Community Child Health - www.rch.org.au
- National Health and Medical Research Council - www.nhmrc.gov.au

Community Child Care Co-operative (NSW) July 2012

POLICY REVIEW September 2014

Links to Education and Care Services National

Regulations 2011: 77, 88, 168

Links to National Quality Standards/Elements: 2.1; 2.1.3;

2.1.4; 3.1.1

19. Incident, injury, trauma and illness Policy

Introduction

The health and safety of children in education and care services is the responsibility of all approved providers and educators. Policies and procedures (including documented records) must be in place to effectively manage the event of any incident, injury, trauma and illness that occurs in the program by law. Young children's innate desire to explore and test their growing capabilities is essential in developing wellbeing. Educators must consider the understanding of all of the elements of wellbeing, and ensure that programs also acknowledge the importance of risk management to provide a safe environment and reasonably protect children from potential harm.

Goals - What are we going to do?

Our care and education service will:

Develop program goals that promote the wellbeing of each child;

Establish procedures and practice that minimise the risk of harm to children;

Maintain communication with families to ensure that they are informed of any incidents, injury, trauma and illness to their child/ren as required;

Ensure that records of any incident, injury, trauma and illness are documented, transmitted to the Department of Education and Communities as required and kept in storage according to regulatory requirements; and

Ensure that this policy is implemented in conjunction with our Emergencies and evacuation policy.

Strategies - How will it be done?

The approved provider, nominated supervisor and educators will consider the development of children's wellbeing as paramount to the educational philosophy of the service. All educators will be aware of the development of wellbeing, and children's emerging capabilities, and plan the program accordingly.

The procedures of the service will include the following:

Approved Providers will:

notify the Regulatory Authority of (i) any serious incident at the education and care service, the death of a child, or complaints alleging that the safety, health or wellbeing of a child was, or is, being compromised. Definition from Regulation 12: An incident involving serious injury or trauma or illness which a reasonable person would consider required urgent medical attention from a registered medical practitioner. (ii) Within 24 hours when caring for children in emergency situation or in exceptional circumstances.

Nominated Supervisors will:

Ensure that educators are rostered so that at least one educator who holds a current approved first aid qualification is present at all times that the children are being educated and cared for by the service;

Ensure the service holds the correct number of first aid kits required, suitably equipped, and maintained;

Ensure that all staff are aware of the completion of appropriate records (Attachment 1 - Injury, incident, trauma and illness record) in the event of any incident, injury, trauma or illness to children whilst in the care of the service, and that this information is completed no later than 24 hours after the incident occurred);

Make staff aware of the appropriate accessibility for approved officers and families to these records and the appropriate storage of these records according to regulatory requirements;

Complete an audit of the Injury, incident, trauma and illness reports to reflect on the effectiveness of the procedures in place at the service;

Give staff access to appropriate up to date information, or professional development on the management of incidents; and

Make certain that all staff have access to the Regulations and Law and are aware of their responsibilities under these ensuring that this occurs as part of staff induction or orientation to the service and that position descriptions reflect this responsibility.

Educators will:

Ensure that all children have opportunities to engage in experiences that enhance their sense of wellbeing and allow children to develop a sense of assessing risks for themselves as appropriate;

Consider the planning of the physical environment and experiences, ensuring that the spaces are safe;

Thoughtfully group children to effectively manage supervision and any potential risks to children's health and wellbeing;

Respond to children in a timely manner. Provide reassurance and ensure children's emotional and physical wellbeing is paramount at all times;

Seek further medical attention for a child if required;

Be aware of the signs and symptoms of illness/trauma, and update their understanding as part of their ongoing professional development;

Be aware of individual children's allergies and immunisation status and use this knowledge when attending/responding to any incident, injury or illness;

Respond to children showing signs of illness and begin monitoring the symptoms of the child, and recording as appropriate. Educators will contact the child's authorised person to inform them of the illness signs, or to request the collection of the child;

In response to a child registering a high temperature, follow procedures for temperatures, and complete the incident, injury, trauma and illness record as required;

Maintain appropriate work health and safety standards when attending to children's injuries and applying first aid;

Develop partnerships with families and use this understanding to guide the development of practice in relation to individual children's emerging capabilities;

Check that equipment and furniture in the service is well maintained and that any materials that may be hazardous are removed or repaired.

Ensure that hazardous items are inaccessible to children; and

Be involved in regularly reviewing and discuss policy and procedure and consider any improvements that need to be made to this policy.

Families will:

Be informed of policies and procedures upon enrolment with regards to first aid, illness whilst at the service, and exclusion practices, including immunisation status and illnesses at the service;

Inform the service of their child's particular requirements, and provide any relevant paperwork to the service, such as immunisation status, letters from a medical professional etc;

Be notified of any incident, injury, trauma, or illness as soon as is practicable, but no later than 24 hours after the noted incident, and will be provided with a copy of the report

Receive access to this policy and notification of its existence;

Have the opportunity to provide input into the review and effectiveness of policies and procedures of the service via various methods;

Be provided access to information on children's development, the service program, and relevant resources (such as Kidsafe, SIDs and Kids, for example) from the service.

Evaluation

Educators respond in a timely manner to any incident, and documentation is completed, shared, and stored as appropriate. Regular reviews of procedures and policy are implemented.

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

Education and Care Services National Regulations 2011: 12, 85, 86, 87, 88, 89, 103, 136-137, 176 (2) (a), and 176 (2) (a) (ii), 176 (2) (b), 245

Links to National Quality Standard: QA1, QA6, 2.1, 2.3

Education and Care Services National Law Application Act 2010: 167

Sources

Guide to the National Quality Standard ACECQA (2011) Updated September 2013

Guide to the Education and Care Services National Law and the Education and Care

Services National Regulations ACECQA (2011) Updated September 2013

EYLF - Belonging Being Becoming (2009)

The Manual - Managing a Children's Service - Community Child Care Co-operative (2009)

Health and Safety in Children's Services Model Policies and Practices - 2nd Edition revised (2003)

Community Child Care Co-operative (NSW) July 2012. Policy Review September 2014

Statutory Legislation & Considerations

Education and Care Services National Regulations 2011/13

Education and Care Services National Law Act 2010

20. The indoor & outdoor environment Policy

INTRODUCTION

The physical environment can contribute to children's wellbeing, happiness, creativity and developing independence. It can contribute to and express the quality of children's learning and experiences. The choices made in an education and care service about resources, materials, spaces, layout, air and light quality and access to a range of experiences in the indoor and outdoor, have a direct impact on the quality of learning opportunities available to children.

GOALS - What are we going to do?

The education and care service will ensure the environment is safe, clean and well maintained. Children's awareness of the environment and sustainable practice will be supported through daily practices, resources and interactions. The physical environment, both in and outdoors will support children's learning, safety, levels of engagement and access to positive experiences and inclusive relationships.

STRATEGIES - How will it be done?

Approved Provider will ensure that:

- Fencing and barriers which enclose outdoor areas used by children in the education and care service are maintained to ensure they are of a height and design that prevents children of preschool age from going through, over or under the structure. Considerations about minimising access to the education and care service by

unauthorised people and animals will also inform the height and design of fencing and barriers.

- Sufficient furniture, materials and developmentally appropriate equipment are provided and maintained in the education and care service in order to support all children to engage and access the program and develop their developing skills and independence.
- Adequate space requirements are maintained in both the indoor and outdoor environments.
- Toilet, washing and drying facilities are developmentally and age appropriate and are located and designed in a way that support safe use and convenient access by children.
- The nappy change areas support safe access and hygienic nappy change routines and that educators and children have ready access to hand washing facilities.
- Education and care environments are well ventilated and have adequate natural light.
- Indoor temperatures are maintained at levels that support children's safety and wellbeing.
- The play spaces in the education and care service provide children with opportunities to explore and experience the natural environment.
- The outdoor education and care environment has adequate shaded areas to protect children from ultraviolet radiation from the sun.
- The environment seeks to support convenient access to both indoor and outdoor play activities and to toilet and nappy change facilities according to supervision requirements, children's independence and developmental needs.
- Where possible, gardens reflect the local natural habitat and encourage native wildlife into the education and care environment.

The Nominated Supervisor will:

- Ensure that plants are selected to minimise risks to children. No poisonous or dangerous plants will be included in the education and care environment. See fact sheet on Poisonous Plants - www.gtp.com.au/kidsafeqld/inewsfiles/inews.5250.1.pdf
- Collaborate with educators to carefully select and provide adequate numbers of resources in order to contribute to children's sense of belong and to provide new learning opportunities that extend and challenge children's learning and development.

The Educational Leader will collaborate with educators to:

- Equally value both the outdoor and indoor learning environments as places that support children's learning, creativity, social engagement and sense of belonging.
- Seek to develop learning environments that are secure and predictable and that support children to take increasing responsibility for their health, hygiene and personal care.
- Design learning environments that are welcoming and accessible for all children and families, considering cultural diversity, social and physical inclusion.
- Design environments that reflect children's different cultures, interests, abilities and learning styles.
- Design environments that support small group work in ways that minimise the risk of injury, minimise disruption between activities, minimise conflict between children and reduce prolonged exposure to excess internal and external noise.
- Design outdoor learning experiences that complement and extend the indoor activities and learning experiences.
- Ensure that outdoor environments provide opportunities to learn through play, enabling access to materials that stimulate investigation and reflection, and enriched with natural resources and opportunities to connect with nature.
- Design indoor environments that are enriched by natural resources and opportunities to engage with nature.
- Encourage and nurture children's interest in the world around them. By providing children with materials, resources and information, educators can help children to appreciate and respect the beauty of their natural and built environments.
- Select resources and design learning environments that foster children's connections with the natural environment.

- Select natural materials and fibres if possible, when purchasing new equipment and resources. These include items such as wooden shelving and natural materials. Such resources enhance the look and feel of nature within the environment.
- Natural and flexible play materials such as sand, leaves and water will be available for children.
- Encourage children and families to collect and bring recycled equipment and natural resources into the environment.
- Encourage children to care for plants by growing plants from seeds.
- Design areas for appreciation of nature, where educators and children can observe the natural play environment and reflect on nature. This will include the introduction of indoor plants into indoor area. Educators and children will be responsible for the care of these plants ensuring they have enough sunlight and water. As in the outdoor garden, plants will be selected to minimise the risks to children.

EVALUATION

The education and care service has aesthetically pleasing, safe, flexible and functional play and learning environments. Educators, children and families are supported to consider environmentally sustainable practices. Children's emotional, physical, social, cognitive and spiritual wellbeing are supported by the design and functions of the indoor and outdoor environments. The environment complements the educational and care aims of the service, supporting children to have a strong sense of being and belonging, as well as facilitating their growth and development.

Statutory Legislation & Considerations

- Education and Care Services National Regulations 2011

Sources

- Guide to the National Quality Standard (3) ACECQA (2011)
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011
- Kidsafe
- Community Child care Co-operative (NSW) 2012 Policy September 2014

2013

»» Links to Education and Care Services National

»» Links to National Quality Standards/Elements: QA 3

21. Interactions with Children Policy

Introduction

A positive atmosphere and the wellbeing of children within an education and care setting is promoted through attentive care and quality interactions with children. Emotional development and social relationships are enhanced through thoughtful and sophisticated approaches to conversation, discussion and promotion of children's language and communication.

Children who experience relationships that are built on respect, fairness, cooperation and empathy are given the opportunity to develop these qualities themselves. When children have positive experiences of interactions they develop an understanding of themselves as significant and respected, and feel a sense of belonging.

Education and Care Services National Regulations 2011: 155, 168

Links to National Quality Standard: 5.2.1; 5.2.3; 7.3.5

Goals - What are we going to do?

Interactions with children will:

promote a safe, secure and nurturing environment;

be authentic and responsive;

be based in fairness, acceptance and empathy with respect for culture, rights, community and the individual.

Strategies - How will it be done?

The Nominated Supervisor and Educational Leader shall:

1. Guide professional development and practice to promote interactions with children that are positive and respectful;
2. Establish practice guidelines that ensure interactions with children are given priority and those interactions are authentic, just and respect difference.

Educators and staff will:

1. Respond to children's communication in a just and consistent manner;
2. Respond sensitively to children's attempts to initiate interactions and conversations;
3. Initiate one to one interactions with children, particularly babies and toddlers during daily routines and conversation with each child.
4. Support children's efforts, assisting and encouraging as appropriate;
5. Support children's secure attachment through consistent and warm nurturing relationships;
6. Support children's expression of their thoughts and feelings;
7. Encourage children to express themselves and show an interest and participate in what the child is doing;
8. Encourage children to make choices and decisions;
9. Acknowledge children's complex relationships and sensitively intervene in ways that promote consideration and alternative perspectives and social inclusion. Guidance strategies should be reflective of this approach;
10. Acknowledge each child's uniqueness in positive ways;
11. Respect cultural differences in communication and consider alternative approaches to own.

Children's Rights, Family and Cultural Values

Interactions within the setting are greatly enhanced when children's rights and family and cultural values are given due consideration and respect. Administrative procedures, initial conversations, documentation and ongoing communication with children and families are a reference point for interactions and a foundation for authentic and respectful communication.

Listening

Educators and staff must use listening as a foundation for interactions. Listening is based on observation and in

leaving spaces in conversations and communication, suspending judgement and in giving full attention to children

as they communicate. Truly attending to children's communication promotes a strong culture of listening.

Children and Families

A culture of respectful interaction is promoted when children's attempts to communicate are valued. Turn taking and regulating children's conversations promotes active engagement. Respectful communication with families generates greater confidence in interacting.

Reflection and Consideration

Time is dedicated to reflecting upon interactions within children. Reflections should consider how to spend extended periods engaged in interactions with children that comprise communication and listening.

Role Modelling

Educators model positive interactions when they:

Show care, empathy and respect for children, educators and staff and families;

Learn and use effective communication strategies;

Remember - quality interactions increase children's knowledge and understanding of themselves, each other as unique individuals and develop the skills and understandings they need to interact positively with others.

Evaluation

Interactions between educators and children are genuine, positive and responsive and based on respect, fairness, acceptance, co-operation and empathy. This is evident in conversations, communication, pedagogy, and planning for children and families

Statutory Legislation & Considerations

Children (Education and Care Services National Law Application) Act 2010

Education and Care Services National Regulations 2011

Sources

DEEWR (2009). *Belonging Being and Becoming: The Early Years Learning Framework for Australia*. www.deewr.gov.au

Community Child Care Co-operative (NSW) July 2012 Policy Review September 2014

22. Infectious Disease Policy

Introduction

Ensuring the health and safety of children, and staff, and supporting children's ongoing wellbeing, is a core focus of the delivery of an Education and Care Service. Educators in services need to be aware of the likelihood

of young children being exposed to an infectious illness whilst in care. Maintaining hygiene practices within the

service and teaching young children about health and hygiene will assist in the prevention of infectious diseases.

Providing families with timely and current information will further support this process.

Goals - What are we going to do?

Children's exposure to infectious diseases will be minimised by:

our service following all recommended guidelines from relevant authorities regarding the prevention of infectious diseases;

promotion of practices that reduce the transmission of infection;

the exclusion of sick children and staff;

service support for child immunisation; and

implementation of effective hand washing procedures.

Strategies - How will it be done?

Approved Provider will:

ensure that all information regarding the prevention of infectious diseases is sourced from a recognised health

authority, such as: Staying Healthy in Child Care - Preventing Infectious Diseases in Child Care (5th edition),

National Health and Medical Research Council (2006), and the NSW Ministry of Health, or NSW public hospitals websites;

implement the recommendations from Staying Healthy in Child Care - Preventing Infectious Diseases in Child

Care to prevent the spread of infectious diseases at the service;

ensure that children are reasonably protected from harm by working with the Nominated Supervisor and Educators on developing, implementing and reviewing policy that will guide health and safety procedures within the service; and

collect, maintain, and store appropriately the required enrolment documents and enrolment information of children in the service.

Nominated Supervisor will: exclude children they suspect have an infectious illness until they get a medical certificate saying they are OK to return and their children who are unwell should not attend the service.

Develop procedures for: maintaining a hygienic environment;

providing families with relevant infectious diseases, health and hygiene information;

guiding children's understanding of health and hygiene throughout the daily program;

ensuring staff are aware of relevant immunisation guidelines for children and themselves; and

maintaining relevant records regarding the current status of the immunisation of staff and children at the service, as well as any relevant medical conditions of children at the service.

Develop an enrolment procedure that captures all required information regarding the children's immunisation status, and any medical conditions.

Provide relevant sourced materials to families about: the current NSW Immunisation Schedule for children; exclusion guidelines for children that are not immunised or have not yet received all of their immunisations in the event of an infectious illness at the service, upon induction at the service;

advice and information regarding any infectious diseases in general, and information regarding any specific infectious illnesses that are suspected/present in the service; and

providing information on illnesses (as soon as practicable after the occurrence of an infectious disease).

Provide information to families as soon as practicable of the occurrence of an infectious disease that describe the: nature of illness; incubation period; and infectious and exclusion periods. Obtaining a medical certificate for the return of a child to care is at the discretion of the nominated supervisor or responsible person.

This information will be sourced from a reliable source such as, Staying Healthy in Childcare - Preventing Infectious Diseases in Child Care (5th Edition), National Health and Medical Research Council (2006).

Ensuring that an "Incident, Injury, Trauma and Illness" record is completed as soon as practicable or no later than 24 hours of the illness occurring;

Ensure that processes (such as a "Communications to educators" form) is completed and forwarded to all educators so that they are aware of individual children's circumstances;

Maintaining confidentiality with regards to children's individual medical circumstances, by putting procedures in

place to safeguard children and families personal information;

Devising a routine written process for updating children's enrolment records with regards to immunisation,

ensuring that this occurs as required, (i.e. as children reach age milestones for immunisation), or at least twice a year;

Advising staff of the recommended immunisations for people working with children as per the Immunisation Handbook – 9th Edition (2008);

Maintaining current records of staff immunisation status and ensuring educators familiarity with written procedures for exclusion of educators as well as children in the event of an infectious illness;

Providing opportunities for educators to source relevant up to date information on the prevention of infectious diseases, and maintaining health and hygiene from trusted sources;

Ensuring opportunities for educators and families to be involved in the review of the policies and procedures regarding children's health and safety; and

Inform and implement the advice of the health department, or local health unit regarding Infectious Diseases as required.

Educators will:

Ensure that any children that are suspected of having an infectious illness are responded to and their health and emotional needs supported at all times;

Implement appropriate health and safety procedures, when tending to ill children;

Ensure that families are aware of the need to collect their children as soon as practicable to ensure the child's comfort;

Advise families that they will need to alert the service if their child is diagnosed with an Infectious Illness;

Maintain their own immunisation status, and advise the Approved Provider/Nominated Supervisor of any updates to their immunisation status;

Provide varied opportunities for children to engage in hygiene practices, including routine opportunities, and intentional practice;

Take into consideration the grouping of children to reduce the risk of acquiring an infectious illness when planning the routines/program of the day;

Implement the services health and hygiene policy including:

hand washing – washing and drying thoroughly, and remembering to include babies when hand washing routine and daily cleaning of the service;

Nappy changing procedures;

wearing gloves (particularly when in direct contact with bodily fluids); and

proper handling and preparation of food.

Provide opportunities for staff, children and families to have access to health professionals by organising visits/guest speakers to attend the service to ensure that practices in place at the service are correct; and

Maintain currency with regard to Health and Safety by attending appropriate professional development opportunities.

Families will:

Advise the service of their child's immunisation status, and provide written documentation of this for the service to copy and keep with the child's enrolment records;

Advise the service when their child's immunisation/medical condition is updated and provide this information to the service to ensure that enrolment records are up to date; and

Have the opportunity to provide input into the review and effectiveness of policies and procedures of the service via various methods.

Evaluation

Infection control is effectively managed at the service to ensure children remain healthy and transmission of infectious diseases are minimised.

Links to: Health and Hygiene Policy (to reflect individual services circumstances)

"Maintaining hygiene practices within the service and teaching young children about health and hygiene will assist in the prevention of infectious diseases."

Statutory Legislation & Considerations

Education and Care Services National Law Act 2010

Education and Care Services National Regulations 2011

Sources

Guide to the National Quality Standard (3) ACECQA (2011)

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011

EYLF – Belonging Being Becoming (2009)

Health and Safety in Children's Services Model Policies and Practices - 2nd Edition (2003)
 Staying Healthy in Child Care - Preventing Infectious Diseases in Child Care - 5th ed(2012)
 NSW Ministry of Health: www.health.nsw.gov.au/
 National Health and Medical Research Council: www.nhmrc.gov.au/
 Immunisation Handbook - 9th Edition (2008) Australian Government - Department of Health and Ageing -
 National Health and Medical Research Council
 Guide to the Education and Care Services National Law and the Education and Care Services National
 Regulations (3) (2011) Community Child Care Co-operative July 2012 Policy
 Review September 2014

23. Medical Conditions Policy

Introduction

Medical conditions include, but are not limited to asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis. In many cases these can be life threatening. Our service is committed to a planned approach to the management of medical conditions to ensure the safety and well-being of all children at this service. Our service is also committed to ensuring our educators and staff are equipped with the knowledge and skills to manage situations to ensure all children receive the highest level of care and to ensure their needs are considered at all times. Providing families with ongoing information about medical conditions and the management conditions is a key priority.

Goals - What are we going to do?

Our education and care service will minimise the risks around medical conditions of children by:
 Collaborating with families of children with diagnosed medical conditions to develop a risk minimisation plan for their child;

Informing all staff, including casual staff, educators and volunteers, of all children diagnosed with a medical condition and the risk minimisation procedures for these;

Providing all families with current information about identified medical conditions of children enrolled at the service with strategies to support the implementation of the risk minimisation plan;

Ensuring all children with diagnosed medical conditions have a current risk minimisation plan that is accessible to all staff; and

Ensuring all staff are adequately trained in the administration of emergency medication.

Strategies - How will it be done?

The Approved Provider will:

Ensure the Nominated Supervisor fulfils responsibilities in the management of medical conditions.

Enrolment of children into the centre

The Nominated Supervisor will:

Ensure that any parent with a child enrolled at the service that has a specific health care need, allergy or other

relevant medical condition is provided with a copy of this Medical Conditions policy;

Inform parents of the requirement to provide the service with a medical management plan of their child's condition;

Collaborate with families of children with medical conditions to develop a risk minimisation plan to ensure the child's safety and wellbeing;

to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised; and

if relevant, to ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented; and

if relevant, to ensure that practices and procedures to ensure that the parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented; and

to ensure that practices and procedures ensuring that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication are developed and implemented; and

if relevant, to ensure that practices and procedures ensuring that the child does not attend the service without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition are developed and implemented; and

Ensure that all staff and educators are aware of the medical management plan and risk minimisation

plan;

7.1.8 Ensure that staff are adequately trained in procedures contained in the medical management plan; and

7.1.9 Inform other families enrolled at the centre of the need to prohibit any items which may present a hazard to children with diagnosed medical conditions.

Communication and display of medical information

The Nominated Supervisor will:

Ensure all medical management and risk minimisation plans are accessible to all staff;

Ensure that all plans are current and kept up to date;

Develop a communication plan to ensure that relevant staff members and volunteers are informed of the medical conditions policy, the medical management plan and risk minimisation plan for the child;

Develop a communication plan to ensure that parents can communicate any changes to the medical management plan and risk minimisation plan; and

Update the communication plan as needed;

Educators and staff will:

Ensure they are aware of enrolled children with medical conditions and be familiar with the medical management

and risk minimisation plans of each child diagnosed with a medical condition; and

Will consult the communication plan to ensure they are aware of their communication responsibilities.

Management of asthma and anaphylaxis

The Nominated Supervisor will:

Ensure that all staff are adequately trained in the management of asthma and anaphylaxis, and that training includes identifying medical emergencies; and

Ensure that all staff are adequately trained in the administration of emergency medication such as the Epi-Pen or asthma medication.

Educators and staff will:

Be alert to the immediate needs of children who present with symptoms of anaphylaxis and asthma; and

Administer emergency medication in accordance with their training, as required.

Documentation and record keeping

The Approved Provider will:

Ensure records are confidentially stored for the specified period of time as required by the Regulation.

The Nominated Supervisor will:

Provide a copy of the Medication Record to medical staff in the event further medical intervention is required.

Educators and staff will:

Complete a Medication Record when a child receives emergency medication; and

Will provide parents with a copy of the Medication Record.

Policy Availability

The medical conditions policy will be readily accessible to all educators, staff, families and visitors, and ongoing

feedback on this policy will be invited.

Evaluation

Educators respond in an effective manner to any medical conditions incident, and documentation is completed, shared, and stored as appropriate;

Plans to effectively manage medical are developed in consultation with families, and implemented; and

Regular reviews of procedures and policy are implemented.

Medical Conditions - Asthma Management

Asthma Management

Introduction

It is generally accepted that children under the age of six do not have the skills and ability to recognise and manage their own asthma effectively. With this in mind, our service recognises the need to educate its staff and families about asthma and to promote responsible asthma management strategies.

Goals - What are we going to do

This Asthma Policy aims to:

Raise awareness of asthma amongst those involved with the service;

Implement strategies to support the health and safety of children with asthma enrolled at the service;

Provide an environment in which children with asthma can participate in all activities to the full extent of their

capabilities; and

Provide a clear set of guidelines and expectations to be followed with regard to the management of asthma.

Strategies - How will this be done?

The Approved Provider will:

Provide Emergency Asthma Management Training to all staff

The Nominated Supervisor will:

Provide staff with a copy of this policy and brief them on asthma procedures upon their appointment;

Ensure at least one staff member who has completed accredited asthma training is on duty whenever children are present at the service;

Ensure all enrolment forms contain the question Does your child have any special medical needs?

Identify children with asthma during the enrolment process and inform staff;

Provide families thus identified with a copy of this policy and Asthma Action Plan upon enrolment or diagnosis; (Asthma Action Plan template can be downloaded from www.asthma.org.au/LinkClick.aspx?fileticket=d-W_7r6MUrE%3d&tabid=282)

Store Asthma Action Plans in the child's enrolment record;

Formalise and document the internal procedures for emergency Asthma First Aid;

Ensure that an emergency Asthma First Aid poster (available from

www.asthma.org.au/LinkClick.aspx?fileticket=3vRlcsATxZw%3d&tabid=98) is displayed in key locations;

Ensure that an accredited staff member correctly maintains the asthma component of the First Aid Kit (eg. regular checks of expiry dates on medication);

Encourage open communication between families and staff regarding the status and impact of a child's asthma; and

Promptly communicate any concerns to families should it be considered that a child's asthma is limiting his/her ability to participate fully in all activities.

Staff will:

Ensure that they maintain current accreditation in Emergency Asthma Management (valid for three years);

Ensure that they are aware of the children in their care with asthma;

Ensure, in consultation with the family, the health and safety of each child through supervised management of the child's asthma;

Identify and, where practical, minimise asthma triggers;

Where necessary, modify activities in accordance with a child's needs and abilities;

Ensure that all regular prescribed asthma medication is administered in accordance with the information on the

child's written Asthma Action Plan;

Administer emergency asthma medication if required according to the child's written Asthma Action Plan. If no

written Asthma Action Plan is available the Asthma First Aid Plan outlined in this document should be followed immediately;

Promptly communicate, to management or parents/guardians, any concerns should it be considered that a child's

asthma is limiting his/her ability to participate fully in all activities; and

Ensure that children with asthma are treated the same as all other children.

Families will:

Inform staff, either upon enrolment or on initial diagnosis, that their child has a history of asthma;

Provide all relevant information regarding their child's asthma via the written Asthma Action Plan , which should

be provided to the centre within seven (7) days of enrolment;

Notify the Nominated Supervisor, in writing, of any changes to the Asthma Action Plan during the year;

Ensure that their child has an adequate supply of appropriate asthma medication (including reliever) at all times,

along with a spacer and face mask;

Ensure that they comply with all requirements and procedures in relation to the Medications Record;

Communicate all relevant information and concerns to educators as the need arises (e.g. if asthma symptoms were present the previous evening); and

Ensure, in consultation with the staff, the health and safety of their child through supervised management of

the child's asthma.

Children will:

Wherever practical, be encouraged to seek their reliever medication as soon as their symptoms develop.

Medical Conditions - Anaphylaxis Management

Anaphylaxis Management

Goals - What are we going to do

Minimise the risk of an anaphylactic reaction occurring while the child is in the care of the children's service;

Ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenaline auto-injection device;

Raise the service community's awareness of anaphylaxis and its management through education and policy implementation;

Anaphylaxis is a severe, life-threatening allergic reaction. Up to two per cent of the general population and up to five per cent (0-5years) of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow milk, sesame, bee or other insect stings and some medications;

Young children may not be able to express the symptoms of anaphylaxis;

A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can

be treated effectively by using an adrenaline auto-injection device;

The Approved Provider recognises the importance of all staff/carers responsible for the child/ren at risk of anaphylaxis undertaking training that includes preventative measures to minimise the risk of an anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of an adrenaline auto-injection device; and

Staff/carers and parents/guardians need to be made aware that it is not possible to achieve a completely allergen-free environment in any service that is open to the general community. Staff/carers should not have a false sense of security that an allergen has been eliminated from the environment. Instead the licensee recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimise the presence of the allergen in the service.

Strategies - How will this be done?

The Approved Provider will:

Ensure that all staff members have completed first aid and anaphylaxis management training that has been approved by ACECQA by January 2013 then at least every 3 years; and

Ensure that this policy is provided to a parent or guardian of each child diagnosed at risk of anaphylaxis at the service.

In services where a child diagnosed at risk of anaphylaxis is enrolled the Approved Provider shall also:

Conduct an assessment of the potential for accidental exposure to allergens while child/ren at risk of anaphylaxis are in the care of the service and develop a risk minimisation plan for the service in consultation with staff and the families of the child/ren; and

Ensure that a notice is displayed prominently in the main entrance of the service stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the service.

The Nominated Supervisor will:

Ask all parents/guardians as part of the enrolment procedure, prior to their child's attendance at the service, whether the child has allergies and document this information on the child's enrolment record. If the child has severe allergies, ask the parents/guardians to provide a medical management action plan signed by a Registered Medical Practitioner;

Ensure that an anaphylaxis medical management action plan signed by the child's Registered Medical Practitioner and a complete auto-injection device kit (which must contain a copy the child's anaphylaxis medical management action plan) is provided by the parent/guardian for the child while at the service;

Ensure staff members on duty whenever children are present at the service have completed emergency anaphylaxis management training;

Ensure that practice of the adrenaline auto-injection device is undertaken on a quarterly basis and recorded;

Ensure that all relief staff members in a service have completed current approved anaphylaxis management training including the administration of an adrenaline auto-injection device and awareness of the symptoms of an anaphylactic reaction;

Ensure all staff know the the child/children at risk of anaphylaxis, their allergies, the individual anaphylaxis medical management action plan and the location of the auto-injection device kit;

Ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service without the device;

Implement the communication strategy and encourage ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation;

Display an Australasian Society of Clinical Immunology and Allergy inc (ASCIA) generic poster called Action Plan

for Anaphylaxis in a key location at the service, for example, in the children's room, the staff room or near the medication cabinet;

Ensure that a child's individual anaphylaxis medical management action plan is signed by a Registered Medical Practitioner and inserted into the enrolment record for each child. This will outline the allergies and describe the prescribed medication for that child and the circumstances in which the medication should be used;

Ensure that all staff in a service know the location of the anaphylaxis medical management plan and that a copy is kept with the auto-injection device kit; and

Ensure that the staff member accompanying children outside the service carries the anaphylaxis medication and a copy of the anaphylaxis medical management action plan with the auto-injection device kit.

Staff responsible for the child at risk of anaphylaxis shall:

Ensure a copy of the child's anaphylaxis medical management action plan is visible and known to staff in a service;

Follow the child's anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to anaphylaxis;

In the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:

- Call an ambulance immediately by dialling 000

- Commence **first aid** measures

- Contact the parent/guardian

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

Practice the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and "anaphylaxis scenarios" on a quarterly basis;

Ensure that the auto-injection device kit 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;

Ensure that the auto-injection device kit containing a copy of the anaphylaxis medical management action plan for each child at risk of anaphylaxis is carried by a staff member on all excursions;

Regularly check the adrenaline auto-injection device expiry date. (The manufacturer will only guarantee the effectiveness of the adrenaline auto-injection device to the end of the nominated expiry month); and

Provide information to the service community about resources and support for managing allergies and anaphylaxis.

Parents/guardians of children shall:

inform staff at the children's service, either on enrolment or on diagnosis, of their child's allergies;

Develop an anaphylaxis risk minimisation plan with service staff;

Provide staff with an anaphylaxis medical management action plan signed by the Registered Medical Practitioner

giving written consent to use the auto-injection device in line with this action plan;

Provide staff with a complete auto-injection device kit;

Regularly check the adrenaline auto-injection device expiry date;

Assist staff by offering information and answering any questions regarding their child's allergies;

Notify the staff of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance with these changes;

Communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child; and

Comply with the service's policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service or its programs without that device.

Medical Conditions - Diabetes Management

Diabetes Management

Introduction

The management of a child's diabetic condition is dependent upon coordination between our service, the child's family and the child's doctor. Our service recognises the need to facilitate effective care and health management of children who have diabetes, and the prevention and management of acute episodes of illness and medical emergencies.

Goals – What are we going to do

This Diabetes Management Policy aims to:

Raise awareness of diabetes management amongst those involved with the service;

Provide the necessary strategies to ensure the health and safety of all children with diabetes enrolled at the service;

Provide an environment in which children with diabetes can participate in all activities to the full extent of their

capabilities; and

Provide a clear set of guidelines and expectations to be followed with regard to the management of diabetes.

Strategies – How will this be done?

The Approved provider will:

Encourage all staff to complete senior first aid training.

The Nominated Supervisor will:

Provide staff with a copy of this policy and brief them on diabetes procedures upon their appointment;

Ensure at least one staff member who has completed accredited senior first aid training is on duty whenever children are being cared for or educated;

Ensure all enrolment forms contain the question: Does your child have any medical special needs?

Identify children with diabetes during the enrolment process and inform staff;

Provide families thus identified with a copy of this policy and Diabetes Action plan upon enrolment or diagnosis;

(a Diabetes Action Plan template can be downloaded from

www.chess.sa.edu.au/Pathways/diabcareplanjune2009.doc

Ensure that each Diabetes Action Plans are received for each child with a diagnosis of diabetes that contain information for the child's Diabetic Management and outline what do in relation to any Diabetic Emergency the child might face;

Ensure families provide the service with the child's testing kit and hypo pack if required;

Store Diabetes Action Plans in the child's enrolment record;

Formalise and document the internal procedures for emergency Diabetes treatment;

Encourage open communication between families and staff regarding the status and impact of a child's diabetes;

and

Promptly communicate any concerns to families should it be considered that a child's diabetes is limiting his/her

ability to participate fully in all activities.

Staff will:

Ensure that they maintain current accreditation in first aid;

Ensure that they are aware of the children in their care with diabetes;

Ensure that they are familiar with the symptoms of signs and symptoms and the emergency treatment of a low blood glucose level;

Call an ambulance if they feel emergency treatment is required;

Ensure, in consultation with the family, the health and safety of each child through supervised management of the child's diabetes;

Where necessary, modify activities in accordance with a child's needs and abilities;

Ensure that a child's Diabetes Action Plan is followed at all times;

Promptly communicate, to management or parents/guardians, any concerns should it be considered that a child's

diabetes is limiting his/her ability to participate fully in all activities; and

Ensure that children with diabetes are treated the same as all other children.

Families will:

Inform staff, either upon enrolment or on initial diagnosis, that their child has diabetes;

Provide all relevant information regarding their child's diabetes via a written Diabetes Action Plan, which should
 be provided to the centre within seven (7) days of enrolment;
 Keep the child's testing kit and hypo pack updated as required;
 Notify the Nominated Supervisor, in writing, of any changes to the Diabetes Action Plan during the year;
 Ensure that they comply with all requirements and procedures in relation to the Medications Record;
 Communicate all relevant information and concerns to educators as the need arises; and
 Ensure, in consultation with the staff, the health and safety of their child through supervised management of the child's diabetes.

Statutory Legislation & Considerations

Education and Care Services National Regulations 2011: 90, 91, 94

Community Child Care Co-operative (NSW) July 2012. **Review policy September 2014**

24. Nappy change Policy

INTRODUCTION

Meeting the needs of children by providing clean nappies and a safe and hygienic place for changing children is a basic need that is important for children's comfort and happiness.

"Nappy changing and toileting rituals are also valuable opportunities to promote children's learning, meet individual needs and to develop strong relationships with children. Having their needs met in a caring and responsive way builds children's sense of trust and security—which relates strongly to the Early Years Learning Framework." p.66, *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011*.

GOALS - What are we going to do?

The education and care service will follow best practice guidelines for nappy changing to ensure the area is hygienic and to reduce the spread of infectious disease. The education and care service aims to make the nappy

change experience a relaxed, happy and social routine that provides an opportunity for educators and children to further develop trusting and positive relationships.

Nominated Supervisor will:

- Develop and implement policies, procedures and training with educators to ensure nappy change procedures that support children's safety, protection, relationships and learning.
- Develop systems with educators to ensure that soiled clothing and soiled nappies are disposed of or stored in a location children cannot access.

STRATEGIES - How will it be done?

Approved Providers will:

- Provide adequate and appropriate hygienic facilities for nappy changing;
- Ensure nappy change facilities are designed and located in a way that prevents unsupervised access by children;
- Ensure that adult hand washing facilities are located within the nappy change area;
- Consider access to children's hand washing facilities within the nappy change area;
- Consult the Building Code of Australia for requirements concerning nappy change benches. (Centre-based services.);
- Ensure that the nappy change facilities are designed and maintained in a way that facilitates supervision of children at all times, having regard to the need to maintain the rights and dignity of the children.

Educators will:

- Discuss children's individual needs with families to ensure practices are reflective of the home environment and are culturally sensitive;
- Provide information to families regarding children's nappy change patterns;
- Utilise nappy change times to interact with children on an individual basis. The nappy change time will allow educators to converse, sing, play and generally interact with the child. This time allows educators and children to learn more about each other and understand each child's personality and personal strengths; and
- Organise the nappy change area to promote positive interactions and promote positive learning experiences, e.g. place pictures or mobiles to stimulate children's interactions and to encourage learning.

Educators will maintain effective supervision at all times by:

- Fully supervising and maintaining physical contact with children throughout the nappy change experience. No child will be left alone on a nappy change mat.

- Keeping nappy change areas fully stocked with all required materials at all times. Educators are responsible for maintaining the supplies to meet the needs of individual children. Supplies will be readily accessible to staff to ensure efficiency and the health and safety of each child.
- Encouraging mobile children to walk to the nappy change area. Educators will assist the child to walk up the steps onto the nappy change bench to reduce repetitive movements by educators and to promote children's agency. Where a child is not walking, educators will follow manual handling practices to lift and carry the child to the nappy change mat.
- Educators will practice effective hygiene by:
 - Utilising the 'Staying Healthy in Child Care' practices when changing a nappy to reduce the spread of infection. These are:
 - »» Wash hands.
 - »» Place paper towel on the nappy change mat. »» Put on gloves.
 - »» Remove the nappy and place in the nappy bin. »» Remove any soiled or wet clothing.
 - »» Clean the child's bottom.
 - »» Remove the paper towel and put it in the nappy bin.
 - »» Put the gloves in the nappy bin.
 - »» Remove the gloves, peeling them back from the wrist and turning them inside out as they are removed.
 - »» If a child requires specific cream, place a clean paper towel under the child's bottom. Put on clean gloves. Place a suitable amount of cream on the glove and spread onto the child's bottom. Remove the paper towel and place it in the nappy bin. Remove the gloves and place in nappy bin.
 - »» Dress the child.
 - »» Wash and dry their hands.
 - »» Return the child to the play area.
 - »» Clean the nappy change mat and area with Neutral cleaner.

Additional strategies

- Nappy change bins will have a 'hands-free' lid. Nappy bins will be located out of children's reach, in a child proof cupboard where possible. Nappy bins will be emptied once during the day and at the end of each day. This may need to be done more regularly if there are soiled nappies.
- Educators will clean nappy change mats and areas after each use. They will be thoroughly cleaned with vinegar and warm water or with pH Neutral detergent and water and paper towel once during the middle of the day and at the end of each day. Nappy change mats will be placed in direct sunlight after being cleaned.
- Children's nappies will be changed at scheduled intervals as determined by the nominated supervisor and educators. Nappies will also be checked throughout the day to ensure children are not susceptible to nappy rash and discomfort. A system to record this routine will be maintained for reporting purposes. (Standards 2.1.2 & 2.3.1).
- Nappy change and hand washing procedures will be displayed visually and in community languages as appropriate in the nappy change area.

EVALUATION

Nappy change experiences are safe and hygienic. They are considerate of children's diversity and family practices. Children's learning and development is engaged by staff to ensure the experience is relaxing for both children and staff.

Statutory Legislation & Considerations

- The NSW Work Health and Safety Act 2011 and the NSW Work Health and Safety Regulation 2011
- Children (Education and Care Services National Law Application) Act 2010 , Section 167
- Education and Care Services National Regulations 2011
- Guide to the National Quality Standard (3) ACECQA (2011)
- Australian Standard for storage and handling of hazardous chemicals and materials (AS 3780)

Sources

- The NSW Work Health and Safety Act 2011
www.workcover.nsw.gov.au/newlegislation2012/Pages/default.aspx
- Storage and Handling of Dangerous Goods: Guidance
www.workcover.nsw.gov.au/formspublications/publications/Documents/storage-handling-dangerousgoods-1354.pdf
- Approved First Aid Qualifications
www.acecqa.gov.au/qualifications/approved-first-aid-qualifications

• Health and Safety in Children's Centres: Model Policies and Practices (2nd ed.)
www.community.nsw.gov.au/docswr/_assets/main/documents/childcare_model_policies.pdf
Community Child Care Co-operative (NSW) 2012 Review Policy September 2014
National Regulations (2011): 77, 106
Links to National Quality Standards/Elements: 2.3.2

25. Nutrition/Food/Beverages/Dietary Requirements Policy

Introduction Research has shown that one in five pre-schoolers are either overweight or obese. By the time children in NSW reach kindergarten, almost 18% are either overweight or obese. The 2007 National Children's

Nutrition and Physical Activity Survey found that the dietary patterns of many Australian children are less than optimal with high consumption of salt and saturated fat, and low consumption of fruit and vegetables. Given that children are increasingly spending long periods of time in centre-based care, early childhood educators can role model healthy eating and encourage young children to make healthier food choices. This will contribute to the prevention of weight problems in children, allowing children to thrive physically, socially and intellectually, and in turn contribute to prevention of nutrition-related chronic diseases.

Education and Care Services National Regulations 2011: 77, 78, 79, 80

Links to National Quality Standard: 2.2.1, 2.2.2

Goals - What are we going to do?

Our care and education service will:

- ✎ role model healthy eating and activity throughout the day to all children and families;
- ✎ promote the six key Munch and Move messages to promote healthy, active habits in children from a young age;
- ✎ develop menus in accordance with the Australian Government Healthy Eating and Physical Activity for Early Childhood Settings, and the Dietary Guidelines for Children and Adolescents in Australia; and
- ✎ support families in educating their children about healthy food choices.

Strategies - How will it be done?

Professional development of staff and educators

- ✎ All educators will have access to Munch and Move professional development materials and information or receive similar training and information;
- ✎ All educators will have access to the Healthy Eating and Physical Activity Guidelines for Early Childhood Settings; and

Provision of food and drinks at the service

The Approved Provider will:

- ✎ Ensure that all children have access to safe drinking water at all times;
- ✎ Ensure that all children are offered food and beverages appropriate to the needs of each child on a regular basis throughout the day;
- ✎ Ensure that food and beverages provided are nutritious and adequate in quantity, and take each child's individual dietary requirements, growth and development needs and any specific cultural, religious or health requirements;
- ✎ Ensure that educators and staff are aware of the need to implement adequate health and hygiene practices and use safe practices for handling, preparing and storing food to minimise risks to children being educated and cared for by the service.

The Nominated Supervisor will ensure that:

- ✎ All children will have access to safe drinking water at all times;
- ✎ All children are offered food and beverages appropriate to the needs of each child on a regular basis throughout the day;
- ✎ Food and beverages provided are nutritious and adequate in quantity, in consideration of growth and development needs, any known food allergies and intolerances of specific children, and in line with recommended dietary guidelines, and will take into consideration each child's individual dietary requirements, growth and development needs and any specific cultural, religious or health requirements;
- ✎ Educators and staff implement adequate health and hygiene practices and use safe practices for handling, preparing and storing food to minimise risks to children; and
- ✎ Ensure that as per the Medical Conditions Policy the centre shall remain a nut free centre and that all dietary requirements relating to medical conditions are adhered to.

Staff and educators will ensure that:

- 7. Healthy eating is promoted through role modelling and eating with the children;
- 7. Children are encouraged to make healthy food choices;
- 7. All mealtimes are positive, relaxed and social;
- 7. Children are encouraged to try new foods, and their food likes and dislikes are respected;
- 7. Children are positively involved in mealtimes;
- 7. They implement adequate health and hygiene practices and use safe practices for handling, preparing and storing food to minimise risks to children; and
- 7. Ensure that as per the Medical Conditions Policy the centre shall remain a nut free centre and that all dietary requirements relating to medical conditions are adhered to.

Supporting families

Staff and educators will support families' choices regarding infant feeding, including breastfeeding and bottle feeding;

The service will provide families with up to date information on dietary requirements of young children to ensure optimal growth and development, and provide families with opportunities to discuss ways to maximise the health and well-being of their child/ren.

Education and information

Educators will engage children in learning experiences that are fun and enjoyable and incorporate key messages around healthy eating;

Implemented learning experiences will be guided by the EYLF principles and incorporate the child's identity;

Families will be provided with current information about recommended guidelines around dietary requirements, screen time and physical activity.

Policy Availability

This nutrition/food/beverages policy will be readily accessible to all staff, families and visitors, and ongoing feedback on this policy will be invited.

Evaluation: The service offers appropriate and healthy food and beverages to all children and meal times will be relaxed and model healthy eating to children.

Statutory Legislation & Considerations Education and Care Services National Regulations 2011 Children (Education and Care Services National Law Application) Act 2010

Source: Community Child Care Co-operative July (NSW) 2012 Policy review September 2014

26. Privacy and confidentiality statement

INTRODUCTION

Early childhood education and care services require personal information from families to provide appropriate and responsive care. This information needs to be maintained and managed by the education and care service in a private and confidential manner.

GOALS - What are we going to do?

The education and care service will maintain private and confidential files for educators, children and their families. These records will be securely stored and maintained. The education and care service will maintain records according to the National Privacy Principles.

- »» To the regulatory authority or an authorised officer,
- »» As authorised, permitted or required to be given by or under any act or law, and
- »» With written consent of the person who provided the information.

STRATEGIES - How will it be done?

• The education and care service defines the aims of this statement through specific privacy and confidentiality policies. These are:

- »» Confidentiality Policy
- »» Record Keeping
- »» Online Privacy

These individual policies will guide practices within the education and care service

The Nominated Supervisor will:

- Maintain up-to-date enrolment records, including information from families on immunisation updates, contact details of family members, emergency contact information and any medical or legal information required by the education and care service.
- Ensure that education and care service records, personnel records, CCB information and children's information is stored according to policy and remains private and confidential within the education and care environment at all times.

The Approved Provider will:

- Ensure that information collected from families, educators and the community is maintained in a private and confidential manner at all times.
- Ensure that such information is not divulged or communicated (directly or indirectly) to another person other than the ways outlined as appropriate in the Education and Care services National Regulations 2011, 181, which says information can be communicated:
 - »» To the extent necessary for the education, care or medical treatment of the child,
 - »» To the parent of the child to whom the information relates (except for information in staff records),

Educators will:

- Maintain children's information and store documentation according to policy at all times.
- Not share information about the education and care service, management information, other educators or children and families, without written permission or legislative authority.

EVALUATION

All information pertaining to the education and care service, educators and families is maintained in a private and confidential manner in accordance with the Commonwealth Privacy Act 1988 and the Education and Care services National Regulations 2011.

Statutory Legislation & Considerations

- Privacy Act 1988 - www.privacy.gov.au/law/act
- Privacy Amendment Private Sector Act 2000
- National Privacy Principles - www.privacy.gov.au/materials/types/infosheets/view/6583
- Privacy and Personal Information Protection Act 1998
- ECA - Code of Ethics
- Children (Education and Care Services National Law Application) Act 2010
- Education and Care Services National Regulations 2011
- Guide to the National Quality Standard (3) ACECQA (2011)
- Children and Young Persons (Care and Protection) Act 1998

Sources

- Office of the Australian Information Commissioner - www.privacy.gov.au
- Australian Legal Information Institute - www.austlii.edu.au
- Early Childhood Australia - www.earlychildhoodaustralia.org.au
- **Community Child Care Co-operative (NSW) July 2012 Review Policy 2013**

27. Priority of access Policy

INTRODUCTION

This policy has been developed to ensure the education and care service complies with the Priority of Access Guidelines set by Family Assistance Law and defined by NSW State Government Funding Agreements. Failure to meet these Guidelines is a breach of the conditions of continued approval for receiving Child Care Benefit and State Government funding.

Links to National Quality Standards/Elements: 6.1.1, 6.3.3, 7.3.2

GOALS - What are we going to do?

The education and care service will follow the Priority of Access Guidelines at all times when enrolling children. The waiting list application will reflect these guidelines to ensure that care is provided to families using these priorities.

STRATEGIES - How will it be done?

The education and care service will use the Priority of Access Guidelines to prioritise the waiting list and to allocate available education and care places to families.

The Priority of Access Guidelines followed by Long Day Care and Outside School Hours Care services are set by

Family Assistance Law. These are:

- **Priority 1:** a child at risk of serious abuse or neglect
- **Priority 2:** a child of a single parent who satisfies, or of parents who both satisfy, the work/training/study test under Section 14 of the 'A New Tax System (Family Assistance) Act 1999'
- **Priority 3:** any other child.

Within these three priority categories, precedence should also be given to children in:

- Aboriginal and Torres Strait Islander families
- Families which include a person with a disability

- Families on lower incomes
- Families from culturally and linguistically diverse backgrounds
- Socially isolated families
- Single parent families

The Priority of Access Guidelines followed by state funded preschools are defined by NSW State Government funding Agreements. In no particular order, these are:

- Children who are at risk of harm
- Aboriginal and Torres Strait Islander children
- Children from low income families
- Children from culturally and linguistically diverse backgrounds
- Children with disabilities
- Children in their year before school (with highest priority given to children closest to school entry)

The education and care service endeavours to meet the needs of the children and families in our community while complying with the above guidelines.

EVALUATION

All enrolments will strictly adhere to the Priority of Access Guidelines to ensure equity and consistency for the community.

Statutory Legislation & Considerations

- Child Care Benefit (Eligibility of Child Care Services for Approval and Continued Approval) Determination 2000 (subsection 2051 Family Assistance (Administration) Act)
- Priority of Access Guidelines for child care services
- Department of Education and Communities Funding Agreement
- Family Assistance Law

Sources:

www.deewr.gov.au

Dept of Families, Community Services and Indigenous Affairs

www.det.nsw.edu.au

Community Child Care Co-operative (NSW) July 2012 Review policy September 2014

28. Safe storage of dangerous goods

INTRODUCTION

By maximising awareness of the potential hazards of chemicals and equipment, we reduce the risk of harm to educators, children and families by ensuring dangerous products are safely stored and their use is minimised in all areas of our education and care service.

GOALS - What are we going to do?

The education and care service aims to reduce the use of dangerous products within the environment by introducing eco-friendly cleaning options. The education and care service endeavours to provide a safe environment where chemicals and hazardous equipment are safely stored away from children and are stored and handled appropriately.

STRATEGIES - How will it be done?

NOTE: Dangerous products used within the education and care service will be categorised into the following groups:

- Hazardous chemicals and substances
- Dangerous goods
- Poisons
- Drugs - including medications
- Miscellaneous dangerous products.

The Approved Provider will:

- Ensure that every reasonable precaution is taken to protect children being educated and cared for by the service from harm and any hazard likely to cause injury. (National Law section 167.)

The Authorised Supervisor will:

- Ensure that there are emergency procedures and practices for accidental spills, contamination and corresponding first aid plans for all dangerous goods handled and stored in the service.
- Ensure that at all times there is an educator on the premises with WorkCover & ACECQA approved first aid qualifications.

- Ensure that there are appropriate storage facilities in the service in which dangerous products are stored. Dangerous products will preferably be stored in areas of the service that are not accessible to children or in cupboards fitted with childproof locks.
- Develop a hazardous substances register and a risk assessment for any dangerous materials stored in bulk within the education and care premises. The register will record the product name, application, whether the MSDS is available, what class risk the chemical has, controls for prevention of exposure required, what first aid, medical or safety action should be taken if a person is exposed.

Educators will:

- Seek medical advice as needed by contacting the

Poisons Information Line – 13 11 26 or by calling 000.

- Wear Personal Protective Clothing when handling dangerous materials.
- Strictly adhere to the 'Directions for use' on the product label.
- Dispose of all products safely, in accordance with the manufacturer's instructions on the product label, Work Health and Safety regulations and Council by-laws.
- Consider minimising the use of dangerous products in the education and care service and use alternate "green cleaning" options. Refer to **Cleaning & Maintaining the Environment Policy**.
- Complete daily and quarterly WHS checklists to ensure that any dangerous products used within the education and care service have current

Material Safety Data Sheets (MSDS) and are stored appropriately.

- Store all dangerous products in well-labelled and original containers that preferably have childresistant lids and caps.
- Only administer children's medications with family authorisation and in accordance with medical directions. See **Medication Policy**. All medications will be stored in an area inaccessible to children. If any medications or dangerous substances require refrigeration, they must be placed in a labelled childproof container, preferably in a separate compartment of the fridge.

EVALUATION

Educators and the approved provider are abiding by legislative and statutory guidelines. The education and care service has adopted sustainable practices and reduced the use of dangerous products within the environment.

Statutory Legislation & Considerations

- The NSW Work Health and Safety Act 2011 and the NSW Work Health and Safety Regulation 2011
- Children (Education and Care Services National Law Application) Act 2010 , Section 167
- Education and Care Services National Regulations 2011
- Guide to the National Quality Standard (3) ACECQA (2011)
- Australian Standard for storage and handling of hazardous chemicals and materials (AS 3780
- Be encouraged to attend professional development sessions to maximise their awareness of dangerous products, potential hazards and source chemical free methods to reduce possible hazards in the education and care service.

Sources; Community Child Care Co-operative July 2012. Policy Review September 2013

- The NSW Work Health and Safety Act 2011
www.workcover.nsw.gov.au/newlegislation2012/Pages/default.aspx
- Storage and Handling of Dangerous Goods: Guidance
www.workcover.nsw.gov.au/formspublications/publications/Documents/storage-handlingdangerous-goods-1354.pdf
- Approved First Aid Qualifications
www.acecqa.gov.au/qualifications/approved-first-aid-qualifications
- Health and Safety in Children's Centres: Model Policies and Practices (2nd ed.)
www.community.nsw.gov.au/docswr/_assets/main/documents/childcare_model_policies.pdf

29. Sun Protection Policy

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY

Introduction Our service is a SunSmart service.

Australia has the highest rate of skin cancer in the world. Research has indicated that young children and babies have sensitive skin that places them at particular risk of sunburn and skin damage. Exposure during the first 15 years of life can greatly increase the risk of developing skin cancer in later life. Early childhood services play a major role in minimising a child's UV exposure as children attend during times when UV

radiation levels are highest.

Education and Care Services National Regulations 2011: 168

Links to National Quality Standard: 2.3.2; 7.3.5

Goals - What are we going to do?

Our care and education service will follow best practice guidelines to protect children, family members educators and staff from the damaging effects of sun exposure.

Strategies - How will it be done?

Our sun protection strategies are:

Outdoor Activities

The service will use a combination of sun protection measures whenever **UV Index levels reach 3 and above**. This will include:

From October to March sun protection is required at all times. Extra sun protection is needed between 11am and 3pm and during this period outdoor activities should be minimised. Minimising outdoor activities includes reducing both the number of times (frequency) and the length of time (duration) children are outside.

From April to September (excluding June and July) outdoor activity can take place at any time. However, from 10am-2pm sun protection is required.

In June and July when the UV index is mostly below 3, sun protection is not required. Extra care is needed for services in the far west and north of NSW and for all children who have very fair skin.

All sun protection measures (including recommended outdoor times, shade, hat, clothing and sunscreen) will be considered when planning excursions and activities.

Shade

All outdoor activities will be planned to occur in shaded areas. Play activities will be set up in the shade and moved throughout the day to take advantage of shade patterns.

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 should be conducted to monitor existing shade structures and assist in planning for additional shade.

Hats

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

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).

Please note: Baseball caps or visors do not provide enough sun protection and therefore are not recommended.

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) .

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.

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

Please note: Midriff, crop or singlet tops do not provide enough sun protection and therefore are not recommended.

Sunscreen

All staff and children will apply SPF30+ broad-spectrum water-resistant sunscreen 20 minutes before going outdoors. Sunscreen is stored in a cool, dry place and the use-by-date monitored.

Statutory Legislation & Considerations

Children (Education and Care Services National Law Application) Act 2010

Education and Care Services National Regulations 2011

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+ broad-spectrum water-resistant sunscreen 20 minutes before going outdoors.

Using and promoting shade.

Wearing sunglasses that meet the Australian Standard 1067 (optional).

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

Education and Information

Sun protection will be incorporated regularly into learning programs. Sun protection information will be promoted to all staff, families and visitors. Further information is available from the Cancer Council website www.cancercouncil.com.au/sunsmart.

Policy Availability

The sun protection policy, updates and requirements (including hat, clothing and sunscreen) will be made available to staff, families and visitors.

Review of policy September 2014

Management and staff will monitor and review the effectiveness of the sun protection policy regularly. The centre's sun protection policy must be submitted every two years to the Cancer Council for review to ensure continued best practice. Refer to the Cancer Council's guidelines and website www.cancercouncil.com.au/sunsmart for further information.

Sources

National Health and Medical Research Council - www.nhmrc.gov.au

NSW Department of Health - www.health.nsw.gov.au

SunSmart Info Line Ph: 02 9334 1761 sunsmartchildcare@nswcc.org.au

For information refer to: www.cancercouncil.com.au

SunSmart Agreement

Centre Name: _____

This centre agrees to enforce the above sun protection policy in line with the SunSmart Early Childhood Program recommendations and to inform the Cancer Council NSW of any changes to the centre's policy and practices. The centre will take part in a review every 2 years.

Name: _____

Position: _____

Signature: _____ **Date:** _____

Evaluation

The service demonstrates SunSmart behaviours with the wearing of suitable clothing and application of sunscreen.

Sun exposure is limited throughout the day in accordance with Cancer Council recommendations.

The curriculum and program incorporates sun safety awareness experience.

30. Transition to Primary school Policy

INTRODUCTION

Starting Primary school is a significant milestone in the life of any child and family. Our service supports continuity of learning and transitions for each child by sharing relevant information, clarifying responsibilities and by developing strategies that support a positive transition to Primary school. (Standard 6.3)

GOALS - What are we going to do?

The education and care service will liaise with Primary school to develop a smooth and comprehensive transition to Primary school program. The education and care service will work in collaboration with families to support the individual strengths and needs of each child and provide a high quality program to help children experiencing the transition to Primary school.

STRATEGIES - How will it be done?

Starting Primary school is a major transition for young children. When children know what to expect they are much more likely to feel confident and happy about transitioning.

The education and care program assists children to develop the following skills considered useful for engaging positively in the school environment:

- Concentrating on the task at hand
- Persevering when faced with difficulties
- Responding positively to new situations
- Taking some responsibility for their behaviour as it impinges on others in the group
- Developing the communication skills necessary for group or individual play
- Developing positive feelings about themselves and others

- Experiencing a sense of self satisfaction resulting from achievement.

The Educational Leader will:

- Establish systems across the education and care service to ensure there is continuity of learning when children transition to Primary.

Educators will:

- Encourage children to start thinking and talking about Primary school by exploring various elements of that school's experience. (E.g. appropriate clothing , eating packed lunches, talking to older children about Primary and how a Primary school environment is different.)
- Talk with children about starting Primary school, respecting any concerns and communicating these to families.
- Communicate with families to ensure the education and care service is meeting the individual strengths and needs of the children and families.
- Consider family priorities and any concerns about the transition process. Each families cultural and linguistic needs will be respected, along with family diversity.
- Develop a program to ensure a smooth transition for children from the education and care environment to the Primary environment. The program requires both parent and educator support for the child. This collaboration will ensure the best possible climate for this transition.
- Focus on school readiness in all areas of development throughout the day. Children will be encouraged to extend their knowledge via their interests and educators will assist children to challenge their skills regularly.
- Regularly discuss children's development and readiness for Primary school with families.
- Develop a transition to Primary School time line that caters for individual children and includes information from liaising with the Primary School
- Be supported to access professional development opportunities to ensure current knowledge and practice regarding transition to Primary school is employed within the education and care service.
- Facilitate relationships and networking with Primary school to support children and families with the transition process and to open lines of communication. The importance of Primary school preparation through visits, orientation days and meeting the teachers will be regularly promoted.

Statutory Legislation & Considerations

- Belonging, Being and Becoming: The Early Years Learning Framework for Australia, Commonwealth of Australia, 2009.
- Education and Care Services National Regulations 2011

Sources

- Guide to the National Quality Standard (3) ACECQA (2011)
- NSW Department of Community Services - School Readiness - www.community.nsw.gov.au/DOCSWR/_assets/main/documents/school_readiness.pdf
- NSW Public Schools - www.schools.nsw.edu.au/gotoschool/primary/startingschool.php
- Australian Research Alliance for Children & Youth - School Readiness -Various school readiness papers - www.aracy.org.au
- Community Child Care Co-operative (NSW) July 2012 Review of Policy September 2014

EVALUATION

Educators recognise the importance of a positive transition to school in a child's life. Educators support children and families to make the transition process positive and informative by liaising with the local schools and the wider community.

»» Links to Education and Care Services National

Regulations 2011: 118, 148

»» Links to National Quality Standards/Elements: 6.3

31. VOLUNTEERS AND STUDENTS POLICY

Introduction

Visitors to care and education settings are a regular occurrence. Family members or potential families want to visit a service when deciding on care for their children. Students attend practicum periods, volunteers may choose to spend time in the service along with maintenance personnel, educators and staff from other services and other authorised volunteers.

The presence of visitors at the service must be monitored and documented. The service encourages student and volunteer participations as we are committed to assisting students gain valuable experience in early

childhood settings.

Education and Care Services National Regulations 2011: 149, 168 & 177

Link to National Quality Standard: 7.3.5

Goals - What are we going to do?

Records relating to visitors and students to our service will be maintained.

Educators and staff will abide by regulatory protocol when visitors are in the service.

Strategies - How will it be done?

The Approved Provider, Nominated Supervisor or Certified Supervisor will:

Maintain a visitors book and request sign in of all visitors to the service;

Ensure educators and staff understand the regulatory and ethical guidelines relating to visitors at the centre and will provide an induction protocol for all staff to use with visitors;

Keep a record of all volunteers and students who spend time in the service. The record will include: full name; address; date of birth; date and hours of each volunteer or student who participates in the program;

Be aware of protocols and guidance supplied by universities, TAFEs or RTOs in relation to participating students.

Educators and staff will:

Welcome visitors to the service and seek information on their reason for visiting;

Direct visitors appropriately and make the Nominated or Certified Supervisor aware of a visitor presence in the service;

Welcome family and friends to visit and participate at any time.

Families will:

Be aware of who they are providing access to the service for when they enter themselves and are requested to be aware of unknown visitors and to direct them accordingly.

Evaluation

All educators and staff will maintain a safe and secure environment for other staff, the children, families and visitors to the service.

Statutory Legislation & Considerations

Children (Education and Care Services National Law Application) Act 2010

Education and Care Services National Regulations 2011 (P135)

Sources

Department of Education, Employment and Workplace Relations - www.deewr.gov.au

Early Childhood Australia - www.earlychildhoodaustralia.org.au

Community Child Care Co-operative (NSW) July 2012 Policy review September 2014

32. Water Safety Policy

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY

Introduction

The safety and supervision of children in and around water is of the highest priority. This relates to water play,

excursions near water, hot water, drinking water and hygiene practices with water in the service environment.

Children will be supervised at all times during water play experiences.

Education and Care Services National Regulations 2011: 168

Links to National Quality Standard: 2.1.1; 2.3.2; 7.3.5

Goals - What are we going to do?

Children's safety and wellbeing will:

be protected in and around water through supervision and prevention; and

be promoted through the availability of clean, hygienic water for play and for drinking.

Strategies - How will it be done?

The Nominated Supervisor will:

1. Provide guidance and education to educators, staff and families on the importance of children's safety in and around water.

2. Ensure work, health and safety practices incorporate approaches to safe storage of water and play.

Educators and staff will:

1. Ensure water troughs or containers for water play are filled to a safe level. These activities will be supervised at all times and containers or troughs will be emptied onto garden areas after use. Children will

be discouraged from drinking from these water activities.

2. Teach children about staying safe in and around water.

3. Empty buckets used for cleaning immediately after use. No buckets are left in play areas or accessible to children.

4. Provide clean drinking water at all times. This water will be supervised to ensure that it is safe and hygienic for consuming. Water containers will be securely sealed. At the end of each day, the water container will be emptied and cleaned thoroughly.

Operational Safety

1. Grey water systems or water tanks will be labeled with "do not drink" signage and the children will be supervised in this area to make sure they are not accessing this water for drinking. Educators will discuss with the children that this water is for the purpose of play and not for consumption.

2. Hot water accessible to children will be maintained at the temperature of 43.5oC.

3. A risk assessment will be conducted prior to any excursion taking place. Particular attention will be focused upon water safety where the excursion is near a body of water.

4. Adults may carry and consume hot drinks only in a thermal cup or mug with a screw lid that prevents spilling.

5. Water for pets at the setting must be changed regularly and only be accessible to children when adults are present.

Evaluation

Supervision and access to water within the service is managed effectively by staff to ensure children remain safe and healthy.

Statutory Legislation & Considerations

Children (Education and Care Services National Law Application) Act 2010

Education and Care Services National Regulations 2011

Sources

National Health and Medical Research Council - www.nhmrc.gov.au

NSW Department of Health - www.health.nsw.gov.au

Community Child Care Co-operative (NSW) July 2012 Policy review September 2014

Further resources:

Further information:

Pool and Water Safety - www.kidsafe.com.au

Water use and restrictions see - www.sydneywater.com.au

33. Medication administration Policy

INTRODUCTION

In supporting the health and wellbeing of children the use of medications may be required by children at the education and care service. Any medication must be administered as prescribed by medical practitioners and first aid guidelines to ensure continuing health for the child and for the child's safety and wellbeing.

GOALS - What are we going to do?

Families requesting the administration of medication will be required to follow the guidelines developed by the education and care service to ensure the safety of children and educators. The education and care service will follow legislative guidelines and standards in order to ensure the health of children, families and educators at all times.

STRATEGIES - How will it be done?

The Nominated Supervisor will:

- Ensure that a medication record is developed for each child requiring medication at the education and care service. The medication record must detail the name of the child and have authorisation to administer medication signed by the parent/or person named on the enrolment form as authorised to consent to the administration of medication.

- Ensure that medication is not administered to a child being educated and cared for by the service unless: the administration is authorised;

and administered as prescribed by a registered medical practitioner (with instructions either attached to the medication, or in written/verbal form from the medical practitioner.);

from the original container;

with the original label clearly showing the name of the child;

and before the expiry/use by date.

- Ensure that written and verbal notification are given to a parent or other family member of a child as soon as practicable, if medication is administered to the child in an emergency when consent was either verbal or provided by medical practitioners.
- Ensure that if medication is administered without authorisation in the event of an asthma or anaphylaxis emergency that the parent of the child and emergency services are notified as soon as practical.
- Ensure that enrolment records for each child outline the details of persons permitted to authorise the administration of medication to the child.
- Take reasonable steps to ensure that medication records are maintained accurately.
- Keep medication forms in a secure and confidential manner and ensure the records are archived for the regulatory prescribed length of time. Refer Record Keeping Policy.
- Ensure that educators receive information about the medical and medication policies during their induction.
- Request written consent from families on the enrolment form to administer the Emergency Asthma Kit if required. Families will be reminded that every attempt to contact them for verbal permission will be made by the education and care service prior to administering asthma medications. Refer to Medical Conditions Policy for further details.
- Inform families of the education and care service's medical and medication policies and the need to ensure that safe practices are adhered to for the wellbeing of both the child and educators.

Medication administration

Educators will (with support from the Nominated Supervisor):

- NOT administer any medication without the authorisation of a parent or person with authority - except In the case of an emergency, when the verbal consent from an authorised person, a registered medical practitioner or medical emergency services will be acceptable if the parents cannot be contacted.
- Ensure that medications are stored in the refrigerator in a labelled and locked medication container with the key kept in a separate location, inaccessible to children. For medications not requiring refrigeration, they will be stored in a labelled and locked medication container with the key kept inaccessible to children.
- Ensure that two educators administer medications at all times. One of these educators must have approved First Aid qualifications in accordance with current legislation and regulations. Both educators are responsible to check the Medication Form, the prescription label and the amount of medication being administered. Both educators must sign, date and note the time on the Medication Form. Medications will be returned to the locked medication container after use.
- Follow hand washing procedures before and after administering medication.
- Share any concerns or doubts about the safety of administering medications with the Nominated Supervisor to ensure the safety of the child. The Nominated Supervisor may seek further information from the family, the prescribing doctor, or the Public Health Unit before administering medication.

Documents for long term medication use will be developed with the family and the medical practitioner completing and signing the plan. Plans must be updated as the child's medication needs change.

Families will:

- Notify educators, both via enrolment forms and verbally when children are taking any medications. This includes short and long term medication use.
 - Complete a medication record form and a first aid/ risk management plan as applicable. Ensure that the instructions on the Medication Form are consistent with the doctor's instructions and prescription label.
 - Be requested to sign consent to use creams and lotions (list of items in the first aid kit provided at enrolment) should first aid treatment be required.
 - Be required to keep prescribed medications in original containers with pharmacy labels.
- Medications will only be administered as directed by the medical practitioner and only to the child whom the medication has been prescribed for. Expired medications will not be administered.
- Keep children away from the care and education setting while any **symptoms of an illness remain and for 24 hours from commencing antibiotics** to ensure they have no side effects to the medication.
 - NOT leave any medication in children's bags.

Give any medication for their children to an educator who will provide the family with a Medication Form. The family will complete the Medication Form and the educator will sign to acknowledge the receipt of the medication. No medications will be administered without written consent from the parent or authorised

person.

- Provide any herbal/ naturopathic remedies or non-prescribed medications (including paracetamol or cold medications) with a letter from the doctor detailing the child's name, dosage and the expiry date for the medication. (See guidelines regarding paracetamol below.)

To safeguard against the over use of paracetamol, and minimise the risk of masking the underlying reasons for high temperatures, educators will only administer paracetamol if it is accompanied by a doctor's letter stating the reason for administering, the dosage and duration it is to be administered for.

If a child presents with a fever at the education and care service, the family will be notified immediately and asked to organise collection of the child as soon as possible.

The family will be encouraged to visit a doctor to find the cause of the temperature.

While waiting for the child to be collected, educators will implement the following procedures to reduce the child's fever and discomfort:

- Remove excess clothing to cool the child down
- Offer fluids to the child
- Encourage the child to rest
- Provide a cool, damp cloth for the child's forehead
- Monitor the child for any additional symptoms
- Maintain supervision of the unwell child at all times, while keeping them separated from children who are well.

Medications kept at the education and care service

Any medication, cream or lotion kept on the education and care premises will be checked every three months for expiry dates in conjunction with the First Aid Checklist.

A list of first aid kit contents close to expiry or running low, will be given to the Nominated Supervisor who will arrange for the purchase of replacement supplies.

If a child's individual medication is due to expire or running low, the family will be notified by educators that replacement items are required.

NO MEDICATION WILL BE ADMINISTERED IF IT IS PAST THE PRODUCT EXPIRY DATE.

EVALUATION

The administration of medications is practiced in accordance with regulatory guidelines. Open communication between educators and families is a priority for ensuring children receiving medications remain safe and gain appropriate care to meet their health needs.

Statutory Legislation & Considerations

- The NSW Work Health and Safety Act 2011 and the NSW Work Health and Safety Regulation 2011
- Children (Education and Care Services National Law Application) Act 2010
- Education and Care Services National Regulations 2011
- Guide to the National Quality Standard (3) ACECQA (2011)

Sources

- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011
- Staying Healthy in Child Care - Fourth Edition
- NSW Department of Health - www.health.nsw.gov.au
- National Health and Medical Research Council - www.nhmrc.gov.au

Community Child Care Co-operative (NSW). July 2012 To be reviewed September 2014

Links to Education and Care Services National

Regulations 2011: 90, 92-96, 160, 177, 181-184

Links to National Quality Standards/Elements: 2.1, 2.1.1, 2.1.4, 2.3.3, 2.3.4, 7.3.1

34. Toileting Policy

INTRODUCTION

Consistent approaches between the home and the education and care environment allow children to gain confidence in their abilities and develop independence with their toileting skills. This consistent

approach allows children to identify appropriate hygiene and toileting practices that will reduce the spread of infectious disease. Toileting facilities and practices that ensure ease of access, good supervision and support for children will enable children to develop toileting skills within a safe and

secure environment.

GOALS - What are we going to do?

The Nominated Supervisor will:

- Advise families on enrolment that a child needs to be toilet trained, however may need to provide a change of clothes each day.
- Ensure a risk assessment occurs prior to an excursion to check the availability and suitability of toileting facilities.

STRATEGIES - How will it be done?

The Approved Provider will:

- Ensure that the education and care service has adequate toilet, washing and drying facilities that are developmentally and age-appropriate.
- Consider the age and number of children to ensure adequate numbers of toilets to support minimal delays in access. (Refer to Guide to the Regulations 2011, p.76.)
- Ensure that toilet areas are designed and maintained in a way that facilitates the supervision of children at all times having regard to children's safety, dignity and rights.

Educators will:

- Remind families that toileting accidents are common and both successful and unsuccessful toileting attempts need to be supported in a positive manner.
- Support children with soiled or wet clothing. Educators will put on gloves and assist the child to remove their clothing. Any waste will be placed in the toilet. Soiled clothing will be placed in two sealable bags. The child's name will be written on the bag and it will be placed away from the children's play spaces for collection by the family in the laundry.
- Ensure the bathroom areas are clean and hygienic for the children to use. Toileting areas will be cleaned regularly during the day. Educators are responsible for spot cleaning the bathroom areas throughout the day. Bathrooms will be thoroughly cleaned each evening. At all times of the day, educators will oversee the bathroom areas to ensure cleanliness and reduce the spread of infectious diseases.
- Encourage and positively guide children through the toileting process. Educators will verbally prompt children through the toileting process.
- Consider and seek to accommodate children's individual needs for privacy while maintaining appropriate supervision.
- Develop management systems to ensure adequate supervision of children in bathroom areas and to assist children to complete toileting successfully and hygienically.
- Wear gloves at all times when assisting a child with toileting. They will encourage children to remove necessary clothing and assist with this process as needed.
- Make a step available to assist children to independently sit on a toilet, maintaining supervision throughout to ensure safety and provide support as required.
- Encourage children to use their developing self-help skills during toileting experiences.
- Provide visual aids in all bathrooms to assist the children with toileting procedures.
- Encourage children to use toilet paper and wipe from front to back. Educators will respectfully assist children as required during this process.
- Remind children to flush the toilet and replace clothing.
- Remove and dispose of gloves and wash hands using recommended practice after assisting children with toileting.
- Remind and assist children to wash their hands with soap and water while counting to ten slowly or singing a favourite song. Children will be encouraged to dry their hands using paper towel. Recycling bins will be provided for the children to dispose of the paper towel.
- Never force a child to sit on a toilet or leave a child in soiled or wet clothing. If a child is showing distress about using the toilet, educators will respect the child's needs and emotions and implement alternative method of toileting in consultation with the family.

EVALUATION

Emerging independence and self-help abilities are encouraged to promote children's toileting skills. Educators support the children's efforts and communicate with families to provide consistent, positive and sensitive strategies for promoting hygienic toileting practices.

Statutory Legislation & Considerations

- Children (Education and Care Services National

- Law Application) Act 2010
- Education and Care Services National Regulations 2011
- Sources: Community Child Care Co-operative July 2012.**
- Guide to the National Quality Standard (3) ACECQA (2011)
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011.
- Staying Healthy in Child Care - Fourth Edition
- Health and Safety in Children's Centres: Model Policies and Practices (2nd ed.)
www.community.nsw.gov.au/docswr/_assets/main/documents/childcare_model_policies.pdf
- **Community Child Care Co-operative (NSW) 2012. To be reviewed September 2014**
- Links to Education and Care Services National Regulations 2011: 109, 115, 100-101**
- Links to National Quality Standards/Elements: 2.1, 2.1.2, 2.1.3, 2.3.1, 3.1.3 & 3.2.1**

35. Safe sleep and rest times Policy

INTRODUCTION

All children have individual sleep and rest requirements. Children need a comfortable relaxing environment to enable their bodies to rest. This environment must be safe and well supervised to ensure children are safe, healthy and secure in their environment.

GOALS - What are we going to do?

The education and care service will ensure that all children have appropriate opportunities to sleep, rest and relax in accordance with their individual needs. The education and care service will mats.

STRATEGIES - How will it be done?

The Approved Provider will:

- "Take reasonable steps to ensure that the needs for sleep and rest of children being educated and cared for by the service are met, having regard to the ages, development stages and individual needs of the children." (Regulation 81.)
- Ensure there are adequate numbers of bedding available to children.
- Ensure that areas for sleep and rest are well ventilated and have natural lighting.
- Ensure safe supervision of sleeping children.

The Nominated Supervisor will:

- "Take reasonable steps to ensure that the needs for sleep and rest of children being educated and cared for by the service are met, having regard to the ages, development stages and individual needs of the children." (Regulation 81.)
- Maintain up to date knowledge regarding safe sleeping practice and communicate this information to educators and families.

Educators will:

- Consult with families about children's sleep and rest needs. Educators will be sensitive to each child's needs so that sleep and rest times are a positive experience.
- Ensure that mats are clean and in good repair. Mats will be wiped over with warm water and neutral detergent or vinegar often.
- Arrange children's beds to allow easy access for children and staff.
- Create a relaxing atmosphere for resting children by playing relaxation music, reading stories, cultural reflection, turning off lights and ensuring children are comfortably clothed. The environment should be tranquil and calm for both educators and children. Educators will sit near resting children and support them by encouraging them to relax and listen to music or stories.
- Remember that children do not need to be "patted" to sleep. By providing a quiet, tranquil environment, children will choose to sleep if their body needs it.
- Encourage children to rest their bodies and minds for 20-30 minutes. If children are awake after this time, they will be provided quiet activities for the duration of rest time.
- Maintain adequate supervision and maintain educator ratios throughout the rest period.
- Assess each child's circumstances and current health to determine whether higher supervision levels and checks may be required.
- Communicate with families about their child's sleeping or rest times and the service policy regarding sleep and rest times.
- Respect family preferences regarding sleep and rest and consider these daily while ensuring children

feel safe and secure in the environment. Conversations with families may be necessary to remind families that children will neither be forced to sleep nor prevented from sleeping. Sleep and rest patterns will be recorded daily for families.

- Encourage children to dress appropriately for the room temperature when resting or sleeping. Lighter clothing is preferable, with children encouraged to remove shoes, jumpers, jackets and bulky clothing. The room temperature will be considered to ensure maximum comfort for the children.

EVALUATION

Communications with families are maintained to encourage a consistent approach in responding appropriately and respectfully to children's sleep and rest needs. Safe sleeping practices are followed to minimise the risk of harm to children

Statutory Legislation & Considerations

- Education and Care Services National Regulations 2011
- Guidelines for SIDS and Kids Safe Sleeping in Childcare Facilities

Sources

- Guide to the National Quality Standard

Community Child Care Co-operative (NSW) July 2012

National Regulations 2011

<http://kidshealth.schn.health.nsw.gov.au/sites>

To be reviewed July 2013

36. Supervision Policy

INTRODUCTION

Children must be adequately supervised at all times that they are being educated and cared for both at the service and on excursions. Supervision can prevent and reduce accidents through early detection of potential hazards and an awareness of the children, and their activities. The education and care service must prioritise regular assessment of their supervision practices in order to increase educator's awareness of their duty of care and to continuously improve supervision procedures.

GOALS - What are we going to do?

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

STRATEGIES - How will it be done?

The Approved Provider will:

- Ensure that the premises are designed and maintained to facilitate supervision of children at all times while considering the need to maintain the rights and dignity of all children.
- Ensure that the age and supervision requirements for educators are maintained at all times. Any educators who are under eighteen years of age may work at the centre-based service, provided they do not work alone and are adequately supervised at all times by an educator who is over eighteen years of age.
- Notify the regulatory authority within 24 hours if a child appears to be missing, cannot be accounted for, appears to have been taken or removed from the premises, or has mistakenly been locked in or out of the education and care services premises.

The Nominated Supervisor will:

- Carefully plan rosters that ensure continuity of care and adequate supervision at all times when children are being cared for and educated in the service and on excursions.
- Ensure that a risk assessment is carried out before an authorisation is sought for an excursion. The risk assessment will consider and identify the number of adults required to ensure continuous adequate supervision throughout the excursion.

Educators will:

- Document a supervision plan and strategies for both the indoor and outdoor areas. This will assist educators to position themselves effectively for supervising the children's play. They will take into consideration the layout of the premises and grounds, any higher risk activities, the presence of any animals, the location of activities and the location of bathroom and nappy change facilities.
- Inform new and relief educators about supervision arrangements and what is required of them in

relation to supervising children.

- Regularly review the supervision plan and strategies to evaluate the effectiveness of the plan and its implementation by educators. The supervision plan and strategies will be displayed for families in all rooms and in the outdoor area.
- Seek to ensure that two educators are present/ within view when working with children and when supporting children with toileting/hygiene routines.
- Arrange the education and care environment to maximise the ability of educators to supervise all areas accessible to children. Particular focus will be on gates, the fence line and doors during arrival and departure times.
- Be aware of the importance of communicating with each other about their location within the environment.
- Ensure that correct child: educator ratios are maintained throughout the education and care environment. All children will be in sight or hearing of educators at all times. No child will be left alone while eating or at nappy change and toileting times.
- Supervise children during rest periods. Children will be positioned and supervised according to the Safe Sleep & Rest Times Policy.
- Ensure that hazardous equipment, machinery, and chemicals are inaccessible to children.
- Ensure that supervision arrangements are respectful and that interactions with children are meaningful. Educators will encourage children's independence while respecting individual abilities and needs.
- Scan the environment while interacting with individuals or small groups. Educators will position themselves to maximise their view of the environment and the children's play.
- Implement consistent supervision strategies and not perform other duties while responsible for the supervision of children.

Children's safety will be the priority of all educators when supervising children.

Statutory Legislation & Considerations

- Children (Education and Care Services National Law Application) Act 2010
- Education and Care Services National Regulations 2011
- Guide to the National Quality Standard (3) ACECQA (2011)
- Building Code of Australia re building requirements for new buildings/visibility of children's bathrooms

Sources

- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011
- ECA Code of Ethics (2006) Early Childhood Australia - www.eca.com.au
- Health and Safety in Children's Centres: Model Policies and Practices (2nd ed.)
www.community.nsw.gov.au/docswr/_assets/main/documents/childcare_model_policies.pdf

EVALUATION

Interactions with children are respectful and meaningful and challenge each child's skills and awareness of the world. Risks are assessed and managed so that the environment can be safe, educative and stimulating. Children's activity, interactions and play are planned for and monitored by educators with consistent strategies to minimise potential dangers to children.

Community Child Care Co-operative (NSW) July 2012. To be reviewed September 2014

37. Risk management procedures

INTRODUCTION

Children must be supported to feel secure and safe in the education and care environment so that they can safely explore and learn about their world. In order to protect children from harm and any hazard likely to cause injury, the education and care service must manage risks and implement procedures to maintain a safe environment for children, educators and families.

NOTE: Risks can include structural damage, property damage, a security issue, maintenance issues, dangerous items, equipment, garbage or any other item that may cause injury, illness or death. Early identification of potential hazards and effective strategies to reduce or prevent further risk is vital.

GOALS - What are we going to do?

The education and care service will implement procedures to prioritise the maintenance of environments and conditions that are safe for children, families and educators. Procedures will be implemented to

assist with early detection of potential hazards and to reduce risks within the education and care community. The education and care service complies with legislations and regulations and annually reviews policy and procedure to ensure effective risk management practice.

STRATEGIES - How will it be done?

The Approved Provider will:

- Consult with families and educators to establish a Workplace Health and Safety committee/officer to oversee all risk management procedures.

The Nominated Supervisor will:

- Conduct a risk assessment to determine potential emergencies that may be relevant to the education and care service. (Refer to Emergencies and Evacuation Policy.)
- Ensure a risk assessment occurs prior to excursions (see Excursion Policy.)
- Liaise with educators to ensure that risk management is part of daily practice and that procedures are developed and maintained to implement policies, record and review hazards.
- Ensure that health and safety information and a training strategy is part of the induction and ongoing professional development strategy for all educators.
- Inform families, during orientation and enrolment, about the education and care service's Risk Management Policy and the need to maintain all emergency contact details. Written consent will be obtained from families for permission to access urgent medical, dental, hospital and ambulance assistance.
- Ensure that educators and families are informed of the centre's Risk Management Policies and Procedures and ensure that educator roles and responsibilities are clearly defined. These include:
 - »» Emergency and Evacuation Policy; »»
 - »» Incidents, Injury, Trauma and Illness Policy, »» Excursion Policy,
 - »» Safe Storage of Dangerous Goods and
 - »» The WHS Checklists that must be completed to ensure a safe environment.
- Ensure that emergency evacuation and lockdown procedures are rehearsed, documented and evaluated at least every three months.
- Ensure that at any time the service is operational at least one educator who holds a current approved first aid qualification, and at least one educator who has undertaken anaphylaxis management training, and at least one educator who has undertaken emergency asthma management training is in attendance and available. The same person may hold one or more of these qualifications.
- Notify the Approved Provider before contacting relevant contractors to repair or maintain the environment or to remove potential hazards.

Educators will:

- Complete daily WHS checklists of the environment before children and families enter the education and care service. Educators will identify any potential hazards and note these on the checklist, rectifying any risks immediately where possible. Any identified hazards that cannot be immediately removed or rectified must be reported to the nominated supervisor immediately.
- Not put themselves or others at risk at any time when seeking to reduce or remove potential hazards.
- Be encouraged to complete first aid training and professional development to increase their awareness of risk management.
- Implement emergency evacuation/lockdown procedures to ensure the welfare of children, families and educators.

EVALUATION

Educators act in a professional and sensitive manner when identifying risks. They respond quickly and effectively to minimise or remove risks to promote a safe environment free from harm and respond appropriately when incidents or emergencies occur.

/Statutory Legislation & Considerations

- The NSW Work Health and Safety Act 2011 and the NSW Work Health and Safety Regulation 2011
- Children (Education and Care Services National Law Application) Act 2010
- Education and Care Services National Regulations 2011

Sources

- Guide to the National Quality Standard (3) ACECQA (2011)
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011
- WorkCover NSW - www.workcover.nsw.gov.au
- St John DRABCD Action Plan
- St John Ambulance (NSW) - www.stjohnnsw.com.au
- Ambulance Service of NSW - www.ambulance.nsw.gov.au
- NSW Fire and Rescue - www.nswfb.nsw.gov.au
- Health and Safety in Children's Centres: Model Policies and Practices (2nd ed.) www.community.nsw.gov.au/docswr/_assets/main/documents/childcare_model_policies.pdf

Community Child Care Co-operative (NSW) 2012. review September 2014

38. Providing a Child Safe Environment Policy

Introduction

Our education and care service recognises the importance of providing a safe environment for all children at our service. All children have the right to experience quality education and care in an environment that safeguards and promotes their health and safety.

Goals - What are we going to do?

The education and care setting will:

Ensure that children are adequately supervised at all times; Organise rooms and environments to minimise risks to children; Monitor and minimise hazards and safety risks in the environment; Implement our Child Protection and our Incidents, Injury, Trauma, illness Policies; and Take every reasonable precaution to protect children being educated and cared for by the service from harm and from any hazard likely to cause injury.

Strategies - How will it be done?

Supervision

The Approved Provider will:

Ensure that sufficient numbers of educators are employed to ensure adequate supervision of children at all times; and Adopt policies and procedures to protect children being educated and cared for by the service from harm and from any hazard likely to cause injury.

The Nominated Supervisor will:

Draw up rosters to ensure that adequate numbers of educators are on duty to meet ratio and qualification requirements and to ensure adequate supervision of children at all times; Engage casual staff as appropriate; Ensure staff are aware of the need for adequate supervision of children at all times. This may include the development of supervision charts for outdoor or indoor areas; and Adopt policies designed to protect children being educated and cared for by the service from harm and from any hazard likely to cause injury are implemented and that all staff are aware of these policies and procedures.

Educators will:

Adequately supervise children within their room/group at all times; and Inform the Nominated Supervisor whenever supervision is inadequate within their room to ensure the health and safety of all children.

Organisation of Rooms and Environments

The Approved Provider will:

Make sufficient allowance within budgets to allow for the replacement of worn and damaged equipment and resources which may provide safety risk for children; and Make sufficient allowance within budgets to allow the adequate maintenance of all indoor and outdoor environments.

The Nominated Supervisor will:

Organise rooms and groupings to enable adequate supervision of children and so to minimise the risk to children; and Organise repairs and maintenance to equipment and environments in a timely manner.

Educators and staff will:

Organise indoor and outdoor spaces to ensure risks to the health and safety are minimised; and Inform the Nominated Supervisor of repairs and maintenance needed within the

service to ensure the health and safety of children.

Risk Assessment

The Nominated Supervisor will:

Conduct a risk assessment of the service environment on a regular basis to determine any risks to children's health and safety; Analyse and evaluate the risks associated with identified hazards; determine appropriate ways to eliminate or control identified hazards; and Review risk assessments after any serious incident report is made to the Department of Education and Communities.

Educators and staff will:

Report any risks or hazards within the service to the Nominated Supervisor as soon as possible.

Child Protection

The Approved Provider, Nominated Supervisor and Educators and Staff will comply with the requirements of the service's child protection policy to ensure the minimisation of children's risk to harm.

Evaluation

Children are healthy and safe at our service and the number of serious health and safety incidents is reduced over time.

Sources:

Education and Care Services National Law and Regulations: S165& S167 an R 168

Link to National Quality Standard: 2.3

CCCC sample policies Review Date: September 2014

39. Governance and Management of the Service Policy

Introduction.

We view good management as essential to our provision of quality education and care in a responsible manner.

Goals - What are we going to do?

To ensure our organisation has good governance we will:

Conduct our affairs legally, ethically and with integrity;

Identify organisational risks and legal obligations and manage these through policies and relevant processes

Strategies - How will it be done?

Management

Our centre is Privately Owned and managed.

Management Role

A Quality Improvement Plan is developed in line with the Montessori philosophy.

In carrying out its responsibilities, Management undertakes to value and contribute to the community. In serving these interests there is an implicit understanding that the rights of the child are paramount in all decision making.

The Management is the employer of all staff of the organisation. Susan Chahwan is the Approved Provider of education and care under the Children (Education and Care Services National Law Application) Act 2010 and the Education and Care Services National Regulations.

Policies

The Management will:

Ensure that a comprehensive set of policies are in place as required under Education and Care Service Regulations and other Regulations and laws that the service must comply with; Ensure that these policies comply with relevant legislation; and Update these policies on a regular basis.

Compliance Measures

The Management will:

Ensure that mechanisms are in place such as compliance tools and a compliance calendar to assist them to assess that the organisation's policies are implemented.

The Management delegates the responsibility of implementing the strategic plan and day-to-day management of the organisation to the service's Nominated Supervisor.

Code of Conduct

Management will:

Commit themselves to ethical, businesslike, and lawful conduct, including proper use of authority and professional decorum when acting as Management

Respect the confidentiality appropriate to issues of a sensitive nature.

Evaluation

The organisation is recognised for effective management practices. The organisation's philosophy is adhered to, its goals are reached and it continues its quality improvement journey. Organisational risks and legal obligations are identified and managed through policies and relevant processes.

Source:

Education and Care Services National Law and Regulations: 168,169,170,171 & 172.

Link to National Quality Standard: 7.1,7.2,7.3

Community Child Care Co-operative sample policies

Policy Review Date: September 2014

40. Health, Hygiene and Safe Food Policy

QA2 2.1 Each child's health is promoted.

2.1.1 Each child's health needs are supported.

2.1.3 Effective hygiene practices are promoted and implemented.

2.1.4 Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines.

2.2.1 Healthy eating is promoted and food and drinks provided by the service are nutritious and appropriate for each child.

QA2 2.3.2 Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.

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

Our service 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 WH&S standards. A holistic and consistent approach to health, hygiene and safe food across the service will help to effectively meet this aim.

Implementation

The Approved Provider will ensure that the Nominated Supervisor (who is responsible for ensuring all staff members, educators and volunteers) 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 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 mattresses.

Children will be grouped in a way that allows educators to maintain a hygienic environment for 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.

Information on health, hygiene, safe food and dental care principles and practices will be displayed in the reception area and drawn to the attention of all parents on a regular basis.

Regs 77 Health, hygiene and safe food practices

78 Food and beverages

79 Service providing food and beverages

80 Weekly menu

Equipment and Environment

The service will wash mouthed toys daily soap, and dry Surfaces will be cleaned with neutral cleaner after each activity and all surfaces cleaned thoroughly weekly.

Bedding

Each child will have their own bedding which will be supplied by the family.

Hand Washing Procedure

Our service 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 by 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 people to dry their hands.

All individuals should wash their hands:

- ⌘ Before handling food.
- ⌘ After handling food.
- ⌘ After doing any dirty tasks such as cleaning or changing nappies.
- ⌘ 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 above every sink.

- ⌘ 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 using a clean piece of paper towel.
- ⌘ Dry hands thoroughly with clean towel/paper towel or an automatic dryer.
- ⌘ This should take about as long as singing "Happy Birthday" twice.

Hygienic Toileting Procedure

The service does not accept 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/guardians 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.

At times it may be necessary for a student to assist children in the area of toileting as part of 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.

٧٨ It is better to use the toilet when toilet training for effective hygiene and infection control factors.

٧٨ The service will ensure that toilets and hand washing facilities are easily accessible to children.

٧٨ Children will be encouraged to flush toilets and wash hands after use.

Disposable gloves should be used for any of these stages in the toileting procedure:

٧٨ Help child to remove clothing if needed.

٧٨ Help child onto toilet if needed.

٧٨ Help the child to wipe themselves, encouraging them to wipe front to back.

٧٨ Encourage the child to flush the toilet themselves.

٧٨ Encourage the child to wash and dry hands on single sheet of paper towel, and then to leave the bathroom.

If the child has soiled or wet their clothing:

٧٨ Remove any wet/soiled clothing and seal in a bag for washing. It must be double-bagged.

٧٨ Clean and dry the child.

٧٨ Remove your gloves and wash hands, do not touch the child's clean clothing.

٧٨ Put on new gloves and dress the child, wash and dry the child's hands. Have them leave the bathroom.

٧٨ Clean any spills following procedure for cleaning spills of body fluids.

٧٨ Remove and dispose of gloves, wash and dry your hands.

٧٨ The procedure for toileting will be displayed in the toileting area.

٧٨ The laundry area includes a set of hooks behind the door to place children's doubled bagged soiled clothing until being picked up by the parent

Dental Hygiene and Care

٧٨ 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.

٧٨ Educators should actively seek to be positive role models for children and families in attendance at the service.

٧٨ 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.

٧٨ 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.

٧٨ The service will actively encourage good dental health practices including eating and drinking habits, tooth brushing and going to the dentist and/or dental health professionals.

٧٨ Children will be encouraged to drink water to quench their thirst and remain hydrated.

٧٨ Children will be encouraged to rinse their mouths with water to remove food debris after every meal or snack. Educators will supervise such practices. For babies, their gums should be cleaned gently with a damp cloth to remove plaque and milk.

٧٨ 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.

٧٨ Educators will be aware of dental first aid and receive appropriate professional development opportunities where appropriate.

Dental Accidents

If a dental accident occurs at the service, the following will occur:

For younger children:

٧٨ The accident will be managed as an emergency. Injury forms will be completed.

٧٨ 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.

٧٨ Seek dental advice as soon as possible and ensure staff or the parent takes the tooth/tooth fragment to the dentist with the child.

For older children or adults:

٧٨ The accident will be managed as an emergency. Injury forms will be completed.

٧٨ Gently rinse the tooth fragments in clean milk or clean water for a few seconds to remove excess dirt and blood.

٧٨ 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.

٧٨ 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).

٧٨ Hold the tooth in place by gently biting on a clean handkerchief or gauze pad.

٧٨ 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.

٧٨ 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.

٧٨ 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

Our service will follow appropriate food preparation hygiene techniques to meet the requirements of the Food Standards Australia New Zealand such as:

٧٨ Wash hands before food preparation.

٧٨ Cleaning food preparation area before, during and after use.

٧٨ 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
- Covering cuts with bandaid

٧٨ Avoiding the contamination of one work area to another by using colour-coded wash cloths and having specific cleaning implements (for example red and blue mops) for a specific area.

٧٨ Clean children's dining tables with neutral cleaner and water before serving food.

٧٨ Ensuring food is always served in a hygienic way using tongs .

٧٨ Clean children's dining tables with neutral cleaner and water after meal times.

٧٨ Each child may use their own clean cup and use white porcelain plates at fruit time.

٧٨ Providing families with current and relevant information about food preparation and hygiene.

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

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:

- ٧٨ Helping choose what to cook.
- ٧٨ Measuring and weighing ingredients.
- ٧٨ Stirring or mixing ingredients.
- ٧٨ Washing salad, vegetables or fruit.
- ٧٨ 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:

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

The bacteria that commonly cause food poisoning grow rapidly between 5°C and 60°C; this is commonly referred to as the "temperature danger zone".

To keep food safe:

- ٧٨ All food for children brought from home that requires refrigeration will be placed in the cold food basket and later placed in the refrigerator provided in the service.
- ٧٨ Don't leave perishable foods in the temperature danger zone for longer than 2 hours.
- ٧٨ Keep cold food in a fridge, freezer, below 5°C until you are ready to cook or serve
- ٧٨ Use a thermometer to make sure your fridge is below 5°C. Don't overload refrigerators, as this reduces cooling efficiency.
- ٧٨ Ensure the food storage area is well cleaned, ventilated, dry, pest free and not in direct sunlight.
- ٧٨ Prevent pests by cleaning spills as quickly as possible and removing garbage/waste frequently.
- ٧٨ Store foods on shelves, never on the floor including play dough material.
- ٧٨ Fridges and freezers need to be cleaned regularly and fridge door seals checked to be in good repair.
- ٧٨ The operating temperature of the fridge needs to be checked regularly.

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

Date for next review: September 2014

All Policies will be reviewed annually or earlier as changes may occur in peak authorities.