# Policy Index

## Quality Area 1

- 1.01 Educational Curriculum Policy

## Quality Area 2

- 2.01 Medical Conditions Policy
- 2.02 Medication Policy
- 2.03 Administration of First Aid Policy
- 2.04 Child Protection Policy
- 2.05 Hygiene Policy
- 2.06 Hand Washing Policy
- 2.07 Toileting Policy
- 2.08 Toy Washing Policy
- 2.09 Head Lice Policy
- 2.10 Immunisation, Exclusion & Notifiable Disease Policy
- 2.11 Anaphylaxis Policy
- 2.12 Asthma Policy
- 2.13 Food Allergy & Intolerance Policy
- 2.14 Diabetes Policy
- 2.15 Sun Protection Policy
- 2.16 Food & Nutrition Policy
- 2.17 Sleep and Rest Time Policy
- 2.18 Clothing Policy
- 2.19 Biting Policy
- 2.20 Supervision Policy
- 2.21 Maintenance of Records Policy
- 2.22 Emergency, Evacuation & Lock Down Policy
- 2.23 Incident, Illness, Accident & Trauma Policy
- 2.24 Storage, Labelling & Housing of Dangerous Products Policy
- 2.25 Security Policy
- 2.26 Water Safety Policy
- 2.27 Road Safety Policy
- 2.28 Animal Policy
- 2.29 Screen & DVD Policy
- 2.30 Covid-19 Health And Safety Policy and Procedure
- 2.31 Transportation Policy
- 2.32 Safe use of Digital Technologies and Online Environments Policy
- 2.33 Safe Arrival of Children Policy

## Quality Area 3

- 3.01 Safe Environment Policy
- 3.02 Maintenance of Buildings, Grounds & Equipment Policy
- 3.03 Pest Control Policy
- 3.04 Tagging of Electrical Equipment Policy
- 3.05 Environmental Sustainability Policy

## Quality Area 4

- 4.01 Code of Conduct Policy
- 4.02 Responsible Person Policy
- 4.03 Educational Leader Policy
- 4.04 Team Member Induction Policy
- 4.05 Educator Roster & Routines Policy
- 4.06 Learning & Development Policy
- 4.07 Team Member Interaction Policy
- 4.08 New Team Member Selection Policy
- 4.09 Uniform & Personal Appearance Policy
- 4.10 Smoke-Free and Vape-Free Environment Policy
- 4.11 Illicit Drug, Alcohol & Illegal Substances Abuse Policy
- 4.12 Confidentiality of Records Policy
- 4.13 Social Media Policy
- 4.14 Work Health & Safety Policy
- 4.15 Educators Lifting & Bending Policy
- 4.16 Educator Review & Appraisal Policy
- 4.17 Store Room & Team Lounge Guidelines
- 4.18 Team Member Complaints  Grievance Procedures
- 4.19 Participation of Volunteers & Students Policy
- 4.20 Team Member Immunisation Policy
- 4.21 Disciplinary Action Policy
- 4.22 Publicity & Media Policy
- 4.23 Pregnancy Policy
- 4.24 Traineeship Policy
- 4.25 Time Off In Lieu (TOIL) Policy
- 4.26 Leave Policy

## Quality Area 5

- 5.01 Interactions & Relationships with Children Policy
- 5.02 Guiding Children's Behaviour Policy
- 5.03 Inclusion of Children with Additional Needs Policy
- 5.04 Anti-Bias, Inclusions and Cultural Diversity Policy
- 5.05 Gender Equality Policy
- 5.06 Show & Tell Policy
- 5.07 Guns & Superhero Policy

## Quality Area 6

- 6.01 Partnerships with Families Policy
- 6.02 Developing Partnerships with cultural and linguistically diverse families
- 6.03 Aboriginal & Torres Strait Islander Awareness Policy
- 6.04 Open Door Policy
- 6.05 Informing Families of Our Policies
- 6.06 Complaints & Grievance Procedures for families
- 6.07 Orientation of New Children & Families Policy
- 6.08 Transitions and Routines Policy
- 6.09 Excursion Policy

- **6.10 Centre Events Policy**

## Quality Area 7

- **7.01 Communication Policy**
- **7.02 Philosophy Policy**
- **7.03 Assessment & Rating Policy**
- **7.04 Security of Child Portfolios Policy**
- **7.05 Privacy & Confidentiality Policy**
- **7.06 Acceptance & Refusal of Authorisations Policy**
- **7.07 Enrolment Procedure**
- **7.08 Return to Care Policy - COVID19**
- **7.09 Waiting List Policy**
- **7.10 Arrival & Departure of Children Policy**
- **7.11 Fee and Debt Management Policy**
- **7.12 Child Care Subsidy Policy**
- **7.13 Governance & Service Management Policy**

# 1.01 Educational Curriculum Policy

## INTRODUCTION

Cubby OOSH believes in setting the right program to maximise learning and tailoring a program to assist in setting up skills for life for the children within our care, which is why Cubby OOSH have crafted a specialised program. The The program covers four key learning areas:

1. Creative
2. Stem
3. Physical
4. Team
5. Chill

This Program incorporates My Time our Place Framework (MTOP)

At Cubby OOSH we are also inspired by a child-led (Child-Directed) learning approach as our first approach for learning. The planned (Adult-Led) and spontaneous (Guided Play) learning experiences that the children engage in during their time at Cubby OOSH are an extension of the children's interests, strengths and emerging skills. This encompassing the: Integrated Teaching and Learning Approach module. Educators then observe children's behaviour and skills, and plan and create a curriculum from these gathered observations.

FIGURE 4: INTEGRATED TEACHING AND LEARNING APPROACHES

## PURPOSE

Cubby OOSH goal is to observe and document children's development through learning stories (LDC only) and observations (OOSH). Provide developmentally stimulating child-led experiences to foster and extend on children's emerging skills and development. Involve families in the programming and implementation of experiences derived from their child's current needs and learning.

## SCOPE

The Curriculum refers to all the interactions, experiences, activities, routines and events, planned and unplanned, that occur in an environment designed to foster children's learning and development. Cubby OOSH strives to ensure the Curriculum encompass the following:

- To ensure that the learning occurring is a child-led approach;
- To provide a curriculum that is created from children's current interests, emerging skills, needs, age and development and includes family input and spontaneous learning opportunities;
- To ensure the Educational Curriculum directly links My Time our Place Framework (MTOP), and Approved Frameworks under the EYLF – Victoria Early Years Learning and Development Framework (VEYLDF), which is designed to extend and enrich children's learning from birth to five years.

## IMPLEMENTATION

**Learning Stories (LDC only) and Observations:**

- Educators will observe the children's interests, strengths and emerging skills and form the basis of the children's observations. These observations are used to encourage enquiry amongst the children and our educators and begins the enquiry process through a range of questions.
- Observations and learning stories (LDC only) of children are devised daily; both individual observations and group observations are complete by Qualified Educators with the support of all Team members within the service (Casual Team Members, ISS Workers, Trainee's, Occupational Therapists etc). Within these Observations, the child's learning is analysed, where Educators explore aspects of development by identifying spontaneous opportunities and the use of transition periods effectively as an intentional teaching moment.
- All observations and learning stories (LDC only) are documented within our Cubby OOSH App, with a range of means of documentation inclusive of: Written, Photos and Videos indicative of the learning occurring. Parents will have direct access at all times of their child's development through the App through various devises; such as, but not limited to: IPAD, Laptop and Smartphone. If families cannot gain access to an online platform, all observations and documentation regarding their child's development can be printed within the service, and accessible on the service's devises at all times.

**Educational Program:**

- A vast array of questions will form the basis of the educational program to extend the enquiry process. Each question will take its own course, with no time restriction on how long it is planned for. Cubby OOSH feels that this process will allow for more child-driven learning and relates to what is relevant at the current time.
- The Educational Program will be inclusive of, but not restricted to, Cubby OOSH Education for Life Program, in which the learning approaches be subject to the four pillars of the Program as stated above, ensuring our programs are broad and most beneficial to each child's individual learning.
- The educational program is displayed at the family information section of the room as well as available on the Cubby OOSH App.

- We aim for your child to have a range of skills that enable them to cope in the school environment with minimal adult supervision. This includes going to the toilet by themselves, dressing and being able to follow a classroom routine (CCCH, 2005).

**Learning Quest:**

- The program questions are answered throughout the environment on table settings, indoor and outdoor learning spaces, educational teaching sessions, active environments, and creative learning experiences to continue the enquiry process.
- The resources provided are relevant and reflect the program. Ample age appropriate and open-ended materials are available for all children to aspects different learning opportunities such as self-help skills, decision making, turn taking and extensions.

**Reflection and Evaluation:**

- At the end of each educational program, the learning cycle is evaluated, including all children's involvement, voices, learning and input. It explores further opportunity for learning and the analysis of learning.
- A summary of the children's learning is documented, and the week's learning experiences will be evaluated and reflected upon. These summaries will explain the enquiry process followed in order to answer the questions.
- Children are invited to reflect with Educators on their learning, the program and aid in future planning.
- The summary of the evaluations and reflections can be found on the Cubby OOSH App.

**Family Communication and Participation:**

- We encourage all family involvement and input into every educational program and the learning experiences created and implemented at Cubby OOSH.
- Families are encouraged to discuss their child's learning and development on a daily basis during arrival and departure.
- Families have access to their child's learning stories, observations and the program through the Cubby OOSH App, and have access to their child's individual portfolios within their child's room.

## Additional Information:

The appointed Educational Leader will monitor the documentation of children's development and the follow up of learning and extension, mentoring the Team Members and working cohesively to ensure our programs being delivered are current and of high standards.

- The Centre routine are clearly displayed within the service, all stating the routines are flexible, to be responsive in supporting children, rather than disrupting enjoyable/valuable play experiences.
- Indoor / Outdoor play is an integral part of our program, occurring daily and providing children the opportunity to maximise their learning, inquisitiveness, investigation and exploration.

## STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 168 Offence relating to required programs
  - - Section 323 Approved learning framework
- Education and Care Services National Regulations
  - Regulation 73 Educational program
  - Regulation 74 Documenting of child assessments or evaluations for delivery of educational program

- Regulation 75 Information about educational program to be kept available
    - Regulation 76 Information about educational program to be given to parents
    - Regulation 254 Declared approved learning framework

- National Quality Standards
    - Standard 1.1 Program
    - Standard 1.2 Practise
    - Standard 1.3 Assessment and Planning

## SOURCES


- My Time Our Place Framework
- ACECQA
- Farr & Tone (1994) “Portfolio and Performance Assessment.”
- Jones & Nimmo (1995) “Emergent Curriculum.”
- Katz & Chard (2000) “Emerging Children’s Minds: The Project Approach.”
- Beaty, J. (1986) “Observing Development of the Young Child”
- Consultation with Relevant Stakeholders associated with Cubby OOSH Early Learning

# 2.01 Medical Conditions Policy

## INTRODUCTION

To support children's wellbeing and manage precise health requirements, our Service will work in accordance with the Education and Care Services National Regulations to ensure health related policies and procedures are developed and implemented.

## PURPOSE

We aim to efficiently respond to and manage medical conditions at the Service ensuring the safety and wellbeing of children, staff, families and visitors.

## SCOPE

- Our Service is committed to adhering to privacy and confidential procedures when dealing with individual health requirements.
- There are a number of concerns that must be considered when a child with a diagnosed health care need, allergy or medical condition is enrolled at the service.
- Key requirements must be in place prior to the child commencing at the Service to ensure their individual health and safety.

## IMPLEMENTATION

**The Approved Provider/Management will ensure:**

- Educators and Staff have a clear understanding about children's individual medical conditions.
- Communication between families and Educators is ongoing and effective.
- Educators receive appropriate training in managing specific medical conditions.
- There is an Educator in attendance at all times with a current accredited first aid and CPR training for specific medical conditions.
- Educators have a clear understanding about their role and responsibilities when caring for children with a medical condition.
- Families provide required information on their child's medical condition, including
  - Medication
  - Allergies
  - Medical Practitioner contact details
  - Medical Management Plan
- A Medical Management Plan/Risk Minimisation Plan has been developed in consultation with families and the child's medical practitioner.
- Educators have emergency contact information for the child.
- Casual Staff are informed of children and staff who have specific medical conditions or food allergies, the type of condition or allergies they have, and the Service's procedures for dealing with emergencies involving allergies and anaphylaxis.
- To gain permission to display children's individual medical management plans
- A copy of the child's medical management plan is visibly displayed and known to staff in the service. All copies of medical action plans to be displayed for only staff to see and access away from other children and parents at the service.
- No child can attend the Service without a Medical Management Plan and prescribed medication by their medical practitioner. In particular, medication that is life threating such as asthma inhalers, adrenaline auto injection devices and Insulin.
- In the event that a child suffers from reaction, incident, situation or event related to a medical condition the Service and staff will:

- Follow the child's Emergency Medical/Action Plan.
- Call an ambulance immediately by dialling 000
- Commence first aid measures/monitoring

  - Contact the parent/guardian by the Nominated Supervisor or Responsible Person when practicable (within 24 hours)
  - Contact the emergency contact by the Nominated Supervisor or Responsible Person if the parents or guardian can't be contacted when practicable (within 24 hours)
  - Notify the regulatory authority (within 24 hours) through the ACECQA portal by the Approved Provider.
- Training records are reviewed regularly to ensure staff compliance with renewal requirements.
- **EpiPens and Ventolin** should be stored in **clearly labelled, accessible** first aid kits.

**Families will ensure**

- They provide management with information about their child's health needs, allergies, medical conditions and medication on the enrolment form and through verbal communication/meetings.
- The Service enrolment form is completed in its entirety providing specific details about the child's medical condition.
- They notify the Service if any changes are to occur to the Medical Management Plan.
- They provide the required medication and complete the long-term medication record.
- They provide an updated copy of the child's Medical Management Plan when changes occur.

**Medical Conditions Risk Minimisation Plan/Anaphylaxis Management**

- Anaphylaxis is a severe allergic reaction to a substance or may be caused by a food allergy. Foods most commonly associated with anaphylaxis include peanuts, seafood, nuts and in children eggs and cows milk. While developing the Medical Conditions Risk Minimisation Plan and to minimize the risk of exposure of children to foods that might trigger severe allergy or anaphylaxis in susceptible children our service will:
- Not allow children to exchange food, utensils or food containers.
- Prepare food in line with a child's management plan and family recommendations.
- Request families to label all drinks and belongings.
- Consider whether it's necessary to change or restrict the use of food products in art/craft experiences and cooking classes so children with allergies can participate.
- If appropriate, seat a child with allergies at a different table if food is being served that he/she is allergic to. This will always be done in a sensitive manner so that the child does not feel excluded.
- Closely supervise all children at meal and snack times and ensure food is eaten in specified areas. To minimize the risk children will not be permitted to walk around the Centre with food.
- Instruct all food preparation educators and volunteers about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food, such as cleaning of food preparation areas and utensils.
- Educators should be on the lookout for symptoms of an allergic reaction as they need to act rapidly if they do occur. If a child is displaying symptoms of an anaphylactic reaction our service will:
- Call an ambulance immediately by calling 000.
- Ensure the First Aid Officer or an Educator with approved Anaphylaxis Management training provides appropriate first aid which may include the administration of an Epi-Pen and CPR if the child stops breathing.
- Nominated Supervisor/Responsible Person will contact the parent/guardian, or the person notified in the event of illness if the parent/guardian cannot be contacted.

**Medical Conditions Risk Minimisation Plan/Asthma Management**

- Asthma is a chronic lung disease that inflames and narrows the airways. While developing the Medical Conditions Policy our service will implement procedures where possible to minimize the exposure of susceptible children to the common triggers which can cause an asthma attack. These triggers include:

- Dust and pollution
- Inhaled allergens for example mould, pollen, pet hair
- Changes in temperature and weather, smoke from fires, heating and air conditioning
- Emotional changes including laughing and stress
- Activity and exercise

Risk minimization practices will be carried out to ensure the service is to the best of our ability providing an environment that will not trigger an asthmatic reaction. These practices will be documented and reflected upon, and potential risks reduced if possible.

**An asthma attack can become life threatening if not treated properly. If a child is displaying asthma symptoms our service will:**

- Ensure the First Aid officer or an Educator with approved Asthma Management training immediately attends to the child. If the procedures outlined in the child's medical management plan do not alleviate asthma symptoms, or the child does not have a medical management plan, the educator will provide appropriate first aid, which may include the steps outlined by Asthma Australia as follows:
  1. Sit the child upright. Stay with the child and be calm and reassuring
  2. Give 4 puffs of blue reliever puffer medication-Use a spacer if there is one. Shake puffer. Put 1 puff into spacer. Take 4 breaths from spacer. Repeat until 4 puffs have been taken. Shake 1 puff, 4 breaths
  3. Wait 4 minutes. If there is no improvement, give 4 more puffs as above.
  4. If there is still no improvement call emergency assistance 000.Keep giving 4 puffs every 4 minutes until emergency assistance arrives.
  5. Contact the child's parent or authorized contact where the parent cannot be reached.

**Supervised Self-Administration of Medication by children over Preschool Age.**

- The service permits children over preschool age to self-administer medication.
- Educators must supervise the child during this process to promote consistency and ensure the welfare of all children using the service, educators will ensure that each child follows all administration of medication, health and hygiene policies and procedures.
- The self-administration of medication must be negotiated with and approved by the child's parents. This information will be detailed in the child's Medical Management Plan and the Medical Conditions Risk Minimisation Plan if appropriate, and the location of the child's medication for self-administration must also be noted and made available to educators.
- The service will record all instances of supervised self-administration of medication as per the Administration of Medication Policy.

**Medical Management Plan**

- Any Medical Management Plan provided by a child's parents and/or registered medical practitioner. This Plan should:
  - have supporting documentation if appropriate
  - include a photo of the child
  - if relevant, state what triggers the allergy or medical condition
  - include first aid needed
  - Include contact details of the doctor who signed the plan
  - state when the plan should be reviewed
- A copy of the Medical Management Plan will be displayed for Educators and Staff in the Kitchen, Dining Room and the Prep Rooms for each classroom to ensure the safety and wellbeing of the child.
- The Service must ensure the medical management plan remains current and up to date all times.

**Risk Minimisation Plan**

All children with a diagnosed medical condition must have a risk minimisation plan in place.

A meeting will be arranged with the parents/guardian as soon as the Service has been advised of the medical condition. During this meeting a risk minimisation plan will be developed in consultation with the parent/guardian to ensure:

1. That the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised
2. That practices and procedures in relation to the safe handling, preparation and consumption and service of food are developed and implemented
3. That the parents/families are notified by the Nominated Supervisor or the Responsible Person of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented
4. 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
5. 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 need, allergy or relevant medical condition
6. Plan(s) in conjunction with parents/guardians will be reviewed and/or will be revised with each change in the Medical Management Plan
7. All relevant information pertaining to the child's health and medical condition is communicated to parents at the end of each day
8. Any special activities taking place such as celebrations, sporting events and excursions have a plan to maintain safe inclusion of children.
9. Appropriate hygiene practices are followed when managing medical conditions in line with the Control of Infectious Diseases Policy
10. Risk minimisation plans will be reviewed in collaboration with families

**Communication Plan**

A communication plan will be created after the meeting with the parents/guardian to ensure:

1. All relevant staff members and volunteers are informed about the medical conditions policy and the Individual Health Management Plan and Risk Minimisation Plan for the child; and
2. An individual child communication book is created so that a parent can communicate any changes to the Individual Health Management Plan and Risk Management Plan for the child.
3. At all times, families who have a child attending the Service who have a diagnosed medical condition will be provided with a copy of this policy which includes a communication plan and any other relevant policies.

**Information that must be provided on all Enrolment Forms**

The following information must be completed on the Enrolment Form, and any information will be attached to the Enrolment Form as necessary and kept on file at the service:

- Anaphylaxis (Diagnosed at risk of anaphylaxis)
- Asthma
- Diabetes
- Food Allergies/Intolerances or non-food related Allergies.
- Any other specific medical condition(s) mentioned by a child's parents or registered medical practitioner using the Enrolment Form and at any point during the child's education and care at the service.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 301 National regulations
- Education and Care Services National Regulations 2018
  - Regulation 90 Medical conditions policy
  - Regulation 90(1)(iv) Medical Conditions Communication Plan
  - Regulation 91 Medical conditions policy to be provided to parents
  - Regulation 92 Medication record
  - Regulation 93 Administration of medication
  - Regulation 94 Exception to authorisation requirement—anaphylaxis or asthma emergency
  - Regulation 95 Procedure for administration of medication
  - Regulation 96 Self-administration of medication
- National Quality Standards
  - Standard 2.1 Health

## SOURCES


- ACECQA
- Australian Government Guidelines: Get Up and grow: Healthy Eating and Physical Activity for Early Childhood" Food Standards Australia New Zealand
- Australian Guidelines for Prevention and Control of Infection in Healthcare (2010)
- **Staying Healthy –** Preventing infectious diseases in early childhood education and care services – 5th Edition
- Children with Medical conditions attending education and care services
- Dealing with medical conditions

# 2.02 Medication Policy

## INTRODUCTION

In an OOSH environment, it is only natural that a child/ren may require medication administered due to Medical Conditions, Illness, and Infection etc. Meticulous attention must be sought where Medication enters the service, required to be administered, and stored correctly. This policy has been developed with guidance from National Law, National Regulation, National Quality Framework, Information from recognised Authorities, and Information from Staying Healthy in Childcare 5th Edition, to ensure our services are implementing and executing correct and safe practises for something of high-risk nature.

## PURPOSE

Cubby OOSH aims to facilitate effective care and health management of children who are taking medication for health problems, prevention, and management of acute episodes of illness or medical emergencies by the safe administration of medication and compliance with the regulations.

## SCOPE

Families requesting the administration of medication will be required to follow the guidelines developed by the Cubby OOSH to ensure the safety of children and educators. Cubby OOSH will follow legislative guidelines and standards in order to ensure the health of children, families and educators at all times.

### Definitions

The term '**medication'** can be defined as a drug or form of medicine that is used to treat or prevent disease. Medication can be prescribed or non-prescribed:

**Prescribed medication** is:

- authorised by a Medical Practitioner
- distributed by a pharmacist with a printed pharmaceutical label, which includes:
    1. The name of the child being prescribed the medication
    2. Medication dosage
    3. Expiry date

**Non-prescribed medication** is:

- over-the-counter medication e.g. Paracetamol, nappy rash creams, etc.
- medication distributed by a naturopath
- complementary or alternative medication such as vitamins, herbs or home remedies

### Short Term Medications

This applies to medications that are only prescribed for a short period of time. Families are to complete a Medication Authority Form when requesting that medication is given. The form is to include the child's name, the medication, date, purpose and dosage of medication, time of administration and the parents/guardian's signature. This form is to be completed every day that the medication is required for each medication.

**Long Term Medications**

This applies to medications that may be prescribed for administration over a prolonged period on a regular basis, e.g. asthma preventatives. Parents are to complete a Long Term Medication Authority Form when requesting that medication is given accompanied with a letter from the doctor who outlines the health condition being treated, the purpose of the medication, and instructions on its administration, side effects of monitoring for, and an emergency or first aid care plan if relevant. This form must be renewed every six months or if there is any change to the medication, e.g. dosage to be given.

- All Medication Authority forms will be kept in a secure and confidential file until the child turns 25 years of age.
- If there is a disagreement between family members, including between custodial and a noncustodial, Department of Education and Communities will be contacted for advice. No medication will be given until advice has been obtained by Department of Education and Communities.
- If in the event that a child refuses to take their medication, the educator will not force them and parents/guardian will be contacted immediately.
- All medication will be cross checked and administered using the 5 rights:

1. Right Child
2. Right Medication
3. Right Time
4. Right Dose
5. Right Manner (indicated on medication label and Authority Form i.e. with food)

## IMPLEMENTATION

**Guidelines for Completing Medication Authority form**

- The Medication Authority form must be complete in full by the parent/guardian.
- Where possible, if families require assistance to complete the Medication Authority Form, the Responsible person or Team member will show this support.
- The Responsible Person/Team Leader to check the form in full prior to the family member/guardian leaving premises.
- If Families have failed to complete the form in full, and are no longer on premises, the Nominated Supervisor/Responsible person will email/fax/scan the document over to the parent/guardian to finish completion of the form. Medication will not be administered until this is complete.
- Over the phone authorisation is not accepted at Cubby OOSH.

**Guidelines for Acceptance and Refusal of Medication**

- The service will only accept the child's medication if the Medication Authority Form is completed.
- The service will only accept the Child's medication if the Medication matches the medication stated on the Medication Authority form.
- For prescribed medication, the service will only accept the Medication if this is accompanied by a Medical Practitioner/Doctors letter, or has a Management Plan as outlined in the Medical Conditions Policy
- The service will only accept the Medication if it is in its original packaging, and not evidence of the packaging being tampered with.
- Parents/Guardians must ensure to physically hand an Educator the Medication, and is not to be left in their child's bag which could impose risk for other children.

- If refusal does occur, Parents/guardians will be required to make alternative arrangements to administer the Medication to their child.

**Guidelines for Storing Medication**

- All medication will be securely stored in a locked cupboard, should the medications require refrigeration they will be placed at the back of the refrigerator on the top shelf, in a childproof container
- 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.

**Guidelines for transporting Medication (OSHC Arrival/Departure, Excursions etc)**

- If Medication is required to be transported on a bus or out on an excursion, the Medication that is required and the Medication Authority Form must be present, and in safe storage with an Educator at all times, in a locked box/storage container (not accessible to children)
- Once arrival back to the service, the Medication will be stored correctly, along with the Medication Authority Form
- High levels of communication is required between team members at the service, and those transporting children outside of the service in relation to any Children in attendance with Medication.
- Medication being delivered to a Primary school for Before School Care, the Team member must physically pass the Medication onto the School Teacher.
- Medication will only be picked up from Primary school if the service has written consent from parents/guardians to do so.

**Team member /persons responsible for administering medication**

- Only Senior Educators can administer medication. Two Senior Educators at all times will check the medication and dosage and sign the Medication Authority Form once the medication has been administered. One of these educators must have approved First Aid qualifications in accordance with current legislation and regulations.
- For School Age children, as outlined in the National Regulations, can administer Medication themselves under the provision that two Educators are witness to this occurring, and the service has written permission from Families/Guardians for their children to do so.

**Guidelines for administration of paracetamol**

NOTE: Staying Healthy in Childcare 5th Edition states that a normal temperature of a child can be up to 38 Degrees.

Cubby OOSH will contact families if a child's temperature reaches **38°C or higher.** Cubby House will administer paracetamol, with prior written authorisation and after non-medicated measures are attempted. To try to reduce the child's fever and discomfort, after exerting all other options to assist in reducing their temperature.

- Providing fluids
- Removing excess clothing with Child's permission

- Place child in a cool area, and not remain in direct sunlight/outdoors where possible.
- Provide the child with a damp cloth to aid in cooling down

**Guidelines for Notifying the Department if required:**

- The Department will need to be notified in 24 hours in the event that there is a breach to the National Law and Regulation in relation to this policy, an incident involving Medication, or if Ambulance personnel are called to the service.

## STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 301 National regulations
- Education and Care Services National Regulations 2011
  - Regulation 90 Medical conditions policy
  - Regulation 91 Medical conditions policy to be provided to parents
- Work health and Safety Act 2011
- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety

## SOURCES


- ACECQA
- Australian Government Guidelines: Get Up and grow: Healthy Eating and Physical Activity for Early Childhood" Food Standards Australia New Zealand
- Australian Guidelines for Prevention and Control of Infection in Healthcare (2010)
- Staying Healthy – Preventing infectious diseases in early childhood education and care services – 5th Edition
- Children with Medical conditions attending education and care services
- Dealing with medical conditions
- Safety and Quality

# 2.03 Administration of First Aid Policy

## INTRODUCTION

First aid can save lives and prevent minor injuries or illnesses from becoming major. The ability to provide prompt basic first aid is particularly important in the context of an early childhood service where Educators have a duty of care and obligation to assist children who are injured, become ill or require support with administration of medication.

## PURPOSE

Our Service has a duty of care to provide and protect the health and safety of children, families, educators and visitors of the Service. This policy aims to support educators to:

- Preserve life
- Perform Basic First Aid
- Ensure that ill or injured persons are stabilised and comforted until medical assistance intervenes
- Monitor ill or injured persons in the recovery stage
- Apply additional first aid tactics if the condition does not improve
- Ensure the environment is safe and other people are not in danger of becoming ill or injured.

## SCOPE

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, basic first aid, maintenance of records, dressing of minor injuries, recognition and reporting of health hazards and participation in safety programs. Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm.

## IMPLEMENTATION

**Management is responsible for:**

- Safeguarding every reasonable precaution to protect children at the Service from harm and/or hazards that can cause injury
- Ensuring that at least one educator is in attendance at all times with current approved first aid qualifications and is immediately available at all times that children are being educated and cared for by the Service. This can be the same person who has undertaken current approved anaphylaxis management training and undertaken current approved emergency asthma management training.
- Ensuring that at least one educator has undertaken current approved anaphylaxis management training.
- Ensuring that at least one educator has undertaken current approved emergency asthma management training.
- The Centre Food Supervisor is the nominated first aid officer. (LDC)
- Ensuring a risk assessment is conducted prior to an excursion to identify risks to health, safety, or wellbeing and specifying how these risks will be managed and minimised.
- Ensuring that first aid training details are recorded and kept up to date on each staff member's record.
- Ensuring there is an induction process for all new staff, casual and relief staff, that includes providing information on the location of first aid kits and specific first aid requirements and individual children's allergies.

- Ensuring that parents are notified by the Nominated Supervisor or the Responsible Person or within 24 hours if their child is involved in an incident, injury, trauma or illness at the Service and that details are recorded on the Incident, Injury, Trauma and Illness Record.
- Ensuring the Regulatory Authorities are notified through the ACECQA portal by the Nominated Supervisor or the Responsible Person within 24 hours if a child is involved in a serious incident, injury, trauma or illness at the Service.

- The Nominated Supervisor will provide or refer educators for debriefing and mental health support following a serious incident involving trauma or injury, in line with the service's Staff Wellbeing Policy.
- Ensuring a resuscitation flow chart is displayed in a prominent position in the indoor and outdoor environments of the Service.
- Keeping up to date with any changes in procedures for administration of first aid and ensuring that all educators are informed of these changes.
- Ensuring that the authorisation by parents in relation to medical treatment of their child or children and transportation of their child or children by an ambulance service meets the requirements of National Regulation 161.

**The Nominated Supervisor/ Responsible Person will:**

- Maintain a current approved first aid qualification
- Support staff when dealing with a serious incident, trauma
- Provide and maintain an appropriate number of up-to-date, fully-equipped first aid kits that meet Australian Standards
- Provide and maintain a transportable first aid kit that can be taken to excursions and other activities
- Monitor the contents of all first aid kits and arranging replacement of stock, including when the use-by date has been reached
- Dispose of out-of-date materials appropriately
- Ensure safety signs showing the location of first aid kits are clearly displayed
- Ensure that all educators approved first aid qualifications, anaphylaxis management training and emergency asthma management training are current and meet the requirements of the National Act and National Regulations and are approved by ACECQA.
- Provide internal training of the administration of an auto-injection device annually and documenting on staff files
- Keep up to date with any changes in the procedures for the administration of first aid
- Contact families by the Nominated Supervisor or the Responsible Person immediately if a child has had a head injury whilst at the Service.
- Ensure that appropriate documentation is being recorded by Nominated Supervisor / Responsible Person regarding incidents, injury, trauma and illnesses and the administration of first aid. Documentation of the following must be recorded;
  - Name and age of the child
  - Circumstances leading to the incident, injury, trauma or illness (including any symptoms)
  - Time and date
  - Details of action taken by the service including any medication administered, first aid provided or
  - Medical personnel contacted by the Nominated Supervisor or the Responsible Person
  - Details of any witnesses
  - Names of any person the service notified or attempted to notify, and the time and date of this
  - Signature of the person making the entry, and time and date of this.

**Educators will:**

- Implement appropriate first aid procedures when necessary. This includes basic first aid and emergency aid.

- Maintain current approved first aid qualifications, and qualifications in anaphylaxis management and emergency asthma management, as required
- Practice CPR and administration of an auto-injection device annually
- Ensure that all children are adequately supervised while providing first aid and comfort for a child involved in an incident or suffering trauma
- Ensure that the details of any incident requiring the administration of first aid are recorded on the Incident, Injury, Trauma and Illness Record accurately.
- Conduct a risk assessment prior to an excursion to identify risks to health, safety or wellbeing and specifying how these risks will be managed and minimised

**Parents will:**

- Sign Service records of accidents or injuries that have occurred, acknowledging they have been made aware of the incident and the first aid that treatment that was given to the child.
- Provide the required information for the Service's medication record
- Provide written consent (via the enrolment record) for service staff to administer first aid and call an ambulance, if required.
- Be contactable, either directly or through emergency contacts listed on the child's enrolment record, in the event of an incident requiring the administration of first aid.

**Basic First Aid Procedure**

The following procedure will be implemented if there is an accident, illness or injury that requires first aid:

1. Educator or staff member will inform the Nominated Supervisor and a first aid qualified educator of the incident, illness or injury
2. Nominated Supervisor or first aid qualified educator will review the child's medical information including any medical information divulged on the child's enrolment form and medical management plan before the first aid qualified educator attends to the injured or ill child or adult.
    (a) If the illness or incident involves asthma or anaphylaxis, an educator with approved asthma or anaphylaxis training will attend to the child or adult following their Medical Management Plan.
3. The Nominated Supervisor and educators shall supervise and care for children in the vicinity of the incident, illness or injury.
4. If required, the first aid qualified educator or Nominated Supervisor alerts medical practioners/ambulance.
5. The first aid qualified educator or Nominated Supervisor notifies parent or emergency contact, informing them that the child requires medical attention from a medical practitioner

**Or**

6. The first aid qualified educator or Nominated Supervisor contacts parent or emergency contact to collect child from the Service.
7. The Nominated Supervisor ensures Incident, Injury, Trauma and Illness Record is completed in its entirety and the parent is notified immediately and the regulatory authority is notified by the Approved Provider as soon as possible and within 24 hours of the injury, illness or trauma.

**Serious Incident Procedure**

Any Educator who is the first to arrive at the scene of an injury or sudden illness MUST:

1. Assess the situation quickly – check for danger;
2. Identify the nature of the injury or illness as far as possible;
3. Arrange for assistance from other Educators;
4. Notify Nominated Supervisor or Responsible person who will call for emergency services and parents;
5. Stay with the child/casualty and assist the child/casualty to the best of their ability until able to hand-over to a First Aid Officer or health care professional;
6. Give further assistance if necessary or as directed;

7. Nominated Supervisor ensures Incident, Injury, Trauma and Illness Record is completed in its entirety and parent and the regulatory authority is notified of the injury, illness or trauma as soon as possible and within 24 hours by the Approved Provider.

**Anaphylaxis First Aid**
Please refer to the "Anaphylaxis Policy"

**Asthma First Aid**
Please refer to the "Asthma Policy"

**Diabetic Emergency First Aid**
Please refer to the "Diabetes Policy"

**First Aid Kit**

The Approved Provider of the Service will ensure that first aid kits are kept in accordance with National Education and Care Service Regulations.
**All First Aid Kits at the Service must:**

- Be suitably equipped
- Not be locked
- Not contain paracetamol
- Be suitable for the number of employees and children and sufficient for the immediate treatment of injuries at the Service.
- Be easily accessible to staff and educators
- Be constructed of resistant material, be dustproof and of sufficient size to adequately store the required contents
- Be capable of being sealed and preferably be fitted with a carrying handle as well as have internal compartments.
- Contain a list of the contents of the kit.
- Be regularly checked using the First Aid Kit Checklist to ensure the contents are as listed and have not depreciated or expired.
- Have a white cross on a green background with the words 'First Aid' prominently displayed on the outside
- Be easily recognisable
- Be easy to access and if applicable, located where there is a risk of injury occurring.
- Include emergency telephone numbers, the phone number and location of the nearest first aid trained educators
- Be given precautionary measures such as sunscreen protection and portable water if working outdoors.
- Be taken on excursions and be attended by First Aid qualified educators.
- Be maintained in proper condition and the contents restocked as required.

These individuals are responsible for conducting and maintaining each first aid kit by complying with the First Aid Checklist, certifying each Kit has the required quantities, items are within their expiry dates and sterile products are sealed. This will occur after each use or if unused, at least annually.

Individuals along with the Nominated Supervisor will also consider whether the first aid kits and components are appropriate and effective for the Service's hazards and the injuries that have occurred. If the kit requires additional resources, these individuals will advise and follow up with the Nominated Supervisor.

**First Aid Kit Checklist**

Our Service will use the Checklist in Safe Work Australia's First Aid in the Workplace Code of Practice as a guide to what to include in our First Aid Kit.
https://www.safeworkaustralia.gov.au/doc/model-code-practice-first-aid-workplace

We will determine the need for additional items to those in the checklist, or whether some items are unnecessary, after analysing the number of children at our Service and what injuries children or adults may incur. We will review our incident, injury, trauma and illness records to help us make a knowledgeable decision about what to include.

For further advice on first aid in the workplace, refer to the following website for state and territory specifications.
https://www.safeworkaustralia.gov.au/first-aid

## STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 301 National regulations
- Education and Care Services National Regulations 2018
  - Regulation 12 Meaning of serious incident
  - Regulation 85 Incident, injury, trauma and illness policies and procedures
  - Regulation 86 Notification to parents of incident, injury, trauma and illness
  - Regulation 87 Incident, injury, trauma and illness record
  - Regulation 88 Infectious diseases
  - Regulations 89 First aid kits
  - Regulation 97 Emergency and evacuation procedures
  - Regulations 136 First aid qualifications
  - Regulation 161 Authorisations to be kept in enrolment record
  - Regulation 162 Health information to be kept in enrolment record
  - Regulation 168 Education and care service must have policies and procedures
  - Regulation 174 Prescribed information to be notified to Regulatory Authority
  - Regulation176 Time to notify certain information to Regulatory Authority
- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety

## SOURCES


- ACECQA
- United Nations Convention on the Rights of a Child
- Staying Healthy – Preventing infectious diseases in early childhood education and care services – 5th Edition
- First Aid Contents Checklist
- Safe Work Australia Legislative Fact Sheets First Aiders
  Safe Work Australia First Aid in the Workplace Code of Practice

# 2.04 Child Protection Policy

## INTRODUCTION

Our Service is committed to the safety, wellbeing and support of all children and young people. Management, Staff and volunteers will treat all children with the utmost respect and understanding.

Our Service believes that:

Children are capable of the same range of emotions as adults. Children's emotions are real and need to be accepted by adults.

A reaction given to a child from an adult in a child's early stages of emotional development can be positive or detrimental depending on the adult's behaviour.

Children, who preserve, enhance and better understand their body's response to an emotion are more able to predict the outcome from a situation and evade them or ask for help.

## PURPOSE

All Educators, Staff and Volunteers are committed to identifying possible risk and significant risk of harm to children and young people at the Service. We comprehend our duty of care responsibilities to protect children from all types of abuse and adhere to our legislative obligations at all times.

We aim to implement effective strategies to assist in ensuring the safety and wellbeing of all children. Our Service will perform proficiently and act in the best interests of the child, assisting them to develop to their full potential in a secure and caring environment.

The Centre staff carries out its responsibilities as legislated mandatory reporters and follows the procedures outlined by the NSW Department of Community Services and the Commission for Children and Young Persons.

## SCOPE

This policy applies to children, families, staff, management and visitors of the Service.

# What is Abuse?

There are four types of child abuse:

1. Physical Abuse
2. Sexual Abuse
3. Emotional Abuse
4. Neglect

Child abuse is any action towards a child or young person that harms or puts at risk their physical, psychological or emotional health or development. Child abuse can be a single incident or can be a number of different incidents that take place over time.

Definition

Maltreatment refers to non-accidental behaviour towards another person, which is outside the norms of conduct and entails a substantial risk of causing physical or emotional harm. Behaviours may be intentional or unintentional and include acts of omission and commission. Specifically abuse refers to acts of commission and neglect refers to acts of omission. Note that in practice the terms child abuse and child neglect are used more frequently than the term child maltreatment.

Risk of Significant Harm (ROSH) refers to circumstances causing concern for the safety, welfare and wellbeing a child or young person present to a significant extent. This means it is sufficiently serious to warrant a response by a statutory authority irrespective of the family's consent.

What is significant is not minor or trivial, and may reasonably be expected to produce a substantial and demonstrably adverse impact on the child's or young person's safety, welfare, or wellbeing.

In the case of an unborn child, what is significant is not minor or trivial and may reasonably be expected to produce a substantial and demonstrably adverse impact on the child.

Reasonable grounds refer to the need to have an objective basis for suspecting that a child may be at risk of abuse and neglect based on:

First hand observation of the child or family
What the child, parent or other person has disclosed
What can reasonably be inferred based on observation, professional training and/ or experience.

Mandatory Reporting is the legislative requirement for selected classes of people to report suspected child abuse and neglect to government authorities. Mandatory reporting is regulated by the following Legal provisions:

| State Specific | Legal Provisions |
|---|---|
| NSW | Children and Young Persons (Care and Protection) Act 1998 (NSW) |
| ACT | Children and Young People Act 2008 (ACT) |
| QLD | Child Protection Act 1999 (Qld) |
| VIC | Children, Youth and Families Act 2005 (Vic) |

## Mandatory Reporting

Mandatory reporters are people who deliver the following services, wholly or partly, to children as part of their paid or professional work:

- Health care (e.g. registered medical practitioners, specialists, general practice nurses, midwives, occupational
- therapists, speech therapists, psychologists, dentists and other allied health professionals working in sole practice or in public or private health practices)
- Welfare (e.g. psychologists, social workers, caseworkers and youth workers) Education (e.g. teachers, counsellors, principals)
- Children's services (e.g. child care workers, family day carers and home-based carers) Residential services (e.g. refuge workers)
- Law enforcement (e.g. police)

All staff have a responsibility to recognise and respond to safety, welfare and wellbeing for children and young people and inform management. According to state specific Acts, mandated reporters (including people employed in children's services and unpaid managers of these services) must make reports if they suspect on reasonable grounds a child is at risk of significant harm because:

- The child's basic physical or psychological needs are not being met or are at risk of not being met
- The parents or other caregivers have not arranged and are unable or unwilling to arrange for the child to receive necessary medical care
- The parents or other caregivers have not arranged and are unable or unwilling to arrange for a school age child to receive an education
- The child has been, or is at risk of being physically or sexually abused or ill-treated
- The child is living in a household where there have been incidents of domestic violence and they are at risk of serious physical or psychological harm
- The parent's or other caregiver's behaviour means the child has suffered or is at risk of suffering serious psychological harm.

Decisions About Reporting

Mandatory reporters across states in which Cubby OOSH Operate in, should contact their state specific contacts if they have concerns that a child or young person is at risk of being neglected or physically, sexually or emotionally abused.

Inform the Nominated Supervisor of suspicions or disclosure of abuse/neglect after consulting the "Mandatory Reporter Guide" **(https://reporter.childstory.nsw.gov.au.)**

| State Specific | State Child Protection/ Mandatory Reporting Contacts |
|---|---|
| NSW | Phone: 13 21 11 (Immediate Danger: 000) |
| | Child Protection website |
| | https://reporter.childstory.nsw.gov.au. |
| ACT | Phone: 1300 556 729 (Immediate Danger: 000) |
| | Child Protection website |
| QLD | Ph: 1800 177 135 or (07) 3235 9999 (Immediate Danger: 000) |
| | Child Protection website |
| VIC | Phone: 1300 664 977 (Immediate Danger: 000) |
| | Child Protection website |

State specific websites/Mandatory Reporters Guides supports mandatory reporters to:

- Determine whether a report to the Child Protection Helpline is needed for concerns about possible abuse or neglect of a child (including unborn) or young person
- Identify alternative ways to support vulnerable children, young people and their families where a mandatory
- Reporter's response is better served outside the statutory child protection system
- It is recommended that mandatory reporters document and complete a "Mandatory Reporter Guide" (https://reporter.childstory.nsw.gov.au) report on each occasion they have risk concerns, regardless of their level of experience or expertise. Each circumstance is different, and every child and young person is unique. "Childstory" will determination what happens next and steps need to be taken.

Indicators of Abuse

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

General indicators of abuse and neglect may include:

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

Neglect

Child neglect is the continuous failure by a parent or caregiver to provide a child with the basic things needed for their growth and development, such as food, clothing, shelter, medical and dental care and adequate supervision.

Some examples are:

- Inability to respond emotionally to the child abandonment
- Depriving or withholding physical contact Failure to provide psychological nurturing Treating one child differently to the others
- Indicators of Neglect in children
- Poor standard of hygiene leading to social isolation Scavenging or stealing food
- Extreme longing for adult affection
- Lacking a sense of genuine interaction with others Acute separation anxiety
- Self-comforting behaviours, e.g. rocking, sucking Delay in development milestones
- Untreated physical problems

Physical Abuse

- Physical abuse is when a child has suffered, or is at risk of suffering, non-accidental trauma or injury, caused by a parent, caregiver or other person. Educators will be particularly aware of looking for possible physical abuse if parents or caregivers:
- Make direct admissions from parents about fear of hurting their children Have a family history of violence
- Have a history of their own maltreatment as a child Make repeated visits for medical assistance

Indicators of Physical Abuse

- Facial, head and neck bruising Lacerations and welts
- Explanations are not consistent with injury
- Bruising or marks that may show the shape of an object Bite marks or scratches
- Multiple injuries or bruises
- Ingestion of poisonous substances, alcohol or drugs Sprains, twists, dislocations
- Bone fractures
- Burns and scalds
- Emotional Abuse
- Emotional abuse occurs when an adult harms a child's development by repetitively treating and speaking to a child in ways that damage the child's ability to feel and express their feelings. This may include:
- 
- Constant criticism, being condescending, teasing of a child or ignoring or withholding admiration and affection Excessive or unreasonable demands
- **Persistent hostility, severe verbal abuse and rejection Belief that a specific child is bad or 'evil'**
- Using inappropriate physical or social isolation as punishment Exposure to domestic violence

- Indicators of emotional abuse
- Feeling of worthlessness about them Inability to value others
- Lack of trust in people and expectations Extreme attention seeking behaviours
- Other behavioural disorders (disruptiveness, aggressiveness, bullying)
- Sexual Abuse
- Sexual abuse is when someone involves a child in a sexual activity by using their authority over them or taking advantage of their trust. Children are often bribed or threatened physically and psychologically to make them partake in the activity. Educators will be predominantly conscious of looking for potential sexual abuse if parents or caregivers are suspected of or charged with child sexual abuse or display inappropriate jealousy regarding age appropriate development of independence from the family. Sexual abuse may include:
- Exposing the child to sexual behaviours of others
- Coercing the child to engage in sexual behaviour with other children Verbal threats of sexual abuse
- Exposing the child to pornography
- Indicators of Sexual Abuse
- They describe sexual acts
- Direct or indirect disclosures
- Age inappropriate behaviour and/or persistent sexual behaviour
- Self-destructive behaviour
- Regression in development achievements
- Child being in contact with a suspected or known perpetrator of sexual assault Bleeding from the vagina or anus
- Injuries such as tears to the genitalia

Psychological Abuse

- Psychological harm occurs where the behaviour of the parent or caregiver damages the confidence and self-esteem of the child, resulting in serious emotional deficiency or trauma. In general, it is the frequency and duration of this behaviour that causes harm. Some examples are:
- Excessive criticism
- Withholding affection
- Exposure to domestic violence
- Intimidation or threatening behaviour
- Indicators of psychological abuse
- Constant feelings of worthlessness Unable to value others
- Lack of trust in people
- Lack of people skills necessary for daily functioning Extreme attention seeking behaviour
- Extremely eager to please or obey adults

- Takes extreme risks, is markedly disruptive, bullying or
- aggressive Suicide threats
- Running away from home

**Domestic Violence**

- Domestic violence, or intimate partner violence, is a violation of human rights. It involves violent, abusive or intimidating behaviour carried out by an adult against a partner or former partner to control and dominate that person.
- Domestic violence causes fear, physical and/or psychological harm. It is most often violent, abusive or intimidating behaviour by a man against a woman. Living with domestic violence has a profound effect upon children and young people and may constitute a form of child abuse.

**Indicators of Domestic Violence**

- Show aggressive behaviour Develop phobias & insomnia Experience anxiety
- Show systems of depression Have diminished self esteem
- Demonstrate poor academic performance and problem-solving skills Have reduced social competence skills including low levels of empathy Show emotional distress
- Have physical complaints

## IMPLEMENTATION

Our Service strongly opposes any type of abuse against a child and endorses high quality practices in relation to protecting children. Educators have an important role to support children and young people and to identify concerns that may jeopardise their safety, welfare or wellbeing. To ensure best practice, all educators will attend approved Child Protection training certified by a registered training organisation. Educators will continue to keep up to date, by completing Child Protection Awareness Training, ensuring they keep up to date with their current responsibilities as Mandatory Reporters.

NOTE: The reporter is not required to prove that abuse has occurred.

Management/Nominated Supervisor will ensure:

The Service and any certified supervisor in day-to-day charge of the Service have successfully completed a course in child protection approved by the Regulatory Authority.

All employees and volunteers are:

Clear about their roles and responsibilities regarding child protection.

Aware of their requirements to immediately report cases where they believe a child is at risk of significant harm to the Child Safety Services.

Aware of the indicators showing a child may be at risk of harm or significant risk of harm.

Aware of their mandatory reporting obligations to report suspected risk or significant risk of harm

Training and development are provided for all educators, staff and volunteers in child protection.

To provide educators with a reporting procedure and professional standards to safeguard children and protect the integrity of educators, staff and volunteers.

To validate a cleared Working with Children's Check / Card.

To provide access to relevant acts, regulations, standards and other resources to help educators, staff and volunteers meet their obligations.

Records of abuse or suspected abuse are kept in line with the Service's Privacy and Confidentiality Policy.

To notify the state child protection Authority of details of employees whom relevant disciplinary proceedings have been completed or people whose employment has been rejected because of a risk identified in employment screening processes.

To notify the regulatory authority of any incident where you reasonably believe that physical and/or sexual abuse of a child has occurred or is occurring while the child is being educated and cared for by the Service

To notify the regulatory authority of any allegation that sexual or physical abuse of a child has occurred or is occurring while the child is being educated and cared for by the Service.

Accusations against Educators

The Approved Provider has the legislative obligation under the Reportable Conduct Scheme to notify the Office of the Children's Guardian (OCG) of reportable allegations and convictions against their employees (including volunteers and contractors), investigate the allegation and advise the Office of the outcome. In addition, the Approved Provider must take appropriate action to prevent reportable conduct by employees.

The Children's Guardian Act 2019, effective 1 March 2020, defines the head of an organisation as a 'relevant entity'.

An approved education and care service is listed at Schedule 1 of the Act as an 'entity'.

All staff members have an obligation to report relevant allegations of a child protection nature as part of the Reportable Conduct Scheme to the Approved Provide or OCG. This reportable conduct may have occurred either within work hours or outside work hours. A child is anyone under the age of 18 at the time of the alleged conduct occurred.

The Approved Provider must notify the Children's Guardian within seven (7) business days and conduct an investigation into the allegations. 7-day notification form Reportable Conduct Directorate: (02) 8219 3800. (Monday – Friday)

A final report of the investigation must be ready to submit within 30 calendar days or provide information about the progress of the investigation to the Children's Guardian. 30 Day interim report form

The Approved Provider must send a report to the Office of the Children's Guardian that enables the Office of the Children's Guardian to determine whether the investigation was completed satisfactorily and whether appropriate action was or can be taken.

The Approved Provider must ensure an appropriate level of confidentiality of information relating to the reportable allegations as per the Act or other legislation. The heads of relevant entities have obligations under section 57 of the Act to disclose 'relevant information' to the following persons unless they are satisfied that the disclosure is not in the public interest:

- a child to whom the information relates
- a parent of the child

• If the child is in out-of-home care- an authorised carer that provides out-of-home care to the child. The Children's Guardian will monitor the entity's response and may conduct their own investigation.

The Children's Guardian Act 2019 defines reportable conduct as:

a sexual offence has been committed against, with or in the presence of a child

sexual misconduct with, towards or in the presence of a child

ill-treatment of a child

neglect of a child

an assault against a child

behavior that cause significant emotional or psychological harm to the child

Documenting Suspicion of Harm

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

Record their concerns in a non-judgmental and accurate manner as soon as possible.

Record their own observations as well as precise details of any discussion with a parent (who may for example explain a noticeable mark on a child).

- Not endeavour to conduct their own investigation.

Document as soon as possible so the details are accurately apprehended including:

- Time, date and place of the suspicion
- Full details of the suspected abuse
- Date of report and signature

Documenting A Disclosure

A disclosure of harm emerges when someone, including a child, tells you about harm that has happened or is likely to happen. When a child discloses that he or she has been abused, it is an opportunity for an adult to provide immediate support and comfort and to assist in protecting the child from the abuse. It is also a chance to help the child connect to professional services that can keep them safe, provide support and facilitate their recovery from trauma. Disclosure is about seeking support and your response can have a great impact on the child or young person's ability to seek further help and recover from the trauma.

When receiving a disclosure of harm the Service will:

- Remain calm and find a private place to talk
- Not promise to keep a secret
- Tell the child/person they have done the right thing in revealing the information but that they'll need to tell someone who can help keep the child safe
- Only ask enough questions to confirm the need to report the matter because probing questions could cause distress, confusion and interfere with any later enquiries
- Not attempt to conduct their own investigation or mediate an outcome between the parties involved

Document as soon as possible so the details are accurately captured including:

- Time, date and place of the disclosure
- 'Word for word 'what happened and what was said, including anything they said and any actions that have been taken
- Date of report and signature.

Notifications of abuse

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

Give the child or young person your full attention. Maintain a calm appearance.

Don't be afraid of saying the 'wrong' thing.

Reassure the child or young person it is right to tell.

Accept the child or young person will disclose only what is comfortable and recognise the bravery/strength of the child for talking about something that is difficult.

Let the child or young person take his or her time.

Let the child or young person use his or her own words. Don't make promises you can't keep.

Tell the child or young person what you plan to do next. Do not confront the perpetrator.

Confidentiality

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

Protection for reporters

Reports made to Child Protection Services are kept confidential. However, a law enforcement agency may access the identity of the reporter if this is needed in connection with the investigation of an alleged serious offence against a child. If the report is made in good faith:

The report will not breach standards of professional conduct The report can't lead to defamation proceedings

The report is not admissible in any proceedings as evidence against the person who made the report A person cannot be compelled by a court to provide the report or disclose its contents

The identity of the person making the report is protected.

A report is also an exempt document under the Right to Information Act 2009.

Breach of Child Protection Policy

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

Does something that a reasonable person in that person's position would not do in a particular situation

Fails to do something that a reasonable person in that person's position would do in the circumstances

Acts or fails to act in a way that causes harm to someone the person owes a duty of care.

Managing A Breach in Child Protection Policy

Management will investigate the breaches in a fair, unbiased and supportive manner by:

Discussing the breach with all people concerned will be advised of the process Giving the educator the opportunity to provide their version of events

Documenting the details of the breach, including the versions of all parties and the outcome will be recorded Ensuring the matters in relation to the breach are kept confidential

Approaching an appropriate outcome which will be decided based on evidence and discussion

Outcome of A Breach in Child Protection Policy

Depending on the nature of the breach outcomes may include:

Emphasising the relevant element of the child protection policy and procedure Providing closer supervision

Further education and training

Facilitating between those involved in the incident (where appropriate) Disciplinary procedures if required

Reviewing current policies and procedures and developing new policies and procedures if necessary.

Educating Children About Protective Behaviour

Our program will educate children

About acceptable and unacceptable behaviour, and what is appropriate and inappropriate contact at an age appropriate level and understanding.

About their right to feel safe at all times.

To say 'no' to anything that makes them feel unsafe or uncomfortable.

About how to use their own knowledge and understanding to feel safe.

To identify signs that they do not feel safe and need to be attentive and think clearly.

That there is no secret or story that is too horrific, that they can't share with someone they trust. That educators are available for them if they have any concerns.

To tell educators of any suspicious activities or people.

To recognise and express their feelings verbally and non-verbally. That they can choose to change the way they are feeling.

**The Child Safe Standards External link** - provide a benchmark against which organisations can assess their child safe capacity and set performance targets. The Standards provide tangible guidance for organisations to drive a child safe culture, adopt strategies and act to put the interests of children first, to keep them safe from harm.

The 10 Child Safe Standards are:

1. Child safety is embedded in organisational leadership, governance and culture
2. Children participate in decisions affecting them and are taken seriously
3. Families and communities are informed and involved
4. Equity is upheld and diverse needs are taken into account
5. People working with children are suitable and supported
6. Processes to respond to complaints of child abuse are child-focused
7. Staff are equipped with the knowledge, skills and awareness to keep children safe through continual education and training
8. Physical and online environments minimise the opportunity for abuse to occur
9. Implementation of the Child Safe Standards is continuously reviewed and improved
10. Policies and procedures document how the organisation is child safe.

The Office of the Children's Guardian is an independent statutory body that promotes the interests, safety and rights of children and young people in NSW. The core functions of the Office of the Children's Guardian include administering Working with Children Checks, Reportable Conduct Scheme and implementation of the Child Safe Standards.

https://education.nsw.gov.au/early-childhood-education/working-in-early-childhood-education/child-safety/standards

## Responding to Allegations of Harmful Sexual Behaviours by a Child

Our Service recognises that children may sometimes display behaviours that are sexually inappropriate or harmful toward others. We are committed to ensuring a safe and supportive environment for all children and acknowledge our responsibility to respond appropriately and sensitively to these situations.Procedure

- Any concerns, disclosures, or observations of harmful sexual behaviours will be reported immediately to the **Nominated Supervisor**.
- Staff will follow mandatory reporting procedures and document the concern factually and confidentially the Mandatory Reporter Guide (MRG)

- The **NSW Mandatory Reporter Guide** will be used to assess whether the behaviour meets the threshold for a **Risk of Significant Harm (ROSH)**.
- If ROSH is suspected, the concern will be reported to the **Child Protection Helpline (13 21 11)** immediately. unication with Families and Safety Planning

- Where appropriate and after consultation with Child Protection authorities, families of both the child displaying harmful behaviour and the alleged victim will be notified in a sensitive and confidential manner
- Safety plans will be developed in consultation with relevant stakeholders to protect all children involved and ensure continued participation in a supportive environment.

- Both the child exhibiting the behaviour and the alleged victim will be supported with access to age-appropriate resources, individual behaviour guidance strategies, and if required, referrals to external services.
- Educators will adopt a trauma-informed approach and maintain neutrality and professionalism throughout the process.

  External Support and Services

- Where required, referrals may be made to:
  - **NSW Health Child and Adolescent Mental Health Services (CAMHS)**
  - **School counselling and wellbeing services**
  - **Child Protection Services**
  - **Specialist Behaviour Support Services**

This section aligns with **Child Safe Standard 6: Processes to respond to complaints of child abuse are child-focused**, and reflects our ongoing commitment to ensuring the wellbeing of every child.

## STATUTORY LEGISLATION & CONSIDERATIONS

### Education and Care Services National Law Act 2010

- Section 167 Offence relating to protection of children from harm and hazards
- Section 170 Offence relating to unauthorised persons on education and care services premises
- Section 171 Offence relating to direction to exclude inappropriate persons from education and care service premises
- Section 175 Offence relating to requirement to keep enrolment and other documents

# 2.05 Hygiene Policy

## INTRODUCTION

The maintenance of a healthy, hygienic environment is essential for the safety, health and well-being of children, educators, families and visitors to our Services.

## PURPOSE

Cubby OOSH aims to provide a healthy and hygienic environment that facilitates the health of the children, educators, families and visitors. Cubby OOSH ensures that all those utilising the Early Learning Centre follow prescribed preventative measures for infection control. Educators should always maintain and model appropriate hygiene practices to ensure children have positive role models.

## SCOPE

- Clear expectation of all Cubby OOSH policies relating to hygiene practise, procedures and policies
- Team members are educated on hygiene expectations upon induction into the service
- Appropriate cleaning of Team Members and external cleaners is executed to a high standard.
- Families are Educated and provided information / fact sheets about topics related to hygiene

## IMPLEMENTATION

**Cubby OOSH ensures:**

- All toilet facilities have access to a basin or sink with running hot and cold water. Hot water will not be accessible in the children's bathroom in a LDC environment for safety purposes. The *Australian / New Zealand Standard AS/NZS 3500 – Plumbing and drainage* Standard states that basins, baths and showers within a child care setting must not exceed greater than a temperate of 45 Degrees ( OOSH Services).
- All toilet, kitchen and wet area facilities have soap and paper towel/ hand driers for washing and drying hands.
- Females have access to proper feminine hygiene disposal.
- All educators replenish consumables on an ongoing day to day basis to uphold this hygiene procedure. Toilets, hand basins and kitchen facilities are cleaned and disinfected daily.
- Hand washing by educators and children takes place, without fail, before preparing or eating food and after all potentially unhygienic tasks such as toileting, cleaning up any items, wiping a nose, before and after administering first aid, playing outside or handling an animal.
- Educators must maintain and model a high standard of appropriate hygienic practices and encourage the children to follow such routines.
- Education in proper practices is conducted on a regular basis, either individually or in groups. Health and hygiene practices can be highlighted to parents through observed routines and also through information sheets or posters.
-

- All educators wear disposable gloves when in contact with blood, open sores or other bodily substance, clothes contaminated with bodily fluids or when cleaning up a contaminated area. Educators wash their hands with soap and water after removal and appropriate disposal of the gloves.
- Should an educator suffer from a non-contagious skin irritation such as dermatitis, have a cut or minor open wound, they wear disposable gloves. Used gloves are disposed of safely.
- 
- All surfaces are cleaned with warm soapy water after each activity and at the end of the day.
- All contaminated surfaces are immediately disinfected.
- All toys are washed, cleaned and disinfected on a regular basis. Please see Toy Washing Policy.
- All material items such as towels, dress-up clothing and cushion covers are laundered regularly.
- Children are not permitted to share hats.
- Each child is provided with their own drinking and eating utensils. Children are reminded not to share drinks, utensils or to use items that have been dropped on the floor.
- All cups, plates and utensils are washed in hot, soapy water.
- Disposable plates, utensils will be provided where there isn't any washing up options
- Bins are emptied, wiped down and disinfected daily.

**Educators will:**

- Maintain high standards of personal care to minimise the spread of infectious diseases.
- It is expected that all staff members will strive to adhere strictly to the procedures listed.
- All staff members are trained in the centre's health and hygiene policies.
- Educators should not attend work if unwell, a Doctor clearance is requested when returning to work after sick leave.
- All open wounds and sores are covered to prevent infection.
- For the comfort and health of children and co-workers, educators are asked to:
    - Use deodorant daily
    - Avoid smoking before or during work to avoid unpleasant and irritating odours (the workplace is strictly NON-SMOKING)
    - dress in the appropriate company uniform (supplied). Educators are not permitted to work if dressed inappropriately
- (Female workers) dispose of sanitary pads and tampons hygienically
- Replace empty toilet rolls when necessary
- Be mindful of mouth odour from any source. (Bad breath is off-putting for both children, families and co-workers.) Breath freshener products may need to be used.

**Children learn concepts of good health and hygiene by encouragement to:**

- Keep their own body clean
- Keep their hair, nails and teeth clean
- Cover their mouth when coughing
- Cover their nose when sneezing
- Blow their own noses with tissues which are disposed of immediately
- Wash their hands after toileting or blowing their nose
- Wash their hands before eating
- Keep any open sores covered while at the centre
- Know the importance of the need for enough sleep and relaxation

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 301 National regulations
- Education and Care Services National Regulations 2011
  - Regulation 77 Health, hygiene and safe food practices
  - Regulation 168 Education and care service must have policies and procedures
- Work health and Safety Act 2011
- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety

## SOURCES

- ACECQA
- Australian Government Guidelines: "Get Up and grow: healthy Eating and Physical Activity for Early Childhood"
- Plumbing and Drainage Australia / New Zealand Standards
- Better Health Channel
- Staying Healthy – Preventing infectious diseases in early childhood education and care services – 5th Edition
- Consultation with Relevant Stakeholders associated with Cubby OOSH Early Learning

# 2.06 Hand Washing Policy

## INTRODUCTION

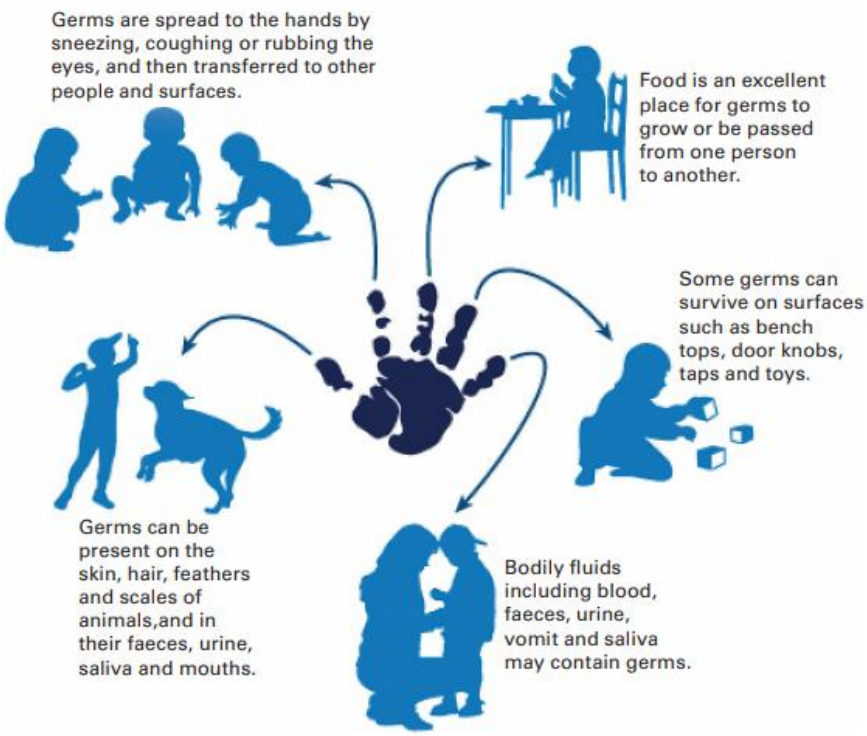
Health authorities state that effective hand washing procedures are the best way to control infection within an environment. “Handwashing with Soap could protect 1 out of every 3 young children who get sick with diarrhea and almost 1 out of 5 young children with respiratory infections like pneumonia” (*Cela).* Correct hand washing is stressed to educators and children as an integral part of the day’s activities.

## PURPOSE

To ensure regular and appropriate hand washing by educators and children, through encouraging correct hand washing techniques. It is important for children to understand the importance of correct hand washing to minimise the spread of infection.

## SCOPE

Germs can spread quite rapidly, and cause the spread of infections. Some of the ways in which diseases can be transmitted is through:




*(image from Staying Healthy in Childcare 5th Edition)*

Hand hygiene plays a big role in this prevention. At Cubby OOSH, Children are instructed to wash their hands using soap, warm water and a personal towel/hand-dryer regularly throughout the day:

- After arriving at the Centre
- After using the toilet
- Before touching food
- After each meal
- After blowing their nose

- After craft/art activities

- After handling communal toys
- When hands become soiled at other times
- Before leaving for the day to prevent germs being taken home

Educators will wash their hands appropriately:

- Upon arrival at the Centre
- Before and after handling food
- After using the toilet
- After assisting children in craft/art activities
- Before and after administering medication or dressing wounds
- After blowing their own or children's noses
- After assisting a child with toileting
- After performing any cleaning duty
- When hands become soiled at any other time
- Before leaving for the day to prevent germs being taken home

## IMPLEMENTATION

### Hand Washing Procedure

To wash hands well, it is best practise for the overall hand washing process to take approximately 30 seconds:

| |
|---|
| 1. **Wet** hands with running water |
| 2. **Dispense** soap |
| 3. **Lather** soap and rub hands vigorously, including the wrists, palms, between the fingers, around the thumbs and under the nails.<br><br>Rub hands together for 15 seconds. |
| 4. **Rinse** well for 10 seconds |
| 5. **Dry** thoroughly. |

**Alcohol Based Hand Rub:**

- Ensure to store the alcohol based hand rub out of reach of children, and to only be used by children if;
  - There is no immediate access to a basin with soap/water
  - If there is adult supervision
- Educators/Families/Visitors to use hand rub only if your hands are not dirty (follow hand washing procedure if hands show signs of visible dirt), and doing so as an extra precaution
- Ensure the service has the SDS of the Hand Rub on premises
- Ensure the bottle of the hand rub is clearly labelled
- Ensure to apply to correct amount as stipulated on the bottle from the manufacturer

## STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
  - Regulation 77 Health, hygiene and safe food practices
  - Regulation 88 Infectious Disease
  - Regulation 168 (2)(c) Dealing with infectious diseases, including procedures complying with regulation 88
- Work health and Safety Act 2011
- Public Health and Wellbeing Act 2008
- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety

## SOURCES


- ACECQA
- Staying Healthy – Preventing infectious diseases in early childhood education and care services – 5th Edition

Cela – Handwashing and Drying

# 2.07 Toileting Policy

## INTRODUCTION

"Toileting rituals are a valuable opportunity 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 My Time Our Place." Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011.

## PURPOSE

Cubby OOSH is committed to providing a hygienic and safe environment for nappy changing and toileting, which minimises the spread of contamination and infectious disease. We believe that toileting rituals provided in a caring and responsive manner are valuable opportunities to promote children's learning, meet individual needs, and to develop strong relationships with children.

## SCOPE

Toileting routines are an excellent opportunity for Educators to:

- Build children's understanding of what is happening by inviting them to the bathroom and supporting their ability to predict what will happen next in the routine.
- Help children begin to develop and extend their self-help skills, which includes handwashing and dressing, and encouraging the younger children to identify the feeling of accomplishment and pride that come with this.

## IMPLEMENTATION

**The Nominated Supervisor will:**

- Develop systems with educators to ensure that soiled clothing are disposed of or stored in a location that children cannot access.

**Educators will:**

- Model and promote healthy hygiene practices and hand washing procedures, discussing these with the children and encouraging the children to follow these practices
- Ensure toileting, is carried out at regular intervals throughout the day (or as needed).
- Be aware of and accommodate the possible need to maintain privacy when toileting and dressing.
- Also, if a parent is present and helping their child (toileting in the bathroom), an Educator is required to accompany any other children needing to use the bathroom at the same time.
- Help children begin to develop and extend their self-help skills, which includes handwashing and dressing, and encouraging children to identify the feeling of accomplishment and pride that come with this.
- Appropriate hygiene practices must be maintained, and procedures followed to minimise any risk of infection at all times. Educators will continuously role-model and promote healthy hygiene practices and hand washing procedures, encouraging and supporting the children to follow these practices.
- It is also important to remember that the way that Educators react to soiled or wet underwear, toileting needs, and toileting accidents give children powerful messages about themselves and their bodies and to do so in a respectful manner.

**Educators will always maintain effective supervision by:**

- Educators will practice effective hygiene by utilising the 'Staying Healthy in Child Care 5th Edition' practices when changing a nappy to reduce the spread of infection.

## STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
  - Regulation 88 Infectious Disease
  - Regulation 77 Health, hygiene and safe food practices
  - Regulation 106 Laundry and hygiene facilities
  - Regulation 112 Nappy change facilities
- Work health and Safety Act 2011
- Public Health and Wellbeing Act 2008
- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety
  - Standard 3.1 Design

## SOURCES


- ACECQA
- Early Childhood Australia Code of Ethics. (2016).

Staying Healthy – Preventing infectious diseases in early childhood education and care services – 5th Edition

# 2.08 Toy Washing Policy

## INTRODUCTION

Educators must be aware that health issues may arise when one child puts a toy near their mouth, and it is handled or put near the mouth of another child. The Centre educates children to avoid "mouthing" toys and to be aware of hygiene when playing with group toys. Educators remain alert to the need for washing toys when appropriate.

## PURPOSE

Cubby OOSH to acknowledge the important of washing toys effectively and the strategies to uphold to prevent the spread of infection

## SCOPE

- Toys should be cleaned at the end of each day as outlined in the 'Staying Healthy in Childcare 5th Edition".

## IMPLEMENTATION

- All the equipment that is placed inside this container is vigorously scrubbed with warm soapy water and rinsed well.
- The toys are then dried using a towel and placed back into the correct storage container, or alternatively by direct sunlight.
- Books or other equipment with hard surfaces must be wiped over daily or when required. E.g visible dirt.
- The service is to purchase washable toys and discard toys that are permitted for washing to uphold hygiene standards.
- Washing of potentially unhygienic toys is carried out when necessary throughout each day.
- Containers of toys that have not necessarily been "mouthed" are cleaned regularly throughout the year to maintain a hygienic environment.
- All toys played with by the children, are cleaned regularly throughout usage.
- In the nappy change facility, it is important to have two separate containers. One for resources for children to play with to make the nappy change experience enjoyable, then another container for the resources that need to be washed when used during the single nappy change. Note: Once a child has used a toy during this experience, it is not to be used by another child and must be washed. (LDC)
- Purchase cushions that have removable covers so these can be washed regularly or when required.
- Mats that children engaged in play on, must be cleaned daily, and steam cleaned minimum every 6 months.
- Educators will complete a toy washing checklist for each piece of equipment.

## STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010

- Education and Care Services National Regulations 2011
  - Regulation 77 Health, hygiene and safe food practices
  - Regulation 88 Infectious Disease
  - Regulation 171 Policies and Procedures to be kept available
- Work health and Safety Act 2011
- Public Health and Wellbeing Act 2008
- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety
  - Standard 3.1 Use

## SOURCES


- ACECQA
- Staying Healthy – Preventing infectious diseases in early childhood education and care services – 5th Edition

# 2.09 Head Lice Policy

## INTRODUCTION

Pediculus Humanus Capitis commonly known as head lice can cause concern and frustration for families, educators and children. This policy is intended to outline roles, responsibilities and expectations of Cubby OOSH to assist with treating and controlling head lice in a consistent and coordinated manner.

## PURPOSE

Cubby OOSH aims to prevent the spread of head lice within the service's environment, and educate families on best practises for prevention and treatment of head lice.

## SCOPE

- head lice eggs take approximately 7-10 days to hatch, and adult lice can produce more eggs only a week after the first eggs hatch, meaning this is an ongoing struggle and battle for families to eliminate infestation. It's imperative that treatment is an immediate action after identifying eggs or live lice, as the infection period lasts as long as the eggs and lice are alive.
- Head lice can spread quickly from one person to another via direct head to head contact. Note: this is the only way headlice can be transmitted, as lice will not live through clothing, bedding, furniture, carpet, soft toys etc.

## IMPLEMENTATION

The Australian Government National Health and Medical Research Council: Staying Healthy 5th Edition: Preventing infectious diseases in early childhood education and care services guide recommends the following steps, in collaboration with Cubby OOSH approach:

**Educators will:**

- Ensure that any educators who identifies head lice will adhere to this policy and latest Government Health Department guidelines.
- To help reduce the stigma, and maintain confidentiality, when head lice is identified, a letter should be provided to all the children involved, as well as a direct phone call to families at the time head lice/eggs are sighted.
- Keep families informed if there is someone at the Service with Head Lice, via the Cubby OOSH App, and also via a clear poster within the foyer of the service. It is recommended the service prints off the facts sheet from 'Staying Healthy in Childcare 5th Edition" to provide this information to families.

**If a child is seen to have Head Lice, the following will occur;**

- The Nominated Supervisor will be notified - if one child in the group has head lice, it is likely that several others will also have them.
- Reduce head-to-head contact between children when the education and care service is aware that someone has head lice.
- The child will not be made to feel isolated at any time and will not have to be sent home effectively immediately, however monitored closely for close interactions with peers. A

strategy made include having the child/ren keep their hats on to prevent head to head contact.

**If there is an outbreak of Head Lice, we ask families;**

- To check children's hair for head lice on a weekly basis, at home, using the recommended conditioner/combing detection method.
- That your child does not attend unless effective treatment has taken place:

1. Brush hair with a standard comb/brush
2. Apply ample conditioner to dry hair, covering roots down to the ends, as this will make it easy to detect eggs/lice. Brush through the conditioner to distribute consistently.
3. Separate hair into sections. Using a head lice comb, begin to push the teeth of the comb through the hair at the roots, through to the ends of the hair. The comb will need to be cleared with tissues or paper towels throughout the process.
4. Repeat this process for the remainder of the sections of hair, until the entirety of hair is complete.
5. This will be required daily until there is no present evidence of head lice or eggs.

- To regularly inspect all household members and then treat them if necessary.
- To notify the Service if their child is found to have live lice and advise when appropriate treatment was commenced
- Those children with long hair will attend the Service with hair tied back.
- To use only safe and recommended practices to treat head lice.
- To notify the families of your child's friends, so they have an early opportunity to detect and treat their children if necessary.
- To maintain a sympathetic attitude and avoid stigmatising/blaming families who are experiencing difficulty with control measures.
- To act responsibly and respectfully when dealing with members of the Service and broader community especially around issues of head lice.
- In cases of severe outbreaks, children may be individually checked as they arrive at the Service each day, with the approval of the families.

## STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Section 172 Offence to fail to display prescribed information
- Education and Care Services National Regulations 2011
  - Regulation 88 Infectious Disease
  - Regulation 171 Policies and Procedures to be kept available
  - Regulation 173 Prescribed information to be displayed
- Work health and Safety Act 2011
- Public Health and Wellbeing Act 2008

- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety
  -

## SOURCES

- ACECQA

Staying Healthy – Preventing infectious diseases in early childhood education and care services – 5th Edition

# 2.10 Immunisation, Exclusion & Notifiable Disease Policy

## INTRODUCTION

To protect and maintain the health and safety of children, families, educators and visitors of the centre is by preventing the spread of infectious diseases. Ensure the service complies with Staying Healthy in Childcare 5th Edition, by maintaining an accurate and up to date child and staff immunisation registers at the centre.

## PURPOSE

For all children, staff and educators to be in and maintain a safe environment, in which all children's needs are met to ensure the health safety and well-being of all children, and to minimise the spread of infection.

## SCOPE

**IMMUNISATION:**

Services cannot enrol a child unless the parent/carer has provided documentation that shows a child:

- is fully vaccinated for their age, or
- has a medical reason not to be vaccinated, or
- is on a recognised catch-up schedule if their child has fallen behind with their vaccinations.

**EXCLUSION:**

- To ensure that Educators continuously assess for serious or potential infectious diseases and report any cases of vaccine preventable diseases to the local Public Health Unit.
- To ensure that practices are guided by and are consistent with the relating legislation and recognised health organisations.
- To raise awareness amongst staff, educators, families and the broader community of precautionary measures that can be undertaken as to minimise the risk of spreading infectious diseases.
- To develop and implement and routinely evaluate safe and appropriate exclusion practices as to ensure that ill children and staff are given sufficient time to recover.

**NOTIFABLE DISEASE:**

- A **notifiable disease** is any disease/illness that is mandated by law to be reported to government authorities.

## Immunisation

Immunisation is a reliable way to prevent some infections. Immunisation works by giving a person a vaccine—often a dead or modified version of the germ—against a particular disease. This makes the person's immune system respond in a similar way to how it would respond if they actually had the disease, but with less severe symptoms. If the person comes in contact with that germ in the future, their immune system can rapidly respond and prevent the person becoming ill.

Immunisation also protects other people who are not immunised, such as children who are too young to be immunised, or people whose immune systems did not respond to the vaccine. This is because the more people who are immunised against a disease, the lower the chance that a person will ever come into contact with someone who has the disease. The chance of an infection spreading in a community therefore decreases if a large proportion of people are immunised, because the immune people will not become infected and can protect the vulnerable people; this is known as 'herd immunity'

From **1 January 2018** children who are unvaccinated due to their parent's conscientious objection will no longer be able to be enrolled in childcare. Children who cannot be fully vaccinated due to a medical condition or who are on a recognised catch-up schedule will still be able to be enrolled upon presentation of the appropriate form signed by a medical practitioner.

**Frequently Asked Questions:**

**Under 'No Jab, No Play' what documentation is required as evidence of up-to-date vaccination?**

To have an enrolment confirmed for a child in long day care, kindergarten, family day care or occasional care, parents/carers have to provide the service with:

- a current Immunisation History Statement from the Australian Immunisation Register (AIR); AND
- the statement must show that the child is up to date with all vaccinations that are due for their age, or that they are able to receive.

The Immunisation History Statement from the AIR lists the vaccines the child has received and, if applicable,

**Can an enrolled child be excluded from a service if the parent/carer does not provide a current immunisation history statement?**

The obligation on services is to ensure that immunisations are up to date as part of the enrolment process and, following enrolment, to take reasonable steps to keep evidence of current immunisation status up to date at the service.

After a child's enrolment has been confirmed, the No Jab No Play legislation does not require services to exclude enrolled children, except in the case of a disease outbreak.

**After enrolment is confirmed, do parents/carers need to provide a new immunisation history statement to the early childhood service whenever their child receives a vaccination?**

Yes. Under the No Jab No Play legislation, parents are required to provide services with an AIR Immunisation History Statement showing that their child's immunisations are up to date.

This obligation continues after enrolment.

Services are required to take reasonable steps to obtain up-to-date Immunisation History Statements from parents/carers, such as regularly reminding them of this obligation, and to keep the latest statement with the child's enrolment records.

**How can parents/carers get an Immunisation History Statement from the AIR?**

You can print a copy of your child's Immunisation History Statement from your **myGov** account. If you have difficulty getting a copy via your myGov account, you can:

- call the AIR on phone 1800 653 809
- visit a Medicare or Centrelink office.

Families who do not hold a Medicare card must call the AIR to request an Immunisation History Statement.

**What is considered a 'medical exemption' under 'No Jab, No Play' and what documentation is required as evidence?**

Some children may be exempt from the requirement to be fully vaccinated on medical grounds. Examples of valid medical reasons that a child could not be fully vaccinated include:

- an anaphylactic reaction to a previous dose of a particular vaccine, or
- an anaphylactic reaction to any vaccine component
- has a disease which lowers immunity (such as leukaemia, cancer, HIV/AIDS, SCID), or
- is having treatment which lowers immunity (such as chemotherapy).

Parents/carers who think their child may require a medical exemption to one or more vaccines should consult their GP.

If a child has a valid medical reason they cannot be vaccinated, a GP needs to complete and sign a **Medicare Immunisation Medical Exemption Form**, and send it to the AIR.

The parent/carer then needs to obtain an updated Immunisation History Statement from the AIR that indicates the child is up-to-date with all the vaccines that they can have, and listed the vaccines that they cannot have due to a medical contraindication. This statement needs to be provided by the parent/carer to the early childhood service to confirm enrolment.

If parents/carers have questions or concerns about immunisation or particular vaccines, they should seek answers from a qualified source, such as a GP or local council immunisation service. The **Better Health Channel** also provides quality-assured information online.

**Under No Jab No Play, when is a child considered overdue for a vaccine?**

A child is considered overdue for a vaccination if four weeks has passed since the date of the 'next vaccine due' listed on their current immunisation history statement. For example, if a child is due for a vaccine when they reach 18 months of age, they will not be considered overdue for that vaccine until they reach 19 months of age without having received the due vaccine. This allows a four week window for parents/carers to arrange for the vaccine to be given.

This aligns with Commonwealth Government child care payments, which are not suspended until four weeks have elapsed following the vaccine due date and the Australian Immunisation Register has not received

**What do parents/carers whose child's vaccinations are not up-to-date need to do to obtain an Immunisation History Statement?**

If a child's vaccinations are not up-to-date then parents/carers should consult their GP or local council immunisation service about bringing the child's vaccinations up to date.

The GP or local council immunisation service needs to give all vaccinations that are due for their age, or that they are able to receive, and inform the AIR. The parent/carer then needs to request an updated Immunisation History Statement from the AIR. Alternatively, immunisation providers are able to print a copy of the statement and provide it to the family at the time vaccine/s are provided.

**How can parents/carers obtain acceptable documentation if their child was vaccinated overseas?**

Children who were vaccinated overseas must have their vaccine records assessed by a GP or local council and be offered catch-up vaccinations as required. The GP or local council will then report overseas vaccines to AIR by submitting the AIR Immunisation History form.

The AIR updates the child's records and the parents/carers can request an Immunisation History Statement from the AIR. Alternatively, immunisation providers are able to print a copy of the statement and provide it to the family at the time vaccine/s are provided. Parents/carers must provide the statement to the early childhood service to confirm enrolment.

**What forms are required to be provided at enrolment after 1 January 2018?**

From 1 January 2018, parents must provide a copy of one or more of the following documents to enrol in a child care centre:

- an AIR Immunisation History Statement which shows that the child is up to date with their scheduled vaccinations or
- an AIR Immunisation History Form on which the immunisation provider has certified that the child is on a recognised catch-up schedule (temporary for 6 months only) or
- an AIR Immunisation Medical Exemption Form which has been certified by a GP.

**What if a child was enrolled *before* 1 January 2018?**

Children who were enrolled prior to 1 January 2018 are not affected by the changed requirements.

**Which vaccines must a child have to be fully vaccinated?**

The immunisation schedule sets out the age-appropriate vaccines for children and the AIR Immunisation History Statement will indicate if the child is up to date with their vaccinations.

CUBBYOOSH

# National Immunisation Program Schedule

**From 1 July 2013**

IMMUNISATION

| Age | Vaccine |
|---|---|
| **Child programs** | |
| **Birth** | • Hepatitis B (hepB) [a] |
| **2 months** | • Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough), *Haemophilus influenzae* type b, inactivated poliomyelitis (polio) (hepB-DTPa-Hib-IPV)<br>• Pneumococcal conjugate (13vPCV)<br>• Rotavirus |
| **4 months** | • Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough), *Haemophilus influenzae* type b, inactivated poliomyelitis (polio) (hepB-DTPa-Hib-IPV)<br>• Pneumococcal conjugate (13vPCV)<br>• Rotavirus |
| **6 months** | • Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough), *Haemophilus influenzae* type b, inactivated poliomyelitis (polio) (hepB-DTPa-Hib-IPV)<br>• Pneumococcal conjugate (13vPCV)<br>• Rotavirus [b] |
| **12 months** | • *Haemophilus influenzae* type b and Meningococcal C (Hib-MenC)<br>• Measles, mumps and rubella (MMR) |
| **18 months** | • Measles, mumps, rubella and varicella (chickenpox) (MMRV) |
| **4 years** | • Diphtheria, tetanus, acellular pertussis (whooping cough) and inactivated poliomyelitis (polio) (DTPa-IPV)<br>• Measles, mumps and rubella (MMR) (to be given only if MMRV vaccine was not given at 18 months) |
| **School programs** | |
| **10–15 years** (contact your State or Territory Health Department for details) | • Hepatitis B (hepB) [c]<br>• Varicella (chickenpox) [c]<br>• Human papillomavirus (HPV) [d]<br>• Diphtheria, tetanus and acellular pertussis (whooping cough) (dTpa) |
| **At-risk groups** | |
| **6 months and over** | • Influenza (flu) (people with medical conditions placing them at risk of serious complications of influenza) |
| **12 months** | • Pneumococcal conjugate (13vPCV) [e] (medically at risk) |
| **12–18 months** | • Pneumococcal conjugate (13vPCV) (Aboriginal and Torres Strait Islander children in high risk areas) [e] |
| **12–24 months** | • Hepatitis A (Aboriginal and Torres Strait Islander children in high risk areas) [f] |
| **4 years** | • Pneumococcal polysaccharide (23vPPV) [e] (medically at risk) |
| **15 years and over** | • Influenza (flu) (Aboriginal and Torres Strait Islander people)<br>• Pneumococcal polysaccharide (23vPPV) (Aboriginal and Torres Strait Islander people medically at risk) |
| **50 years and over** | • Pneumococcal polysaccharide (23vPPV) (Aboriginal and Torres Strait Islander people) |
| **Pregnant women** | • Influenza (flu) |
| **65 years and over** | • Influenza (flu)<br>• Pneumococcal polysaccharide (23vPPV) |

**Management/Nominated Supervisor or the Responsible Person will**

- Display wall charts about immunisation in the service
- Display the following information at the service:

| Information | Phone Number |
|---|---|
| The National Immunisation Program (NIP) Service | 1800 671 811 |

- Review children's immunisation each month, updating the child's records kept at the service, and sending reminder letters and emails to families
- Not enrol a child into the Service unless approved documentation has been provided that confirms the child is fully immunised for their age or has a medical reason not be immunised.
- Develop a staff immunisation record that documents each staff member's previous infection or immunisation
- Require all new and current staff to complete the staff immunisation record
- Regularly update staff immunisation records as staff become vaccinated

- Provide staff with information about vaccine-preventable diseases
- Take all reasonable steps to encourage non-immune staff to be vaccinated.

- Document advice given to educators and other staff, and any refusal to comply with vaccination requests.
- Notify families when an outbreak of an immunise-able disease occurs
- Advise any staff members who fall pregnant to visit their GP immediately and have a test for Cytomegalovirus (CMV) to check their immunity. Any pregnant staff member who is at a heightened risk will not change nappies and will double glove when coming into contact with any body fluids, especially saliva.
- To provide families with relevant sourced materials and information on infectious diseases, health and hygiene including:
  - Exclusion guidelines in the event of an infectious illness at the Service for children that are not immunised or have not yet received all their immunisations
  - Advice and information regarding any infectious diseases in general, and information regarding any specific infectious illnesses that are suspected/present in the Service
- To provide information to families about an infectious disease by displaying and emailing the Infectious Diseases Notification Form and details.
- To complete the register of illness and/or document incidents of infectious diseases. Some diseases require your state authority to be notified. This would be done through the Nominated Supervisor of the Responsible Person.
- To provide opportunities for educators to source pertinent up to date information on the prevention of infectious diseases, and maintaining health and hygiene from trusted sources
- To notify and implement the advice of the health department, or local health unit regarding Infectious Diseases as required
- To provide opportunities for staff, children and families to have access to health professionals by organising visits/guest speakers to attend the service to confirm best practice.
- Ensure children do not attend the Service if they are unwell. If a child has been sick, they must be well for 24hrs before returning to the Service. For example, if a child is absent due to illness or is sent home due to illness, they will be unable to attend the next day as a minimum. The Nominated Supervisor may approve the child's return to the Service, if families provide a doctor's certificate/clearance outlining the child is no longer contagious and in full health.
- Advise Team members to access the Flu Shot annually.

**Educators will ensure:**

- That any child suspected of having an infectious Illness are responded to and their health and emotional needs supported at all times.
- To implement appropriate health and safety procedures, when treating ill children.
- Families are aware of the need to gather their children as soon as practicable.
- Advise families that they will need to alert the Service if their child is diagnosed with an Infectious Illness.
- To maintain their own immunisation status and advise the Approved Provider/Nominated Supervisor of any updates to their immunisation status.
- To provide diverse opportunities for children to participate in hygiene practices, including routine opportunities, and intentional practice.
- To take into consideration the combination of children to decrease the risk of attaining an infectious illness when planning the routines/program of the day.
- To adhere to the Services health and hygiene policy including:
  - Hand washing
  - Daily cleaning of the Service
  - Wearing gloves (particularly when in direct contact with bodily fluids)
  - Appropriate handling and preparation of food

- Maintain up to date knowledge with respect to Health and Safety through on-going professional development opportunities.
- Children will rest 'head to toe' to avoid cross infection while resting or asleep
- Children are not to share beds at the same time
- Paper Towel and disinfectant is used to clean the beds after each use
- Any toy that is mouthed by a child is to be placed immediately in the toy's basket located on the top shelf in the prep area to be washed with warm soapy water at the end of the day. All washable toys out on display for the children are to be washed on a weekly basis to decrease the risk of cross contamination and recorded with the date and a signature as evidence.
- All play dough is to be made fresh every week. If there is an outbreak of vomiting and/or diarrhoea, or any other contagious communicable disease play dough is to be discarded at the end of each day and a new batch made during this time. Children are to wash their hands before and after using the play dough.
- Mops used for toilet accidents are to be soaked in disinfectant in a bucket in the laundry.
- A weekly clean will be carried out on other surfaces that may transmit germs such as doorknobs, low shelving, etc. This will be increased if an outbreak has been recorded in the Service
- If a child has a toileting accident, the items will be placed in a plastic bag with the child's name on it. The plastic bag will be stored in a sealed container labelled 'soiled/wet clothing' for parents to take home.

**Families will**

- Provide the Service with a copy of one or more of the following documents:
  - An AIR Immunisation History Statement which shows that the child is up to date with their scheduled vaccinations; or
  - An AIR Immunisation History Form on which the immunisation provider has certified that the child is on a recognised catch-up schedule; or
  - An AIR Immunisation Medical Exemption Form which has been certified by a GP
- Provide the service with an updated copy of their child's current immunisation record every **6 months.**
- Please note that the 'blue book' is no longer an acceptable form of evidence.

## Exclusions & Notifiable Disease

Exclusion periods are recommended by the National Health and Medical Research Council (See below Recommended Minimum Exclusion Periods for Infectious Conditions for School, Pre-Schools and Child Care Centres).

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# Recommended minimum exclusion periods

ADAPTED FROM STAYING HEALTHY | 5TH EDITION | 2013

| Condition | Exclusion of case | Exclusion of contacts[a] |
|---|---|---|
| Campylobacter infection | Exclude until there has not been a loose bowel motion for 24 hours[b] | Not excluded |
| Candidiasis (thrush) | Not excluded | Not excluded |
| Cytomegalovirus (CMV) infection | Not excluded | Not excluded |
| Conjunctivitis | Exclude until discharge from the eyes has stopped, unless a doctor has diagnosed non-infectious conjunctivitis | Not excluded |
| Cryptosporidium | Exclude until there has not been a loose bowel motion for 24 hours[b] | Not excluded |
| Diarrhoea (No organism identified) | Exclude until there has not been a loose bowel motion for 24 hours[b] | Not excluded |
| Fungal infections of the skin or nails (e.g. ringworm, tinea) | Exclude until the day after starting appropriate antifungal treatment | Not excluded |
| Giardiasis | Exclude until there has not been a loose bowel motion for 24 hours[b] | Not excluded |
| Glandular fever (mononucleosis, Epstein Barr virus [EBV] infection) | Not excluded | Not excluded |
| Hand, foot and mouth disease | Exclude until all blisters have dried | Not excluded |
| Haemophilus influenzae type b (Hib) | Exclude until the person has received appropriate antibiotic treatment for at least 4 days | Not excluded. Contact a public health unit for specialist advice |
| Head lice (pediculosis) | Not excluded if effective treatment begins before the next day at the education and care service. The child does not need to be sent home immediately if head lice are detected | Not excluded |
| Hepatitis A | Exclude until a medical certificate of recovery is received and until at least 7 days after the onset of jaundice | Not excluded. Contact a public health unit for specialist advice about vaccinating or treating children in the same room or group |
| Hepatitis B | Not excluded | Not excluded |
| Hepatitis C | Not excluded | Not excluded |
| Herpes simplex (cold sores, fever blisters) | Not excluded if the person can maintain hygiene practices to minimise the risk of transmission. If the person cannot comply with these practices (e.g. because they are too young), they should be excluded until the sores are dry. Sores should be covered with a dressing, where possible | Not excluded |
| Human immunodeficiency virus (HIV) | Not excluded. If the person is severely immune compromised, they will be vulnerable to other people's illnesses | Not excluded |
| Human parvovirus B19 (fifth disease, erythema infectiosum, slapped cheek syndrome) | Not excluded | Not excluded |
| Hydatid disease | Not excluded | Not excluded |
| Impetigo | Exclude until appropriate antibiotic treatment has started. Any sores on exposed skin should be covered with a watertight dressing | Not excluded |
| Influenza and influenza-like illnesses | Exclude until person is well | Not excluded |
| Listeriosis | Not excluded | Not excluded |
| Meningitis (viral) | Exclude until person is well | Not excluded |
| Meningococcal infection | Exclude until appropriate antibiotic treatment has been completed | Not excluded. Contact a public health unit for specialist advice about antibiotics and/or vaccination for people who were in the same room as the case |
| Molluscum contagiosum | Not excluded | Not excluded |
| Mumps | Exclude for 9 days or until swelling goes down (whichever is sooner) | Not excluded |
| Norovirus | Exclude until there has not been a loose bowel motion or vomiting for 48 hours | Not excluded |
| Pertussis (whooping cough) | Exclude until 5 days after starting appropriate antibiotic treatment, or for 21 days from the onset of coughing | Contact a public health unit for specialist advice about excluding non-vaccinated and incompletely vaccinated contacts, or antibiotics |
| Pneumococcal disease | Exclude until person is well | Not excluded |
| Roseola | Not excluded | Not excluded |
| Ross River virus | Not excluded | Not excluded |
| Rotavirus infection | Exclude until there has not been a loose bowel motion or vomiting for 24 hours[b] | Not excluded |
| Rubella (German measles) | Exclude until fully recovered or for at least 4 days after the onset of the rash | Not excluded |
| Salmonellosis | Exclude until there has not been a loose bowel motion for 24 hours[b] | Not excluded |
| Scabies | Exclude until the day after starting appropriate treatment | Not excluded |
| Shigellosis | Exclude until there has not been a loose bowel motion for 24 hours[b] | Not excluded |
| Streptococcal sore throat (including scarlet fever) | Exclude until the person has received antibiotic treatment for at least 24 hours and feels well | Not excluded |
| Toxoplasmosis | Not excluded | Not excluded |
| Tuberculosis (TB) | Exclude until medical certificate is produced from the appropriate health authority | Not excluded. Contact a public health unit for specialist advice about screening, antibiotics or specialist TB clinics |
| Varicella (chickenpox) | Exclude until all blisters have dried—this is usually at least 5 days after the rash first appeared in non-immunised children, and less in immunised children | Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise, not excluded |
| Viral gastroenteritis (viral diarrhoea) | Exclude until there has not been a loose bowel motion for 24 hours[b] | Not excluded |
| Worms | Exclude if loose bowel motions are occurring. Exclusion is not necessary if treatment has occurred | Not excluded |

[a] The definition of 'contacts' will vary according to the disease—refer to the specific fact sheet for more information.

[b] If the cause is unknown, possible exclusion for 48hours until cause is identified. However, educators and other staff who have a food handling role should always be excluded until there has not been a loose bowel motion for 48 hours.

Adapted from SA Health Communicable Disease Control Branch: http://www.dh.sa.gov.au/pehs/branches/branch-communicable.htm. Note that exclusion advice is consistent with Series of National Guidelines (SoNGs) where available.

Staying Healthy. Preventing infectious diseases in early childhood education and care services | 5th Edition | Printed June 2013 NHMRC Ref. CH55e

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**Implementation for Infectious Disease:**

- Educators are advised to continuously observe children as to notice any symptoms of serious illness and or infectious disease.

- The Nominated Supervisor must take measures to exclude a child and or staff member which displays of these symptoms, as these are indicators of serious illness and or infectious disease. Children are to be excluded, and the caregivers must immediately be contacted as to take the child home.
- When there are two or more cases Gastroenteritis, this must be reported a soon as possible to the local Public Health Unit.
- **There is a 48 hour exclusion period for children with a temperature or loose bowel movements to minimise the spread of illness and infection.**
- Children will not be permitted to attend the service if they have been administered Panadol or Nurofen the previous night.
- **Cases of Measles, Mumps, Rubella, Diphtheria, Tetanus, Polio, and Whooping Cough must be reported as soon as possible to the local Public Health Unit**
- Seek advice from the local Public Health Unit if any person has a serious illness such as meningitis, food poisoning, gastroenteritis, streptococcal infection, tuberculosis, hepatitis A or a disease as listed by the recommended notifiable diseases
- The Nominated Supervisor has the right to refuse daily admission of a child who arrives at the setting obviously unwell. Advise the caregiver and family to take a child with any illness or symptoms of illnesses to their doctor.
- The Nominated Supervisor will keep an illness record of this in the illness register.
- The setting strives to provide a variety of informative and up to date reading materials from recognised health authorities, relating to health issues and in particular infectious diseases.
- Posters have been displayed throughout the setting to encourage hand washing and safe food handling. Hand washing is discussed almost daily with the children as part of our educational program.
- The Centre's policies cover a wide range of precautionary measures as to control and minimise the risk of spreading infectious diseases, hand washing, nose wiping, nappy changing and toileting, staff and child immunisations, cleaning of blood and other bodily fluids and safe food handling. These policies have been developed to ensure that staff, children and all other stakeholders take precautionary measures to control and reduce the risk of spreading infectious diseases.

**HIV, Aids, HEP B & C**

Child care services can play an important role in the care, development and social acceptance of children and families living with HIV/AIDS. In accordance with the Federal Disability Act and the Equal Opportunity Act, no discrimination takes place based on a child's/parent's/staff member's HIV status.

**Anti-Discrimination**

No employee, prospective employee, employer, parent/guardian or child will be discriminated against or harassed on the grounds of having, or being assumed to have, a HIV or hepatitis infection.

Being infected with HIV is not grounds for exclusion of a child, parent/guardian, team member or employer.

Cubby OOSH will ensure that all members of the team and volunteers understand the concepts of discrimination and harassment, and will implement comprehensive grievance procedures that provide effective processes for resolving grievances, at all levels of the organisation.

**Implementation**

- Information regarding HIV/AIDS and the hepatitis status of any child, parent/guardian, or team member will remain confidential and all reasonable steps will be taken to develop and implement systems to protect the privacy of that person.
- Infection control and the provision of a safe work place
- Cubby OOSH shall at all times follow proper infection control procedures to minimise the risk of the transmission of blood borne viruses such as HIV and hepatitis.
- No child, team member or parent/guardian will be denied first aid at any time.
- Cubby OOSH will ensure that first aid equipment for protection against the risk of infection from blood borne viruses will be available and used at all times.
- Cubby OOSH will provide, as far as practicable, a healthy and safe environment.
- Educators and members of the team are required to take reasonable care to protect their own health and safety and that of others in the workplace at all times.
- An effective learning program to meet the child's developmental needs is designed and implemented.
- A specialised medication program for the child's medical needs is implemented.
- Additional steps are taken to protect the child from contagious diseases.
- Appropriate emotional support is provided to the child's family.
- Educators, team members, parents and guardians will be encouraged to participate in AIDS and hepatitis education through in-service training, educational seminars, brochures, visiting speakers etc.
- Since parents or individuals are under no legal obligation to divulge HIV status (some may not be aware of their true HIV status.), service providers must assume that any individual may be HIV positive. For this reason, the Centre's health and hygiene policies are applied in all circumstances to eliminate the risk of transmission of the AIDS virus as for any other infectious disease. No child, educator, team member or parent is denied first aid at any time. Educators and members of the Cubby OOSH team always follow the Centre's strict hygiene procedures.
- All body fluid spills and abrasions are a potential hazard. Therefore, infection control procedures will be used when dealing with these in order to provide maximum protection from the potential hazard.

**Responding to Exposure**

Following any incident in which a team member believes may have resulted in exposure to HIV/AIDS or hepatitis, the team member should seek the advice of a qualified medical practitioner immediately, to assess the need for testing and report this to the Centre Director who will treat this information as confidential.

Specific Hygiene Issues and procedures:

- All children are considered as infectious. All educators and team members dealing with open sores, cuts and bodily fluids with any child or adult must wear disposable gloves.
- Educators with cuts, open wounds or skin disease such as dermatitis must cover their wounds and wear disposable gloves.
- Disposable gloves are properly and safely discarded and staff members wash their hands after doing so.
- If a child has an open wound it is covered with a waterproof dressing and securely attached.
- If bodily fluids or blood get on the skin but there is no cut or puncture, it is washed away with warm soapy water.
- in the event of exposure through cuts or chapped skin, the fluid is washed away promptly, bleeding is encouraged and the area washed in cold or tepid soapy water.
- In the event of bodily fluids entering the mouth, the fluid is promptly spat out and the mouth rinsed out with water several times.

- In the event of exposure to the eyes, they are rinsed promptly and gently with cold or tepid tap water or saline solution.
- In the event of CPR having to be performed, disposable sterile mouth masks are used, or if unavailable a piece of cloth. The staff person in charge of the first aid kit ensures that a mask is available at all times.
- Any exposure is reported to the Centre Director and management to ensure proper follow-up procedures occur.

Note: Hot water may coagulate the blood and protect the virus from the soap or disinfectant. It is best to use cold or tepid water temperatures in all cleaning processes.

- Any soiled clothing is handled using disposable gloves soaked in disinfectant or hot soapy water. Clothing will be placed and sealed in a plastic bag for the parents to take home.
- Any blood or bodily fluid spills are cleaned up immediately, using gloves and the area fully disinfected.
- Cloths used in cleaning are wrapped in plastic bags and properly disposed of.

**Meningitis**

Meningitis is an infection of the linings of the brain. It is most often caused by viruses and bacteria.

The most common bacterial causes are:

- Haemophilus Influenza Type b (Hib)
- Meningococcal
- Pneumococcal

Meningitis can cause a severe illness that requires hospitalisation and treatment with antibiotics.

Some people who have been sick with meningitis may have long term disabilities such as deafness or brain damage.

**Implementation**

- Eliminate the risk of transmission of meningitis throughout the Centre.
- Ensure that all educators and members of the team are aware of the symptoms of meningitis.
- Report all cases of meningitis to the appropriate authorities.
- Keep parents/guardians fully informed regarding any possible or confirmed cases of meningitis.
- If any child shows signs of the symptoms below, parents/guardians are informed and medical consultation advised:
    - **Early Signs** - Drowsiness, irritability, lack of interest in feeding, distress on being handled, vomiting, diarrhoea or fever.
    - **Specific Signs** - Neck stiffness, tense or bulging fontanels (skull soft spots) and a petechial (caused by bleeding) rash.
    - **Late Signs** - A high pitched or moaning cry, coma, neck retraction, shock and a wide spread haemorrhagic rash.

- If medical advice confirms a case of suspected meningitis, all other parents/guardians at the Centre are informed so that they may take appropriate medical preventative measures. Household contacts, educators and children of our Centre, or any persons of any age who have been exposed to the sick person's oral secretions (e.g. kissing, sharing food/drink, cuddling, handling mouthed toys) are to be given medical treatment advised by a Doctor (a two (2) day course of Rifampicin may be prescribed).

- Rifampicin, if prescribed, is generally given for two (2) days in a dose of:

  - 600mg orally twice daily – Adults
  - 10mg per kg orally twice daily – Children
  - 5mg per kg orally twice daily – Infants (under 1 month of age)

**Other Types of Exclusion for Children**

If a child's behaviour becomes difficult for the Educators to manage at the service, the following points will be followed through.

- Document the child's behaviour on behaviour charts and place copies in the child's individual Centre file. If communication books are available, place a copy in this as well.
- Endeavour to receive a formal assessment on the individual child, communicating with community services as a point of referral
- To endeavour to receive funding to assist the child.
- Implement strategies to assist the child. e.g. gaining appropriate outside Centre support, networking with staff members, changing the environment, positive reinforcement.
- Discuss the child's needs with Educators, parents and other appropriate professionals.
- Document evidence of development in all areas, including anti-social behaviour on behaviour charts and timelines.
- Monitor child's progress and needs, through parent meetings, documentation, communication book etc.
- Communicate between Educators, parents and other professionals regularly.
- To persist with attempting to meet the child's and or families' needs for at least three months.
- Review the child's progress on a daily basis.
- It is management's decision to exclude a child from the service in consultation with other appropriate professionals and written advice from the NSW Anti-Discrimination Board.
- A meeting with the Nominated Supervisor, appropriate Educators and parents and/or families is to be arranged without undue delay and a formal letter stating why the child is to be excluded from the service.
- Refer parents to other professional and/or community services, which may be able to assist the child and family
- It should be noted that any Team Members, casual employees, contractors, or visitors to the Centre that displays any such infectious disease are immediately asked to leave.
- Children require a doctor's clearance when returning to Cubby OOSH Early Learning Centres stating that they are fit to attend.

## STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 3 Objectives and guiding principals
  - Section 174 Offence to fail to notify certain information to regulatory authority
  - Section 301 National regulations
- Education and Care Services National Regulations 2011
  - Regulation 77 Health, hygiene and safe food practices
  - Regulation 85 Incident, injury, trauma and illness policies and procedures
  - Regulation 86 Notification to parents of incident, injury, trauma and illness
  - Regulation 87 Incident, injury, trauma and illness record
  - Regulation 88 Infectious diseases
  - Regulation 90 Medical conditions policy
  - Regulation 93 Administration of medication
  - Regulation 95 Procedure for administration of medication
  - Regulation 161 Authorisations to be kept in enrolment record
  - Regulation 162 Health information to be kept in enrolment record
  - Regulation 176 Time to notify certain information to regulatory authority
- Work Health and Safety Act 2011
- Work Health and Safety Regulations 2011
- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety

## SOURCES


- Australian Children's Education & Care Quality Authority
- ECA Code of Ethics
- Department of Human Resources: National Immunisation Program Schedule NHMRC
- Staying Healthy – Preventing infectious diseases in early childhood education and care services – 5th Edition
- Medicare Australia
- No Jab, No Pay – New Immunisation Requirements for Family Assistance Payments
- Immunisation Enrolment Toolkit
- Department of Health – Immunisation
- Department of Human Services – Australian Immunisation Register

# 2.11 Anaphylaxis Policy

## INTRODUCTION

Anaphylaxis is the most severe form of allergic reaction and is potentially life threatening. The allergic reaction can produce such severe swelling of the air passages that suffocation and death may occur within minutes. Anaphylactic shock is a medical emergency that requires immediate treatment with adrenaline to prevent permanent injury or loss of life. The Centre is alert to dangers posed by anaphylaxis and strives to eliminate possible causes. Educators are highly aware of the dangers of anaphylaxis and know how to administer emergency aid.

## PURPOSE

Cubby OOSH aims to minimise the risk of an anaphylactic reaction occurring at our Service by ensuring all staff members are adequately trained to respond appropriately and competently to an anaphylactic reaction.

## SCOPE

- To provide a supportive environment that is safe for any child that has an anaphylactic allergy.
- To ensure that team members are aware of children's “Individual Anaphylaxis Action Plans” and the anaphylaxis “Emergency Treatment Plan”.
- To ensure that members of the Cubby OOSH Team and families liaise effectively to minimise the possibility of a child suffering anaphylactic shock.
- To ensure the centre is a nut free zone and no food will be prepared containing nuts or nut derivatives.

### DUTY OF CARE

Our Service has a legal responsibility to provide;

a. A safe environment for children
b. Adequate Supervision of children

Our focus is keeping children safe. Staff members including relief staff need to be aware of children at the Service who suffer from allergies that may cause an anaphylactic reaction.

### BACKGROUND

The most common allergens in children are:

- Peanuts
- Eggs
- Tree nuts (e.g. cashews)
- Cow’s milk
- Fish and shellfish
- Wheat
- Soy
- Sesame
- Certain insect stings (particularly bee stings)

The key to the prevention of anaphylaxis within the Service is knowledge of those children who have been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens. Communication between the Service and families is vital in helping children avoid exposure.

Adrenaline given through an adrenaline auto injector (such as an EpiPen®) into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

## IMPLEMENTATION

We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The Service will adhere to privacy and confidentiality procedures when dealing with individual health needs, this includes having families sign a permission form to display the child's action plan in prominent positions within the Service.

A copy of all medical conditions policies will be provided to all educators and volunteers and families of the Service. It is important that communication is open between families and educators to ensure appropriate management of anaphylactic reactions are effective.

It is imperative that all educators and volunteers at the Service follow a child's Medical Management Plan in the event of an incident related to a child's specific health care need, allergy or medical condition.

**Management, Nominated Supervisor/ Responsible Person will ensure:**

- That all staff members have completed first aid and anaphylaxis management training approved by the Education and Care Services National Regulations at least every 3 years and is recorded, with each staff members' certificate held on the Service's premises.
- That all staff members, whether or not they have a child diagnosed at risk of anaphylaxis undertakes training in the administration of the adrenaline auto-injection device and cardio-pulmonary resuscitation every 12 months, recording this in the staff records.
- That all staff members are aware of symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, anaphylaxis action plan and EpiPen kit.
- Educators understand the requirements for safe food handling, preparation, consumption and service and appropriate hygiene considerations as set out in the Nutrition and Food Handling Policy to ensure that children with allergies or who are at risk of anaphylaxis are protected.
- That a copy of this policy is provided and reviewed during each new staff member's induction process.
- A copy of this policy will be provided to a parent or guardian of each child diagnosed at risk of anaphylaxis at the Service.
- Updated information, resources and support are regularly given to families for managing allergies and anaphylaxis.
- They remain up to date with changes to action plans
- The Service receives an up to date copy of the action plan. Update every 24 months or if changes have occurred to the child's diagnosis.
- The Medical Condition Risk Minimisation and Communication plan will be developed and reviewed every 24months or as required

**In Services where a child diagnosed at risk of anaphylaxis is enrolled, the Nominated Supervisor shall also:**

- Conduct an assessment of the potential for accidental exposure to allergens while child/children 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/children.
- Ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the Service without the device.
- Display an Australasian Society of Clinical Immunology and Allergy Inc. (ASCIA) generic poster called Action Plan for Anaphylaxis for each child with a diagnosed risk of anaphylaxis, in key locations 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 responsible for the preparation of food are trained in managing the provision of meals for a child with allergies, including high levels of care in preventing cross contamination during storage, handling, preparation and serving of food. Training will also be given in planning appropriate menus including identifying written and hidden sources of food allergens on food labels.
- 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.
- Ensure that all relief staff members in the Service have completed training in the administration of anaphylaxis management including the administration of an adrenaline auto-injection device, awareness of the symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, the individual anaphylaxis medical management action plan and the location of the auto-injection device kit.
- 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 Emergency contact card by the telephone.
- Ensure that all staff in the Service know the location of the anaphylaxis medical management plan and that a copy is kept with the auto-injection device Kit.
- 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.

**Educators will:**

- Ensure a copy of the child's anaphylaxis Action Plan and Risk Minimisation Plan is visible and known to staff in the Service.
- Follow the child's anaphylaxis action plan and Risk Minimisation plan in the event of an allergic reaction, which may progress to anaphylaxis.
- Practice the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and 'anaphylaxis scenarios' on a regular basis, preferably quarterly.
- Ensure the child at risk of anaphylaxis will only eat food that has been prepared according to the parents or guardians instructions.
- Ensure tables and bench tops are washed down effectively after eating.
- Ensure hand washing for all children upon arrival at the Service and before and after eating.
- Increase supervision of a child at risk of anaphylaxis on special occasions such as excursions, centre events, parties and family days.
- 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 and kept up to date.
- 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 accompanying the child when the child is removed from the Service e.g. on excursions that this child attends.
- Regularly check and record 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)
- Provide information to the Service community about resources and support for managing allergies and anaphylaxis.
- In the event 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 by the Nominated Supervisor or the Responsible Person when practicable
  - Contact the emergency contact by the Nominated Supervisor or the Responsible Person if the parents or guardian can't be contacted when practicable
  - Notify the regulatory authority within 24 hours through the ACECQA portal by the Approved Provider

**In the event that a child suffers from an anaphylactic reaction the Service and staff will:**

- Follow the child's anaphylaxis action plan.
- Call an ambulance immediately by dialling 000
- Commence first aid measures
- Contact the parent/guardian by the Nominated Supervisor or the Responsible Person when practicable
- Contact the emergency contact by the Nominated Supervisor or the Responsible Person if the parents or guardian can't be contacted when practicable
- Notify the regulatory authority within 24 hours through the ACECQA portal by the Approved Provider

**Families will:**

- 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
- 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
- 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
- Read and be familiar with the policy
- Identify and liaise with the nominated staff member
- Bring relevant issues to the attention of both staff and licensee
- Provide an updated action plan every 12-24 months or if changes have been made to the child's diagnosis.

**Educating Children**

- Educators will talk to children about foods that are safe and unsafe for the anaphylactic child. They will use terms such as 'this food will make _____ sick', 'this food is not good for _____', and ' _____ is allergic to that food'.
- Staff will talk about symptoms of allergic reactions to children (e.g. itchy, furry, scratchy, hot, funny).
- With older children, staff will talk about strategies to avoid exposure to unsafe foods, such as taking their own plate and utensils, having the first serve from commercially safe foods, and not eating food that is shared.
- Child care staff will include information and discussions about food allergies in the programs they develop for the children, to help children understand about food allergy and encourage empathy, acceptance and inclusion of the allergic child.
- We recommend reading stories to the children, asking questions to retain their new knowledge

**Reporting Procedures**

After each emergency situation the following will need to be carried out:

- Staff members involved in the situation are to complete an Incident Report, which will be countersigned by the person in charge of the Service at the time of the incident.
- If necessary, send a copy of the completed form to the insurance company; and
- File a copy of the Incident Report on the child's file.
- The Nominated Supervisor will inform the Service management about the incident.
- The Nominated Supervisor or the Licensee is required to inform Regulatory Authority about the incident within 24 hours.
- Staff will be debriefed after each anaphylaxis incident and the child's Individual Anaphylaxis Health Care Plan evaluated.
- Staff will need to discuss the effectiveness of the procedures that were in place.
- Time is also needed to discuss the exposure to the allergen and the strategies that need to be implemented and maintained to prevent further exposure.

**Contact details for resources and support:**

- Australasian Society of Clinical Immunology and Allergy (ASCIA), at www.allergy.org.au, provide information on allergies. Their sample Anaphylaxis Action Plan can be downloaded from this site. Contact details for Allergists may also be provided.
- ASCIA has updated the Anaphylaxis Action Plan for 2018. It is recommended that older Action Plans should no longer be used
- Refer to the following website for an updated action plan

https://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis

- There are two types of ASCIA Action Plans for Anaphylaxis:
  1. Personal versions (RED) are for individuals who have been prescribed adrenaline autoinjectors. This plan includes personal information and an area for a photo.
  2. General versions (ORANGE) do not contain any personal information and can be used as posters.
- There is also an ASCIA Action Plan for Allergic Reactions (GREEN), for individuals with medically confirmed mild to moderate allergies, who need to avoid certain allergens, but have not been prescribed adrenaline autoinjectors. This plan includes personal information and an area for a photo.
- Anaphylaxis Australia Inc., at Allergy Facts, is a non-profit support organisation for families with food anaphylactic children. Items such as storybooks, tapes, auto-injection device trainers and so on are available for sale from the Product Catalogue on this site. Anaphylaxis Australia Inc. provides a telephone support line for information and support to help manage anaphylaxis. Telephone 1300 728 000.
- Royal Children's Hospital Anaphylaxis Advisory Support Line provides information and support about anaphylaxis to school and licensed children's services staff and parents. Telephone 1300 725 911 or Email: Wilma.Grant@rch.org.au
- Department of Education and Early Childhood Development website provides information related to anaphylaxis, including frequently asked questions related to anaphylaxis training.

**Signs/Symptoms**

- Rapidly progressive swelling of the lips, face, larynx, airways, tongue or throat.
- Sudden runny eyes, nose or a cough.
- Rash and/or hives.
- Nausea and vomiting.
- Difficulty breathing or wheezing.
- Asthma attack.
- Diarrhoea and abdominal cramps.
- A feeling of apprehension or extreme illness.
- Blueness of the face, lips and skin.
- Rapid or irregular pulse and low blood pressure.
- Dizziness, collapse or coma.

**Treatment of a Severe Allergic Reaction**

1. Follow the affected child's management plan
2. Give the child the "Epi-Pen Junior" into the outer thigh muscle (An Epi-pen, is a pre-loaded automatic injection device).
3. Take off grey safety cap.
4. Place black tip against fleshy outer thigh muscle.
5. Push the Epi-pen hard against the leg until it activates and hold for 10 seconds.
6. After the adrenalin has been injected, withdraw the needle and discard into a yellow needle disposal unit and give to paramedics.
7. Call 000 for an ambulance. State that child is having an anaphylactic reaction and inform ambulance officers if the epi-pen has been used or not
8. Observe and record the child's pulse and breathing
9. If conscious: Help the child sit in a position from which the relief of breathing difficulties is most effective and follow DRSABCD
10. If unconscious: Check Airway Breathing Circulation and prepare to administer cardiopulmonary resuscitation (CPR) if necessary.
11. The child should receive immediate emergency medical attention.

12. Contact parent or guardian as soon as possible and without undue delay.

**All visitors, students and volunteers are to be aware of this policy.**

**How to use an EPIPEN Auto-Injector**

**Note: If time permits, put on gloves.**

1. Pull off grey safety cap at rear end of EPIPEN.
2. Place Black tip on the outer side of the thigh.
3. Push the EPIPEN firmly against the outer thigh until the auto-injector activates.
4. A soft "click" will be heard.
5. Hold it in place for 10 seconds.
6. Write the time given to the child in black Texta (permanent felt-tipped marker) on their leg.
7. Place EPIPEN into a small sealed container and give to the ambulance driver.

## STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 301 National Regulations
- Education and Care Services National Regulations 2011
  - Regulation 90 Medical Conditions Policy
  - Regulation 90(1)(iv) Medical Conditions Communication Plan
  - Regulation 91 Medical conditions policy to be provided to parents
  - Regulation 92 Medication record
  - Regulation 93 Administration of medication
  - Regulation 94 Exception to Authorisation Requirement - Anaphylaxis or Asthma Emergency
  - Regulations 137 Approval of Qualifications
  - Regulations 136 First Aid Qualifications
  - Regulation 173 Prescribed Information to be Displayed
- Work health and Safety Act 2011
- Public Health and Wellbeing Act 2008
- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety

## SOURCES


- ACECQA
- Allergy & Anaphylaxis Australia Inc
- ASCIA Australia Society of Clinical Immunology and Allergies website
- St John's Ambulance Australia
- Staying Healthy – Preventing infectious diseases in early childhood education and care services – 5th Edition

# 2.12 Asthma Policy

## INTRODUCTION

Asthma is a chronic health condition, which is one of the most common reasons for childhood admission to hospital. Correct asthma management will assist to minimise the impact of asthma. Children under the age of six usually do not have the skills or 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.

## PURPOSE

Cubby OOSH aims to ensure all educators are aware of and know how to manage children suffering from asthma.

## SCOPE

- To ensure that all Team members are familiar with Asthma First-Aid procedures.
- To assist children in the management of their Asthma within the childcare facility.
- To liaise regularly with the parents/guardians of children who suffer from Asthma.
- To all team members are formally trained in Asthma and First Aid.
- To respond to the need of children who have not been diagnosed with asthma and who have an asthma attack or difficulty breathing at the service.
- To raise aware of asthma amongst those involved within the setting, including children, caregivers, families and the broader community.
- To provide a clear set of guidelines and expectations to be followed with regard to the management of asthma.
- To provide a healthy and safe environment in which children with asthma can participate in all activities to their full potential.

### DUTY OF CARE

Our Service has a legal responsibility to provide

a. A safe environment
b. Adequate Supervision

Staff members including relief staff need to know enough about Asthma reactions to ensure the safety and wellbeing of the children.

### BACKGROUND

Asthma is defined clinically as the combination of variable respiratory symptoms (e.g. wheeze, shortness of breath, cough and chest tightness) and excessive variation in lung function, i.e. variation in expiratory airflow that is greater than that seen in healthy children (‘variable airflow limitation’).
Source: Asthma Handbook

Asthma is a chronic lung disease which can be treated but not cured. Asthma affects approximately one in 10 Australian children and adults. It is the most common reason for childhood admission to hospital. With good asthma management, people with asthma need not restrict their daily activities. Community education assists in generating a better understanding of asthma within the community and minimising its impact.

Symptoms of asthma include wheezing, coughing (particularly at night), chest tightness, difficulty in breathing and shortness of breath, and symptoms may vary between children. Our Service recognises the need to educate the staff and parents/guardians about asthma and to promote responsible asthma management strategies.

Asthma causes three main changes to the airways inside the lungs, and all these can happen together:

- the thin layer of muscle within the wall of an airway can contract to make it tighter and narrower – reliever medicines work by relaxing these muscles in the airways
- the inside walls of the airways can become swollen, leaving less space inside – preventer medicines work by reducing the inflammation that causes the swelling
- mucus can block the inside of the airways – preventer medicines also reduce mucus.

Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children be protected from hazards and harm. Our Service will ensure that there is at least one educator on duty at all times who has current approved emergency asthma management training in accordance with the Education and Care Services National Regulations.

## IMPLEMENTATION

We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The Service will adhere to privacy and confidentiality procedures when dealing with individual health needs.

A copy of all medical conditions policies will be provided to all educators and volunteers and families of the Service and reviewed on an annual basis. It is important that communication is open between families and educators to ensure appropriate asthma management.

It is imperative that all educators and volunteers at the Service follow a child's Medical Management Plan in the event of an incident related to a child's specific health care need, allergy or medical condition.

**Management and Nominates Supervisor will ensure:**

- All staff read and are aware of all medical condition policies and procedures, maintaining awareness of asthma management strategies upon employment at the Service
- That all educators approved first aid qualifications, anaphylaxis management training and Emergency Asthma Management (EAM) training are current, meet the requirements of the National Law and National Regulations, and are approved by ACECQA.
- At least one staff member with current approved Emergency Asthma Management (EAM) training (refer to Definitions) is on duty at all times, working in accordance with Regulations
- The details of approved Emergency Asthma Management (EAM) training are included on the staff record.
- Parents are provided with a copy of the Service's Asthma Policy upon enrolment of their child.
- Educators understand the requirements for safe food handling, preparation, consumption and service and appropriate hygiene considerations as set out in the Nutrition and Food Handling Policy to ensure that children with allergies or who are at risk of anaphylaxis are protected.
- That when medication has been administered to a child in an asthma emergency without authorisation from the parent/guardian or authorised nominee, the parent/guardian of the child and emergency services are notified by the Nominated Supervisor or Responsible Person as soon as is practicable or within 24 hours of the incident.
- To identify children with asthma during the enrolment process and informing staff.

- To provide families with an Asthma Action plan to be completed in consultation with, and signed by, a medical practitioner prior the child starting at the Service.
- A long-term medication record is kept for each child to whom medication is to be administered by the Service.
- Families of all children with asthma provide reliever medication and a spacer (including a child's face mask, if required) whilst their child is attending the Service.
- The asthma first aid procedure is consistent with current national recommendations.
- That all staff members are aware of the asthma first aid procedure.
- The expiry date of reliever medication is checked regularly and replaced when required, and that spacers and facemasks are replaced after every use.
- Communication between management, educators, staff and parents/guardians regarding the Service's Asthma Policy and strategies are reviewed and discussed regularly to ensure compliance.
- All staff members are able to identify and minimise asthma triggers for children attending the Service, where possible.
- Children with asthma are not discriminated against in any way.
- Children with asthma can participate in all activities safely and to their full potential.
- To communicate any concerns with parents/guardians regarding the management of children with asthma at the Service.
- Asthma Australia's Asthma First Aid posters are displayed in key locations at the Service.
- That medication is administered in accordance with the Administration of Medication Policy.

**In the event that a child suffers from an asthma emergency the Service and staff will:**

- Follow the child's Asthma Action Plan.
- If the child does not respond to steps within the Asthma Action Plan call an ambulance immediately by dialling 000
- Continue first aid measures
- Nominated Supervisor or the Responsible Person contact the parent/guardian when practicable.
- Nominated Supervisor or the Responsible Person contact the emergency contact if the parents or guardian can't be contacted when practicable.
- Through the ACECQA portal the Approved Provider will notify the regulatory authority within 24 hours.

**Educators will ensure:**

- They are aware of the Services Asthma Policy and asthma first aid procedure (ensuring that they can identify children displaying the symptoms of an asthma attack and locate their personal medication, and Asthma Action Plans.
- To maintain current approved Asthma Management qualifications.
- They are able to identify and, where possible, minimising asthma triggers as outlined in the child's Asthma Action Plan.
- Asthma first aid kit, children's personal asthma medication and Asthma Action Plans are taken on excursions or other offsite events, including emergency evacuations and drills. See Emergency Evacuation Procedure.
- To administer prescribed asthma medication in accordance with the child's Asthma Action Plan and the Service's Administration of Medication Policy.
- To discuss with parents/guardians the requirements for completing the enrolment form and medication record for their child.
- To consult with the parents/guardians of children with asthma in relation to the health and safety of their child, and the supervised management of the child's asthma.
- Communicate any concerns to parents/guardians if a child's asthma is limiting his/her ability to participate fully in all activities.
- Children with asthma are not discriminated against in any way.
- Children with asthma can participate in all activities safely and to their full potential, ensuring an inclusive program

- Any asthma attacks are documented, advising parents as a matter of priority, when practicable.

**Families will:**

- Read the Service's Asthma Management Policy.
- Inform staff, either on enrolment or on initial diagnosis, that their child has asthma.
- Provide a copy of their child's Asthma Action Plan to the Service and ensuring it has been prepared in consultation with, and signed by, a medical practitioner.
- Have the Asthma Action Plan reviewed and updated at least annually.
- Ensure all details on their child's enrolment form and medication record are completed prior to commencement at the Service.
- Provide an adequate supply of appropriate asthma medication and equipment for their child at all times.
- Notify staff, in writing, of any changes to the information on the Asthma Action Plan, enrolment form or medication record.
- Communicate regularly with educators/staff in relation to the ongoing health and wellbeing of their child, and the management of their child's asthma.
- Encourage their child to learn about their asthma, and to communicate with Service staff if they are unwell or experiencing asthma symptoms.

**Plan of action for a child with diagnosed asthma**

The staff, together with the parents/guardians of a child with asthma, will discuss and agree on a risk minimisation plan (RMP) for the emergency management of an asthma attack based on the action plan. This plan will be included as part of, or attached to, the child's asthma action plan and enrolment record. This plan should include action to be taken where the parents/guardians have provided asthma medication, and in situations where this medication may not be available. All sections in the risk minimisation plan, including parent communication needs to be completed correctly by both families and educators.

## STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 301 National Regulations
- Education and Care Services National Regulations 2011
  - Regulation 90 Medical conditions policy
  - Regulation 90(1)(iv) Medical Conditions Communication Plan
  - Regulation 91 Medical conditions policy to be provided to parents
  - Regulation 92 Medication record
  - Regulation 93 Administration of medication
  - Regulation 94 Exception to authorisation requirement—anaphylaxis or asthma emergency
  - Regulation 95 Procedure for administration of medication
  - Regulation 96 Self-administration of medication
  - Regulation 136 First Aid Qualifications
  - Regulation 247 Asthma Management Training
- Public Health and Wellbeing Act 2008
- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety

## SOURCES

- ACECQA
- Australia Asthma Handbook
- Australian Asthma Foundation
- My Asthma Guide
- ECA Code of Ethics

**Staying Healthy –** Preventing infectious diseases in early childhood education and care services – 5th Edition

# 2.13 Food Allergy & Intolerance Policy

## INTRODUCTION

"Food intolerance is a broad term that is used to describe a wide range of adverse reactions to foods, that cause symptoms after eating some foods. These include stomach pain, bloating, gas/flatulence, diarrhoea, irritable bowel syndrome (IBS), rashes, hives, recurrent mouth ulcers or headaches. If food intolerances are not properly managed, these symptoms can adversely affect general health and wellbeing. Food intolerances are sometimes confused with, or mislabelled as food allergies. Food intolerances involve the digestive system, whilst food allergies involve the immune system" *(ASCIA: Australian Society of Clinical Immunology and Allergy)*

Food Allergies can be deemed as more consequential to the body, as this may lead severe reactions such as Anaphylactic shock and can be life threatening.

## PURPOSE

Cubby OOSH is committed to reducing the risk to children, team members or visitors with regards to the provision of food and the consumptions of allergens in food which could lead to an allergic reaction or have an intolerance.

## SCOPE

Cubby OOSH are an allergy and Nut aware centre. There will be no food or products containing nuts that will be brought into the service such as;

- peanuts, brazil nuts, cashew nuts, hazelnuts, almonds, pecan nuts
- any other type of tree or ground nuts, peanut oil or other nut-based oil or cooking product, peanut or any nut sauce, peanut butter, hazelnut spread, marzipan
- any other food which contains nuts such as chocolates, sweets, lollies, nougat, ice creams, cakes, biscuits, bread, drinks, satays, pre-prepared Asian or vegetarian foods
- nut and peanut material is also often in cosmetics, massage oils, body lotions, shampoos and nappy creams

## IMPLEMENTATION

- All children's allergy or intolerance details, including the location of any necessary medication, will be communicated to educators, casual educators, students, and volunteers during their induction process on commencement at the service, as an element of their On-Site Induction.
- On enrolment, families are required to complete the Medical Condition & Dietary Restriction section of the enrolment form. This is a mandatory field and must be completed to submit the enrolment form.
- This documentation will be passed on to the educators working directly with the child to ensure they are aware of any medical requirements before commencement at the service.
- During orientation, a meeting will be conducted with the family to communicate all relevant details of their child's allergy or intolerance.
- During the meeting, a Food Allergy/Intolerance Action Plan will be supplied to the family which is to be completed and signed by a parent/guardian, as well as a GP or other relevant medical practitioner.
- A copy of the completed Food Allergy/Intolerance Action Plan will be kept in a designated area within the child's room, as well as the child's file, office, and kitchen of the service.

- The chef will be supplied with a copy of the completed Food Allergy/Intolerance Action Plan to be displayed in a designated area within the kitchen.
- The child's name, days of attendance and allergy details will be added to an allergy list, which will be displayed within each room of the service, as well in the kitchen and dining room.
- Families will be requested to review their child's Food Allergy/Intolerance Action Plan on a 3-monthly basis to ensure all information is still accurate.
- Families will be requested to provide a reviewed Food Allergy/Intolerance Action Plan with an updated signature from a GP or other relevant medical practitioner, on an annual basis.
- Families are advised to ensure any change in detail, regarding their child's allergy or intolerance is communicated promptly to the educators in their child's room or the Manager of the service.
- Allergy, Intolerance, and Medication Checks will be conducted monthly to ensure review dates are met, and relevant medication is still within its expiry date.

## STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 301 National Regulations
- Education and Care Services National Regulations 2018
  - Regulation 90 Medical conditions policy
  - Regulation 94 Exception to authorisation requirement - anaphylaxis or asthma emergency
  - Regulations 136 First Aid Qualifications
  - Regulation 173 Prescribed information to be displayed
- Work health and Safety Act 2011
- Public Health and Wellbeing Act 2008
- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety

## SOURCES


- ACECQA
- Staying Healthy – Preventing infectious diseases in early childhood education and care services – 5th Edition
- ASCIA Australia Society of Clinical Immunology and Allergies website
- Asia Australia Society of Clinical Immunology and Allergies - ASCIA
- Better Health Channel
- Food Standards Australia New Zealand
- Australian Government Guidelines: Get Up and Grow: Healthy Eating and Physical Activity for Early Childhood

# 2.14 Diabetes Policy

## INTRODUCTION

Diabetes in children can be a diagnosis that has a significant impact on families and children. It is imperative that Educators and Staff within the Service understand the responsibilities of diabetes management. Most children will require additional support from the Service and Educators to manage their diabetes whilst in attendance.

## PURPOSE

Our Service is committed to providing a safe and healthy environment that is inclusive for all children, staff, visitors and family members. The aim of this policy is to minimise the risk of a diabetic medical emergency whilst at our Service.

## SCOPE

**Description**

- Type-1 Diabetes is an autoimmune condition, which occurs when the immune system damages the insulin producing cells in the pancreas. This condition is treated with insulin replacement via injections or a continuous infusion of insulin via a pump. Without insulin treatment, type-1 diabetes is life threatening.

- Type-2 Diabetes occurs when either insulin is not working effectively (insulin resistance) or the pancreas does not produce sufficient insulin (or a combination of both). Type-2 diabetes affects between 85 and 90 per cent of all cases of diabetes and usually develops in adults over the age of 45 years, but it is increasingly occurring at a younger age. Type-2 diabetes is unlikely to be seen in children under the age of 4 years old.

**Duty of Care**

Our Service has a legal responsibility to provide

c. A safe environment
d. Adequate Supervision

Staff members, including relief staff, need to know enough about diabetes to ensure the safety of children (especially in regards to hypoglycaemia and safety in sport).

## IMPLEMENTATION:

- We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The Service will adhere to privacy and confidentiality procedures when dealing with individual health needs.

- A copy of all medical conditions policies will be provided to all educators and volunteers and families of the Service. It is important that communication is open between families and educators so that management of diabetes is effective.

- Children diagnosed with Diabetes will not be enrolled into the Service until the child's medical plan is completed and signed by their Medical Practitioner and the relevant staff members have been trained on how to manage the individual child's diabetes.

- It is imperative that all educators and volunteers at the Service follow a child's Medical Management Plan in the event of an incident related to a child's specific health care need, allergy or medical condition.

**Management / Nominated Supervisor will ensure:**

- Parents/guardians of an enrolled child who is diagnosed with diabetes are provided with a copy of the Diabetes Management Policy and the Medical Conditions Policy.
- All staff members including volunteers are provided with a copy of the Diabetes Management Policy along with the Medical Conditions Policy that is reviewed annually.
- A copy of this policy is provided and reviewed during each new staff member's induction process.

5. All staff members have completed first aid training approved by the Education and Care Services National Regulations at least every 3 years and is recorded, with each staff members' certificate held on the Service's premises.
6. When a child diagnosed with diabetes in enrolled, all staff attend regular training on the management of diabetes and, where appropriate, emergency management of diabetes.
7. At least one staff member who has completed accredited training in emergency diabetes first aid is present in the Service at all times whenever children with diabetes are being cared for in the Service.
8. There is a staff member who is appropriately trained to perform finger-prick blood glucose or urinalysis monitoring and knows what action to take if these are abnormal.
9. The family supplies all necessary glucose monitoring and management equipment
10. The plan will cover the child's known triggers and where relevant other common triggers which may lead to a Diabetic emergency.
11. All staff members are trained to identify children displaying the symptoms of a diabetic emergency and location of the Diabetic Management Plan as well as the Emergency Management Plan.
12. All staff, including casual and relief staff, are aware of children diagnosed with diabetes attending the Service, symptoms of low blood sugar levels, and the location of diabetes management plans and emergency management plans.
13. Each child with type-1 diabetes has a current individual Diabetes Management Plan prepared by the individual child's diabetes medical specialist team, at or prior to enrolment.
14. Ensure that a child's Diabetes Management Plan is signed by a Registered Medical Practitioner and inserted into the enrolment record for each child. This will describe any prescribed medication for that child as well as the emergency management of the child's medical condition.
15. Educators understand the requirements for safe food handling, preparation, consumption and service and appropriate hygiene considerations as set out in the Nutrition and Food Handling Policy to ensure that children with allergies or who are at risk of anaphylaxis are protected.
16. Before the child's enrolment commences, the family will meet with the Service and it's educators to begin the communication process for managing the child's medical condition in consultation with the registered medical practitioners instructions.
17. A communication plan is developed for staff and parents/guardians encouraging ongoing communication between parents/guardians and staff regarding the management of the child's medical condition, the current status of the child's medical condition, this policy and its implementation within the Service prior to the child starting at the Service.
18. Individual Diabetes Management and Emergency Medical Management Plans will be displayed in key locations throughout the Service.
19. A staff member accompanying children outside the Service carries the appropriate monitoring equipment, any prescribed medication, a copy of the Diabetes Management and Emergency Medical Management Plan for children diagnosed with diabetes, attending excursions and other events.
20. The programs delivered at the Service are inclusive of children diagnosed with diabetes and that children with diabetes can participate in all activities safely and to their full potential.
21. All staff and volunteers at the Service are aware of the strategies to be implemented for the management of diabetes at the Service in conjunction with each child's diabetes management plan.
22. Updated information, resources and support is regularly given to families for managing childhood diabetes.
23. That no child diagnosed with diabetes attends the Service without the appropriate monitoring equipment and any prescribed medications.

24. Availability of meals snacks and drinks that are appropriate for the child and are in accordance with the child's Diabetes Management plan at all times.
25. Contact Diabetes Australia for further information to assist Educators to have comprehensive understanding about treating diabetes.

**Educators will:**

- Read and comply with this Diabetes Management Policy and the Medical Conditions Policy.
- Know which children are diagnosed with diabetes, and the location of their monitoring equipment, Diabetes Management and Emergency Plans and any prescribed medications.
- Perform finger-prick blood glucose or urinalysis monitoring and will act by following the child's diabetes management plan if these are abnormal.
- Communicate with parents/guardians regarding the management of their child's medical condition.
- Ensure that children diagnosed with diabetes are not discriminated against in any way and are able to participate fully in all programs and activities at the Service.
- Follow the strategies developed for the management of diabetes at the Service.
- Follow the Risk Minimisation Plan for each enrolled child diagnosed with diabetes.
- Ensure a copy of the child's Diabetes Management Plan is visible and known to staff within the Service
- Take all personal Diabetes Management Plans, monitoring equipment, medication records, Emergency Management Plans and any prescribed medication on excursions and other events outside the Service.
- Recognise the symptoms of a diabetic emergency and treat appropriately by following the Diabetes Management Plan and the Emergency Management Plan.
- Administer prescribed medication if needed according to the Emergency Medication Management Plan in accordance with the Service's Administration of Medication Policy.
- Identify and where possible minimise possible triggers as outlined in the child's Diabetes Management Plan and Risk Minimisation Plan.
- Ensure that children with diabetes can participate in all activities safely and to their full potential.
- Increase supervision of a child diagnosed with diabetes on special occasions such as excursions, incursions, parties and family days.
- Regularly check and record the expiry date of the prescribed medication relating to the medical condition.
- Provide information to the Service community about resources and support for managing childhood diabetes.
- Ensure there are glucose foods or sweetened drinks readily available to treat hypoglycaemia at all times (low blood glucose), e.g. glucose tablets, glucose jellybeans, etc.

**Families will ensure they provide the Service with:**

- Details of the child's health problem, treatment, medications and allergies.
- Their doctor's name, address and phone number, and a phone number for contact in case of an emergency.
- A Diabetes Care Plan and Emergency Medical Plan following enrolment and prior to the child starting at the Service which should include:
  a) When, how and how often the child is to have finger-prick or urinalysis glucose or ketone monitoring
  b) What meals and snacks are required including food content, amount and timing
  c) What activities and exercise the child can or cannot do
  d) Whether the child is able to go on excursions and what provisions are required
  e) What symptoms and signs to look for that might indicate hypoglycaemia (low blood glucose) or hyperglycaemia (high blood glucose)
  f) What action to take including emergency contacts and what first aid to implement
  g) An up to date photograph of the child
- A copy of the child's Diabetes Management Plan and an Emergency Medication Management Plan developed and signed by a Registered Medical Practitioner for implementation within the Service.
- The appropriate monitoring equipment needed according to the Diabetes Management Plan.

- An adequate supply of emergency medication for the child at all times according to the Emergency Management Plan.
- Information and answering any questions regarding their child's medical condition.
- Any changes to their child's medical condition and provide a new Diabetes Management Plan in accordance with these changes.
- All relevant information and concerns to staff, for example, any matter relating to the health of the child.

**Diabetic Emergency**

A diabetic emergency may result from too much or too little insulin in the blood. There are two types of diabetic emergency

a) Very low blood sugar (hypoglycaemia, usually due to excessive insulin);
b) Very high blood sugar (hyperglycaemia, due to insufficient insulin).

The more common emergency is hypoglycaemia. This can result from too much insulin or other medication, not having eaten enough of the correct food, unaccustomed exercise or a missed meal. In a medical emergency involving a child with diabetes, the Nominated Supervisor or the Responsible Person should immediately dial 000 for an ambulance and notify the family in accordance with the Regulation and guidelines on emergency procedures and administer first aid or emergency medical aid according to the child's Diabetes Management or Emergency Plan.

**In the event that a child suffers from a diabetic emergency the Nominated Supervisor or the Responsible Person will:**

- Follow the child's Diabetic Emergency Plan.
- If the child does not respond to steps within the Diabetic Emergency Plan call an ambulance immediately by dialling 000
- Continue first aid measures
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian can't be contacted when practicable
- Notify the regulatory authority within 24 hours through the ACECQA portal by the Approved Provider.

**Signs and Symptoms**
**Hypoglycaemia**
**If caused by low blood sugar, the person may:**
• Feel dizzy, weak, tremble and hungry
• Look pale and have a rapid pulse
• Sweating profusely
• Numb around lips and fingers
• Appear confused or aggressive
• Unconsciousness

**Hyperglycaemia**
**If caused by high blood sugar, the person may:**
• Feel excessively thirsty
• Have a frequent need to urinate
• Have hot dry skin, a rapid pulse, drowsiness
• Have the smell of acetone (like nail polish remover) on the breath
• Unconsciousness

**For more information, contact the following organisations:**

Diabetes Australia National Office
1300 136 588
mail@diabetesvic.org.au
www.diabetesvic.org.au

Juvenile Diabetes Research Foundation
www.jdrf.org.au

As 1 Diabetes
1300 342 238

## STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2018
  - Regulation 90 Medical conditions policy
  - Regulation 90(1)(iv) Medical Conditions Communication Plan
  - Regulation 91 Medical conditions policy to be provided to parents
  - Regulation 92 Medication record
  - Regulation 93 Administration of medication
  - Regulation 94 Exception to authorisation requirement—anaphylaxis or asthma emergency
  - Regulation 95 Procedure for administration of medication
  - Regulation 96 Self-administration of medication
  - Regulation 168 Education and Care Service must have policies and procedures
- Occupational Health and Safety Act 2004
- Work health and Safety Act 2011
- Public Health and Wellbeing Act 2008
- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety

## SOURCES


- ACECQA
- Diabetes Kids and Teens Diabetes: the silent pandemic and its impact on Australia
- Early Childhood Australia (2016). Code of Ethics.
- Australian First Aid, St. John Ambulance Australia, 2002
- Diabetes Australia
- Kids Health Info - Diabetes
- Healthy children.org - Diabetes in children
- Care of Young Children with Diabetes in the Child Care Setting: A Position Statement of the American Diabetes Association

**Staying Healthy –** Preventing infectious diseases in early childhood education and care services – 5th Edition

# 2.15 Sun Protection Policy

## INTRODUCTION

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.

## PURPOSE

Cubby OOSH aims to protect all Children and Team members from harmful exposure of the sun by implementing strategies and awareness of safe play outdoors.

## SCOPE

Some sun exposure is important for vitamin D which is essential for healthy bones and muscles, and for general health.  But too much sun can cause skin and eye damage and skin cancer. Sun exposure during childhood and adolescence is a major factor in determining future skin cancer risk. To limit this, services must adhere to the following:

- The wearing of appropriate clothing is essential for the comfort and well-being of children.
- There is a, "No hat, no playing in the Sun." policy at the Centre.
- To communicate closely with parents regarding the clothes their children wear at the Centre.
- To link the clothing recommendations to our clothing Policy.
- To adhere to the UV index daily, and state specific sun protection times / requirements.

## IMPLEMENTATION

**Educators will:**

- Develop positive attitudes towards skin protection and awareness of lifestyle practices which can reduce the incidence of skin cancer.
- Promote personal responsibility for decision making about skin protection.
- Increase awareness of the need for environment changes in Education and Care Services to reduce the levels of exposure to the sun.
- Increase awareness of the sun protection message: Slip, Slop, Slap, Seek, Slide.
- Model appropriate sun safe practices including WH&S Responsibilities, ie sun safe broad brimmed hats, shirts with sleeves and collars, and sunscreen when UV levels are 3 and above.
- Encourage all children to drink water regularly while playing outside.
- Record all applications of sunscreen on the Cubby OOSH app. In the event that the Cubby OOSH app is not available, this will be documented manually.

**Scheduling Outdoor Activities**

- Outdoor play will be planned in shaded areas and in accordance to the UV index.
- Sun protection is generally not required when UV levels are low (below 3), unless outdoors for an extended period of time.

- The sun protection policy will operate throughout the entire year. However, sun protection behaviour will only be enforced when UV levels are 3 and above. See below state specific guidelines as outlined on the Australian Government bureau of Meteorology website, however this is just a guideline and the UV index and recommendations should be checked daily.

| | ACT | NSW | QLD | VIC |
|---|---|---|---|---|
| **Months of the year Sun Protection is required, and when levels reach 3 and above** | Typically, August – May | Typically, October – March | This policy is implemented all year round | Typically, Mid-August - April |
| **Minimise play in direct sunlight as much as practically possible between these hours** | 11am – 3pm during day light savings | 11am – 3pm during day light savings | 10am – 3pm. Multiple sun protection is required whenever the UV index level is forecast to reach three or above | Active outdoor play is encouraged throughout the day all year, provided appropriate sun protection measures are used when necessary |

**Shade**

- All outdoor activities will be planned to occur in shaded areas when UV levels are 3 and above, this is particularly important during the middle of the day when daily UV levels peak. (or as stated in above table)
- The service will provide and maintain adequate shade for outdoor play. The outdoor play areas include a combination of portable, natural and built in shade.
- Regular shade assessments care conducted to monitor existing shade structures and assist in planning for additional shade.

**Hats and clothing**

Cubby OOSH require the wearing of a hat when outdoors and on excursions when the UV levels are 3 or above.

- Appropriate hats include;
    - Broad brimmed hat (Brim at least 6cm), such as those provided at the centres
    - Alternate sun-safe hat options including legionnaire or bucket hats with a deep crown and brim of at least 5cm (adults 6cm).
    - With the nature of the age, the older children may choose to wear “Caps”, Educators will monitor UV rating when children are only wearing caps. If the UV is very high the children will be encouraged to play under some shade or come in side
- When outdoors staff and children will wear sun-safe clothing that covers as much skin as possible. Children who are not wearing sun-safe clothing can be provided with spare clothing by Cubby OOSH Centres.
- The service will encourage the wearing of sunglasses, preferably stable/wrap around style, and will meet Australian Standard 1067.
- A NO HAT – PLAY IN THE SHADE policy will be implemented where children without hats will be asked to remain under covered areas or wear a spare hat provided by Cubby OOSH.

**Sunscreen**

- Educators and children are required to apply SPF30+ broad-spectrum water-resistant sunscreen 20 minutes before going outdoors and reapply every 2 hours or more often if washed or wiped off. Sunscreen is stored in a cool, dry place and the expiry date is monitored.

- Families are to apply sunscreen cream to their children's face, neck, legs and arms before arrival at our service.
- Educators are to help children apply sunscreen again 20 minutes before going outdoors in the afternoon and when necessary throughout the day.
- Sunscreen is applied in a way that avoids cross infection. (e.g. Children are taught to apply sunscreen themselves.) Educators apply sunscreen to younger children with a tissue and encourage them to rub it in. Educators will wear gloves when applying sunscreen.

**Education & Information**

- Sun-Safety will be incorporated into the program to help educate children in still positive practices and attitudes.
- Information is available to families on the Family information iPad located in the foyer. Family memos will be sent home to families to help educate and encourage families to adopt these practices. For Support and free resources go to Cancer Council Australia or call your local Cancer Council.
- Parents are informed of this UV (Sun)-protection Policy and associated requirements upon enrolment and can access this on the iPad located in the foyer, and via our website.
- Upon enrolment, parents are advised of the requirement to dress children in sun protective clothing. (i.e. shirts or dresses with collars or high neck and sleeves; trousers, longer shorts or skirts, use of closely-woven material).
- Special attention is given to informing NESB parents and carers of the policy and related activities (translations can be provided).
- Parents are to inform of enrolment of any allergies their child may have to any brand sunscreens. This aids us in ensuring these brands are not purchased or used.
- Programs on sun protection are incorporated into planned and spontaneous experiences and play times
- Educators are encouraged to complete (free) Cancer Council SunSmart Educator Professional Learning modules and/or in-house training/professional development.

**Policy Availability**

The Sun Protection Policy, updates and requirements will be made available to educators, families and visitors. All policies are available on the Family information iPad in the foyer, and via the website and can be emailed or printed at any time. All room iPad have access to all policies.

**Cancer Council National SunSmart Early Childhood Program.**

Individual services will strive to be awarded national SunSmart status from Cancer Council. As a member of the National SunSmart Early Childhood Program this policy will be reviewed by Cancer Council every 3 years and updated where necessary to maintain high SunSmart standards for state specific services.

## STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 167 – Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
  - Regulation 100– Risk Assessment for Excursions
  - Regulation 113 – Outdoor Space – Natural Environment
  - Regulation 114 – Outdoor Space – Shade
  - Regulation 168 Policies and Procedures – (2) (a) (ii) – Sun Protection
- Work health and Safety Act 2011
- Public Health and Wellbeing Act 2008
- National Quality Standards

- Standard 2.1 Health
- Standard 2.2 Safety
- Standard 3.1 Design
- Standard 3.2 Use

## SOURCES


- ACECQA
- Cancer Council Australia
- SunSmart Schools and Early Childhood

# 2.16 Food & Nutrition Policy

## INTRODUCTION

**National Quality Standard (NQS)**

Our Service recognises the importance of healthy eating to promote the growth and development of young children and is committed to supporting the healthy food and drink choices of children in our care. It is acknowledged that OOSH setting has an important role in supporting families in healthy eating.

We are committed to implementing the healthy eating key messages outlined in the Australian Dietary Guidelines and the Australian Guide to Healthy Eating. We support and promote the Australian Government's *Get Up & Grow-Healthy Eating and Physical Activity for Early Childhood* and *Eat for Health* resources.

## PURPOSE

Cubby OOSH Service recognises the importance of supporting families to provide healthy food and drink to their children.

## SCOPE

- Childhood education and care (ECEC) Services are required by legislation to ensure the provision of healthy foods and drinks that meet the requirements for children according to the *Australian Dietary Guidelines*. It is essential that our Service partners with families to provide education about nutrition and promote healthy eating habits for young children to positively influence their health and wellbeing. Dietary and healthy eating habits formed in the early years are shown to continue into adulthood and can reduce the risk factors associated with adult chronic conditions such as obesity, type 2 diabetes and cardiovascular disease.
- Our Service recognises the importance of healthy eating for the growth, development and wellbeing of young children and is committed to promoting and supporting healthy food and drink choices for children in our care. This policy affirms our position on the provision of healthy food and drink while children are in our care and the promotion and education of healthy choices for optimum nutrition.
- We believe in providing a positive eating environment that reflects dietary requirements, cultural and family values, and promotes lifelong learning for children, as we commit to implementing and embedding the healthy eating key messages outlined in the NSW Health's *Munch & Move* program into our curriculum and to support the *National Healthy Eating Guidelines for Early Childhood Settings* outlined in the *Get Up & Grow* resources.

## IMPLEMENTATION

Our Service has a responsibility to help children to develop good food practices and approaches, by working with families and educators.

All food prepared by the Service or families will endeavour to be consistent with the Australian Dietary Guidelines and provide children with 50% of the recommended dietary intake for all nutrients. Food will be served at various times throughout the day to cater for all children's nutritional needs.

Meal times reflect a relaxed and pleasant environment where educators engage in meaningful conversations with children. When possible, educators will role model healthy eating behaviour, by sharing a small amount of the food on offer with the children. This assists in creating a positive and enjoyable eating environment.

Food will be prepared in accordance with the Food Safety Program. All kitchens and food preparation areas shall comply with Food Standards Australia and New Zealand (FSANZ).

**Encourage and support breastfeeding and appropriate introduction of solid foods.**

Our Service will:

- Provide a suitable place within the Service where mothers can breastfeed their babies or express breast milk.

**Promote healthy food and drinks based on the Australian Guide to Healthy Eating and the Dietary Guidelines for Children and Adolescents.**

Our Service will:

***Where food is provided by the Service:***

- Provide children with a wide variety of healthy and nutritious foods for meals and snacks including fruit and vegetables, wholegrain cereal products, dairy products, lean meats and alternatives.
- Plan and display the Service menu (at least two weeks at a time) that is based on sound menu planning principles and meets the daily nutritional needs of children whilst in care.
- Plan healthy snacks on the menu to complement what is served at mealtimes and ensure the snacks are substantial enough to meet the energy and nutrient needs of children.
- Vary the meals and snacks on the menu to keep children interested and to introduce children to a range of healthy food ideas.

***Where food is brought from home:***

- Provide information to families on the types of foods and drinks recommended for children and suitable for children's lunchboxes.
- Encourage children to eat the more nutritious foods provided in their lunchbox, such as sandwiches, fruit, cheese and yoghurt, before eating any less nutritious food provided.
- Discourage the provision of highly processed snack foods high in fat, salt and sugar and low in essential nutrients in children's lunchboxes. Examples of these foods include lollies, chocolates, sweet biscuits, muesli bars, breakfast bars, fruit filled bars, chips, oven-baked crackers and corn chips.

**Medical Conditions Risk Minimisation Plan/Anaphylaxis Management**

- Anaphylaxis is a severe allergic reaction to a substance or may be caused by a food allergy. Foods most commonly associated with anaphylaxis include peanuts, seafood, nuts and, in children, eggs and cow's milk.
- While developing the Medical Conditions Risk Minimisation Plan and to minimize the risk of exposure of children to foods that might trigger severe allergy or anaphylaxis in susceptible children our service will:
  - not allow children to exchange food, utensils or food containers;
  - prepare food in line with a child's medical management plan and family recommendations;
  - request families to label all bottles, drinks and belongings;
  - consider whether it's necessary to change or restrict the use of food products in art/craft experiences and cooking classes so that children with allergies can participate;

-if appropriate, seat a child with allergies at a different table if food is being served that he/she is allergic to. This will always be done in a sensitive manner so that the child does not feel excluded;

- closely supervise all children at meal and snack times and ensure food is eaten in specified areas;
- to minimise the risk, children will not be permitted to walk around the Centre with food.
- instruct all food preparation educators and volunteers about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food, such as cleaning of food preparation areas and utensils.
- Ensure children and staff wash and dry their hands (using soap, warm running water and single use or disposable towels) before and after handling food or eating meals and snacks.

**Safe Food Handling and Hygiene for Children with Allergies**

- Always double check the ingredients against the child's Medical Management Plan.
- Wash hands before putting on gloves and again after taking them off.
- Handle food safely.
- Start afresh for meals that must be allergen free. This means that gloves used for other foods are to be disposed, hands washed and new gloves put on.
- Clean and sanitise work surfaces, utensils and other food-contact items between foods.
- Use separate utensils for the foods prepared for children with allergies.
- Even trace amounts can be harmful.
- Store food safely and clearly labelled.
- Have a dedicated area for preparing allergen free meals (be aware that food that is safe for one person with a food allergy may be unsafe for another person with food allergy).
- Whenever possible, prepare foods for children with food allergy first.

**Management/Nominated Supervisor/Educators will:**

- Ensure water is readily available for children to drink throughout the day in both the indoor and outdoor environment.
- Be aware of children with food allergies, food intolerances and special diets and consult with families to develop individual management plans.
- Educators will ensure that cultural preferences will be considered when serving food and that no cross contamination of these foods are served to children with cultural dietary requirements.
- If children are eating outdoors the same food handling practices will be used to ensure that there is no cross-contamination of foods and that all containers with food will be sealed and served correctly.
- Ensure all children remain seated while eating and drinking.
- Ensure all children are always supervised children while eating and drinking.
- Encourage and provide opportunities for cooking staff and educators to undertake regular professional development to maintain and enhance their knowledge about nutrition.
- Follow the guidelines for serving different types of food and the serving sizes in the Guidelines and may use the Australian Government "eat for health" calculator- www.eatforhealth.gov.au
- Ensure the weekly menu is displayed in an accessible and prominent area for parents to view.
- Display nutritional information for families and keep them regularly updated.
- Ensure the weekly menu is accurate and describes the food and beverages provided each day of the week.
- Ensure food is presently attractively
- Ensure infants are fed individually by educators

- Ensure age and developmentally appropriately utensils and furniture will be provided for each child.
- Not allow food to be used as a form of punishment or to be used as a reward or bribe.
- Establish healthy eating habits in the children by incorporating nutritional information into our program.
- Talk to families about their child's food intake and voice any concerns about their child's eating.
- Encourage parents to the best of our ability to continue our healthy eating message in their homes.
- Ensure fridge and freezer temperatures are taken daily, working in compliance with the National Food Authority.

**Storing, preparing and serving food in a hygienic manner promoting hygienic food practices.**

Our Service will:

- Ensure gloves (or food tongs) are used by all staff handling 'ready to eat' foods.
- Ensure children and staff wash and dry their hands (using soap, warm running water and single use or disposable towels) before and after handling food or eating meals and snacks.
- Ensure food is stored and served at safe temperatures i.e. below 5$^{o}$C or above 60$^{o}$C.
- Separate cutting boards that are used for raw meat and chicken, fruit and vegetables and utensils and hands are washed before touching other foods.
- Discourage children from handling other children's food and utensils.
- Ensure food-handling staff members attend relevant training courses and pass relevant information onto the rest of the staff.

**Creating a positive learning environment**

Our Service will:

- Ensure that educators sit with the children at meal and snack times to role model healthy food and drink choices and actively engage children in conversations about the food and drink provided.
- Choose water as a preferred drink.
- Endeavour to recognise, nurture and celebrate the dietary differences of children from culturally and linguistically diverse backgrounds.
- We must realise that parents and families of any culture must feel comfortable. We must also acknowledge the cultural importance of the family and the values, customs, beliefs and expectations held by our diverse families. This is evident through conversations about cultures upon enrolment and then implemented into our food menus to allow the cultural components of the families to be evident throughout the Centre.
- Families with different food cultural requirements such as Halal, Kosher, Vegetarians will be discussed during the enrolment process and then this will be documented through the child's Medical Profile and all Educators will be communicated to regarding these and the Cook will ensure that these requirements are considered when serving or preparing food. Such as Vegetarian foods will not be handled with any meat products.
- Create a relaxed atmosphere at mealtimes where children have enough time to eat and enjoy their food as well as enjoying the social interactions with educators and other children.
- Encourage older toddlers and pre-schoolers to assist to set and clear the table and serve their own food and drink - providing opportunities for them to develop independence and self-esteem.
- Respect each child's appetite. If a child is not hungry or is satisfied, do not insist he/she eats.
- Be patient with messy or slow eaters.

- Encourage children to try different foods but do not force them to eat.
- Do not use food as a reward or withhold food from children for disciplinary purposes.

**Service Program**

Our Service will:

- Foster awareness and understanding of healthy food and drink choices through including in the children's program a range of learning experiences encouraging children's healthy eating.
- Encourage children to participate in a variety of 'hands-on' food preparation experiences.
- Provide opportunities for children to engage in discovery learning and discussion about healthy food and drink choices.
- Embed the importance of healthy eating and physical activity in everyday activities and experiences

**Communicating with families**

Our Service will:

- Provide a copy of the Nutrition Policy to all families upon orientation at the Service.
- Provide opportunities for families to contribute to the review and development of the policy.
- Request that details of any food allergies or intolerances or specific dietary requirements be provided to the Service and work in partnership with families to develop an appropriate response so that children's individual dietary needs are met.
- Communicate regularly with families about food and nutrition related experiences within the Service and provide up to date information to assist families to provide healthy food choices at home.
- Communicate regularly with families and provide information and advice on appropriate food and drink to be included in children's lunchboxes. This information may be provided to families in a variety of ways including factsheets, newsletters, during orientation, information sessions and informal discussion.

## STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 167 Offence relating to protection of children from harm and hazards
- Education and Care Services National Regulations 2018
- Regulation 77 Health, hygiene and safe food practices
- Regulation 78 Food and beverages
- Regulation 79 Service providing food and beverages
- Regulation 80 Weekly Menu
- Regulation 90 Medical Conditions Policy
- Regulation 91 Medical conditions policy to be provided to parents
- Regulation 162 Health information to be kept in enrolment record
- Regulation 168 Education and care service must have policies and procedures
- Food Standards Australia New Zealand Act 1991
- Food Standard Australia New Zealand Regulations 1994
- Imported Food Control Act 1992
- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety
  - Standard 3.1 Design

## SOURCES


- ACECQA
- Dietary Guidelines for Children and Adolescents in Australia
- Staying Healthy – Preventing infectious diseases in early childhood education and care services – 5th Edition
- Australian Dietary Guidelines

# 2.17 Sleep and Rest Time Policy

## PURPOSE

The Education and Care Services National Regulations requires approved providers and nominated supervisors to ensure their services have policies and procedures in place for children's sleep and rest having regard to the ages, developmental stages and individual needs of the children. Our OSHC Service will ensure that all children have appropriate opportunities to rest and relax in accordance with their individual needs whilst attending the service.

We believe that children's safety, rights, and best interests are the paramount consideration for all Service operations, decisions and functions. Our OSHC Service has a duty of care, to ensure we respect and cater for each child's specific needs and provide an environment that takes every reasonable precaution from harm and hazard.

## SCOPE

This policy applies to the approved provider, nominated supervisor, educators, staff, children,

students,

volunteers and visitors of the Service

## IMPLEMENTATION:

"Children have different sleep, rest and relaxation needs. Children of the same age can have different sleep patterns that nominated supervisors and educators need to consider within the OSHC Service. As per Standard 2.1 (Element 2.1.1) of the National Quality Standard, each child's comfort must be provided for and there must be appropriate opportunities to meet each child's sleep, rest and relaxation needs.' (ACECQA)

Our OSHC Service defines 'rest' as a period of inactivity, solitude, calmness or tranquillity, and can include a child being in a state of sleep. Considering the busy and energetic nature of a child's day, we feel that it is important for children to participate in a quiet/rest period after school if required, to rest, relax and recharge their body.

Our OSHC Service will consult with families about their child's individual needs, ensuring they are aware of the different values and parenting beliefs, cultural or opinions associated with sleep/rest requirements.

**Implementation:**

The approved provider, in conjunction with educators of the OSHC Service, will conduct a comprehensive risk assessment in order to identify any potential risk/s or hazards and ensure the safety of all children during sleep and rest in line with Red Nose and ACECQA guidelines (Reg. 84A).

The risk assessment will be reviewed at least annually or after being aware of an incident or circumstance where the health, safety or wellbeing of children may be compromised during sleep or rest. All risk assessments will be regularly assessed and evaluated to facilitate continuous improvement in our service. If a risk concerning a child's safety during sleep and rest is identified during the risk assessment, the approved provider must update the *Rest Time Policy* and procedure as soon as possible. The risk assessment must be stored safely and securely and kept until the end of three years after the last date on which the child was educated and cared for.

**Our risk assessment will consider and include the following information:**

- the number, age, developmental stages and individual needs of children
- the sleep and rest needs of individual children being educated and cared for (including specific health

care needs, cultural preferences, sleep and rest needs of individual children and requests from families about a child's sleep and rest)

- the suitability of staffing arrangements to adequately supervise and monitor children during sleep and rest periods
- the level of knowledge and training of staff supervising children during sleep and rest periods
- the location of sleep and rest areas, including the arrangement of beds within the sleep and rest areas
- the safety and suitability of beds and bedding equipment, having regard to the ages and developmental stages of the children
- any potential hazards
    - in sleep and rest areas
    - on a child during sleep and rest periods (such as jewellery)
- the physical safety and suitability of sleep and rest environments (including temperature, lighting and ventilation)

(ACECQA 2023)

**Protection from Identified Risks**

If a risk is identified through the Sleep and Rest Risk Assessment conducted in accordance with Regulation 84C, the Approved Provider and Nominated Supervisor will ensure appropriate control measures are implemented to minimise or eliminate the risk.

Control measures may include modifying the sleep/rest environment, increasing educator supervision, repositioning sleep/rest furniture, removing identified hazards, or implementing individual risk management strategies for children with specific health, medical or developmental needs.

Educators will follow the control measures identified within the risk assessment to ensure children are protected from harm or hazard during sleep and rest periods.

**Management of Potential Hazards**

Educators will ensure that sleep and rest environments are checked prior to use to identify and manage any potential hazards. This includes hazards within the sleep and rest environment and hazards that may be present on a child during sleep and rest periods.

Potential hazards may include unsafe furniture placement, inappropriate bedding, objects within reach of sleeping children, jewellery, bulky clothing, or other items that may pose a safety risk.

Educators will take reasonable steps to remove or minimise identified hazards to ensure the safety and wellbeing of all children during rest or sleep periods.

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

- ensure that obligations under the Education and Care Services National Law and National Regulations are met
- ensure educators, staff, students, visitors and volunteers have knowledge of and adhere to this policy and associated procedure
- ensure families are aware of this *Rest Time Policy*

- children's safety and wellbeing is paramount
- conduct a sleep and rest specific risk assessment every 12 months to ensure all potential hazards are controlled in sleep or rest areas in line with Red Nose and ACECQA guidelines
- take reasonable steps to ensure that children's needs are being met by giving them the opportunity to rest, having regard to the ages, developmental stages and individual needs of each child
- no child is subjected to inappropriate discipline or inappropriate conduct, including any form of rough handling or physical restraint to assist children to sleep or rest
- ensure the area for rest is well ventilated and has natural lighting
- ensure educators provide safe and adequate supervision when children rest their bodies
- provide information to educators and staff about evidence based safe sleep practices as recommended by Red Nose (although school aged children are not considered high risk, these practices should be known by all educators)
- ensure children who are sleeping or resting are closely monitored and that all sleeping or resting children are within hearing range and observed. This involves physically checking/inspecting sleeping children at regular intervals [e.g., 10 minutes] and ensuring that they are always within sight and hearing distance of sleeping and resting children so they can easily monitor a child's breathing and the colour of their skin. It is recommended that educators will not perform administrative duties that would take their attention away from sleeping/resting children
- educators only have access to service supplied/issued electronic devices to monitor children's sleep/rest
- ensure educators, staff and volunteers follow the policy and procedures
- ensure sleep and rest environments will be safe and free from all hazards including cigarette and tobacco smoke

**The Educators will:**

- have a thorough understanding of the OSHC Service's policy and practices and embed practices to support safe sleep/rest into everyday practice
- consult with families about children's rest needs and include children in decision making (children's agency)
- ensure children are provided with a high level of safety when resting and every reasonable precaution is taken to protect them from harm and hazard
- maintain adequate supervision and ratios throughout any 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 rest time and observed requirements

- encourage children to dress appropriately for the room temperature when resting. Lighter clothing is preferable, with children encouraged to remove shoes, jumpers, jackets, hats and bulky clothing.
- monitor the room temperature to ensure maximum comfort for the children
- provide an environment that is free from cigarette, tobacco or vape smoke
- opportunities are presented for rest and relaxation, as well as sleep if required
- consideration is made for each child's sleep/rest needs- including the age of the child, medical conditions, individual needs
- a quiet area is provided for children to sleep/rest, away from the main group of children
- the designated rest area may include a cushion, bean bag or comfortable seat in a quiet section of the care environment
- sleeping and resting children are monitored at regular intervals
- faces of sleeping children are uncovered when they are sleeping
- an educator is always within sight and hearing of sleeping and resting children so they can be monitored (breathing patterns, colour of skin)

**Families will:**

- be informed during orientation of our *Rest Time Policy* and procedure
- be requested to provide educators with updates on their child's individual need for rest (or sleep) routines if applicable.

**DOCUMENTATION OF SLEEP AND REST PERIOD**

Educators will ensure appropriate documentation of children's sleep and rest periods where applicable. This may include recording when a child chooses to rest or sleep, the duration of the rest period, and regular wellbeing checks conducted by educators.

Any observations relating to a child's wellbeing during sleep or rest periods will be documented and communicated with families where relevant. Documentation will be maintained in accordance with service record keeping procedures.

**CONTINUOUS IMPROVEMENT/REFLECTION**

Our Rest Time Policy will be evaluated and reviewed annually, or earlier if there are changes to legislation, ACECQA guidance or any incident related to our policy. Feedback will be requested from children, families, staff, educators and management and notification of any change to policies will be made to families within 14 days.

## STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 165 Offence to inadequately supervise children
  - Section 167 Offence relating to protection of children from harm and hazards
- Education and Care Services National Regulations
  - Regulation 81 Sleep and Rest
  - Regulations **82** Tobacco, Drug and Alcohol-Free Environment
  - Regulation 84 Risk Assessment for Sleep and Rest
  - Regulation 84 a

- Regulation 84 C Managing Risks Identified in Sleep and Rest Risk Assessment
- Regulation 103 Premises, furniture and equipment to be safe, clean and in good repair
- Regulation 105 Furniture, materials and equipment
- Regulation 110 Ventilation and natural light
- Regulation 168 Education and care service must have policies and procedures

- Occupational Health and Safety Act 2004
- Work health and Safety Act 2011
- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety

## SOURCES


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Australian Children's Education & Care Quality Authority. (2026). *Guide to the National Quality Framework*

Australian Competition and Consumer Commission (ACCC). (2022). Find out more: *Your First Steps to help parents keep their baby safe*

Australian Government Department of Education. (2022). *My Time, Our Place- Framework for School Age Care in Australia*.(Version 2.0)

Children (Education and Care Services) National Law (NSW)

Early Childhood Australia. *(2016). Code of Ethics.*

Education and Care Services National Law Act 2010.

Education and Care Services National Regulations. (Amended 2025)

NSW Department of Education. (2024). *Sleep and rest for children-Policy guidelines for early childhood education and care services.*

Red Nose: Safe Sleep and Safer Pregnancy

ACECQA. (n.d.). *Safe sleep and rest practices*

# RISK MATRIX

A risk matrix is a useful tool to use during the risk assessment process. It helps in identifying the level of risk by looking at the likelihood that a negative event may occur, and the severity of the consequence should it occur.

The Guide to the NQF defines likelihood and consequences in a risk matrix in Section 5: Regulatory Authority power.

| Risk Matrix | | | | | | |
|---|---|---|---|---|---|---|
| | Likelihood | | | | | |
| Consequences | | Rare | Unlikely | Possible | Likely | Almost certain |
| | Major | Moderate | High | High | Critical | Critical |
| | Significant | Moderate | Moderate | High | High | Critical |
| | Moderate | Low | Moderate | Moderate | High | High |
| | Minor | Very low | Low | Moderate | Moderate | Moderate |
| | Insignificant | Very low | Very low | Low | Moderate | Moderate |

# LIKELIHOOD

The risk matrix includes five levels of likelihood:

- Rare
- Unlikely
- Possible
- Likely
- Almost Certain.

When thinking about likelihood, the approved provider and service leaders should prioritise actions based on ensuring compliance with the minimum legislative standards, particularly those standards relating to the safety, health and wellbeing of children. The following table is a useful guide.

| Likelihood | |
|---|---|
| Rare | Very unlikely - the event may occur only in exceptional circumstances |
| Unlikely | Improbable - the event is not likely to occur in normal circumstances |
| Possible | Potential - the event could occur at some time |
| Likely | Probable - the event will probably occur in most circumstances |
| Almost certain | Very likely - the event is expected to occur in most circumstances |

# CONSEQUENCE

The risk matrix also includes five levels of consequences:

- Insignificant
- Minor
- Moderate
- Significant
- Major

This considers the potential impact and how it might affect the safety and wellbeing of children, families, staff and the wider community.

# RISK ASSESSMENT TEMPLATE

Number of children:
Age Group:

| Risk assessment | | | | | |
|---|---|---|---|---|---|
| Activity | Hazard identified | Risk assessment (use matrix) | Elimination/control measures | Who? | When? |
| **Sleep and Rest Area** | Cushions/ Lounges | **Possible** | Supervision plan in place | Educators | Children resting/sleeping |
| **Children who are resting- could bump their head to the corners of the Lounge** | Lounge on the rest area | **Unlikely** | Children are reminded about the usage of rest area | Educators | Children are resting or using the area |
| **Rest/Sleep area** | Other children might jump on the Lounge/ Cushions while someone is resting | **Possible** | Other children will be reminded to give space to their friends who are resting | Educators | Children are resting and other children spending time indoor |
| **Children resting/ other children playing indoor** | blocks, toys and other objects | **Possible** | Room rule and supervision plan is in place. | Educators | When children are resting and others are engaging with other activities. |
| **Sleep and Rest** | blocks, toys and other objects, might be thrown at the kids while their resting | **Unlikely** | Children are reminded about the room rules, Supervision in place | Educators | First aid is available |
| **Sleep and rest** | Illness | **Possible** | Monitor illness, check temperature and monitor child. | Educators | When child becomes sick |
| **Child Sleeping** | May take educator out of ratio/educator being left alone with child | **Possible** | Monitor child. Follow supervision plan in centre | Educators | When child is sleeping |
| **Amount of Children** | Over crowding | **Possible** | Limit amount of children in rest area | Educators | Before rest |
| **Ages of children- School age children** | School age children | **Possible** | Age grouping Supervision | Educators | Before rest |
| **Child Resting** | Noise level in the room | **Possible** | Smaller group/ quitter activities/ Outdoor play if possible | Educators | When children resting, quitter activities are offered to other children |

| Plan and review | | |
|---|---|---|
| Plan prepared by:<br>**Full Name:**<br><br>**Signature:**<br><br>**Role/Position:** | Date: | |
| Prepared in consultation with:<br>**Full Name:**<br><br>**Signature:**<br><br>**Role/Position:**<br>Nominated Supervisor/ Educational Leader | | |
| Communicated to all relevant staff | Yes<br>X | No Comment (if needed) |
| Educators have been indicted on the risk assessment and policies on sleep and rest | Yes<br>X | No Comment (if needed)<br>All educators have received induction and ongoing training on the service's Sleep and Rest Policy, supervision expectations, and this risk assessment. This includes safe supervision practices, recognizing signs of distress or illness, maintaining line-of-sight supervision, and adhering to child safety and regulatory requirements. Documentation of inductions and staff acknowledgements is retained on site. |

| | |
|---|---|
| Risks identified from this risk assessment have been addressed within policy and procedure (regulation 84C) as well as other matters required under regulation 84C, including:<br>• the number, ages and development stages of children being educated and cared for, including at each education and care service and FDC residence or approved FDC venue of the service<br>• the sleep and rest needs of children at the service (including specific health care needs, cultural preferences, sleep and rest needs of individual children and requests from families about a child's sleep and rest) including at each education and care service and FDC residence or approved FDC venue of the service<br>• the suitability of staffing arrangements required to adequately supervise and monitor children during sleep and rest periods<br>• the level of knowledge and training of the staff supervising children during sleep and rest periods<br>• the location of the sleep and rest areas, including the arrangement of cots and beds within the sleep and rest areas, including at each education and care service and FDC residence or approved FDC venue of the service<br>• the safety and suitability of any cots, beds and bedding equipment and having regard to the ages and developmental stages of the children who will use them<br>• any potential hazards in sleep and rest areas or on a child during sleep and rest periods<br>• the physical safety and suitability of sleep and rest environments, including temperature, lighting and ventilation at each education and care service and FDC residence or approved FDC venue of the service<br>• for FDC services, that provide overnight care to a child, any risks that the overnight care provided at the family day care residence or approved venue may pose to the safety, health or wellbeing of the child. | Yes ☐ No ☐<br>Comment if needed: |

Next sleep and rest risk assessment to be conducted before November 2026

*AND as soon as practicable after becoming aware of any circumstance that may affect the safety. Health and wellbeing of children during sleep and rest.

# 2.18 Clothing Policy

## INTRODUCTION

Cubby OOSH understands the way children are dressed for care, can affect them in many ways and impact on their participation throughout the day, their safety and comfort. The type of clothing children wear can also assist or inhibit their independence at routines.

## PURPOSE

Cubby OOSH promotes appropriate clothing to be worn to the service, and within the service environment for the safety of all, and to actively be involved in all experiences programmed. Cubby OOSH will inform all families upon enrolment into the service of the clothing policy and requirements.

## SCOPE

- Respect children's individual choices and also facilitate any cultural practices within safety limits.
- The wearing of appropriate clothing is essential for the comfort and well-being of children.
- There is a, "No hat, no playing in the Sun." policy at the Centre.
- To communicate closely with parents regarding the clothes their children wear at the Centre.
- To link the clothing recommendations to our Sun Smart Policy.

## IMPLEMENTATION

- The recommended clothing for children to wear and in accordance with Sun Protection procedures, parents/guardians are encouraged to dress their child/ren in collared and sleeved shirts and dresses, wide brim hats, limited layering and closed toed shoes.
- The above mentioned "no hat, no play" policy is adhered to strictly.
- Clothes that are loose and easy to move in that are manageable by children, especially at toilet time, are recommended to parents/guardians at enrolment. (Clothes with belts or braces are difficult for children to manage, so the wearing of these items at the Centre is discouraged.)
- Children should be dressed in clothes which allow them to explore and play freely and not restrict them using equipment while at play.
- Children will be encouraged to use aprons for messy play and art experiences to protect clothing. For this reason, it is important to not send the children in their best clothes.
- Children's clothing should accommodate weather conditions i.e. be loose and cool in summer to prevent overheating, and warm enough for cold weather – including outdoor play. At all times educators/staff will monitor children to ensure they are appropriately dressed for all weather conditions.
- Children should have appropriate footwear that enables them to play comfortably and not cause safety concerns i.e. thongs, clogs or backless shoes have a trip factor and do not allow children to use equipment safely and are not permitted.
- Comfortable and non-restrictive clothing is important at sleep time to promote your child's comfort at this time of the day.
- At rest time, children are encouraged to remove their foot wear for comfort purposes.
- All clothing that children wear to the centre should be clearly labelled with their name.

- The Centre respects each child's clothing preferences, including cultural differences, provided that safety and health are not jeopardised.
- The Clothing Policy is reinforced by regular reminders to parents/guardians in newsletters, by personal contact and on the noticeboard.
- It is important for Educators to be role modelling appropriate clothing practises. Eg wearing a hat outside, wearing their supplied Cubby OOSH uniform, or alternatively a shirt that covers their shoulders etc.
- Parents and visitors to the service or on excursions will also be encouraged to wear protective clothing, such as a wide brimmed hat outdoors.
- Spare clothing will be available on premises if required. If a child requires clothing from the service, parents are requested to return these items washed on their child's next day of attendance.
- Children are to wear minimal jewellery to the service for their own personal safety, and to prevent any hazards, such as chocking. This is inclusive but not limited to, necklaces and large/sleeper earrings. Necklaces will be removed during sleep and rest periods, and kept in a safe location, until deemed safe to return back to the children.

## STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
  - Regulation 168 – Policies and procedures (2)(a)(ii) – Sun protection
- Occupational Health and Safety Act 2004
- Work health and Safety Act 2011
- National Quality Standards
  - Standard 2.2 Safety
  - Standard 3.2 Use

## SOURCES

- ACECQA
- Cancer Council Australia

SunSmart Schools and Early Childhood

# 2.19 Biting Policy

## INTRODUCTION

Biting unfortunately is very common in OOSH services and not unexpected when children interact with one another. Understanding the reasons for children biting and avoidance of biting incidents is of paramount importance.

## PURPOSE

Cubby OOSH will support all children within the service, implementing prevention strategies and working with children and families if a biting incident does arise in the most respectful and compassionate manner.

## SCOPE

It is important that all people involved in caring for young children need to recognise that at times, some children, for a variety of reasons, attempt to bite other children.

There are a number of reasons that children may bite and some can be identified. For example:

- Infants: Experimental, Sensory Pleasure, Teething
- Toddlers: Frustration, Fatigue, Attention Seeking, Confined Spaces
- Older Children: Frustration, Developmental Delay, Attention Seeking

## IMPLEMENTATION

**Procedure:** When a bite does occur:

1. Provide care for, and assist the child or Educator who has been bitten.
2. Check for broken skin.
3. Clean all bites, regardless of whether the skin is broken or not.
4. Apply a cold compress to the bitten area.
5. Educators will notify the families of the child who has bitten and the child that has been bitten as soon as possible via the telephone, and personally during “departure” time.
6. An incident form will be complete, signed by all parties, and copy of an accident form will be provided to the families.
7. For the child who initiated the bite, it is best practise to discuss the situation with them where possible through verbal communication or through cues. By discussing the event and suggesting other ways of dealing with emotions may prevent future incidents and assist the child in regulating their emotions.
8. It is up to the families’ discretion should they wish to seek medical treatment.
9. If the child who has bitten another, is known to be a carrier of an infectious disease or can be seen to have facial herpes and the victim’s skin is broken, the Approved Provider or Nominated/Certified Supervisor will convey this information to the family.
10. Should the behaviour continue, Educators/ will work in conjunction with families and, if necessary, external agencies, to develop an Individual Service Plan (ISP), and behaviour guidance management strategies, to

**Nominated Supervisor/Responsible Person will:**

- Provide training and education to Team members of the different reasons why a child may bite, and the potential consequences of a child biting another individual. Educators need to implement strategies to minimise biting incidents. These strategies are based on the individual needs of each child.
- Make connections with local Occupational Therapists or external agencies to assist and support the service and families with information packs, observations, meetings etc.

**Team Members will:**

- Work on prevent strategies to prevent children from biting:
  - Provide an environment with sufficient resources that are stimulating for children
  - Ensure the resources set up are age appropriate and meeting the needs and interest of the children in conjunction with the rooms Education Program / Education for Life Program.
  - Readjust expectations for children and understand every child has different needs and demands for the service to cater for. Every child is unique and develops at their own stage.
  - Where children have verbal communication skills, encourage the child to use their words to express their feelings to aid in support of redirecting play and regulating emotion/behaviour.
  - Incorporate more sensory resources for children that require themselves more exposure to sensory stimulation.
  - Use cue cards where possible and hand gestures to aid in communication. E.g Emotion cards, flash cards.
  - For younger children, provide chew toys/rings to support teething and sensory development.
- Where possible depending on age of children, discuss room rules and expectations for safe play and appropriate behaviour.
- Observe children's behaviour and document any areas of concern. Educators to keep a record of these observation and ensure to keep the families up to date as these behaviours are observed and noted.
- Where incidents are repetitive, Educators to utilise the Cubby OOSH Behaviour Management Plan.
- Organise meeting with families if necessary to discuss their child's behaviours displayed, the Behaviour Management Plan, and strategies to continue to support one another for the best interest of the child.
- NOTE: Educators will not yell or raise their voice as a strategy for biting prevention, and to ensure all appropriate avenues are executed. If a Team member feels as if their strategies are not working, then best practise is to seek the support of another team member, or the Nominated Supervisor/Responsible Person on Premises.

**Families Will:**

- Communicate with the service upon enrolment and throughout their time at the service of goals or any behaviour guidance strategies, they wish for the service to embed to support their child and implement consistence across both environments.
- Meet with Educators if requested by the service to discuss their child's development and discuss strategies moving forward.
- Where possible, incorporate strategies the service have adopted to utilise at home for consistence.

## If biting continues

- If biting behaviour persists despite interventions outlined in this policy, behavioural reports may be written in accordance with our Behaviour Policy (Policy 5.02). These reports will detail the incidents and any accompanying actions taken to address the behaviour. By linking biting incidents to our Behaviour Policy, we ensure a comprehensive approach to managing challenging behaviours,

promoting consistency and cooperation between caregivers and families in supporting the child's positive behaviour development.

## STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 166 Offence to use inappropriate discipline
- Education and Care Services National Regulations 2011
  - Regulation 74 Documenting of child assessments or evaluations for delivery of educational program
  - Regulation 155 Interactions with children
  - Regulation 156 Relationships in groups
  - Regulation 162 Health information to be kept in enrolment record
- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety
  - Standard 5.2 Relationships between children

## SOURCES


- ACECQA
- The Early Years Learning Framework
- Victorian Early Years Learning and Development Framework
- Raising Children Network Australia
- Kids Health – Biting

Care for Kids – Successfully dealing with a child who bites

# 2.20 Supervision Policy

## INTRODUCTION

The care and education offered at our services involves meaningful, purposeful and careful interactions with children at all times. Every experience is a potential learning experience from nappy changing to reading. Children will be encouraged to explore, be curious and make decisions about what they do. Children will be supervised at all times, both inside and outside. They will be encouraged to use and explore the variety of spaces available to them and have a context and understanding of where they are, where the centre is in relation to the rest of the community. Constant supervision and the whereabouts of children at all times is critical part of the educator's duty of care, and to ensure that adequate supervision is in line with the Education and Care National Regulations 2011.

## PURPOSE

Cubby OOSH Educators have a duty of care to actively care for, interact with and supervise the children in their care at all times whether they are indoors, outdoors, using the toilets or on excursions. Every child in Cubby OOSH services will be in the care of an educator and that person is responsible for the safety and wellbeing of that child during the time they spend in our care. Children will be supervised constantly, actively, positively, respectfully and diligently.

## SCOPE

- 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.
- Ensure that every child is always within sight and/or sound of an educator, including during toileting, sleep rest and transition routines.
- For all educators to be familiar with regulatory requirements and standards regarding supervision.
- To encourage all educators to evaluate their supervisory practices and implement plans that increase their awareness of layout, risk management and supervisory choices within the centre environment.

## IMPLEMENTATION

**The Nominated Supervisor 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.
- 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 final 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 the bathroom and nappy change facilities. The supervision plans will be displayed in the outdoor areas to be nearby for all educators.
- Educators are assigned to specific areas. E.g. An educator may be deployed in the grassed area and a further educator on the hard-surface area, as required or, if inside; educators are deployed to eliminate "blind" spots.
- 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.
- Utilise the appropriate play spaces to meet the requirements of health concerns for children. E.g utilise shaded area's for outdoor space. If a play yard has limited outdoor shade, the service is to follow the appropriate risk assessment and strategies to provide children with coverage during play, such as taking the children to another outdoor space to play during times of the day of high UV levels.
- 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.
- 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.
- 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.
- Should an educator member need to leave their area of supervision, a replacement educator must first be in place.
- 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 educators are present/ within view when working with children and when supporting children with toileting/hygiene routines.
- Ensure that hazardous equipment, machinery, and chemicals are inaccessible to children.
- Implement consistent supervision strategies and not perform other duties while responsible for the supervision of children.

- Should any educator breach the requirements of the supervisory policy, he/she may be counselled and/or issued a formal warning. In the case of an incident where an educator is found in breach of the supervision policy, instant dismal may occur.

**Educator's Communication:**

Educators will work together as a team and foster open and supportive communication whilst caring for children. Educators will:

- Inform each other before they leave an area they are supervising and inform each other when they return
- Seek support and advice from each other when supervising the children
- Remind each other of service practices
- Continuously assess and review care and supervision practices of children to meet each individual child's needs.

**Educator Rosters:**

The Educator's roster and routines are designed to maximise the consistency of interaction, care and supervision of children by ensuring that:

- Child/Educators ratios are maintained at all times:

| State Specific | Educator to Child Ratio: Children over Preschool Age | Educator to Child Ratio: Children over Preschool Age on Excursion | Educator to Child Ratio: Children over Preschool Age walking Excursion | Educator to Child Ratio: Children over Preschool Age – Water Excursion |
|---|---|---|---|---|
| **NSW** | 1:15 | 1:10 | 1:8 | 1:5 |

- Educators are available to meet and farewell children and families
- Educator standards are maintained during break times
- Educators will inform their colleagues if and when they leave rooms
- Programs and experiences are well supported by active supervision by ECMS Educators
- Children are well cared and supervised at all times with particular attention to personal care i.e.
  - Toileting
  - Eating and Drinking
  - Rest Periods

**Missing Children:**

- Regular Head Counts are conducted every 15 minutes at Cubby OOSH by the educators.
- Should a child who is present not be accounted for during the regular checking process, the Centre Supervisor must be informed immediately. The Centre Director initiates a thorough search of the premises while consulting with all educators regarding the whereabouts of the child.
- When the Centre is within the boundaries of another premises (e.g. a school), that area will also be searched.
- If the child has not been located after all areas have been searched and all educators consulted, the Centre Director will contact the child's parents/guardians and the Police.
- Other persons authorised on the child's enrolment form may be contacted to determine further details.

- If the child is located, an educator contacts parents/guardian, any authorised person involved and the Police that the child has been found.
- At all times, educators maintain their duty of care to the remaining children.
- A report is provided to the Regulatory Authority (DEC) within 24 hours

## STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 170 Offence relating to unauthorised persons on education and care service premises
- Education and Care Services National Regulations 2011
  - Regulation 87 Incident, injury, trauma and illness record
  - Regulation 100 Risk assessment must be conducted before excursion
  - Regulation 101 Conduct of risk assessment for excursion
  - Regulation 102 Authorisation for excursions
  - Regulation 115 Premises designed to facilitate supervision
  - Regulation 120 Educators who are under 18 to be supervised
  - Regulation 166 Children not to be alone with visitors
  - Regulation 168 Education and care service must have policies and procedures
  - Regulation 176 Time to notify certain information to Regulatory Authority
- National Quality Standards
  - Standard 2.2 Safety
  - Standard 3.1 Design
  - Standard 4.1 Staffing Arrangements

## SOURCES


- The Early Years Learning Framework
- My Time Our Place Framework
- Victorian Early Years Learning and Development Framework
- ACECQA
- United Nations Convention on the Rights of a Child
- ACECQA: Quality Area 2 - Active Supervision: Ensuring Safety and Promoting Learning

# 2.21 Maintenance of Records Policy

## INTRODUCTION

The privacy and confidentiality of all Children, Families, Educators and management personnel are protected. All confidential records and information are kept in a secure place and only made available to persons with authorised and/or legal access. All appropriate and required records must be kept for the specified period of time.

## PURPOSE

Cubby OOSH follows clear guidelines of how records are stored and maintained in conjunction with timeframes as set out in the National Regulations.

## SCOPE

- To ensure that Educators follow the correct protocols relating to confidential information.
- To define information and records which are deemed to be confidential.
- To provide and maintain secure storage for confidential information.
- Educators and management record, maintain, update and secure all required information.
- Confidential records are accessed only by authorised persons.

## IMPLEMENTATION

**Authorised Access:**

1. All documents relating to children and parents are available only to the parent/guardian or approved persons who enrol children, authorised Educators and Management who require relevant information and Commonwealth or State Government officers when legitimately requested.
2. Documents relating to employees are available only to the individual, the Nominated Supervisor, an authorised member of the Management or police if legally required.
3. All documents relating to fee payment and CCB are available only to the parent/ guardian or approved persons who enrol children, to authorised Educators, Management or Commonwealth Government officers.
4. Information relating to children gained by team members in the course of their employment at Cubby OOSH is not disclosed to any persons other than parents/guardians or approved persons who enrol children.

**Exceptions are made:**

- For normal information exchange between Educators and Management in the daily operation of the Centre and/or for the well-being of Educators and children,
- When information is subpoenaed by a court of law,
- When an appropriate government agency is contacted to ensure the welfare of children.
- Employees utilise information in matters relating to the team or Management only in normal information exchange among current team members and management for the daily operation of the centre, for the well-being of the Educators and children, or if required by a court of law.

**Records Kept:**

Prescribed Enrolment Records & Other Documents to be kept by the Approved Provider. All documents are backed up on external storage and are accessible on the main office computer and the centre directors iPad and Phone. These records are secure with a passcode.

Document Descriptions & Time Frame to be kept:

- Documentation of child assessments or evaluations for delivery of the educational program - Until the end of 3 years after the last date on which the child attended the centre.
- Incident, Injury, Trauma and Illness Records For the death of a child – Until the end of 7 years after the death of the child. For all others – Until the child is 25 years of age.
- Medication Records Until the end of 3 years after the record was made.
- Staff Records Until the end of 3 years after the last date that the staff member was engaged at the centre.
- Records of Students & Volunteers Until the end of 3 years after the last date the person was engaged at the centre.
- Records of the Responsible Person Until the end of 3 years after the record was made.
- Records of Educators working directly with the children Until the end of 3 years after the record was made.
- Children Attendance Records Until the end of 3 years after the record was made.
- Child Enrolment Records Until the end of 3 years after the last day the child attended the centre.
- Record of the Centre's compliance with the Law Until the end of 3 years after the last day on which the Approved Provider last operated the service.
- Record of Certified Supervisors placed in day-to-day charge of the centre for staff files – Until the end of 3 years after the last date that the staff member was engaged at the centre. For Supervisor Timesheets – Until the end of 3 years after the record was made.

**Relating to daily operations:**

Full enrolment forms - Electronically saved in Sooner and in alphabetical order containing information required under section 5.3.1 of the National Standards.

Waiting lists - are handled by the enrolments officer at support office. Wait lists indicate priority of access status, date placed on list, care required and if a sibling of a child already in care.

Daily records of attendance - including the roll taken by Educators and the sign in/out Kiosk report retrieved from Qik Kids which records daily arrival and departure times of children.

Phone/message book - recording all phone, fax or email messages to ensure that staff is fully aware of relevant information. (Staff regularly checks.)

Grievances and complaints - records of grievances and complaints and how they were resolved.

Accident/illness records - detailing the nature of an accident or illness, who attended the child and what course of action was taken.

Note - Accident and illness records are kept until the child turns 24.

Medication book - containing parents/guardians' signed instructions and/or permission to administer medication, the date, time and dosage of its administration, who administered it, and who witnessed the administration.

Digital program - How interest are extended on and the children's learning journey. A full cycle includes observations, program, weekly planner and evaluation.

Information folder - containing relevant updated information such as infectious diseases leaflets, community events.

**Relating to fees:**

Child Care Subsidy records are retained for a period of 7 years.

Accounting documents - retaining all records relating to fees accounting and bank statements for a period of 7 years.

These are scanned and sent through to the Accounts department at head office.

**Relating to Team Members:**

Employment Details- indicating personal details, date of employment, hours of work roster, position title and job description, resume and references, date for review, "Working with Children Check" number and expiry date, and any discipline or grievance procedures.

Staff Wages, Holiday and Sick Leave Entitlements- retaining employment periods and wage records for 7 years.

**Relating to Management:**

Governance structure- including position titles, current persons holding the positions and duties.

Minutes- relating to all meetings and Annual General Meetings.

Policy folder- including centre details, philosophy and policies.

Insurance and financial details - retaining Insurance documents for 7 years.

Centre's Finances: - retaining all records relating to the Centre's finances such as school/hall usage agreements, special conditions etc. for 7 years.

All records are kept in an orderly fashion, updated as required and appropriate information passed on to any new staff or management member.

- Records requiring retention for a specified, extended period of time are stored securely in the designated place.
- Records and other information cannot be removed without the knowledge of the management and may be provided only to those who are legally empowered to access the information.

## STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 175 Offence relating to requirement to keep enrolment and other documents
- Education and Care Services National Regulations 2011
  - Regulation 160 Child enrolment records to be kept by approved provider and family day care educator
  - Regulation 161 Authorisations to be kept in enrolment record
  - Regulation 162 Health information to be kept in enrolment record
  - Regulation 177 Prescribed enrolment and other documents to be kept by approved provider
  - Regulation 181 Confidentiality of records kept by approved provider
  - Regulation 183 Storage of records and other documents
- National Quality Standards
  - Standard 4.2 Professionalism
  - Standard 7.1 Governance
- The Privacy Act 1988
- Australian Privacy Principles

## SOURCES

- ACECQA
- OAIC: Rights and Responsibility; Privacy ACT

# 2.22 Emergency, Evacuation & Lock Down Policy

## INTRODUCTION

At the time of any perceived emergency, the Centre has in place a clear procedure for the evacuation and lock down of the premises. The emergency procedure has been developed following the assessment of the likely risk to the health and safety of the children, staff and visitors, and the probability of such an event occurring.

## PURPOSE

The Cubbyhouse aims to:

- Minimise the risks to health and safety of all personnel by the orderly evacuation of all persons from the centre in the event of any situation that poses a major threat.
- Ensure that all personnel are familiar with and trained in the procedures for emergency evacuation.

## SCOPE

**Definition:**

**Emergency -** A serious, unexpected, and often dangerous situation requiring immediate action

**Evacuation** – The Action of evacuating a person or a place.

Evacuation procedures apply to:

- Bomb threat
- Fire /Bushfire (if advised by authorities)
- Hostage seizure
- Chemical spillage or gas leak
- Building collapse
- Aircraft crash
- Flood (after contacting Police for instructions)
- Any other unforeseeable situation which risks the safety and/or health of occupants.

**Lock Down** – A state of isolation or restricted access instituted as a security measure.
Lock Down procedures apply to:

- Death of a child at the service.
- Children/Educators being taken hostage.
- Armed hold up/intruder.
- A seizure of centre property (liquidation, court orders, eviction).
- A disaster in the local community e.g. (earthquake, flood, toxic chemical spills/fumes, bad weather, cyclone, thunderstorm)
- Fire other than inside the building (see Bush Fire Policy).
- Live stock on the loose.
- Unusual amounts of media attention.
- Aggressive trespassers.

•Aggressive non-custodial parents.

## IMPLEMENTATION

- Ensure the program is inclusive of discussions and experiences which allows Children the opportunity to learn about emergency situations and how to best handle these. Exposure is vital, however it is important Team Members are aware of positive interactions during these experiences to restrict frightening the children. Our role is to assist in building their confidence, knowledge and capabilities in the event an emergency was to ever occur.
- Facilitate visits from the local Fire Brigade and Police to Educate Children on their role, emergencies and strategies/preventions to keep our bodies safe.
- Ensure all Team members, inclusive of New Team Members, Families, Visitors to the service are aware of the Emergency exit points in the event of an emergency occurring.
- Educate Children on how to call 000 and discuss different emergency scenarios this may be required for.
- Ensure team members stay up to date with their training, inclusive of First Aid and CPR training.
- Ensure strong communication is upheld throughout the centre with any changes or implementation to service process around emergency procedures.
- Ensure Critical reflection is embedded, reflecting on current practises, reaching the potential for continual improvement to keep all children safe from harm or reduce the likelihood of emergency situations occurring.

### Emergency Risk Assessment

In the event that anything within the service poses a risk of harm to the Children, Team Members, families and the community, it is vital to ensure a Risk Management Plan is formulated.

Risk management involves assessing the options in order to reduce the risk and the preparation and implementation of risk management plans.

- Identify the options for treatment.
- Removing or avoiding the risk entirely where possible
- Reducing the likelihood of the risk by putting measures in place, putting in a barrier, or relying on close supervision and keeping within reach of children.
- Assess the options
- Implement the treatment
- Communicate the treatment and management of risks to all.

Risk Assessments will be devised for a number of purposes and will be displayed in the appropriate areas of the services environment:

- All play spaces, inclusive of but not limited to: Rooms, Outdoors, Bathrooms, Office, Foyer, Carpark, Kitchen
- Pets on Premises
- Lock Down
- Evacuations
- Gas Leaks
- Severe Weather conditions: Bush Fire, Cyclone
- Snakes, Spiders

**NOTE:**

- Risk Assessments must be updated every 6 months, or at any time a new risk is identified.

•Ensure devising and updating the risk assessment is a collaborative approach, inviting families, Children and the community to provide feedback and input.

**Risk Assessment Metrix**

| | |
|---|---|
| Extreme | The activity that gives rise to an extreme risk shall not be undertaken without the express approval from the Operations Manager and Managing Director.<br>Newly identified extreme risks shall be reported immediately to the Managing Director and Operations Manager. |
| High | The activity that gives rise to a High risk shall not be undertaken without the express approval from the Operations Manager and Managing Director.<br>Newly identified extreme risks shall be reported immediately to the Managing Director and Operations Manager. |
| Medium | The activity that gives rise to a Medium risk shall not be undertaken without the express approval from the Centre Director and Operations Manager.<br>Newly identified extreme risks shall be reported immediately to the Centre Director and Operations Manager. |
| Low | Newly identified low risks shall be reported to the Centre Director. |
| Very Low | Business as usual. Risks managed by relevant staff. |

| | | | | | |
|---|---|---|---|---|---|
| Almost Certain | Medium | High | High | Extreme | Extreme |
| Likely | Medium | Medium | High | High | Extreme |
| Possible | Low | Medium | Medium | High | High |
| Unlikely | Very Low | Low | Medium | Medium | High |
| Rare | Very Low | Very Low | Low | Medium | Medium |
| | Insignificant | Minor | Moderate | Major | Catastrophic |
| | E.g. Incident but no injury | E.g. First aid injury | E.g. Serious injury | E.g. Death/ Disability | |

## EMERGENCY EVACUATIONS

**Evacuation Plans**

**The Approved Provider will:**

- Ensure that every reasonable precaution is taken to protect children at the service from harm and hazards that are likely to cause injury (Section 167);
- Ensure the identification of potential emergency and evacuation situations that may arise at the service and risks associated with such situations;
- Ensure the following documents are attached to this policy:
    - risk assessment – reviewed at least on a 6-monthly basis;
    - emergency evacuation floor plan;
- 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, and that staff are adequately trained in their use;
- Ensure that emergency equipment is tested as recommended by recognised authorities.

**The Nominated Supervisor/Responsible Person will:**

- Implement duties as listed above and directed by the Approved Provider;

•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;
- Ensure that families are regularly reminded of the emergency procedures in place at the service;
- Ensure that rehearsals of evacuation procedures are regularly scheduled, every month or every three months as a minimum as outlined in National Regulations, and that the schedule maximises the number of children and staff participating in the procedures;
- Ensure that spontaneous rehearsals take place to ensure staff participate in the simulation of unplanned, emergency evacuation events;
- Ensure that the Fire warden or Director completes the Emergency Drill with associated paperwork;
- Ensure all scheduled, spontaneous and actual evacuations are documented manually;
- Ensure all staff are provided with feedback opportunities after each evacuation;
- Ensure all emergency contact lists are updated as required.
- Ensure all appropriate environments contain an emergency bag.

**The Lead Educators and Early Childhood Educators will:**

- Ensure the sign-in book accurately records attendance of each child;
- Ensure the time of arrival and departure is noted on Qikkids Kiosk;
- Check the number of children in their care regularly throughout the day;
- Sign themselves in/out on the manual staff attendance record;
- Display the emergency procedure plan in each room in a prominent position;
- Practise the external procedure using different modes of egress;
- Practise the internal procedure;
- Familiarise themselves with evacuation procedures in each area of the service;
- Familiarise relievers, students and visitors with the procedure at the beginning of each shift;
- Ensure emergency bags are located in an accessible area in each room;
- Provide children with learning opportunities about emergency evacuation procedures;
- Be alert to the immediate needs of all children throughout the scheduled and spontaneous evacuation drills;
- 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;
- Ensure they are aware of the placement of operating communications equipment and emergency equipment and are confident in their ability to operate them.

**<u>During an emergency</u>**

**The Nominated Supervisor/Responsible Person will:**

- Raise the alarm by blowing the whistle loudly three (3) times! Whistles are available in each room and the office;
- Determine the exact location of the fire and the most appropriate assembly point and the evacuation route for each group.

•Notify the Chef and Lead Educators verbally whether in a room or in the playground that emergency procedures have begun and which evacuation route and assembly point is the safest to use if it is safe to do so;

- Contact emergency services by dialling 000;
- Attempt to put out the fire with the closest extinguisher if deemed appropriate and safe to do so;
- Take the First Aid Kit which also contains the emergency evacuation keys, a charged I-pad and walk about phone to the emergency assembly point;
- Direct any Assistants (Relief staff, Float staff, Volunteers, Students and Visitors) to help the Explorers, Adventurers and Philosophers Room
- Assist with the evacuation of the Explorers, Adventurers and Philosophers Room (if required);
- Be the last person to leave the building ensuring the building is empty of all staff, children, visitors and families and closing (but not locking) doors on exiting;
- Liaise with emergency services when they arrive.

**Chef will:**

- Confirm with the Nominated Supervisor/Responsible Person the evacuation route and assembly point for all groups;
- Shut off all gas appliances. Turn off the oven and any other cooking appliances;
- Collect all medications from the fridge and place them in the Emergency Evacuation Bag (located in the office) to take to the emergency assembly point;
- Assist with clarifying the evacuation route for all the children
- Return to the centre car park, if safe to do so, and direct anyone in the car park to lock their vehicles and egress the car park by the safest route based on the information provided by the Nominated Supervisor/Responsible Person;
- Return to the building if it is safe to do so and assist with evacuating children from Rainforest 1 and 2.

**Float Staff or Team Members on breaks:**

- **Educators on breaks** are to return to their normal room; and
- **Float staff** who are carrying out washing or cleaning duties are to the Explorers, Adventurers and Philosophers Room; if safe to do so. Otherwise they will follow the evacuation plan from where they are currently located.

**All Rooms will:**

**If the group is in the playground and the emergency (e.g. fire) is <u>not in</u>**

**the playground The Lead Educator will:**

- not return the children to the building and will have the educators check as far as they can inside the building for children, retrieving the emergency cots while doing so and mustering the children adjacent to the front boundary fence furthest from the building;
- confirm with the Nominated Supervisor/Responsible Person that evacuation is to continue in accordance with "Evacuation through the playground" set out further below (except for the muster point) and will follow that procedure.

**If the group is in the playground and the emergency (e.g. fire) is <u>in</u>**

**the playground The Lead Educator will:**

- immediately return the children to the building;

•confirm with the Nominated Supervisor/Responsible Person whether evacuation is to continue in accordance with "Evacuation through to the front entrance" set out further below and will follow that procedure.

**If the group is in their room and evacuation is to be through the playground**

This is the case where the Nominated Supervisor/Responsible Person confirms to the Lead Educator that the safest egress from the building is through the playground to the assembly point.

**The Lead Educator will:**

- notify educators of the emergency evacuation, the evacuation route and the assembly point;
- check outside for children and have educators bring in any children that are outside;
- collect the room rolls and Ipad, along with the emergency backpack which contains the emergency exit keys and parent contact list
- pass the emergency exit keys to a Nominated Educator to unlock the gate;
- ensure that all children are accounted for;
- be the last person to leave the room, checking all doors and closing but not locking the doors, provided that it does not jeopardise personal safety;

**Educators and Assistants (Relief staff, Float staff, Volunteers, Students and Visitors) will:**

- Check bathrooms and prep rooms for children;
- Guide and move all children to the Muster Point;
- Conduct a head count;
- Move emergency cots to the door adjoining the playground;
- Place children inside the emergency cots available (*6 babies per cot with 2 educators on either side pushing cots)* with any remaining children (who may be visiting with an adult) to be carried, one child per adult, by Educators and Assistants (if required). Pouches will not be required to be used.
- Wheel the emergency cots through the playground to the emergency exit gate;
- The Nominated Educator is to unlock and open the emergency exit gate;

**If the group is in their room and evacuation is to be through to the front entrance**

This is the case where the Nominated Supervisor/Responsible Person confirms to the Lead Educator that the safest egress from the building is through to the front entrance to the assembly point

**The Lead Educator will:**

- notify educators of the emergency evacuation, the evacuation route and the assembly point;
- check outside for children and have educators bring in any children that are outside;
- collect the room rolls and Ipad, along with the emergency backpack which contains the emergency exit keys and parent contact list
- ensure that all children are accounted for;
- be the last person to leave the room, checking all doors and closing but not locking the doors, provided that it does not jeopardise personal safety;

**Educators and Assistants (Relief staff, Float staff, Volunteers, Students and Visitors) will:**

- Check bathrooms and prep rooms for children;
- Guide and move all children to the Muster Point
- Conduct a head count;
- Move emergency cots to the door at the front of the building furthest from the playground;

•Place children inside the emergency cots available (*6 babies per cot with 2 educators on either side pushing cots)* with any remaining children (who may be visiting with an adult) to be carried, one child per adult, by Educators and Assistants (if required). Pouches will not be required to be used.

- Wheel the emergency cots through the front entrance;

**At the Assembly Point**

Once at the Assembly Point all children will be required to sit or lie down.

- **The Lead Educator** will conduct a final head count for all children and staff using the room roll or the kiosk information. If anyone is missing, immediately notify the Nominated Supervisor/Responsible Person.
- **Educators and Assistants** (Relief staff, Float staff, Volunteers, Students and Visitors) will lock cot wheels and check every child for injuries or breathing issues.
- Await instructions from the Nominated Supervisor/Responsible Person.
- Engage in positive interactions with the children to help eliminate fear, and aid in calming/reassuring them.

**Extreme Scenarios**

- If unable to re-enter the centre, the Nominated Supervisor/Responsible Person will begin calling families to collect their children.
- If an adult or child is not accounted for?

- The Nominated Supervisor/Responsible Person is to be notified and will in turn notify emergency services.

- **Notes:** Any attempts by educators to quell a fire must not endanger educators or children and must be brief and effective or evacuation must immediately commence. At all times, actions must be focused on the safety and welfare of the children. Educators must not take risks which could jeopardise their own safety and be detrimental to their ability to assist the children.

## BUSHFIRES

**The Approved Provider will**:

- Ensure that every reasonable precaution is taken to protect children at the service from harm and hazards that are likely to cause injury (Section 167);
- Ensure the identification of need to evacuate is recognised and acted upon as per figure 1.1
- • Ensure the following documents are attached to this policy:
  - ➢ risk assessment – reviewed at least on a 6-monthly basis;
  - ➢ emergency evacuation floor plan;
- 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, and that staff are adequately trained in their use;
- Ensure that emergency equipment is tested as recommended by recognised authorities.

*Figure 1.1*

| FIRE DANGER RATING | WHAT YOU SHOULD DO |
|---|---|
| CATASTROPHIC | For your survival, leaving early is the only option.<br><br>Leave bush fire prone areas the night before or early in the day – do not just wait and see what happens.<br><br>Make a decision about when you will leave, where you will go, how you will get there and when you will return.<br><br>Homes are not designed to withstand fires in catastrophic conditions so you should leave early. |
| EXTREME | Leaving early is the safest option for your survival.<br><br>If you are not prepared to the highest level, leave early in the day.<br><br>Only consider staying if you are prepared to the highest level – such as your home is specially designed, constructed or modified, and situated to withstand a fire, you are well prepared and can actively defend it if a fire starts. |
| SEVERE | Leaving early is the safest option for your survival.<br><br>Well prepared homes that are actively defended can provide safety – but only stay if you are physically and mentally prepared to defend in these conditions.<br><br>If you're not prepared, leave early in the day. |
| VERY HIGH<br>HIGH<br>LOW MODERATE | Review your bush fire survival plan with your family. Keep yourself informed and monitor conditions. Be ready to act if necessary. |

**The nominated supervisor will;**

- Contact their Area Manager immediately

Notify the families of the children who have asthma that there is a local fire and air conditions may change.

Post a notification to families on the The Cubbyhouse App that there is a fire in close vicinity to your service and you will advise families if evacuation is necessary. If a fire has been in 'Watch and Act' for more than an hour, please contact your Area Manager for advice. The Area Manager is to call the fire department to seek further advice.

When a fire moves to 'Emergency Warning' status, all centres within proximity to the fire must seek advice from the fire department.

**Educators will;**

- Follow directions of the nominated supervisor
- Assist in calling parents to collect children
- Prepare children calmly for evacuation of the centre as per the evacuation procedure

## LOCK DOWN

If an event takes place that requires a "Lock Down", the following should occur:

- Any Member of the Team who witnesses the event must try to raise the alarm.
- Telephone Emergency Services 000 immediately.
- Follow all instructions of the emergency personnel.
- No other phone calls to be made (lines to stay free for emergency advice).
- The Approved Provider/Nominated Supervisor or Responsible Person in charge will determine the need for a "Lock Down" and raise the appropriate alarm.

**Alarm Procedure**

The Approved Provider/Nominated Supervisor or Responsible Person in charge will sound the bell/whistle or make a public speaker announcement as follows:

- **This is a LOCK DOWN.**
- **"This is not a fire drill."**
- **"Everyone is to stay in the nominated area, remain low/seated and to keep calm and quiet."**
- **In the event that there is an intruder, the centre's code word/phrase will be used to ensure the centre is not aggravating the situation or the intruder, and the centre locks down without the intruder's knowledge. All Team inductions into the service will be informed of the code word/phrase.**

**Movement of Children and Members of the team**

- Educators and children will move to and remain in the nominated areas.
- Gather all the children together in an area of the centre with minimal visibility
- 0-2 year old children are to be moved into the cot room.
- 2-3 year room children are to be moved under tables in their rooms.
- 3-5 year old children are to be moved under tables in their room.
- If possible, educators will make efforts to seal and lock room doors and windows

•Children should remain low and out of sight during the lock-down period.

- If children are outside, educators should endeavour to move them inside as quickly as possible.

**Team Responsibilities**

- Approved Provider/Nominated Supervisor or Responsible Person in charge should contact Police and follow their instructions.
- Educators who are not directly involved in the lock-down or without children to supervise are to liaise with emergency services-only if it is safe to do so.
- Educators must check the sign-in registers and ensure all signed-in children are present. Any absences must be reported to the Approved Provider/Nominated Supervisor or Responsible Person as soon as it is safe.
- Educators to ensure they have all sign in registers, emergency contact lists, any emergency medication (EpiPens/Asthma).
- Educators are to close and lock all doors and windows, turn the lights off and ensure children are kept below the window level.
- All Educators, children and anyone else present will remain in the locked room/s until an "All Clear" announcement is made by the Nominated Supervisor or person in charge.

**All Clear Signal**

- The Approved Provider/Nominated Supervisor or Responsible Person will sound the Centre's bell (if applicable) or blow a whistle for 5 seconds.
- The Approved Provider/Nominated Supervisor or Responsible Person will then: say "The Lock Down has now ended, everyone follow me and the Educators in an orderly manner."
- Lockdown Checklists are to be completed by each room and office, after "All Clear".

## STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 179 Emergency action notices
  - Section 189 Emergency removal of children
- Education and Care Services National Regulations
  - Regulation 97 Emergency and evacuation procedures
  - Regulation 136 First Aid Qualifications
  - Regulation 175 Prescribed information to be notified to Regulatory Authority
- Work Health and Safety Act 2011
- Work Health and Safety Regulations 2011
- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety
  - Standard 3.1 Design
  - Standard 3.2 Use

## SOURCES


- Australian Federal Police (n.d). Phone Bomb-Threat Checklist.
- Safe Work Australia: Emergency Plans and Procedures
- CFA VIC – Fires, Warnings and Incidents
- Better Health – Taking to Children about Bush Fire Risk
- Consultation with Relevant Stakeholders associated with The Cubbyhouse Childcare

# 2.23 Incident, Injury, Trauma and Illness Policy

## INTRODUCTION

Illness and disease spreads easily from one child to another, even when implementing the recommended hygiene and infection control practices. When groups of children play together and are in new surroundings accidents and illnesses may occur. Our Service is committed to preventing illness and reducing the likelihood of accidents through its risk management and effective hygiene practices.

## PURPOSE

Cubby OOSH have a duty of care to respond to and manage illnesses, accidents, incidents & trauma that occur at the Service to ensure the safety and wellbeing of children, educators and visitors. This policy will guide educators to manage illness and prevent injury and the spread of infectious diseases.

## SCOPE

### IDENTIFYING SIGNS AND SYMPTOMS OF ILLNESS

Educators and Management are not doctors and are unable to diagnose an illness of infectious disease. To ensure the symptoms are not infectious and minimise the spread of an infection medical advice is required to ensure a safe and healthy environment.
Symptoms indicating illness may include:

- Behaviour that is unusual for the individual child
- High Temperature or Fevers
- Loose bowels
- Faeces with grey, pale or contains blood
- Vomiting
- Discharge from the eye or ear
- Skin that display rashes, blisters, spots, crusty or weeping sores
- Loss of appetite
- Dark urine
- Headaches
- Stiff muscles or joint pain
- Continuous scratching of scalp or skin
- Difficult in swallowing or complaining of a sore throat
- Persistent, prolonged or severe coughing
- Difficulty breathing

## IMPLEMENTATION

### High Temperatures or Fevers

Children get fevers or temperatures for all kinds of reasons. Most fevers and the illnesses that cause them last only a few days. But sometimes a fever will last much longer and might be the sign of an underlying chronic or long-term illness or disease.

Recognised authorities define a child's normal temperature will range between 36.0°C and 38.0°C, this will often depend on the age of the child and the time of day.

Any child with a high fever or temperature reaching higher than 38°C will not be permitted to attend the Service until 24 hours after the temperature/fever has subsided.

**Methods to reduce a child's temperature or fever**

- Encourage the child to drink plenty of water (small sips), unless there are reasons why the child is only allowed limited fluids
- Remove excessive clothing (shoes, socks, jumpers, pants etc.) Educators will need to be mindful of cultural beliefs.
- If requested by a parent or emergency contact person, staff may administer Paracetamol (Panadol or Nurofen) in an attempt to bring the temperature down, however, a parent or emergency contact person must still collect the child.
- The child's temperature, time, medication, dosage and the staff member's name will be recorded in the Illness Folder, and the parent asked to sign the Medication Authorisation Form on arrival

**When a child has a high temperature or fever**

- Educators will notify parents when a child registers a temperature of 38°C or higher.
- The child will need to be collected from the Service and will not permitted back for a further 24 hours after the child's last temperature
- Educators will complete an Incident, Illness, Accident & Trauma record and note down any other symptoms that may have developed along with the temperature (for example, a rash, vomiting, etc.)

**Dealing with colds/flu (running nose)**

Colds are the most common cause of illness in children and adults. There are more than 200 types of viruses that can cause the common cold. Symptoms include a runny or blocked nose, sneezing and coughing, watery eyes, headache, a mild sore throat and possibly a slight fever.

Nasal discharge may start clear, but can become thicker and turn yellow or green over a day or so. Up to a quarter of young children with a cold may have an ear infection as well, but this happens less often as the child grows older. Watch for any new or more severe symptoms—these may indicate other, more serious infections. Infants are protected from colds for about the first 6 months of life by antibodies from their mothers. After this, infants and young children are very susceptible to colds because they are not immune, they have close contact with adults and other children, they cannot practice good personal hygiene, and their smaller nose and ear passages are easily blocked. It is not unusual for children to have five or more colds a year, and children in education and care Services may have as many as 8–12 colds a year.

Management have the right to send to children home if they appear unwell due to a cold or general illness. Children can become distressed and lethargic when unwell. With discharge coming from the children's nose and coughing, can lead to germs spreading to other children, Educators, toys and equipment. Management will assess each individual case prior to sending the child home.

**Diarrhoea and Vomiting (Gastroenteritis)**

Gastroenteritis (or 'gastro') is a general term for an illness of the digestive system. Typical symptoms include abdominal cramps, diarrhoea and vomiting. In many cases, it does not need treatment, and symptoms disappear in a few days.

Gastroenteritis can cause dehydration because of the large amount of fluid lost through vomiting and diarrhoea. A person suffering from severe gastroenteritis may need fluids intravenously.

If a child has diarrhoea and/or vomiting whilst at the Service, the Nominated Supervisor or the Responsible Person will notify parents or emergency contact to collect the child immediately. If the

Service has 2 more cases of gastroenteritis, the Public Health Unit must be notified by the Nominated Supervisor or the Responsible Person.

Children that have had diarrhoea and/or vomiting will be asked to stay away from the Service for 48 hours after symptoms have ceased to reduce infection transmission as symptoms can develop again after 24 hours in many instances.

**Infectious causes of gastroenteritis include:**

- Viruses such as rotavirus, adenoviruses and norovirus
- Bacteria such as Campylobacter, Salmonella and Shigella
- Bacterial toxins such as staphylococcal toxins
- Parasites such as Giardia and Cryptosporidium.

**Non-infectious causes of gastroenteritis include:**

- Medication such as antibiotics
- Chemical exposure such as zinc poisoning
- Introducing solid foods to a young child
- Anxiety or emotional stress.

The exact cause of infectious diarrhoea can only be diagnosed by laboratory tests of faecal specimens. In mild, uncomplicated cases of diarrhoea, doctors do not routinely conduct faecal testing.

Children with diarrhoea who also vomit or refuse extra fluids should see a doctor. In severe cases, hospitalisation may be needed. The parent and doctor will need to know the details of the child's illness while the child was at the education and care Service.

Children, educators and staff with infectious diarrhoea and/or vomiting will be excluded until the diarrhoea and/or vomiting has stopped for at least 48 hours.

Please note: if there is a gastroenteritis outbreak at the Service, children will be excluded from the Service until the diarrhoea and/or vomiting has stopped and the family are able to get a medical clearance from their doctor.

**Serious Injury, Incident or Trauma**

Regulations require the Approved Provider or Nominated Supervisor to notify Regulatory Authorities within 24 hours of any serious incident at the Service. This will be done through the ACECQA portal by the Approved Provider. The definition of serious incidents that must be notified to the regulatory author is:

a) The death of a child:
(i) While being educated and cared for by an Education and Care Service or
(ii) Following an incident while being educated and cared for by an Education and Care Service.
(b) Any incident involving serious injury or trauma to, or illness of, a child while being educated and cared for by an Education and Care Service, which:
(i) A reasonable person would consider required urgent medical attention from a registered medical practitioner or
(ii) For which the child attended, or ought reasonably to have attended, a hospital. For example: whooping cough, broken limb and anaphylaxis reaction
(c) any incident involving serious illness of a child occurring while that child is being educated and cared for by an education and care service for which the child attended, or ought reasonably to have attended, a hospital;
(d) Any emergency for which emergency services attended at the Education and Care Service premises;
(e) Any circumstance where a child being educated and cared for by an Education and Care Service
(i) Appears to be missing or cannot be accounted for or
(ii) Appears to have been taken or removed from the Education and Care Service premises in a manner that contravenes these regulations or
(iii) Is mistakenly locked in or locked out of the Education and Care Service premises or any part of the premises.

A serious incident should be documented as an incident, injury, trauma and illness record as soon as possible and within 24 hours of the incident, with any evidence attached.

For management of serious incidents please refer to the Administration of First Aid Policy.

Trauma defines the impact of an event or a series of events during which a child feels helpless and pushed beyond their ability to cope. There are a range of different events that might be traumatic to a child, including accidents, injuries, serious illness, natural disasters, war, terrorist attacks, assault, and threats of violence, domestic violence, neglect or abuse. Parental or cultural trauma can also have a traumatising influence on children. This definition firmly places trauma into a developmental context.

'Trauma changes the way children understand their world, the people in it and where they belong.' [Australian Childhood Foundation 2010] Making space for learning: Trauma informed practice in schools.

Trauma can disrupt the relationships a child has with their parents, educators and staff who care for them. It can transform children's language skills, physical and social development and the ability to manage their emotions and behaviour.

Children who have experienced traumatic events often need help to adjust into the way they are feeling. When parents, Educators and staff take the time to listen, talk and play they may find children start to tell or show how they are feeling. Providing children with time and space lets them know you are available and care about them.

It is important for Educators to be patient when dealing with a child who has experienced a traumatic event. It takes time to understand how to respond to a child's needs and often their behaviour before parents, educators and staff work out the best ways to support a child. It is imperative to evoke a child's behaviour may be a response to the traumatic event rather than just 'naughty' or 'difficult' behaviour. It is common for a child to provisionally go backwards in their behaviour or become 'clingy' and dependent. This is one of the ways children try to manage their experiences.

**Educators can assist children dealing with trauma by:**

- Observing the behaviours and feelings of a child and the ways you have responded and what was most helpful in case of future difficulties.
- Creating a 'relaxation' space with familiar and comforting toys and objects children can use when they are having a difficult time.
- Having quiet time such as reading a story about feelings together.
- Trying different types of play that focus on expressing feelings (e.g. drawing, playing with play dough, dress-ups and physical games such as trampolines).
- Helping children understand their feelings by using reflecting statements (e.g. 'you look sad/angry right now, I wonder if you need some help?').

There are a number of ways for parents, Educators and staff to reduce their own stress and maintain awareness so they continue to be effective when offering support to children who have experienced traumatic events.

**Strategies to assist Families, Educators and Staff may include:**

- Taking time to calm yourself when you have a strong emotional response. This may mean walking away from a situation for a few minutes or handing over to another carer or staff member if possible.
- Planning ahead with a range of possibilities in case difficult situations occur.
- Remembering to find ways to look after yourself, even if it is hard to find time or you feel other things are more important. Taking time out helps adults be more available to children when they need support.
- Using supports available to you within your relationships (e.g., family, friends, colleagues).
- Identifying a supportive person to talk to about your experiences. This might be your family doctor or another health professional.

Living or working with traumatised children can be demanding - be aware of your own responses and seek support from management when required.

We have a duty of care to ensure that all children, educators, carers, families, management, volunteers and visitors are provided with a high level of protection during the hours of the Service's operation. Infections are by far the most common cause of fever in children. In general, a fever is nature's response to infection, and can actually help the body fight infection.

**Management/Nominated Supervisor/Responsible Person will ensure:**

- Service policies and procedures are adhered to at all times
- Parents or Guardians are notified as soon as practicable no later than 24 hours of the incident, illness, accident or trauma occurring.
- To complete an Incident, Illness, Accident & Trauma record accurately and without deferral
- First aid kits are easily accessible and recognised where children are present at the Service and during excursions.
- First aid, anaphylaxis management training and asthma management training is current and updated
- Adults or children who are ill are excluded for the appropriate period.
- Staff and children always practice appropriate hand hygiene.
- Appropriate cleaning practices are followed.
- Educators or Staff who have diarrhoea do not prepare food for others.
- To keep cold food cold (below 5 °C) and hot food hot (above 60°C) to discourage the growth of bacteria.
- First aid kits are suitably prepared and checked on a monthly basis (First Aid Kit Record)
- Incident, Illness, Accident & Trauma records are completed accurately as soon as practicable following the incident
- That if the incident, situation or event presents imminent or severe risk to the health, safety and wellbeing of any person present at the Service or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours of the incident.
- Parents are notified of any infectious diseases circulating the Service within 24 hours of detection
- Educators qualifications are displayed where they can be easily viewed by all educators, families & authorities
- First aid qualified educators are present at all times on the roster and in the Service
- Children are excluded from the Service if they feel the child is too unwell

**Educators will:**

- Advise the parent to keep the child home until they are feeling well, and they have not had any symptoms for at least 24-48 hours.
- Practice effective hand hygiene techniques
- Ensure that appropriate cleaning practices are being followed in the Service at all times
- Disinfect toys and equipment on a regular basis which is recorded on the toy cleaning register
- Document all illnesses on the Service Illness Register
- Educators will refer to the Incident, Illness, Accident, Trauma and Administration of Medication Policy

**Incident / Injury**

- During enrolment, parents are required to supply the service with written authorisation for the service to seek urgent medical, dental or hospital treatment or ambulance service or written consent to the carrying out of appropriate medical, dental or hospital treatment.
- This is recorded on the enrolment form and within the emergency contact folder that is kept in the Centre Director's Office.

- Parents are also required to supply the contact number of their preferred doctor or dentist, Medicare number and expiry date.
- If a child sustains an injury to the head and the injury seems to be insignificant, parents of the child will be contacted immediately so they can make the decision as to what medical treatment needs to be carried out beyond that available from the first aid trained staff at the Centre. Any Injury above the shoulders, a call to the family to notify is required.
- In the event of an accident or injury, primary contact staff will assess the child and will treat the child if within their knowledge to do so.
- A team member with a first aid certificate will be notified of the accident/Illness and will treat the child if it is within their trained knowledge.
- The child will remain under the supervision of an educator until the parent or person responsible for the child or a medical professional arrives. To provide comfort, supervision of further illness or ongoing Medical treatment.
- Staff members are required to supply two contact numbers in case of an emergency or accident.
- If a child, staff member or visitor has an accident while at the Centre, first aid is provided by a staff member who holds a first aid certificate.
- If medication is required in an emergency without the prior consent of the parents/guardians, the team member or Centre Director must gain that consent from a registered medical practitioner if parents/ guardians cannot be contacted.
- An Incident, Illness, Accident & Trauma record will be completed by the staff member who witnessed the accident or took care of the child with the illness will be signed and a copy given to the child's parent/guardian and the original will be kept in the child's file within the Incident and Accident folder kept in the Director's Office.
- Any child who is enrolled in the Service who has Asthma will need to have their GP complete an Asthma Action Plan and ensure that the Service is provided with the medication and equipment needed for their child. It is required that all Asthma Plans are updated every 6 months.

**The relevant Regulatory Authority will be informed of serious incidents such as:**

- The death of a child, while being educated and cared for by the Centre or following an incident while being educated and cared for by the Centre;
- Any incident involving injury or trauma to, or illness of, a child while being educated and cared for by the Centre for which the child attended, or ought reasonably to have attended, a hospital
- Any incident or serious Illness where the attendance of emergency services at the Centre premises was sought, or ought reasonably to have been sought;
- Any circumstance where a child being educated and cared for by the Centre:
    - appears to be missing or cannot be accounted for; or
    - appears to have been taken or removed from the Centre premises in a manner that contravenes these Regulations; or
    - is mistakenly locked in or locked out of the Centre premises or any part of the premises. In the event where the accident/illness has resulted in death, the relevant Regulatory Authority will be notified within 24 hours of the event or knowledge of the event

**For minor accidents, the staff member administering first aid:**

1. Assesses the injury;
2. Attends to the injured person and applies first aid as required;
3. Ensures that disposable gloves are used for any contact with blood or bodily fluids;

4. Ensures that all blood or bodily fluids are cleaned up and disposed of in a safe manner;
5. Ensures that anyone who has come in contact with any blood or fluids washes in warm soapy water;
6. Records the accident and treatment given on the Accident Report, indicating:
   - name of child,
   - date,
   - time,
   - nature of injury,
   - how the accident occurred,
   - treatment given and by whom.
7. A photo is taken of the child's injury to be attached to the incident form;
8. Ensures that the Accident Report is signed by team member and witnessed if possible;
9. Notifies parents by phone either immediately or on arrival to collect the child;
10. Obtains a parent or guardian's signature to confirm knowledge of the accident.

**For major accidents/medical emergencies requiring more than first aid, the person administering first aid:**

1. Educator is to assesse the injury/illness and decides whether the child needs to be attended to by a local doctor or whether an ambulance should be called and tell the Centre Director of their decision;
2. Organises immediate medical attention if the injury is serious (parents/guardians should be contacted straight away, but if that is not possible, there should be no delay in organising proper medical treatment);
3. Arranges for the Centre to keep trying to contact the parents, if initially unsuccessful (when contact is made, parents are advised of the incident in a sensitive manner and informed about how to contact the relevant medical agency);
4. Attends to the injured child and applies appropriate first aid;
5. Ensures that disposable gloves are used if there is any contact with blood or bodily fluids;
6. Stays with the child until suitable help arrives, or further treatment given;
7. Tries to make the child comfortable and reassures them;
8. Arranges for a staff member to accompany a child to the hospital should an ambulance be required;
9. Ensures that the child's medical data is sent with them in the ambulance;
10. Records the incident and treatment given in the Accident Report, indicating:
    - Name,
    - Date,
    - Time,
    - Nature of injury/illness,
    - How the accident occurred, or medical emergency arose,
    - Treatment given and by whom.
    - A photo is taken of the child's affected area to be attached to the incident form
11. Ensures that the Accident Report is signed by staff and witnessed if possible;
12. At an appropriate time, obtains the signature of a parent/guardian confirming their knowledge of the accident/incident.
13. Once all this is completed a Serious Incident Form will need to be completed and uploaded into NQITS along with any relevant information regarding the injury. This needs to be done in a 24-hour period. If deemed required by National Regulations.

**The Centre Director or other responsible staff member:**

1. Notifies the parents or emergency contact person immediately regarding what happened and what action is being taken. (Every effort is made to calm and reassure the parents/guardians);
2. Ensures that all blood or bodily fluids are cleaned up safely;

3. Ensures that anyone who has come in contact with any blood or fluids washes in warm soapy water;
4. Reassures the other children and keeps them calm, keeping them informed appropriately about what is happening and away from the injured child.
   - Team members adhere to the Hygiene Policy in all accident situations.
   - Any injury that happens above the shoulders and is visible will be reported to the parents before pickup.
   - Clear emergency procedures are maintained for the other children at the Centre.

**In the event of a serious incident or illness requiring notification the Nominated Supervisor is to collect all required documentation including:**

- A completed incident report with photo
- Witness statements
- Supervision plan
- Risk assessment if required
- First aid certificate of educator attending to the child

This documentation is to be sent to the Area Manager who will liaise with the Executive team through the process of making a submission. If the incident is submitted a copy of the receipt will be sent to the Centre to be kept on file.

**Death of a Child**

**Procedure:**

If an unconscious child appears to be deceased after all medical aid (including CPR) has been provided and the ambulance has been called, Educators shall:

- move other children away from where first aid and CPR are taking place, comfort and re-assure the children. However, the children must continue to be supervised in accordance with the regulations at all times;
- do not confirm the apparent death to other children or visitors;
- continue to observe the apparently deceased child and treat as unconscious only (CPR may continue);
- secure the immediate area from public sight;
- continue resuscitation until paramedics/ambulance or a doctor arrive to take over;
- parents/guardians are contacted and informed in a sensitive manner that a serious incident has occurred;
- contact the Approved Provider as soon as possible;
- as only medical authorities can confirm death, Educators do not inform parents/guardians or any other persons that the child is deceased;
- if medical authorities confirm that the child is deceased, the Approved Provider shall:
  - inform Police;
  - inform the relevant Regulatory Authority through the ACECQA portal;
  - - investigate the circumstances surrounding the death and formulate a comprehensive report on the incident;
  - arrange counselling for children and staff as required;
  - notify the relevant insurance company;
  - convey deepest sympathy to parents/guardians.

**Nominated Supervisor / Responsible Person shall:**

- wherever possible, physically attend to the incident immediately;
- follow the above procedure;
- ensure that access to counselling and debriefing is provided for all the staff and children involved;
- ensure that an Incident Report is completed, together with any other necessary documentation required by the staff members involved as soon as possible;
- with Educators, assist the Police as required. If the cause of death is unknown, the Police will order a post-mortem. Removal of the deceased body is a Police decision and timing of this will

depend on the individual circumstances of the death and other important factors such as notification of the child's parents. The Police are to advise the child's parents as this should occur in person, not over the telephone, and every effort should be made to assist the child's parents with transport to the Centre or the hospital.

**If a child is taken or removed from the service without approval**

- Educators will attempt to prevent that person from entering the service and taking the child; however, the safety of other children and Educators must be considered.
- Educators will not be expected to physically prevent any person from leaving the service.
- In such cases, the parent with custody will be contacted by the Nominated Supervisor or the Responsible Person along with the local police.
- Where possible the Educator will provide police with the make, colour, and registration number of the vehicle being driven by the unauthorised person, and the direction of travel when they left the Service.
- A court order overrules any requests made by parents to adapt or make changes. For the protection of the children and Educators, parents are asked not to give our front door code to anyone other than those absolutely necessary.

**In the event a child is locked in\out of the service or part thereof:**

- Ensure you remain calm.
- Check for any injuries to the child and give comfort if needed.
- Notify the Nominated Supervisor/Responsible Person immediately.
- Nominated Supervisor/Responsible Person will notify family and Approved Provider.
- Risk assessment is to be done to prevent it from happening again.
- Relevant Educators and staff in the child's room are to complete a detailed statement, explaining the incident that has occurred. This must be done on the same day and include the date and time along with the signature of the person who has written the statement.
- The Approved Provider will conduct a risk assessment of the incident.
- The incident is to be reported through the ACECQA portal by the Approved Provider.

**In the event of a missing/unaccounted for child**

- Ensure you remain calm.
- The Educator who has made the discovery of the missing child will notify the Nominated Supervisor or Responsible Person.
- The Nominated Supervisor or Responsible Person will notify the Approved Provider, all Educators and Staff.
- Educators are to group the children in each room, maintaining supervision.
- Lead Educators will conduct a roll call, ensuring children are accounted for.
- Lead Educators are to confirm the number of children in attendance with the Nominated Supervisor or Responsible Person to confirm if the child is missing.
- Educators are to remain with each group of children maintaining supervision by leading a group activity (reading a story etc.).
- Any Educators not required to maintain staff: child ratios (e.g. they may be on lunch) and any other staff such as the chef/excess float staff/, along with the Nominated Supervisor or Responsible Person are to conduct a comprehensive, coordinated search of the Service, ensuring that all exit doors and gates are closed and locked and then searching the following areas:
  - Storerooms;
  - Cupboards;
  - Play Equipment;
  - Fixed Play Equipment;
  - Cubby Houses;
  - Hidden or Obstructed Areas in the indoor and outdoor environment.
- If the missing child/ren has/have not been located within 10 minutes, the Approved Provider is to notify the Police and the child/ren's parents.

- In accordance with Regulations, any circumstance where a child being educated and cared for by an education and care service, appears to be missing or cannot be accounted for, a notice must be provided within 24 hours of the incident or the time that the person becomes aware of the incident to Regulatory Authorities. This is to be done through the ACEQA portal by the Approved Provider.
- Relevant Educators and Staff in the missing child/ren's room/s are to complete a detailed statement, explaining the incident that has occurred. This must be done on the same day and include the date and time along with signature of person who has written the statement.
- The Approved Provider will conduct a risk assessment of the incident.

## STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - **S**ection 174 Offence to fail to notify certain information to the Regulatory Authority
- Education and Care Services National Regulations
  - Regulation 12 Meaning of serious incident
  - Regulation 85 Incident, injury, trauma and illness policies and procedures
  - Regulation 86 Notification to parents of incident, injury, trauma and illness
  - Regulation 87 Incident, injury, trauma and illness record
  - Regulation 88 Infectious diseases
  - Regulation 89 First Aid kits
  - Regulation 97 Emergency and evacuation procedures
  - Regulation 161 Authorisations to be kept in enrolment record
  - Regulation 162 Health information to be kept in enrolment record
  - Regulation168 Education and care Service must have policies and procedures
  - Regulation 174 Prescribed information to be notified to Regulatory Authority
  - Regulation 175 Prescribed information to be notified to Regulatory Authority
  - Regulation 176 Time to notify certain information to Regulatory Authority
- National Quality Standards
  - Standard 2.1. Health
  - Standard 2.2 Safety

## SOURCES


- ACECQA
- Staying Healthy – Preventing infectious diseases in early childhood education and care services – 5th Edition
- ECA Code of Ethics
- Raising Children Network
- First Aid Workplace
- Help Guide: Mental health and wellbeing

# 2.24 Storage, Labelling & Housing of Dangerous Products Policy

## INTRODUCTION

Children do not always understand the potential dangers of many products commonly used in children's services. Potentially dangerous products are those who pose a risk of poisoning or injury to children and may include:

- ✓ Medications
- ✓ Cleaning products
- ✓ Garden Chemicals
- ✓ Pest Control treatments and devices

In accordance with the Work Health and Safety Act which includes provision for hazardous substances, this policy outlines control measures for the appropriate storage, clear labelling and handling of hazardous substances. Strategies include:

- ✓ Emergency Plans
- ✓ Clear labelling
- ✓ Monitoring of staff exposure
- ✓ Controlling risks to health

## PURPOSE

Cubby OOSH recognises that many seemingly harmless items found in children's services are potentially hazardous and may cause cancer, asthma, dermatitis and other diseases. The Centre Director and staff are responsible for ensuring that potentially dangerous products, plants and objects are always inaccessible to children

## SCOPE

- Reduce the use of dangerous products within the environment by introducing eco-friendly cleaning options.
- Provide a safe environment where chemicals and hazardous equipment are safely stored away from children and are stored and handled appropriately.
- Ensure that staff and children are aware of potentially dangerous materials.
- Mark clearly the contents of containers with potentially hazardous contents.
- Keep parents informed of any potential hazards.

## IMPLEMENTATION

**NOTE:** Dangerous products used within the Centre 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 Centre 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 Centre.
- 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 Centre in which dangerous products are stored. Dangerous products will preferably be stored in areas of the Centre 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 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.
- 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 child-resistant lids and caps.
- Only administer children's medications with family authorisation and in accordance with medical directions. 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.
- 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.

**Photocopiers:**

According to WorkCover NSW:

"Photocopiers emit ozone in small amounts. Ozone irritates eyes, nose, throat and lungs if exposure levels are prolonged and may cause breathing difficulties and throat irritations. Ozone is not a problem in properly ventilated areas". ("Health and Safety at Work - Childcare" Third Edition. WorkCover 1997)

To ensure that the health and welfare of staff using the photocopier is safeguarded:

- The photocopier is kept in a well-ventilated area, away from close proximity of any persons working.
- Protective eyewear is also being worn when changing the toner to ensure dust particles do not enter the pupil

- The person changing the photocopier toner wears disposable plastic gloves and takes care not to allow toner to make contact with skin. Gloves are removed from the wrist by peeling back without touching the contaminated area and disposed of in a covered bin which is out of reach of children. Hands are washed thoroughly after changing toner.
- Regular maintenance of the photocopier is carried out by a professional. The Director must be immediately notified of any malfunction. They will then call a maintenance person to fix the problem.
- Staff always photocopy items with the cover down as ultraviolet light is emitted when the cover is left up.

**Garbage:**

- Each room is supplied with a covered rubbish bin, lined with a plastic garbage bag. The bin is stored in a location out of the reach of children and emptied daily.
- Staff seal the plastic garbage liners and empty them into a bulk waste bin situated in the kitchen, washing hands thoroughly afterwards.
- Staff are responsible for separating recycled waste from the garbage, and then disposing of it appropriately.

**Disposing of Syringes, Broken Glass and used condoms:**

- Where possible, staff will use the thick long handled gloves, protective goggles and an apron to dispose of hazardous materials into Sharp containers.
- Syringes may be disposed of using the method set out below
    1. Do NOT re-cap the needle.
    2. ONLY touch the plastic barrel.
    3. WEAR GLOVES when you handle the plastic barrel.
    4. Put the syringe into a container that has a lid and rigid sides. Place the container so that it stands by itself and you don't have to hold it with your other hand. Seal the container. Label it hazardous. Store in a childproof area.
    5. Take the container to your local Needle and Syringe Exchange / Needle Clean-up Hotline. See here for state specific contacts
- Syringes, broken glass and used condoms will be placed in the hazardous substances disposal unit which is stored in the designated (child proof) area.
-

**If you are pricked with a needle:**

- Don't panic.
- Immediately squeeze the wound to encourage bleeding.
- Wash the wound with soap and cold running water.
- Put antiseptic and dry sterile dressing on the wound.
- Seek medical advice; you may need a Hepatitis B and Tetanus vaccination.

**Chemicals and Poisonous Substances:**

- Manufacturers and suppliers of chemicals are required by law to provide information about the correct usage of the chemical and identify any health risks. If a substance is hazardous, a Material Safety Data Sheet (MSDS) must be provided by the manufacturer or supplier.
- The MSDS must be included in the chemical register kept in the area where chemicals are stored. All chemical and poisonous substances are stored according to the manufacturer's instructions in a childproof area and returned to that area immediately after use. The area is clearly identified with a sign as a "child-free area" (e.g. the kitchen).
- Staff never leave poisonous or hazardous substances in areas where they can be reached by children including bathrooms, playrooms, on sinks or on tables. This includes whiteout, cleaning solutions, etc.

- All chemicals and poisonous substances are clearly identified with a contents label, the precautions necessary, first aid instructions and warning symbol sticker. Staff are not permitted to tip chemicals or poisonous substances into an unmarked container. A MSDS sticker must always be placed on the containers in which the liquids are stored.
- When using or dispensing a chemical, staff refer to the MSDS and follow the directions for use correctly.
- Chemicals which are dispensed are never stored in soft drink, juice or food containers. Only containers suitable for the type of chemical being decanted (check MSDS) are used. These are clearly labelled with the chemical contents, the precautions necessary, first aid instructions and a warning symbol sticker.
- The Centre displays first aid instructions for poisonous substances and the phone number for the Poisons Information Centre.
- Staff are required to maintain current First Aid Certificates. The Director ensures that all staff can demonstrate the appropriate responses in the event of chemical poisoning (via staff meetings, memos, in-service training, etc.)
- Staff members wear disposable gloves when using any chemical products and take care to avoid any contact with the skin. Protective eyewear must also be worn AT ALL TIMES.
- Staff follow the Centre's "Emergency Evacuation Plan" where a chemical spill or poisonous substance leaking occurs.
- Educative pamphlets and handouts about the storage of hazardous substances are displayed for parents/guardians in the Centre's foyer.

**Electrical:**

- Power points are covered with childproof plugs when not in use.
- Cords from CD players, computers, etc. are always kept out of reach of all attending children.
- All electrical equipment is tagged.

## STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 167 Offence relating to protection of children from harm and hazards
- Education and Care Services National Regulations 2011
  - Regulation 85 Incident, injury, trauma and illness policies and procedures
  - Regulation 86 Notification to parents of incident, injury, trauma and illness
  - Regulation 87 Incident, injury, trauma and illness record
  - Regulation 89 First Aid kits
  - Regulation 175 Prescribed information to be notified to Regulatory Authority
- Work health and Safety Act 2011
- Public Health and Wellbeing Act 2008
- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety

## SOURCES

- ACECQA
- Safe Work Australia - Australian Standards for Storage and Handling of Hazardous Chemicals and Materials

Staying Healthy – Preventing infectious diseases in early childhood education and care services – 5th Edition

# 2.25 Security Policy

## INTRODUCTION

All Children have a right to a safe environment, with approved providers enduring legal requirements and responsibilities to protect children from harm or hazards. This is inclusive of security measures to ensure the safety off all stakeholders within the service.

## PURPOSE

The security and integrity of premises owned and /or leased by Cubby OOSH must be established and maintained for the safety and welfare of all stakeholders.

## SCOPE

- Ensure the proper security of the premises at all times through swipe cards, keys, or finger identification prints.
- Ensure the maximum level of security for all stakeholders.
- Implement procedures, which facilitate appropriate security.

## IMPLEMENTATION

- Only approved team members and Management members are provided with keys/cards to access buildings and equipment areas.
- A register is maintained that indicates the person's receipt of the key/card, date received and date returned on completion of employment or completion of term as a member of Management.
- All keys/cards must be kept secure at all times and are not to be lent to any person not approved in the register.
- Additional keys are cut only after agreement by Management and details placed in the Register.
- Designated team members always ensure that the building is left in a secure manner before leaving.
- At the conclusion of each day's program, team members ensure that all windows are locked, cupboards are secured (if required) and other relevant areas (storerooms etc.) are locked. All heating and lighting is turned off and all doors are properly secured. (This may include doors and gates of school premises.)
- Staff will inform the police, Management and the leasing authority (when relevant) as soon as possible if there has been a break-in to the Centre.
- After reporting a break-in, staff remain at the Centre until the police arrive or police inform them of any alternative procedures.
- Staff inform Management immediately if any internal breach of security is detected or suspected.
- It is essential to ensure when a person no longer works or requires the services of Cubby OOSH that they are removed from the system.
- It is essential to ensure that all public holidays are entered into the biometric software so that the centre is not accessible on these days by parents or team members unless approved by Management/Centre Director.
- The service will promote Cubby OOSH Open-Door Policy, however if at any point in time, a Team Member feels the safety of themselves, the Children or the team are being compromised, refer to the Lock Down Policy/Procedure.

## STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011

- The Privacy and Data Protection Act 2014
- National Quality Standards
    - Standard 2.1 Health
    - Standard 2.2 Safety
    - Standard 3.1 Design
    - Standard 3.2 Use

## SOURCES

- ACECQA
- Kids First Australia

Commission for Children and Young People – Being a Child Safe Organisation

# 2.26 Water Safety Policy

## INTRODUCTION

The safety and supervision of children is paramount when in or around water. This relates to child play with water, excursions near water, hot water on premises, drinking water and hygiene practices with water within the Service environment. Statistics indicate that more than 100 children drown in water each year. Its vital awareness of safe play with water is Educated to Children, families and the communities to keep children safe and free from harm/hazards.

## PURPOSE

Cubby OOSH ensures correct safety measures are in place to keep children safe, through high levels or supervision, risk assessments daily checks of environments.

## SCOPE

- Prevent child accidents and illness relating to water play and water hazards.
- Comply with the Education and Care Services National Regulations 2011.
- Ensure that water use within the Centre is supervised at all times.
- Maximise the safe use of water play as one of the sensory experiences offered to the children to aid in their social interaction, physical and cognitive development.
- Assist children to learn about responsible habits surrounding water use and conservation.
- Ensure that all use of water by staff poses no risk to children's welfare.

## IMPLEMENTATION

Management/Nominated Supervisor/ Responsible Person will:

- Provide direction and education to educators, staff and families on the importance of children's safety and supervision in and around water.
- Ensure health and safety practices incorporate approaches to safe storage of water and water play.
- Ensure premises adjacent to or providing access to, any water hazards that are not able to be adequately supervised at all times (e.g. dams, swimming pool) are to be isolated from children by a child resistant barrier or fence.
- Conduct a risk assessment in accordance with the requirements (Regulation 100, 101) prior to taking children on an excursion, which contains or may contain water.
- Ensure at least one Educator who holds a current approved first aid qualification must be in attendance at all times.
- Use a 1 Educator to 2 children ratio during excursions near water.
- Display a Cardiopulmonary Resuscitation (CPR) guide near any water.
- Ensure water hazards are always supervised.
- Ensure hot water is inaccessible to children. If for some reason hot water is required within the service facilities, there must be a clear risk assessment in place.

Educators will:

- Supervise children near water at all times

26. Never leave children alone near any water
27. Educator to child ratios as required by the Regulations are to be strictly adhered to at all times during water play
28. Ensure children in a bath are directly supervised at all times
29. Ensure fish / frog ponds and water features that are not able to be adequately supervised at all times and/or pose an unacceptable risk to children are guarded or effective barriers are in place.

30. Complete a daily Safety Inspection of premises to ensure that all hazards are known and minimised. When a hazard or potential hazard is detected, Educators will complete a risk assessment to address any concerns.
31. Utilise water activities in appropriate weather
32. Allow the children the opportunity to experiment with water, sand and mixing materials plus a place for boats & floating objects to be used with other water play equipment.
33. Monitor the tap and turned off securely when not in use
34. Safely cover or make inaccessible to children all water containers, e.g. nappy buckets
35. Empty wading pools immediately after every use, ensuring wading pool/water trough is disinfected and chlorinated appropriately.
36. Encourage children to use water effectively and along with staff learn new ways to save and re-use water.
37. Children have safe independent access to clean and cool drinking water at all times either by water bubblers, drink bottles or water jugs accessible by the children.

- Ensure water troughs are not used without a stand, keeping it off the ground with sand on the bottom of the trough
- Ensure water troughs or containers for water play are filled to a safe level and emptied into the garden areas after use.
- Children will be discouraged from drinking from these water activities.
- Ensure children remain standing on the ground whilst using the water trough
- Ensure buckets of water for soaking toys or clothing are inaccessible to children
- Ensure laundry, storerooms and Educator areas are to have **No Children Allowed Signs** on doors to remind adults to close doors behind them.
- Teach children about staying safe in and around water
- Ensure wading/water troughs are hygienically cleaned, disinfected and chlorinated appropriately:
  - ✓ On a daily basis remove leaves and debris, hose away surface dirt and scrub inside with disinfectant.
  - ✓ Wash away disinfectant before filling pool/trough.
  - ✓ Add Chlorine to pool before children used the pool.
  - ✓ Check chlorine levels frequently.
  - ✓ Children with diarrhoea, upset stomach, open sores or nasal infections should not use the pool.
  - ✓ All children should wear appropriate bathers, go to the toilet before entering the pool, and follow correct toileting hygiene practices while in the pool.
  - ✓ Remove all children immediately, empty and disinfect the pool should a child pass a bowel motion whilst in the pool.

**Operational Safety**

- Water tanks will be labelled 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 the use of water tank water and how it differs from drinking water.
- Hot water accessible to children will be maintained at the temperature of 43.5° which will be tested annually.
- Water for pets at the Service must be changed daily and only be accessible to children when educators are present.

**Important:** parents will be notified as soon as practicable but within 24 hours by the Nominated Supervisor to the Responsible Person if their child is involved in an incident/accident at the Service or while under Service care. Also, details of the incident/accident will be recorded on an Incident, Injury, Trauma and Illness Record.

**Important**: if the incident/accident, situation or event presents imminent or severe risk to the health, safety and wellbeing of the child or if an ambulance was called in response to the emergency (not as a

precaution) the regulatory authority will be notified within 24 hours through the ACECQA portal by the Approved Provider.

## STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2018
  - Regulation 168 Education and care service must have policies and procedures
- Public Health and Wellbeing Act 2008
- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety
  - Standard 3.1 Design
  - Standard 3.2 Use

## SOURCES

- The Early Years Learning Framework
- My Time Our Place Framework
- Victorian Early Years Learning and Development Framework
- ACECQA
- Kids Safe Australia
- Child and Youth Health
- Royal Life Saving Australia
- Kids Alive

# 2.27 Road Safety Policy

## INTRODUCTION

Australian's use the roads every day, involving the use of cars, other modes of transportation, or walking. Statistics indicate for children aged 0-14 years, transport and road related injuries/accidents are the leading causes of death. With this evidence, it is imperative that Early Education Services are creating awareness and Educating not only the children but the community on making our roads a safe place for all.

## PURPOSE

This policy is designed to increase awareness of road safety issues for families and children at the Centre and reduce the risk of accidents when interacting with roads.

## SCOPE

- Help children develop safe road usage practices – empowering them to be safe road users.
- Increase parents/families/community awareness of the road safety issues affecting young children
- Provide consistent road safety messages between the Centre and home environment.

## IMPLEMENTATION

- Use planned and spontaneous learning experiences to promote the key safety messages of –
  1. Always hold a grown-up's hand. When a grown-up's hand is not available, hold pram, bag, or clothes.
  2. Always cross the road with a grown-up.
  3. Always buckle up your seatbelt.
  4. Always leave your seatbelt buckled up in the car.
  5. Always get in and out of the 'Safety Door".
  6. Always ask a grown-up where it is safe for you to play.
  7. Always wear a helmet when riding your bike or wheeled toy.
- Use relevant up-to-date road safety information and resources (kits, games, and posters).
- Realise that children are dependent on educators for safe behaviour in the road environment.
- Through play, help children become familiar with, and practice, passenger safety, pedestrian safety and safe play.
- Teach safe road practice through play and discussion.
- Educate families and communities about children's road use issues and safe practices.

**Children will:**

- Participate in planned and spontaneous learning experiences.
- Develop safe road use practices.
- Through play become familiar with, and practice, passenger safety, pedestrian safety and safe play.

**Parents/Family/the Community will:**

- Be provided with road safety information.
- Be asked to contribute ideas/suggestions/comments about children's road safety.
- Be encouraged to always hold their child's hand in the car park or pathway.

- Be encouraged to always ensure that children wear seat-belts and child seats in the car.
- Be encouraged to always ensure that children wear helmets when riding bikes or wheeled toys.
- Be encouraged to always insist that children use the “Safety Door.”
- Be encouraged to always monitor where their children play and insist they play in safe areas.

## STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Public Health and Wellbeing Act 2008
- Road Transport Act 1999
- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety
  - Standard 3.1 Design
  - Standard 3.2 Use

## SOURCES

- The Early Years Learning Framework
- My Time Our Place Framework
- Victorian Early Years Learning and Development Framework
- ACECQA
- Kids and Traffic

Australian Road Rules: State specific

# 2.28 Animal Policy

## INTRODUCTION

Interactions with animals has been proven through studies to decrease levels of cortisol, reduce loneliness, increase social connectively, boost mode and behaviour and lower blood pressure. Being around animals and pets can also improve self-esteem and confidence. Within an Childhood setting, it's a valuable source of learning and enjoyment for children to have access to animals where possible.

## PURPOSE

Cubby OOSH supports Children to interact with animals where possible, creating a safe environment to do so. Team members ensure that everyone in the Centre treats with respect, and in a humane way, all animals, at all times. Strict supervision must be maintained when animals are present.

## SCOPE

- Provide children with experiences involving live animals.
- Educate children on caring for animals/pets, and catering to their needs.
- Maintain safety and hygiene procedures when animals are present.

## IMPLEMENTATION

- The decision to keep a pet or have an animal visit the Centre is made by the Nominated Supervisor, based on an observed need or educational value to the children.
- The Nominated Supervisor discusses this in their report to management and seeks the approval of management prior to any animal being able to enter the Centre.
- The presence of any animal or bird is only considered with the clear understanding of them being safe and suitable for the children and assurances that the animal can be properly cared for.
- Any animal or pet kept at the Centre will be regularly fed, cleaned, vaccinated, have flea powder applied to them and be regularly checked for fleas and wormed. Any animal in a cage will have its cage cleaned daily.
- No animals will be allowed into the food preparation, sleeping or eating areas if they are possible sources of infection or may, in any way, be detrimental to the well-being of the children.
- No pets or animals are allowed in the sandpit. In the event that this happens, educators will refer to the sand pit policy.
- Where animals are brought into the Centre via any external entertainment group, the providing organisation must present copies of their third-party insurance prior to the visit commencing.
- Checks are made regarding individual children's allergies before considering bringing an animal into the Centre.
- Appropriate hygiene procedures are followed regarding cleaning and disposal of animal waste.
- Everyone in the Centre will treat with respect and in a humane way all animals, at all times.
- Children are taught on an on-going basis how to properly care for and handle animals.
- On all occasions, children are reminded about the hygiene practices required after handling any animal.
- Should animals be present in the Centre, team members continually reinforce the rules for appropriate safety and hygiene.

## STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010

- Education and Care Services National Regulations 2011
- National Quality Standards
    - Standard 2.1 Health
    - Standard 2.2 Safety
    - Standard 3.2 Use

## SOURCES


- Staying Healthy – Preventing infectious diseases in early childhood education and care services – 5th Edition

ACECQA – Keeping Pets and Animals in Care and Education Services

# 2.29 Screen & DVD Policy

## INTRODUCTION

Screen time can have positive impacts on Children, as long as done so in accordance with meeting a balanced and healthy lifestyle.

Too much screen time can have an adverse effect on children, leading to:

- Poor posture
- Effect on vision and eye sight
- Affect children's sleep habits and routines
- Limits social interactions
- Negative effects on the physical body, such as increase in weight, and incorrectly storing energy

It is important that Childhood settings set a curriculum based on meeting a balanced lifestyle for children within care, and for services within Cubby OOSH to plan a curriculum meeting the pillars within the Education for Life program.

## PURPOSE

For children to be exposed to different forms of electronic media and technology throughout their everyday experiences and interactions, where appropriate and relevant, while following the guidelines from health authorities.

## SCOPE

- To provide an extension of the educational curriculum, which assists in developing each child's social, physical, emotional, cognitive, language and creative potential.
- To limit time spent engaging in screen time and sedentary behaviour at the service.
- To encourage communication with families about limiting screen time and sedentary behaviour.

## IMPLEMENTATION

- Children that require a device to support additional needs (*recommended by professional)* should have limited access to the IPAD's within the room and used in conjunction with educators - less than 30 minutes per day.
- iPads are not to be used as TV screens to be placed in front of children: E.g. you tube music videos.
- Educators can use service iPads to play appropriate music but not videos. *(educators are not to use personal devices at any time whilst working with children)*
- Discuss with children the role of screen time in their lives and support them in making healthy choices about their use of small screen recreation.
- Encourage educators to model appropriate small screen behaviours to the children.
- Screen time is not used as a reward or to manage challenging behaviours
- Technology such as Ipads and laptop will be used for educational programs

- We will ensure that screen use for children aligns with the Australian 24 Hour Movement Guidelines

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations
- National Quality Standards
  - Standard 1.1 Program
  - Standard 5.1 Relationships between Educators and Children
  - Standard 6.1 Supportive relationships with Children

## SOURCES

- The Early Years Learning Framework
- My Time Our Place Framework
- Victorian Early Years Learning and Development Framework
- ACECQA
- Raising Children: Screen Time, Checklist for Healthy Use
- Melbourne Child Psychology: How much screen time is too much?

# 2.30 Covid-19 Health and Safety Policy and Procedure

## INTRODUCTION

To protect and maintain the health and safety of children, families, team members and visitors of the centre is by preventing of spread of Covid-19 within our services and the wider community.

## PURPOSE

To outline the steps taken to prevent the spread of Covid-19 or in the event of a confirmed case of COVID-19 at our service. This plan reflects current processes as documented in the COVID-19 Pandemic Risk Assessment.

## SCOPE

The international novel coronavirus (COVID-19) pandemic is evolving rapidly and The Australian Health Protection Principal Committee (AHPPC) has issued multiple statements providing high-level risk mitigation measures for the Early Childhood Education and Care sector to slow the spread of coronavirus (COVID-19). Current advice suggests that children are at a lower risk of contracting COVID-19 however, Cubby OOSH continues to monitor this situation and the changing impacts on children, families, team members and visitors. Cubby OOSH have a duty of care and responsibility to all stakeholders to implement prevention measures and well as an action plan in the event of a confirmed case of Covid-19 is identified.

## ARRIVAL AND DEPARTURE PROCESS

- To reduce the risk of COVID-19 transmission, families must:
- During the outbreaks, ensure the interactions with any centre team members is limited to less than 15 minutes. Any discussions that are more than 15 minutes to be held over the phone or using a video platform system.
- That only one adult family member collects children from the centre. Preferably the same family member each time
- Ensure that they are maintaining at least 1.5 metre social distancing from other families and team members wherever possible.
- Before using the iPad to sign in or out, families are asked to apply hand sanitizer located in the foyer.
- Cubby OOSH has contactless infrared thermometers which are to be used to complete health and wellbeing screening of children, team members and visitors upon arrival and throughout the day if Covdid-19 signs and symptoms appear. Temperature checks of children will be conducted in the foyer prior to children being signed in. Centres are required to seek permission from families prior to commence this process by completing the Temperature Screening Permission form. Once children's temperature has been checked, a team member will take the child with their belongings to their room by the team member. Families at this point are asked not to enter the centre past the foyers.
- When a child is dropped off for the day, team members should discuss with the family whether the child has been unwell overnight and look for signs and ask about symptoms that indicate they may be unwell. A team member can make the decision, with the Responsible Person, to medically exclude the child for the day based on their assessment.

In addition to the exclusion requirements outlined in the Immunisation, Exclusion and Notifiable Diseases Policy and as recommended by The Australian Health Protection Principal Committee (AHPPC) children will be excluded from the service if they meet any of the following criteria:

- Any child who has travelled outside of Australia within the last 14 days.
- Any, child or their family who has returned to a state or territory where self-isolation border measures are in place. This does not include team members or families who cross affected interstate borders for work, school or medical purposes.
- Any child who has been in contact with a person who has a confirmed case of COVID-19.
- Any child who displays the following symptoms

    - A temperature over 37.5 degrees
    - Cough
    - Sore Throat

- Fatigue
- Shortness of Breath

- Any child who appears unwell or if the Centre Manager suspects that they may be unwell.

Children who present signs and symptoms of Covid-19 will excluded and families maybe requested to seek a medical clearance from a general practitioner before returning to the centre.

## WORKPLACE PREVENTION MEASURES

Encouraging Social Distancing between team members While team members must practice social distancing from families and from each other, due to the nature of their work, they will likely be unable to practice social distancing with very young children.

- Centre Directors should ensure that all team members are aware of the requirement to practice social distancing, and ensure adherence to the below guidelines:
- Posters to be displayed in foyer and common areas of COVID-19 prevention measures
- Team members should remain in designated rooms and minimise entering and exiting other rooms
- Team members should limit the number of children in rooms wherever possible.
- Use of every second cot and spacing of beds 1.5m apart where possible.
- Progressive mealtimes are strongly encouraged and self-service of food by children is no longer allowed. Team members must now serve all meals to children.
- Do not touch other team members unless for medical reasons
- Stagger break times and maintain at least 1.5m from other team members in team rooms
- Maintain physical distance when in shared spaces such as offices and planning rooms
- Team meetings, lunches or group training should be delivered preferably via online platforms. If meetings need to be completed face to face, 1.5 social distancing rules need to be applied
- Limit the cross-over of rooms in shared environments, e.g. bathrooms, lunch areas, playgrounds, planning rooms and common areas, to limit the risk of cross infection within the centre.

Team members or visitors will be excluded from the service for 14 days or be asked to provide a medical clearance if they;

- Travelled outside of Australia within the last 14 days.
- Has returned to a state or territory where self-isolation border measures are in place. This does not include team members or families who cross affected interstate borders for work, school or medical purposes.
- Has been in contact with a person who has a confirmed case of COVID-19.
- Displays the following symptoms
  - A temperature over 37.5 degrees
  - Cough
  - Sore Throat
  - Fatigue
  - Shortness of Breath

## CLEANING AND HYGIENE MEASURE

In addition to our hand washing and hygiene policy and procedure the following will be implemented:

- High-traffic areas in the centre must be cleaned every 2 hours using detergent. This includes doorknobs, handrails, finger print entries and exits and iPads.
- Sign-in and out kiosks should be wiped down every 2 hours and sanitised
- Surfaces must be cleaned more regularly.
- Adhere to toy washing policy including mouthed toys.
- Hand sanitiser made readily available to all
- More frequent handwashing to occur with amongst team members and children

**If there is confirmed case of Covid-19 Procedure**

- If a child or staff member becomes ill while they are at the service, they should be sent home as soon as possible. While awaiting collection by their carer, ideally, the symptomatic child should be cared for in an area that is separated from other children at the service.
- The child/person is to be excluded from the service until a medical clearance can be provided
- Inform Centre Director/Responsible Person of the confirmed case

- Centre Director/Responsible Person to notify upper management
- Management to contact public health unit immediately and follow advice
- Management to contact regulatory authorities following call to public health unit and follow advice.
- Families will be contact via phone and Cubby OOSH app and notified of confirmed case. Based on the advice of the public health unit and regulatory authority further procedures may be put in place e.g. closure of centre.
- External provider will clean service in line with guidelines

**This policy and procedure will be reviewed as new information and advice from health authorities is updated.**

## STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 3 Objectives and guiding principals
  - Section 174 Offence to fail to notify certain information to regulatory authority
  - Section 301 National regulations
- Education and Care Services National Regulations 2011
  - Regulation 77 Health, hygiene and safe food practices
  - Regulation 85 Incident, injury, trauma and illness policies and procedures
  - Regulation 86 Notification to parents of incident, injury, trauma and illness
  - Regulation 87 Incident, injury, trauma and illness record
  - Regulation 88 Infectious diseases
  - Regulation 90 Medical conditions policy
  - Regulation 161 Authorisations to be kept in enrolment record
  - Regulation 162 Health information to be kept in enrolment record
  - Regulation 176 Time to notify certain information to regulatory authority
- Work Health and Safety Act 2011
- Work Health and Safety Regulations 2011
- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety

## SOURCES AND FURTHER INFORMATION

**NSW Health- COVID-19 (Coronavirus) -** Guidance for early childhood education and care services
Childcare Alliance COVID-19 Pandemic Action Plan 2020 for Early Learning Services
**National Coronavirus Health Information Line:** 1800 020 080
**State Health Departments**:
https://www.health.gov.au/about-us/contact-us/local-state-and-territory-health-departments

**Health Department phone numbers below for easy reference:**

- **Victoria:** 1300 651 160
- **NSW:** 1300 066 055
- **QLD:** 13 432 584
- **NT:** 08 8922 8044
- **WA:** 1300 62 32 92
- **SA:** 1300 232 272
- **ACT:** Business Hours: 02 5124 9213 After hours: 02 9962 4155
- **Tasmania**: 1800 671 738

# 2.31 Transport Policy

## INTRODUCTION

To support children's wellbeing and manage precise health requirements, our Service will work in accordance with the Education and Care Services National Regulations to ensure health related policies and procedures are developed and implemented.

## PURPOSE

Regulation 168(2) (g) requires Education and Care services to have policies and procedures in relation to excursions and transportation.

This Guiding Principle outlines the process to ensure the safe and efficient transport of children and educators to and from Education and Care services. Transportation methods include walking, vans and chartered buses. Public transport will not be used as a method of transport for children.

## SCOPE

Regulation 4(1) outlines the following definitions in relation to transport and excursions:

***Regular outing***, in relation to an education and care service, means a walk, drive or trip to and from a destination:

- that the service visits regularly as part of its educational program
- where the circumstances relevant to the risk assessment are substantially the same on each outing;

***Regular transportation***, in relation to an education and care service, means the transportation by the service or arranged by the service (other than as part of an excursion) of a child being educated and cared for by the service, where the circumstances relevant to a risk assessment are substantially the same for each occasion on which the child is transported.

## IMPLEMENTATION

**The Approved Provider/Management will ensure:**

38. Prior to transporting children, the following tasks must be completed:

Route of travel risk assessment completed in accordance with Regulations 100, 101, 102B and 102C and approved by the Nominated Supervisor and the Education and Care Coordinator prior to conducting transport. Refer to the Excursions Guiding Principle for the procedure and guidelines for conducting risk assessments.

Written permission must be collected for all children to be transported in accordance with Regulations 99, 102 and 102D. Authority forms must include all required information, including signed permission from the child's parent or authorised nominee to provide permission. Refer to the Excursions Guiding Principle for the procedure and guidelines for creating and collecting authority forms.

- Create a procedure specific to each route of travel, including morning and afternoon transport runs for OOSH services. Each procedure must contain information included in the risk assessment, including a list of items to be taken on transport, identify when head counts are to be conducted, where meeting points are located, any specific educator responsibilities, and how to respond in the event that a child is missing during transport or does not arrive at the initial meeting point. Each procedure must address risks identified in the risk assessment with strategies in place to minimise the risk or manage these in the event that they occur.

Nominated Supervisors must ensure that all educators conducting transport have had the following training:

- Service specific transport induction
- Van induction (if transporting in a van)
- Read, understand and sign the risk assessment for the route of travel
- Read, understand and sign the transport procedure for the route of travel
- Read, understand and sign this Transport on Excursions & Road Safety policy,
- Attend the transport run with the Nominated Supervisor, until both the educator and the Nominated Supervisor are confident in the ability of the educator to conduct the transport, including completing all checks, head counts and all aspects of the procedure. This may need to be conducted several times before the educator is confident to complete the run with another educator.
- A copy of the educator's current driver's licence ( if educator is transporting) must be held on the educator's personal file at the service and saved. It is the educator's responsibility to ensure that their driver's licence is always up to date.
- Each OOSH service that regularly transports children will have a transport station with all equipment required for transport stored in a neat, organised fashion and easily accessible to staff. At the completion of each transport run, bags, equipment and folders will be maintained to ensure everything is ready to go for the following run.
- Any casual bookings need to be both written on the roll and verbally communicated to all staff on transport. Refer to casual bookings procedure.
- Fully stocked first aid kits must be kept in all vehicles when transporting children. Asthma kits must be collected
- Transport in Out of Hours School Care will only be offered for a select number of schools close to the OOSH premises. Transport runs must have three or more permanent children booked in from the pick up or destination school to continue. Once the number of children falls below three, transport to the nominated school will cease and families will be given adequate notice. The NS will provide families with information of other services that may provide alternative care.

- On transport, the following tasks must be completed:
  - Child restraints must be used/fitted in accordance with the National Child Restraint Laws. Refer to the safety flyer and the Child Restraint section in this Guiding Principle.

  - Regulation 122 states that educators must be working directly with the children therefore an educator driving cannot be included when calculating the educator to child ratio as adequate supervisor and responsiveness to children cannot be maintained.

  - Under no circumstances must a child be left unsupervised in a vehicle.

  - Due to the increased risk of injury, it is preferred that children are not transported in the front seat of vehicles (front seats should only be used when there are no other seats

- available and the tallest/biggest child is to use the seat). The child must be at least 7 years of age. The seatbelt must be crossing directly in the middle of the child's shoulder.

- After considering the point above, if a child is transported in the front seat of a vehicle, where an airbag is placed, the seat needs to be moved back, as far from the airbag as possible.

- The educator supervising the children in the bus is responsible to check that the seat belts are correctly in place before transporting.

- Transporting children on a chartered bus – Ensure children's bags are taken off their backs before they sit down and place bags on laps or under the seat to avoid risk of injury. Children to be seated with backs against seats.

- Regular chartered bus drivers will be required to provide their Heavy Vehicle Driver's Licence, Authorised Bus Driver Identification, and their WWCC which will be verified by Education and Care Services.

- Regular head counts and roll calls must be conducted and documented on the Primary Caregiving Groups and Head Count Checklist located in the attachments section of this Guiding Principle.

- Transport is to be regularly discussed at staff meetings and risk assessments reviewed/updated when new risks are raised.

- Quick verbal transport meetings must occur daily, prior to and following transport, to plan for transport and reflect on transport – ensuring communication between staff occurs to keep children safe during transportation.

- Children are to be taught the safe procedure for getting in and out of vehicles, i.e. exiting from the side of the vehicle away from the traffic only. Children who are to be placed into a stroller are to be taken out of the vehicle first and restrained in the stroller in a safe position with stroller brakes on. The procedure is to be reversed when getting back into the vehicle.

- Child safe locking systems are in the vans and should be enabled at all times. Educators are not to take the children out the door on the road side. In car parks, children should exit the van from one side only, so adequate supervision can be maintained at all times.

- Park the vehicle, if possible, so that children are not required to cross roads.

- Older children must be taught not to remove seat belts until advised by the educator that it is safe to do so.

- Educators must be aware of the procedures for supervision of children whilst crossing roads, negotiating crowds and adhering to educator-to-child ratios at all times.

- The educator will sign in children on the sign in/out sheet when they arrive/depart the centre *(Reg 158)*.

- A buddy system will be used to transport children; ensuring older children are buddies with younger children.

- **In the event of an incident, injury or accident:**

- Attend to the children and educators who are injured as a first priority and administer first aid or follow DRABCD as required. Emergency services may need to be called.

- Contact is to be made with the parents/emergency contacts, school staff, Nominated Supervisor, Person in Day to Day Charge and possibly emergency services after 30 minutes, if a child is missing.

- All incidences relating to transport (e.g. missing children, vehicle accident, etc.) must be reported to the Responsible Person, Nominated Supervisor, Education and Care Coordinator, Senior Coordinator Education and Care, and the Approved Provider immediately. The Nominated Supervisor is responsible to make sure all stakeholders are notified in a timely manner and all directions/tasks are followed to manage the situation.

- The Area Manager will make a notification to Department of Early Childhood Education within 24 hours as per the Education and Care regulatory requirements.

**Additional safety considerations/information**

- The Nominated Supervisor must communicate with families during the enrolment process and as required the following points:

- The centre will only collect or drop off children to their school when usual transportation occurs. Therefore if a child is on an excursion and will not return to school by pick-up time, then the centre will be unable to collect the child and the family is responsible to ensure the safe collection of the child.

- If a child will be absent from the centre, the family must notify the service of their absence by 2:30pm for After School Care to ensure the educator has been given sufficient notice of your child's absence. A failure to notify fee will occur, if the service is not notified (refer to Fees Guiding Principle).

- Educators must not transport children in care if they have any pending traffic offences or when taking drugs, alcohol or medication that may affect their driving ability. It is the educator's responsibility to inform the Nominated Supervisor if they are unable to transport children.
- Using mobile phones whilst driving and transporting children is illegal. This includes sending/ reading text messages and emails. Phone calls should not be received or made via blue tooth, to avoid a breach in confidentiality and children hearing conversation.
- If a call needs to be made the vehicle should be in park with the hand brake on and the vehicle turned off. Bluetooth can only be used when there are no children in the vehicle.
- Child restraints are to be fastened and seatbelts across boosters when not in use in vehicles.
- Children can only consume food in the vehicle when travelling long distances to excursions or if they have a medical condition that requires them to eat or drink. Educators to check van for rubbish prior to returning the van.
- Music that is played to children while transporting is to be age appropriate. The radio is not to be on when children are being transported.
- Smoking is not permitted at any time whilst working including in vehicles.
- Vehicles must be insured and registered with the RMS. The driver of an unregistered vehicle will be individually fined.
- Any fines incurred by the driver for traffic or parking infringements are the responsibility of the driver.

**Road safety**

**Educators**

- Educators will follow road safety strategies and children will participate in road safety activities in all key areas – passenger safety, pedestrian safety, safe play and transport safety (including bike, scooter and skateboard).

- Road safety strategies are introduced in all areas of the service program.

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- Children will hold an adult's hand or an older child's hand linked to an educator in the road traffic environment. Educators will assess the age and development stage of the child to decide if it is appropriate for an older child to walk independently.

  Educators will be good role models for children in the road traffic environment.

Families:

- Families are responsible to hold their child's hand whilst arriving and leaving the service, especially in the school/centre car park.

- Pathways are to be used where available rather than walking through car park areas.

- Families are required by legislation to transport children in an approved car restraint until the child is older than 7 years of age.

- Children must NOT be left unattended in a vehicle whilst collecting or dropping off children to care.

Child Restraints:

  - Child restraints must meet Australian standards AS1754
  - Child restraints must not be more than 10 years old and have never been in an accident
  - Children under 7 years of age must be restrained in a suitable and approved child restraint or booster seat when travelling in a car.
  - Children aged between 4 and 7 years must be restrained in an approved forward-facing restraint or boost seat that is properly fitted to the vehicle and adjusted to fit the child's body correctly.
  - Children aged between 4 and 7 years must not travel in the front seat of a vehicle that has two or more rows unless all the other back seats are occupied by children who are also under 7 years travelling in an approved child reastraint.
  - You will know when a child has outgrown their child seat when their shoulders no longer fit comfortably within the child seat, when their eye-level is higher than the back of the child seat or when the top insertion slots for the shoulder straps are below the level of the child's shoulders. A booster seat should be used until your child's shoulders no longer comfortably fit within the booster seat or when their eye-level is higher than the back of the booster seat.
- Child restraints with tethered straps requiring bolting are prohibited in the front seats.
  - It is illegal to remove headrests as they are an important safety failure. The only time it can be removed is if you are using a baby seat (0-4 years) as the baby seat has a head rest built into them, otherwise you must always have the headrest fitted correctly.

**Related Legislation and Online Resources**

- Children (Education and Care Services) National Law (NSW): Sections 165, 167 & 174
- Education and Care Services National Regulations: Sections 99, 102, 102B, 102C, 102D, 122, 144, 158, 159, & 168(2)(ga)
- Australian Children's Education and Care Quality Authority (ACECQA), National Quality Standards: Quality Area 2.2.1
- Public Health (Tobacco) Act 2008
- AS/NZS 1754:2013 Child restraint systems for use in motor vehicles standards
- Australian Government Department of Education, Skills and Employment - My Time, Our Place: Framework for School Age Care in Australia (MTOP)
- Transport for NSW - Centre for Road Safety roadsafety.transport.nsw.gov.au
- Child Restraints poster
- Kidsafe NSW Inc. Road Safety:
- Information Sheets www.kidsafensw.org/information-sheets/road-safety
- Child Restraints www.kidsafensw.org/road-safety/child-restraints

**Attachments**

- Transport for NSW Driver Consent Form – Driver Licence and Demerit Point Check
- Primary Care Giving Groups and Head Count Checklist

**Linked Risk Assessments**

Risk Assessment - Generic

Risk Assessment - On the Day Excursion Checklist

# 2.33 Safe Use of Digital Technologies and Online Environments Policy

## INTRODUCTION

At Cubby OOSH, we are committed to ensuring children's safety, wellbeing, and privacy extend to the use of digital technologies, online environments, and surveillance systems (CCTV if applicable). Children have the right to be educated and cared for in a safe environment, which includes protection from harm and hazards in digital and online spaces.

This policy has been developed in compliance with the Education and Care Services National Law and Regulations (Sections 165, 167; Regulations 84, 115, 122–124, 165–170, 175–176) and reflects the ACECQA Policy Guidelines (1 September 2025) for the Safe Use of Digital Technologies and Online Environments.

It also aligns with the National Model Code for Taking Images or Videos of Children in ECEC, and supports the following National Quality Standards:

QA2: Children's Health and Safety

QA5: Relationships with Children

QA6: Collaborative Partnerships with Families and Communities

QA7: Governance and Leadership

## PURPOSE

To provide clear guidelines for the safe, ethical, and lawful use of digital technologies, online environments, and **CCTV (if applicable)** at Cubby OOSH, ensuring:

- Children are protected from harm and unsafe online practices.
- Images, recordings, and digital data are managed in line with privacy and child protection laws.
- Families and staff understand their rights and responsibilities regarding digital safety.

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## SCOPE

This policy applies to all staff, educators, children, families, visitors, students, contractors, and volunteers at Cubby OOSH.

## POLICY STATEMENT

Cubby OOSH will:

- Ensure all use of digital technologies and online environments is safe, supervised, and purposeful.
- Use **CCTV (if applicable)** and other surveillance systems only for safety, compliance, and security purposes.
- Require written parental consent before taking, using, storing, or sharing images/videos of children.

- Prohibit educators from using personal devices (phones, cameras, tablets) to capture children's images or data, unless for emergencies and with authorisation.
- Securely store and appropriately destroy digital records, including **CCTV (if applicable)** footage, in compliance with privacy legislation.
- Empower children through age-appropriate education on safe digital practices and respectful online behaviour.
- Provide staff with regular training and updates on digital safety, privacy, and child protection obligations.

## IMPLEMENTATION

**1. Safe Use of Digital Devices**

- Only service-issued devices are permitted for taking images, videos, or digital records of children.
- Screen time for children will be limited, intentional, supervised, and developmentally appropriate.
- All digital records will be stored securely, with restricted access for authorised staff only.

**2. CCTV and Surveillance (if applicable)**

- **CCTV (if applicable)** is installed for safety and security monitoring only.
- **CCTV (if applicable)** will never be used in private areas such as toilets, bathrooms, or change spaces.
- Access to **CCTV (if applicable)** footage is restricted to the Approved Provider and Nominated Supervisor.
- Footage will be stored securely and destroyed after the required retention period, in line with privacy laws.

**3. Privacy, Consent and Confidentiality**

- Parents/carers must provide written consent for images/videos of their child.
- Families may withdraw consent at any time.
- Children's participation and choices will be respected when capturing images or videos.
- Breaches of privacy or misuse of digital technologies will be treated seriously and reported to regulatory authorities where required.

**4. Staff, Visitors and Families**

- Staff must actively supervise children when they use digital technologies or online environments.
- Educators must not use personal devices to photograph, record, or communicate with children.
- Visitors, students, and contractors are not permitted to capture or store children's images.
- Families will be informed of digital practices and supported to promote safe online behaviour at home.

**5. Child Empowerment and Education**

- Children will learn about online safety, respect, privacy, and digital responsibility in age-appropriate ways.
- Children will be encouraged to speak up if they feel unsafe, uncomfortable, or pressured online.

**6. Reporting and Mandatory Requirements**

- Educators must follow mandatory reporting laws if children are at risk of harm through digital technologies.

- All digital incidents will be documented, investigated, and managed in line with child protection and incident reporting policies.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010 – Sections 165, 167
- Education and Care Services National Regulations 2011 – Regs 84, 115, 122–124, 165–170, 175–176
- Privacy Act 1988 (Cth)
- Children and Young Persons (Care and Protection) Act 1998 (NSW)
- National Principles for Child Safe Organisations
- ACECQA National Model Code for Taking Images or Videos of Children

## RESPONSIBILITIES

- **Approved Provider:** Ensure compliance, oversee **CCTV (if applicable)** use, notify families of policy changes.
- **Nominated Supervisor:** Implement procedures, monitor staff practice, ensure training.
- **Educators and Staff:** Supervise children, model safe digital behaviour, report concerns.
- **Families:** Support safe use of technology in partnership with Cubby OOSH.

## SOURCES

- ACECQA – *Policy and Procedure Guidelines: Safe Use of Digital Technologies and Online Environments* (Applicable 1 September 2025)
- ACECQA – *National Model Code for Taking Images or Videos of Children in ECEC*
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- National Quality Standard (QA2, QA5, QA6, QA7)
- Privacy Act 1988 (Cth)
- Children and Young Persons (Care and Protection) Act 1998 (NSW)
- National Principles for Child Safe Organisations
- Office of the Australian Information Commissioner – *Surveillance and Privacy Guidance*
- eSafety Commissioner – *Early Years Online Safety Resources*

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# 2.33 Safe Arrival of Children

## INTRODUCTION

We are committed to the safe arrival of children during travel between the school setting and outside school hours care. We have detailed processes, procedures and practices in this regard and ensure that all educators and staff implement them.

## PURPOSE

The purpose of the Safe Arrival of Children Policy and Procedures is to ensure the safety and well-being of all children entrusted to our care. This policy aims to establish clear guidelines and procedures for the secure arrival and departure of children to and from our facility, thereby minimizing the risk of accidents, misunderstandings, and unauthorized access. By implementing these measures, we aim to create a safe and welcoming environment where children can thrive, and parents and caregivers can have peace of mind knowing their children are protected.

## SCOPE

Regulation 168 and 99 outlines the following definitions in relation to safe arrival of children:

**Regulation 168**: This regulation requires that education and care services must have documented policies and procedures on a range of topics, including the safe arrival and departure of children. It ensures that services have clear guidelines in place to manage these processes effectively.

**Regulation 99**: This regulation specifies that children are not to leave the education and care service premises unless they are given into the care of a parent or an authorized nominee, or in accordance with written authorization from the child's parent or authorized nominee. This ensures that there are strict controls over who is allowed to pick up children from the service.

## IMPLEMENTATION

### *1. Arrival Procedures*

- **Sign-In Process**: Upon arrival, parents or authorized caregivers must sign in each child using the designated sign-in system, which may include a digital or paper-based log. This record must include the child's name, time of arrival, and the name and signature of the person dropping off the child.
- **Staff Responsibilities**: Staff members are responsible for greeting each child and their caregiver, ensuring the child is marked as present, and conducting a quick visual health check to note any visible injuries or signs of illness.
- **Late Arrivals**: If a child arrives late, staff must update the attendance record accordingly and communicate any necessary information to the rest of the team.

### *2. Departure Procedures*

- **Sign-Out Process**: Children must be signed out by their parent or authorized caregiver using the designated sign-out system. The sign-out record must include the child's name, time of departure, and the name and signature of the person picking up the child.
- **Verification of Authorization**: Staff must verify the identity of the person picking up the child against the list of authorized individuals provided by the parents. If the person is not recognized, staff must request identification and cross-check with the authorized list.
- **Late Pick-Ups**: In cases of late pick-up, staff must follow the designated late pick-up procedure, which includes contacting the parents or emergency contacts and ensuring the child is supervised until they are collected.

### *3. Supervision Requirements*

- **Staff Ratios**: Ensure compliance with the National Quality Framework (NQF) regarding staff-to-child ratios during arrival and departure times to maintain adequate supervision. (1:15)
- **Designated Supervision Areas**: Establish specific areas within the premises where children are to be supervised during arrival and departure times to ensure their safety.

### *4. Emergency Procedures*

- **Emergency Contact Information**: Maintain updated emergency contact information for each child and ensure it is readily accessible to all staff members.
- **Incident Reporting**: In the event of an emergency or incident during arrival or departure, staff must follow the service's emergency procedures, including immediate notification of parents and relevant authorities as required by the Education and Care Services National Regulations.

### *5. Communication Processes*

- **Change in Pick-Up Arrangements**: Parents must inform the service in advance of any changes to pick-up arrangements. This information should be communicated in writing or via an approved communication channel.
- **Staff Communication**: Ensure that all staff members are informed of any changes in pick-up arrangements, including updates to the authorized pick-up list.

### *6. Compliance with Regulations*

- **Regulation Adherence**: Ensure all procedures comply with the Education and Care Services National Law and Regulations, including:
    - **Regulation 99**: Children leaving the education and care service premises
    - **Regulation 158**: Children's attendance record to be kept by approved provider
    - **Regulation 168**: Education and care service must have policies and procedures
- **Policy Review**: Regularly review and update the safe arrival and departure policy and procedures to ensure ongoing compliance with regulatory requirements and best practices.

By implementing these procedures, our OOSH service aims to create a secure and well-managed environment for the safe arrival and departure of all children, aligning with the National Quality Framework and the Education and Care Services National Regulations.

## NOMINATED SUPERVISOR/ RESPONSIBLE PERSON

• Implement the Safe arrival of children policy and procedures

• Ensure that an attendance record is kept with: each child's name; the date and time they arrive and depart; and the signature of the person who delivers or collects the child, a nominated supervisor or educator (regulation 158)

• Ensure that a risk assessment is conducted to identify and address any risks that a child's travel may pose, and clearly state who holds the duty of care for children during these periods of travel.

• Take reasonable steps to ensure that educators and staff are aware of, access and use the risk assessment to manage risks and maintain the safety of children during periods of travel.

• Implement systems so that children only leave the service premises:

• If they are given into the care of a parent, an authorised nominee named in the child's enrolment record, or a person authorised by the parent or authorised nominee

• In accordance with the written authorisation of the child's parent or authorised nominee

• If they are taken on an excursion or on transportation provided or arranged by the service, with written authorisation from the parent or authorised nominee

• If they are given into the care of a person or taken outside the premises because the child requires medical, hospital or ambulance care or treatment, or because of another emergency (regulation 99)

• If they are attending extra-curricular classes on the school site.

• Ensure that an enrolment record is keptfor each child which contains the information set out in regulations 160 and 161, including authorisations from families

• Ensure all supervision requirements are met during travel to and from the service premises, including relevant educator to child ratios (regulations 122 and 123)

• Communicate any changes to the travel routine (e.g. a different walking route is proposed due to inclement weather) to educators and staff

• Should any incidents occur relating to the safety of children during travel between the service and an education or early childhood service, (e.g. a child cannot be accounted for) ensure that the response meets all regulatory requirements, including implementing your Incident, injury, trauma and illness policy and procedures (regulations 86 and 87).

## FAMILIES

• Be aware of and follow the Safe arrival of children policy and procedures

• Remain up to date with the service's practices related to the travel of children between the service and any other education or early childhood service, including knowledge of who holds the duty of care for children during periods of travel

• Complete the attendance record when their child arrives and leaves, including: their child's name; the date and time they arrive and depart; through Kangaroo time.

• Communicate any changes to their circumstances that may impact the service's practices related to the travel of children between the service and any other education or early childhood service, for example if their child will be absent from school and will not be attending the service.

• Provide written authorisation should they require a person (other than the people listed in the enrolment record) to collect their child from the service.

## SUPERVISION

Given the risks posed by the child's travel, supervision requirements will be met during the period of travel, considering factors such as:

- **Number, Ages, and Developmental Levels of Children**: Ensuring appropriate supervision ratios tailored to the specific needs and abilities of the children.
- **Visibility and Accessibility**: Maintaining constant visibility and accessibility of children by the educator to ensure immediate response capabilities.
- **Travel Risks**: Evaluating the inherent risks associated with the mode of travel, environment, location, or route taken.
- **Educator's Experience and Skills**: Considering the experience, knowledge, and skill of each educator involved in the travel supervision.
- **Individual Child Needs**: Addressing the unique requirements of individual children, including any specific health or safety needs.
- **Immediate Response Capacity**: Ensuring educators have the capacity to respond immediately to any situation requiring urgent intervention.

The process determines who is responsible for the child's safety during travel to and from the education and care service. Additional supervision may be required for the period children will be moving between the service and any other education or early childhood service, based on:

- **Proposed Route and Destination**: Assessing the proposed route and destination for any proximity to harm and hazards to determine additional supervision needs.
- **Compliance with Regulation 99(4)(b)**: Ensuring procedures are followed so that children leave the premises in accordance with written authorization from the child's parent or authorized nominee.
- **Responsibility for Child's Safety**: Clearly identifying who is responsible for the child's safety during the period of travel to and from the education and care service.

By considering these factors and establishing clear responsibilities, we ensure the safety and well-being of children during their travel to and from the service.

# 3.01a Physical Activity Policy

Physical activity is vital for young children's health, wellbeing and development and lays the foundation for a healthy active life. All children and young people benefit from a mix of physical activity, inactivity and sleep. Our Out of School Hours Care (OOSH) Service recognises the important role educators and staff have in promoting children's physical activity in appropriate ways ensuring children's comfort and wellbeing requirements are being met. We are committed to supporting the *Australian 24-Hour Movement Guidelines for children and young people (5 to 17 years)- An Integration of Physical Activity, Sedentary Behaviour* into our curriculum.

## NATIONAL QUALITY STANDARD (NQS)

| | | |
|---|---|---|
| **QUALITY AREA 1:** EDUCATIONAL PROGRAM AND PRACTICE | | |
| 1.1 | Program | The educational program enhances each child's learning and development. |
| 1.2 | Practice | Educators facilitate and extend each child's learning and development. |
| 1.2.1 | Intentional teaching | Educators are deliberate, purposeful, and thoughtful in their decisions and actions. |
| 1.2.3 | Child directed learning | Each child's agency is promoted, enabling them to make choices and decisions that influence events and their world. |
| **QUALITY AREA 2:** CHILDREN'S HEALTH AND SAFETY | | |
| 2.2 | Safety | Each child is protected. |
| 2.2.1 | Supervision | At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard. |
| 2.2.3 | Child protection | Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect. |
| **QUALITY AREA 3:** PHYSICAL ENVIRONMENT | | |
| 3.1.2 | Upkeep | Furniture and equipment are safe, clean and well maintained. |
| 3.2 | Use | The service environment is inclusive, promotes competence and supports exploration and play-based learning. |

| | | |
|---|---|---|
| 3.2.1 | Inclusive environment | Outdoor and indoor spaces are organised and adapted support every child's participation and to engage every child in quality experiences in both built and natural environments. |
| 3.2.2 | Resources support play-based learning | Resources, materials and equipment allow for multiple uses, are sufficient in number, and enable every child to engage in play-based learning. |

| EDUCATION AND CARE SERVICES NATIONAL REGULATIONS | |
|---|---|
| 73 | Educational Program |
| 76 | Information about educational program to be given to parents |
| 86 | Notification to parents of incident, injury, trauma and illness |
| 103 | Premises, furniture and equipment to be safe, clean and in good repair |
| 113 | Outdoor space—natural environment |
| 115 | Premises designed to facilitate supervision |
| 155 | Interactions with children |
| 156 | Relationships in groups |
| 168 | Education and care service must have policies and procedures |

## PURPOSE

Our Out of School Hours Care (OOSH) Service aims to promote children's physical activity and development of their gross and fine motor skills through a range of spontaneous and intentionally planned active play experiences that are both child initiated and educator led. We aim to form respectful partnerships with families and help them gain a deeper understanding of the benefits of physical activity and wellbeing for children.

## SCOPE

This policy applies to children, educators, approved provider, Nominated supervisor, families, staff, management, students, volunteers and visitors of the OOSH Service.

## IMPLEMENTATION

To promote healthy growth and development, young children should participate in a range of developmentally appropriate, enjoyable and safe play-based and structured physical activities in a

variety of environments, both independently as well as interacting with adults and other children. Developing fundamental and tactical movement skills provides children with the opportunity to acquire and master a range of movement skills and dispositions to participate in a lifetime of physical activity as confident, competent and creative movers.

## PHYSICAL ACTIVITY

OOSH Services need to support planned physical activity and child initiated free play.

'*Being physically active is good for children's health, as well as being a great way for them to make friends and develop physical and social skills. Physical activity strengthens children's bones, muscles, hearts and lungs and improves children's coordination, balance, posture and flexibility.*' Eat Smart, Play Smart (2020).

## THE APPROVED PROVIDER/ MANAGEMENT/ NOMINATED SUPERVISOR/ RESPONSIBLE PERSON WILL:

- ensure educators, staff, students, visitors and volunteers have knowledge of and adhere to this policy
- ensure families are aware of this *Physical Activity Policy*
- ensure risk assessments are conducted to identify potential hazards, assess the risks and minimise any risks that could potentially cause harm or injury to children
- ensure children are adequately supervised at all times
- ensure all educators and staff adhere to the *Sun Safety Policy*
- ensure playground surfaces and equipment meet Australian Standards and guidelines
- encourage educators to engage in critical reflection as a team and with the children about the risks and benefits of new activities or processes
- provide opportunities for educators to engage in professional development about children's health and physical wellbeing, including the *Australian 24-Hour Movement Guidelines* and *Eat Smart, Play Smart* training (Munch and Move)
- reflect on our OOSH Service's physical environment, layout and design to ensure it is supporting children's active play, sedentary play and sleep and rest time
- consider the ways moveable and fixed equipment are utilised in the outdoor physical environment to encourage physical activity and adventurous (risky) play
- communicate regularly with families about cultural practices for physical activity and sleep requirements

- ensure equitable access is provided to support children with additional needs. Consult with other health professional including the local Inclusion Support Agency to support children's physical development.
- promote physical activity and reduced screen time (e.g., watching TV, playing on computers or small hand-held games devices) with families through fact sheets and newsletter articles.

## EDUCATORS WILL:

- provide opportunities in the daily program for children to be active every day through a balance of planned and spontaneous active play experiences that are both educator led and child initiated (including everyday physical tasks), in the indoor and outdoor environments
- adhere to our *Sun Safety Policy* and ensure children have access to water before, during and after any physical activity experience
- include children's voices in the development of the physical environment to provide opportunities for physical activity, risky play and creativity
- collaborate with families and other professionals to provide active play experiences for all children inclusive of children with additional needs
- encourage children to be accepting and understanding of the different abilities of other children
- encourage children to engage in physical activity and challenge themselves
- seek to promote children's physical activity by supporting the development of their gross motor skills and fostering the emergence of their fundamental movement skills (FMS) through a range of intentionally planned and spontaneous active play learning experiences
- provide positive instruction, role modelling, and advice to children as they develop and improve their FMS
- encourage children to try a range of activities including obstacle courses, balancing, kicking, dancing and skipping, jumping, rolling, catching and throwing
- actively role model appropriate physical activity behaviours to children
- ensure active play experiences are play based, varied and creative
- ensure all equipment is developmentally appropriate and well maintained
- ensure that an appropriate balance between inactive and active time is maintained each day
- encourage productive sedentary experiences for rest and relaxation- reading, storytelling, puzzles, singing
- limit experiences involving screen use to those which have an educational component or include movement and gross motor activity

- discuss with children the role of screen time in their lives and support them in making appropriate choices about their use of screen time for both education and recreation
- model appropriate screen behaviours and self-regulation to children
- ensure that under no circumstances screen-time is used as a reward or to manage challenging behaviours
- adhere to the recommended timeframes for 'screen time' according to Australia's Physical Activity and Sedentary Behaviour Guidelines
- ensure documentation showcases physical activity experiences and opportunities with families
- participate in professional development to support children's physical health and wellbeing.

## IN RELATION TO FAMILIES OUR OOSH SERVICE WILL:

- ensure the *Physical Activity Policy* is available to be viewed and reflected upon
- provide information and ideas about physical activity to promote children's physical health and wellbeing
- encourage families to share information about cultural backgrounds in relation to physical activity, language, traditional games and their child's sleep requirements
- provide information about recommended screen time for children and support families to understand the negative effects of exposure to digital technology before sleep time
- collaborate with families to ensure children with additional needs have equitable access and are supported in all areas of the learning program.

## THE AUSTRALIAN 24-HOUR MOVEMENT GUIDELINES- 5 TO 17 YEARS

Being active every day has many social, emotional, intellectual and health benefits. All children and Young People (5 to 17 years) should get the right mix of physical activity, inactivity and sleep in each 24-hour period.

Physical activity

- Children and young people should spend 60 minutes or more of moderate to vigorous physical activity per day involving mainly aerobic activities
- Activities may include- football, basketball, bike riding, scooter riding, swimming, dancing
- Provide opportunities for several hours of a variety of light physical activities
- Include activities that are vigorous, as well as those that strengthen muscle and bone at least 3 days per week

- activities such as – running, swinging on monkey bars, climbing, yoga, sit ups, push ups are good muscle strengthening activities
- light physical activities throughout the day are encouraged- such as walking to school, playing handball, helping around the house

Sedentary behaviour

- Screen time should be limited to no more than 2 hours per day
- Children should avoid sitting for long periods

Sleep

- 9-11 hours for children aged 5-13 years, with consistent sleep and wake up times

Source: Australian Government. Department of Health and Aged Care. *Physical activity and exercise guidelines for all Australians. For children and young people (5 to 17 years). (2021)*

## SAFETY INSTRUCTION WHILE FOR EDUCATORS TO FOLLOW

Children to wear hats for outdoor activities.

Ensure children drink water before starting the activity to stay hydrated.

Keep water bottles accessible for children throughout the activity.

Inspect the activity area for hazards such as sharp objects, uneven surfaces, or wet spots.

- Supervision

Maintain an appropriate adult-to-child ratio to ensure effective supervision.

Position yourself so you can see all children at all times.

Adequate supervision to be followed at all time.

Follow the supervision plan.

- Clear Instructions

Explain the rules, objectives, and safety guidelines of the activity clearly.

Demonstrate the correct use of equipment and proper techniques for the activity.

Set clear boundaries for the play area.

Use cones or markers to designate the safe play zone.

- Monitor Behaviour

Explain the rules and Encourage respectful and mindful behaviour to prevent rough play and collisions.

Intervene immediately if you observe any unsafe behaviour.

Unsafe play, such as gymnastics movements and somersaults, is not permitted at Cubby OOSHFirst Aid Readiness

Keep a fully stocked first aid kit nearby.

- Monitor weather conditions.

For hot days, provide shaded areas and frequent water breaks. For cold or rainy days, ensure children are appropriately dressed and limit exposure.

By following these instructions, educators can create a safe and enjoyable environment for children during physical activities at after school care

## CONTINUOUS IMPROVEMENT/REFLECTION

The *Physical Activity Policy* will be reviewed on an annual basis in conjunction with children, families, staff, educators and management.

## SOURCES


Australian Children's Education & Care Quality Authority. (2023). *Guide to the National Quality Framework.*

Australian Government Department of Health. (2014). Australia's Physical Activity and Sedentary Behaviour Guidelines

Australian Government. Department of Health and Aged Care. (2021). Physical activity and exercise guidelines for all Australians. For children and young people (5 to 17 years)

Early Childhood Australia *Statement on young children and digital technologies*. (2018).

Education and Care Services National Law Act 2010. (Amended 2023).

Education and Care Services National Regulations. (Amended 2023).

*Fair Work Act 2009* (Cth).

NSW Government. Department of Education. (2020). Live Life Well @ School.

NSW Government Health. (2020). *Eat Smart Play Smart.*

NSW Government Health. *Good for kids good for life*

Western Australian Education and Care Services National Regulations

**Child Protection**

Children and young people always have a right to be safe and protected. All educators and management have a legal and moral duty to protect from harm. It is essential when working with children to be aware of indicators of harm and be able to recognise and report concerns regarding suspected harm or protection concerns. Staff are given information and training about child protection law and any obligations they have under that law.

To comply with legislation and provide a child safe environment, educators will keep up to date with child protection requirements; this includes adhering to the Child Protection Policy, updating Child Protection Training as required, and completing the Child Protection Assessment on an annual basis.

For further information please see the "Child Protection Policy"

**Arrival and Departure Authorisation**

National Regulations require our Service to keep a record of children and visitor's arrival and departures, with the signatures of the person responsible for verifying the accuracy of the record and the identity of the person collecting the child.
Educators will work in collaboration with our Arrival and Departure Policy and Student and Visitors Policy to ensure children feel safe and secure. To ensure children's safety, Educators have a clear understanding of their legal obligation to check identification when a person is picking up a child.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 167 Offence relating to protection of children from harm and hazards.
- Education and Care Services National Regulations 2011
  - Part 4.2 Children's Health and Safety
  - Regulation 168 (2)(h) Providing a child safe environment
- National Quality Standards
  - Standard 2.2 Safety
  - Standard 3.1 Design
  - Standard 7.1 Governance
- Child Protection Act 1999 (QLD)
- Working with Children Act 2005 (VIC)
- Children and Young Persons (Care and Protection) Act 1998 (NSW)
- Children and Young People Act 2008 (ACT)
- Ombudsman Act 1974 (NSW)

## SOURCES

- The Early Years Learning Framework
- My Time Our Place Framework

- Victorian Early Years Learning and Development Framework
- ACECQA
- United Nations Convention on the Rights of a Child
- Stevenson (2002) “Health and Safety in NSW Child Care Centres: A Blueprint for Success”

# 3.01 Child Safe Environment Policy

## INTRODUCTION

The United Nations Convention on the Rights of the Child outlines that children and young people have a right to be safe and cared for, no matter where they are or who they are with. When working with children and young people, it is important to understand children's rights and needs.

## PURPOSE

At Cubby OOSH, we are advocates for children and have a strong commitment to child safety and establishing and maintaining a child safe and child friendly environment.

## SCOPE

Our Service has a legal and ethical responsibility to provide a safe and friendly environment where all children are respected, valued and encouraged to reach their full potential. We aim to take all practical steps to protect children from harm, ensuring a healthy and safe environment.

- Provide a safe environment, indoors and outdoors.
- Offer children opportunities to take acceptable risks and challenges.
- Maintain the safest possible environment for the engagement of children.
- Demonstrate to children the correct processes for engaging in activities safely.
- Foster children's independent decision-making.

The National Law requires management to ensure all children being educated and cared for are adequately supervised and every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury. Our focus is to build a child safe environment which is reflected in our Service policies and procedures and understood and practiced by Educators and Staff, inclusive of, but not limited to:

- Any potentially toxic substances (e.g. cleaning materials) are secured from access by children.
- Toys and equipment are selected by their appropriateness and safety for the ages of the children at the Centre.
- All Cubby OOSH services are a Tobacco, Drug and Alcohol-Free service (Refer to: No Smoking Policy and Illicit Drug, Alcohol & Illegal Substance Policy)
- The environments are set up to meet the requirements of Sleep and Rest periods for Children (Refer to Safe Sleep and Rest time policy)
- All Food is stored correctly, and kitchen and dining facilities are of high health and hygiene standards
- All safe environment checklists are complete daily to indicate as record of safe environments provided to children.

- All Educators are aware of their roles of Mandatory Reporting and Child Protection requirements
- Ensure recruiting processes are of high standards, and inductions into the service support the safe environments
- Educator to child ratios are maintained at appropriate levels to allow adequate supervision of the children:

**State Specific Educator to Child Ratio's**

| State Specific | Educator to Child Ratio: Children over Preschool Age | Educator to Child Ratio: Children over Preschool Age on Excursion | Educator to Child Ratio: Children over Preschool Age walking Excursion | Educator to Child Ratio: Children over Preschool Age – Water Excursion |
|---|---|---|---|---|
| **NSW** | 1:15 | 1:10 | 1:8 | 1:5 |

## IMPLEMENTATION

### Safety Checklists

Regular safety checks maintain basic standards of safety within our Service. Educators will complete the following daily checklists to assist and record inspections of the physical environment where foreseeable risks may be evident and cause harm or injury to a child:

- Indoor Environment Checklist
- Daily Hazards Identification Checklist

Any findings that require attention will be either dealt with immediately or submitted into the maintenance book depending on priority.

### Storage of Hazards Substances

We reduce the risk of harm to children and educators by using eco-friendly products. Our Service will endeavour to provide a safe environment where necessary and chemical and hazardous equipment are safely stored away from children and handled appropriately.
Management and Educators will keep a register of hazardous chemicals used at the Service, including Safety Data Sheets.

### Equipment, Furniture and Maintenance Record

There are several factors that can contribute to a hazard, such as a deprived program, insufficient supervision and dilapidated equipment. To ensure a child safe environment free from hazards, we have implemented practices and continue to monitor Service policies and procedures that uphold Australian Safety Standards.
The premises and all equipment and furniture used within the Service are audited to ensure all aspects are safe, clean and in good repair. We understand that hazards are specific to developmental stages; Educators are aware that toys and equipment need to be checked to ensure they are safe and developmentally appropriate for children. Regular checks occur within the Service to ensure that all toys, furniture and equipment are in good condition and working order.

**Risk Assessment and Risk Assessment Tool**

It is a legislative requirement that Management and Educators implement a risk management system where they identify and manage hazards within the workplace to ensure a child safe environment. The key principles of risk management include:

1. Identifying all hazards in the workplace
2. Assess the risk of each hazard
3. Control or manage the risk
4. Monitor and improve safety

It is the responsibility of all staff and educators at the Service to complete a risk assessment where children's safety may be jeopardised and when organising an excursion/centre event. Common hazards within the Service which may require a risk assessment include:

- Cross-Infection and Infectious Disease
- Building and Equipment (including storage)
- Inadequate space for conducting activities and experiences
- Hazardous Chemicals
- Electrical appliances
- Food preparation and Storage
- Environmental influences such as shade, noise etc
- Fire equipment
- Pets and/or animals
- Inadequate supervision of children
- Children's activities and experiences
- Work Health and Safety such as manual handling
- Non-Compliance risk
- Hot drinks

**Recruiting, Onboarding and Induction**

Cubby OOSH has a duty of ensuring our Recruiting, Onboarding and inducting of new Team members is done of high standards, and ensuing we are creating team dynamics that encompass Child welfare

as our primary focus. We work directly and cohesively with our People and Culture team to ensure our job advertisements are specific to the requirements for our services, the role descriptions and inclusive of the Cubby OOSH philosophy. All our advertisements outline the requirements of, but not limited to:

- Comprehensive understanding of the National Quality Standards and Early Years Learning Framework.
- Holds a current Working with Children Check specific to the state of potential employment
- Holds current First Aid, CPR and Asthma and Anaphylaxis qualifications

All potential candidates will undergo adequate processes prior to becoming successful for a role within Cubby OOSH. This is inclusive of phone screening, Face to Face interviews, contact of References, ensuring the candidates Working with Children Check is Clear, and ensuring all qualifications are ACECQA approved. The recruiting and onboarding is a lengthy process of which Cubby OOSH values in ensuring we are highly selective to meet the requirements of the service and place all Children within our care in a safe environment.

Inductions at Cubby OOSH are extensive, with both Online and onsite training. All new Team Members are set up MyRapid Portal, and must complete their Induction training at the beginning of their commencement of employment. All new team members will also complete their Induction checklist with all relevant parties to ensure full understanding of the role they play in creating safe environments within Cubby OOSH services.

**Working with Children Check**

A working with Children Check is required in across all states and forms part of a screening process for Employee's and Volunteers working with Children and young people. The screening process assesses the applicants:

- Prior history and criminal records in all states of Australia, inclusive of: Sexual, physical and drug related charges.
- Prior professional misconduct
- Compliance with health practitioner legislation
- Reporting obligations or orders under the following Acts:
  - Sex Offenders Registration Act 204
  - Serious Sex Offenders Monitoring Act 2005
  - Serious Offenders Act 2018

The purpose of the Working with Children Check is to contribute to the creation of safe and supportive environments for children and young people when receiving services and participating in activities which are essential to their development and wellbeing, such as child care, education, sport, and cultural activities.

| State Specific | State Working with Children Check |
|---|---|

| | |
|---|---|
| **NSW** | https://www.kidsguardian.nsw.gov.au/ |
| **ACT** | https://www.accesscanberra.act.gov.au/app/answers/detail/a_id/1804/~/working-with-vulnerable-people-%28wwvp%29-registration |
| **QLD** | https://www.qld.gov.au/law/laws-regulated-industries-and-accountability/queensland-laws-and-regulations/regulated-industries-and-licensing/blue-card-services |
| **VIC** | https://www.workingwithchildren.vic.gov.au/ |

Responsibilities:

- It is the team member's responsibility to ensure they have applied for a Working with Children Check / Card, and prior to employment, Cubby OOSH will sight all Educators Card for validating.
- Cubby OOSH will ensure the check / card is cleared through their state specific online checker (see above webpage link to validate).
- The Centre Director will ensure to regularly check that every paid and volunteer team members Working with Children's Check / card is validated.
- The Centre Director must keep a record of the number, type and expiry date of all team members Working with Children Check / Cards.
- That team members will report any changes of their employment to their state specific governing Working with Children's Check body within 21 days as outlined within the Act.
- Cubby OOSH will support workers if a Negative Notice is enforced, ensuring that immediate steps are to be taken to protect children from harm.

**Child Protection**

Children and young people always have a right to be safe and protected. All educators and management have a legal and moral duty to protect from harm. It is essential when working with children to be aware of indicators of harm and be able to recognise and report concerns regarding suspected harm or protection concerns. Staff are given information and training about child protection law and any obligations they have under that law.

To comply with legislation and provide a child safe environment, educators will keep up to date with child protection requirements; this includes adhering to the Child Protection Policy, updating Child Protection Training as required, and completing the Child Protection Assessment on an annual basis.

For further information please see the "Child Protection Policy"

**Arrival and Departure Authorisation**

National Regulations require our Service to keep a record of children and visitor's arrival and departures, with the signatures of the person responsible for verifying the accuracy of the record and the identity of the person collecting the child.

Educators will work in collaboration with our Arrival and Departure Policy and Student and Visitors Policy to ensure children feel safe and secure. To ensure children's safety, Educators have a clear understanding of their legal obligation to check identification when a person is picking up a child.

**Children in our care environment**

In alignment with Policy 5.02 on guiding children's behaviour, our Safe Environment Policy (Policy 3.01) underscores the importance of ensuring all children within our care are well supervised to maintain a secure environment. Should a child continuously engage in behaviours such as running away, thereby jeopardizing the safety of themselves and others, interventions will be implemented in accordance with Policy 5.02. This ensures that our approach to maintaining a safe environment is consistent with our strategies for managing challenging behaviours, promoting the overall well-being of all children under our care.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 167 Offence relating to protection of children from harm and hazards.
- Education and Care Services National Regulations 2011
  - Part 4.2 Children's Health and Safety
  - Regulation 168 (2)(h) Providing a child safe environment
- National Quality Standards
  - Standard 2.2 Safety
  - Standard 3.1 Design
  - Standard 7.1 Governance
- Child Protection Act 1999 (QLD)
- Working with Children Act 2005 (VIC)
- Children and Young Persons (Care and Protection) Act 1998 (NSW)
- Children and Young People Act 2008 (ACT)
- Ombudsman Act 1974 (NSW)

## SOURCES


- The Early Years Learning Framework
- My Time Our Place Framework
- Victorian Early Years Learning and Development Framework
- ACECQA
- United Nations Convention on the Rights of a Child
- Stevenson (2002) "Health and Safety in NSW Child Care Centres: A Blueprint for Success"

# 3.02 Maintenance of Buildings, Grounds & Equipment Policy

## INTRODUCTION

For the safety and well-being of team members and children, childcare providers have a legal responsibility to ensure all premises are safe, maintained and of high standards. All equipment must be in good repair and appropriate to the needs of children.

## PURPOSE

Cubby OOSH have a commitment and obligation to ensure the safety of Building, Grounds and Equipment to all stakeholders affiliated with our services, and ensure we are providing a safe environment for all.

## SCOPE

- Provide a safe and secure environment.
- Provide team members with current information about building and equipment safety.
- Implement periodical building and equipment safety checks.
- Implement an effective maintenance system to rectify faults by repair or replacement

## IMPLEMENTATION

- All services to appoint a WH&S Officers to ensure safety audits are conducted and mentor the teams on creating an maintaining safe environments.
- During team meetings Work Health and Safety (WH&S) issues are discussed. These are to be documented as per WH&S guidelines. Any risks are to be identified and a "Risk Management Assessment" completed. Team members discuss safety issues with children on a regular basis and, where appropriate, involve them in setting safety practices.
- Whenever centre management wishes to improve the outside environment, the relevant State Department responsible for child care legislation and the relevant State Playground Advisory Unit are contacted for advice on current practices.
- Buildings and all equipment are regularly maintained.
- Equipment chosen to meet children's developmental interests and needs is safe and easily maintained
- Electrical plugs, sockets, power boards or extension cords are inspected according to WH&S regulations.
- Electrical appliances are kept in good working order.
- Provision is made in the budget for regular maintenance and repair work and for deferred costs of major capital repairs.
- Management keeps a list of fully licensed and insured tradespeople, reviewed annually.

- The list of approved tradespeople is available to the Centre Director.
- Soft-fall surfacing is checked and maintained appropriately.
- A maintenance gardener makes regular visits to "up-keep" any outside vegetation. Staff may also incorporate gardening experiences into the program to assist in the maintenance of gardens.
- All plants are studied prior to purchasing and planting to ensure they are safe and not poisonous/harmful.
- Equipment is regularly washed and cleaned.
- Recycled craft materials are checked for potential hazards.

- Parents are encouraged to notify team members of any identified maintenance that they might notice.
- Anything that requires maintenance is reported to the Centre Director as soon as possible.
- If faulty equipment is identified, it is removed immediately.
- Protective barriers are placed around any potentially dangerous building faults.
- A Maintenance Form is available to record any maintenance issue that needs to be addressed.
- The Maintenance Form records:
  1. The type of problem.
  2. The date that it was observed.
  3. Who notified the Centre Director and when.
  4. What has been done to rectify the problem.
  5. The date repairs took place.
  6. The tradesperson(s) employed to repair the problem.
- For urgent repairs, the Centre Director immediately contacts a tradesperson from the approved list to attend to the problem.
- Non-urgent repairs are recorded in the maintenance book. The Centre Director notes these in his/her report and brings it to the attention of Management at the earliest opportunity. Management then arranges for the maintenance items to be attended to.
- For major repairs, a minimum of three quotes is sought and reviewed by Management who will make a decision on a further course of action.
- For future reference, the Centre Director also gives a review of any works completed by tradespeople.
- Should the Centre be considered unsafe or as being a health risk, it will be closed after notice has been given to all relevant parties until the problem has been rectified.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 167 Offence relating to protection of children from harm and hazards
- Education and Care Services National Regulations
  - Regulation 103 Premises, furniture and equipment to be safe, clean and in good repair
  - Regulation 104 Fencing
  - Regulation 105 Furniture, materials and equipment
  - Regulation 106 Laundry and hygiene facilities

- National Quality Standards
  - Standard 2.2 Safety
  - Standard 3.1 Design
- Occupational Health and safety Regulation 2001 (NSW)
- Work Safety Legislation Amendment Act 2011 (ACT)
- Workplace Health and Safety Regulation 2011 (QLD)
- Workplace Health and Safety Act 2004 (VIC)

## SOURCES


- The Early Years Learning Framework
- My Time Our Place Framework
- Victorian Early Years Learning and Development Framework
- ACECQA
- Kidsafe Australia
- Childcare Safety Australia
- Patrick Woods - Solicitor
- Stevenson (2002) “Health and Safety in NSW Child Care Centres: A Blueprint for Success”

# 3.03 Pest Control Policy

## INTRODUCTION

It is essential to provide a safe environment that Child Care services follow strict procedures to eliminate the access and attraction of varieties of common pests and vermin as possible. The use of chemical deterrents for pests and vermin should be avoided wherever possible and used minimally if necessary.

## PURPOSE

Cubby OOSH has a commitment to ensure our services are safe and environments clean and implement pest control solutions to sustain a safe and clean environment. We strongly believe, if we operate our services under strict guidelines of cleaning, that we are preventing our services from requiring the need to incorporate unwanted and harmful chemicals which eliminate the infestation of pests.

## SCOPE

- Provide an environment that is clean, safe and free of pests and vermin across all areas of the service, and surrounding areas.
- Make every effort to discard of rubbish appropriately and effectively.
- Make every effort to detect any pests and act in accordance to minimise and cease immediately.
- Limit the use of chemical deterrents.

## IMPLEMENTATION

- Equipment and food items especially are stored responsibly to minimise any attraction for pests and vermin.
- Waste is disposed of after every session of the day E.g. after a nappy shift, after lunch has been prepared.
- Food distribution areas and storage are cleaned immediately after use and maintained hygienically.
- All areas are checked daily for any signs of pests or vermin.
- Should any pests or vermin be identified then action is taken to rid the centre of the problem by:
    1. Initially using non-chemical methods such as physical removal, checking the cleanliness of the affected area and the use of any appropriate non-chemical products;

2. Using low-irritant, environmentally-friendly sprays at the minimum effective level, only with adequate ventilation and preferably not in the presence of the children;
3. Employing the services of a commercial pest control company or other more stringent use of approved pest-control chemicals outside of operating hours should the above methods fail.

- All parents are to be notified of any use of chemicals.
- Any use of chemical products is conducted outside the hours of the children's and staff presence in the building except in extreme circumstances.
- If the use of a chemical product is unavoidable during operating hours, children, staff and parents are removed from the affected area for as long as is safe and viable.

**NOTE:** Recent scientific information has revealed that touching or ingesting garden snails or slugs can lead to a serious infection called "Lungworm". Therefore, every effort is made to ensure that Cubby OOSH premises are free of these pests and that children are directed not to touch either pest if encountered. If children do make contact, they must be directed to wash their hands thoroughly.

## STATUATORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 167 Offence relating to protection of children from harm and hazards
- Education and Care Services National Regulations
  - Regulation 77 Health, hygiene and safe food practices
  - Regulation 103 Premises, furniture and equipment to be safe, clean and in good repair
- National Quality Standards
  - Standard 2.1 Health
  - Standard 2. 2 Safety
  - Standard 3.1 Design

## SOURCES


- The Early Years Learning Framework
- My Time Our Place Framework
- Victorian Early Years Learning and Development Framework
- ACECQA
- Rentokil: Pest and Inspect Identification
- Peter Banks | Associate Professor in Conservation Biology, University of Sydney

# 3.04 Tagging of Electrical Equipment Policy

## INTRODUCTION

The avoidance of potentially lethal electrical shock is paramount when using equipment requiring an electrical connection. Cords connecting appliances and equipment to the electricity supply can be damaged or deteriorate over time and must regularly be inspected.

Statutory regulations for the inspection and "tagging" of all electrical appliances, power-boards and electrical cords are followed at Cubby OOSH services. Electrical cords or equipment found to be faulty must be removed from use immediately and either disposed of or repaired by a licensed electrical contractor and only returned to use when "tagged" as safe.

## PURPOSE

Cubby OOSH is commitment to providing a safe environment for the use of all Electrical Equipment across all services.

## SCOPE

- Ensure that all electrical equipment used within our service is safe.
- Implement a documented routine for the inspection and "tagging" of all electrical equipment.
- Employ only qualified electricians.
- Ensure that Team Members are diligent in their safe usage of electrical equipment and are alert to emerging issues such as fraying cords and loose connections.
- Ensure that children have the maximum protection from the potential dangers in the use of electrical equipment.

## IMPLEMENTATION

- Every twelve months, School Management arranges to have a qualified electrician visit the centre to inspect and "tag" all electrical equipment. Documentation about the inspection is retained at the Centre with a copy sent to the Support Office.
- Team Members are to perform a visual check of electrical equipment used to detect any potential hazards. This is to be checked on the Centre's Daily Checklists.
- If for any reason, a Team member is concerned about the safety of an electrical item, they remove it from use and report their concerns to the Centre Director.
- All power points are covered by either a cord connected to approved equipment or a plastic cover to prevent objects being "poked" into the power point.
- Children are instructed to avoid power points and are not permitted to connect or disconnect equipment from the power source.
- When not in use, cords are to be taken out of electrical items and power points and stored in a locked cupboard.  This cupboard is only accessible to adults.

- Any electrical equipment found to be faulty is removed immediately from use and either repaired professionally or replaced.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 167 Offence relating to protection of children from harm and hazards
- Education and Care Services National Regulations
  - Regulation 103 Premises, furniture and equipment to be safe, clean and in good repair
  - Regulation 105 Furniture, materials and equipment
- National Quality Standards
  - Standard 2.2 Safety
  - Standard 3.1 Design

## SOURCES

- The Early Years Learning Framework
- My Time Our Place Framework
- Victorian Early Years Learning and Development Framework
- ACECQA
- Kidsafe Australia
- Childcare Safety Australia

# 3.05 Environmental Sustainability Policy

## INTRODUCTION

**Environmental education** can be defined as learning about the environment and how natural systems function; the interconnectedness of plants, animals, humans and the planet we inhabit.

Environmental education promotes acquisition of knowledge, skills and values about the environment, often with a science and nature focus. In a childhood setting, everything that happens within a day can be viewed as educational. Environmental education in an early childhood setting is integrated into these everyday elements. The aim of environmental education is to promote informed and skilled citizens who demonstrate environmental awareness and are willing, interested and able to take action to address environmental issues.

**Sustainability** can be defined in a broader and more holistic context of education for the environment.

The complexities of social, environmental and economic systems are acknowledged and their implications for sustaining life are considered.

## PURPOSE

Cubby OOSH believes that the main aim of an environmental/sustainability program is to provide children with the knowledge, skills and attitudes to assist them to become environmentally responsible.

## SCOPE

The aim of education for sustainability is to promote a sense of responsibility, respect, empowerment, active participation, enquiry and social change.

Participating in environmental and sustainable activities can encourage the development of children's sense of responsibility and empowerment.

Cubby OOSH provide opportunities for children to connect with and embrace the natural world, develop lifelong skills that promote sustainability and serve as role models for environmental and sustainable practices.

## IMPLEMENTATION

**Providing Natural Environments**

*The approaches that Cubby OOSH will utilise may include but are not limited to:*

- Providing settings that include a variety of flora and fauna both in the indoor and outdoor environments. It may include the:

- Introduction of pets and involving the children in their care
- Planting and caring for indoor and outdoor plants
- Observing plants and animals that occur naturally in the Education and Care Service
- Using Natural materials to set up play areas. For example:
- Pebbles
- Logs
- Large rocks rather than manufactured barriers
- Using bark, twigs or sticks to display children's creative work
- Wicker/cane baskets to store items on the children's shelving

- Using recycled and homemade equipment as well as manufactured resources. For example:
    - Recycled plastic bottles for sand scoops
    - Old pots and pans for dramatic play both inside and out
    - Using everyday equipment in innovative ways. This enables children to develop their resourcefulness and creativity during play
    - Introduce activities such as nature treasures and nature walks to stimulate children's curiosity and encourage them to interact with their natural world
- Use natural materials within other aspects of the program. For example
    - Seed pods, pebbles and leaves for collage or numeracy experience (counting, sorting and classifying, patterning etc.)
    - Painting with natural implements such as sticks, leaves and feathers
    - Adding natural elements to sand and water play e.g. pebbles, sticks, leaves etc.

**Encouraging Children's Participation through Respectful Collaboration**

*Collaboration with children may include, but is not limited to, the following strategies:*

- Engaging them in one to one and small group discussions about sustainable practices. These discussions are usually prompted by things as simple as the children seeing the local council recycling truck, noticing how full a garbage bin is or noticing how many scraps are left over from meal times.
- Encouraging them to participate in a recycling program, or involving them in developing and implementing new strategies for recycling materials. E.g:
- Using materials donated by families for art and craft
- Donating items from their families to local charities
- Discussing environmental and sustainability issues with the children and seeking their ideas and opinions
- Involving the children in the research about environment and sustainability issues utilising information technology such as internet, smart boards etc.

**Establishing Environmentally Sustainable Practices within the Service**

*Some practices that Cubby OOSH may adopt, may include, but are not limited to:*

**Recycling**

- The centre will attempt to recycle all recyclable products, i.e. all glass jars, bottles, aluminium cans, steel cans, paper, cardboard, and plastic packaging.

- The Nominated Supervisor contacts their local Council, for details of recycling services in their areas. Education and Care Services are required to establish and maintain recycling containers.
- We recommend that the organic waste from cooking be regularly decomposed to produce garden fertiliser.
- We encourage re-use of packaging material in children's craft activities, e.g. collage, printing objects, construction etc.

**Encourage the use of natural and recyclable materials**

Educators, families and children are to be encouraged to look at all pieces of unwanted items for their creative potential. For instance, old greeting cards are suitable for cutting and pasting; old wrapping paper for tearing or cutting and pasting. At Cubby OOSH we aim to use recycled paper, e.g. computer paper, architect paper, photocopy paper and newspaper off cuts, etc. We also purchase recycled paper for our administrative needs.

**Adopt procedures to minimise pollution of water systems.**

- Use sink sieves for holding solid matter from going into the drain.
- Wrap paints, glue oils, fats etc. in newspaper before disposing in the garbage bin.
- Minimise the use of vinyl paint.

**Utilise strategies to help conserve the use of fossil fuels, which are responsible for greenhouse effect and ozone layer depletion.**

*In our kitchens at Cubby OOSH we encourage:*

- Covered Saucepans - It costs four (4) times as much to bring the contents of an uncovered saucepan to a boiling point
- Microwave ovens whenever possible
- Appliances with high energy ratings
- Our hands as much as possible
- Florescent or energy efficient light bulbs
- Defrosted foods
- The dishwasher only when full
- Refrigerators where seals are secure. A good seal is able to hold a piece of paper in place when the door is closed

*In our laundry's at Cubby OOSH we encourage:*

- The sun and wind for drying wet washing as much as possible
- Washing machines or dryer which are energy-efficient
- Cold water and cold water detergents whenever we can

- Solar energy where ever possible (Please note that their high installation costs get covered in terms of long term saving)

**Encourage the Participation of Families to ensure continuity.**

*We will encourage participation by families by:*

- Involving families in the services philosophy development that includes environment and sustainability
- Displaying information that outlines the services policies and philosophy regarding the environment and sustainability
- Utilises the services memo's to inform families of current environmental issues and related activities that are occurring in the service
- Requesting and recognising families donations of recycled materials and other items for use in the centre
- Invite families to environmental and sustainability activities that are occurring in the service e.g. tree planting ceremony and opening of vegetable garden.

**Liaise with community groups to stay current with best practice**

*Some strategies Cubby OOSH may use to liase with community groups may include:*

- Local resources and organisation are a wealth of information and are usually happy to assist.
- Councils or environmental organisations may be able to assist with the development of the services philosophy and sustainability plans
- Local hardware stores sometimes have promotions that may assist. E.g. some Bunning's stores provide worm farms and garden beds for child care centres

**Supporting Educators to Promote Environmental Education.**

*Ways that this can be achieved may include, but are not limited to:*

- Developing a staff carer resource library which includes current information on environment and sustainability issues
- Providing professional development opportunities for those educators that are passionate about the environment and sustainability as well as those still in the early stages of understanding
- Ensuring the Educators have the necessary resources that reflect the service policy on the environment and sustainability. For example: books, puzzles, wall posters, games etc.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
  - Regulation 73 Educational program
- National Quality Standards
  - Standard 3.1 Design
  - Standard 3.2 Use

## SOURCES


- The Early Years Learning Framework
- My Time Our Place Framework
- Victorian Early Years Learning and Development Framework
- ACECQA
- Extract from Putting Children First Newsletter Environmental Experiences in Childcare Sept 2006
- Environmental Education in Early Childhood
- Aussie Childcare Network: Sustainability Practises in Childcare

# 4.01 Code of Conduct Policy

## INTRODUCTION

We believe in maintaining an inclusive and welcoming environment and workplace that motivates and facilitates personal growth and development for staff and educators. The values that underpin our work ethic include equality, respect, integrity, and responsibility.

## PURPOSE

Cubby OOSH aims to establish a common understanding of workplace standards and ethics expected of all employees of the Service. We aim to ensure positive working relationships are formed between all educators and management, promoting dignity and respect by avoiding behaviour which is or may be perceived as harassing, bullying, or intimidating. Educators and management will at all times conduct themselves in an ethical manner and strive to ensure that all interactions are positive and respectful and are in accordance with the Service's philosophy. This includes supporting the principles of the My Time Our Place V2.0 Framework and the National Quality Framework, ensuring school-aged children are respected as competent individuals.

## SCOPE

The Approved Provider, Nominated Supervisor, Educators and Staff, Volunteers, and Students will adhere to the Early Childhood Australia Code of Ethics, National Regulations and Quality Standards, and Service policies and procedures at all times, promoting positive interactions both within the Service and the local community. They will also acknowledge the unique developmental needs and capabilities of school-aged children in an Out of School Hours Care setting.

**Respect for People and the Service**

- Employees and Management are committed to the Service philosophy and values, inclusive of best practice in school-age education and care and building positive partnerships with children, families, and staff.
- Effective, open, and respectful reciprocal communication and feedback between employees, children, families, and management is conveyed.
- It is important to treat colleagues, children, and families with respect. Bullying or insulting behaviour, including verbal and non-verbal aggression, abusive, threatening, or derogatory language or intimidation towards other employees, children, visitors, or families is unacceptable and will not be tolerated.
- Employees are committed to valuing and promoting the safety, health, and wellbeing of employees, volunteers, children, and families. They will actively foster an inclusive environment that values Aboriginal and Torres Strait Islander perspectives and cultural safety.
- Employees are committed to an Equal Opportunity workplace and culture which values the knowledge, experience, and professionalism of all employees, team members, and managers, and the diverse heritage of our families and children.

## IMPLEMENTATION

**Expectations of Employees:**

Employees Will:

- Ensure their work is carried out proficiently, harmoniously, and effectively. They will act in a professional and respectful manner at all times whilst at work, giving their full attention to their responsibilities and adhering to all Service policies, procedures, laws, regulations, and National Quality Standard.
- Act honestly and exercise attentiveness in all Service operations. They will carry out all lawful directions, retaining the right to question any direction which they consider to be unethical. If uncertain they can seek advice from the Nominated Supervisor, Area Manager or Approved Provider.
- Have a solid understanding of the Service's policies and procedures; if uncertain about the content of any policy or procedure with which they must comply, employees should seek clarification from the Nominated Supervisor or Approved Provider.
- Be courteous and responsive when dealing with colleagues, students, visitors, children, and families.
- Work collaboratively with colleagues.
- Be mindful of their duty of care towards themselves and others.
- Be positive role models for children at all times, modelling respectful conflict resolution and inclusion.
- Respect the rights of all children and support their autonomy and participation in decisions that affect them.
- Respect the confidential nature of information gained about each child participating in the program.

**Expectations of Leaders and Management**

In addition to the above responsibilities, leaders and management are expected to:

- Promote a collaborative and interconnected workplace by developing a positive working environment where all employees can contribute to the ongoing continuous improvement of the Service.
- Promote leadership by working with employees and providing opportunities for professional development and growth.
- Provide ongoing support and feedback to employees.
- Keep employees informed about essential information and changes and make documents readily accessible to them.
- Model professional behaviour at all times whilst at the Service.
- Implement supportive and effective communication systems, consulting employees in appropriate decision making.
- Take appropriate action if a breach of the code of conduct occurs.
- Share skills and knowledge with employees.
- Give encouragement and constructive feedback to employees, respecting the value of different professional approaches.

**Reporting a breach in the code of conduct:**

- All employees are required by law to undergo a Working with Children Check, which is verified by the employer.
- If employees become aware of a serious crime committed by another employee, they are required to report it to management.
- All employees must report possible risk of harm to children or young persons to management.
- Employees will report any concerns they may have about inappropriate actions of any other employee that involves children or young people to management.

**Managing conflict in the workplace:**

- Management will remain objective and impartial when managing conflict in the workplace.
- Management have a responsibility to address a possible breach of the code of conduct by any employee as soon as they aware of the breach.

- Allegations will be investigated and can result in remedial action, or disciplinary action ranging from a caution to dismissal.
- Management will consider all relevant facts and make decisions or take actions fairly, ethically, consistently, and with transparency. If they are uncertain about the appropriateness of a decision or action they will consider:
- whether the decision or conduct is lawful,
- whether the decision or conduct is consistent with Service policies and objectives,
- whether there will be an actual, potential, or perceived conflict of interest involving obligations that could influence the business relationship or conflict with business duties.

**Adhering to service confidentiality:**

- Unless authorised to do so by legislation, employees must not disclose or use any confidential information without appropriate approval.
- All employees are to ensure that confidential information is not accessed by unauthorised people.
- Employees will adhere to the Service's *Privacy and Confidentiality Policy*.

**Record keeping:**

- Employees and Management will maintain full, accurate, and honest records as required by national regulations.
- Managers have a responsibility to ensure that employees comply with their record keeping obligation outlined in the *Record Keeping and Retention Policy*.

**Duty of care:**

- Management and employees have a responsibility to take reasonable care for the health and safety of themselves and others at the workplace to enable compliance with the work health and safety legislation.
- Duty of Care relates to both physical and psychological wellbeing of individuals.
- Management and employees must take reasonable care for the safety and welfare of children and young people in their care. This includes taking all reasonable action to protect children and young people from risk of harm that can be reasonably predicted.

**Social media:**

- The Administrator controls the content on the page and ensures that the postings are relevant and respectful of the Service, the children, the staff, families, and greater community.
- Staff members that have a personal Facebook account are not permitted to post any negative comments relating to the Service, children, colleagues, or families. If they choose to 'like' the Service's page they have a responsibility to ensure that their profile picture is an appropriate representation of an early childhood Educator. If it is not, we request that they do not 'like' the page.
- Staff members are to use their own personal discretion when adding a family of the Service as a 'friend' on Facebook. The Service does not recommend staff to add families of the Service as they will be seen still as a representative of the Service and held to the Service's Code of Conduct on all posts on their private 'wall' if families have access.
- Families are asked in our Social Media policy to respect that staff may have a personal policy on adding families due to their professional philosophy and that the Service does not recommend staff to have families as friends on their private account.
- Staff members are not permitted to request the 'friendship' of families from the Service.

**Use of alcohol, drugs, and tobacco**

- Smoking is NOT permitted in or on surrounding areas of the Service.
- It is expected that the odour of cigarette smoke will not be detected on an employee's clothing. If an employee is found smoking on the premises, that employee may be terminated. Our Service supports the Smoke Free Environment Act 2000. The company and its employees will follow all conditions outlined in this act.
- Our Service is bound by the Education and Care National Regulations. As such, alcohol, drugs, or other substance abuse by employees can have serious adverse effects on their own health and the safety of others. As such, all employees must not:
  - Consume alcohol nor be under the influence of alcohol while working,
  - use or possess illegal drugs at any workplace,
  - drive a vehicle, having consumed alcohol or suffering from the effects of illegal substances, or
  - bring alcohol or any illegal drugs onto the premises.
- If a co-worker suspects a colleague to be affected by drugs or alcohol, they must inform the Nominated Supervisor immediately. No employee will be allowed to work under the influence of drugs or alcohol.
- Employees undergoing prescribed medical treatment with a controlled substance that may affect the safe performance of their duties are required to report this to the Nominated Supervisor.
- All issues pertaining to these matters shall be kept strictly confidential. A breach of this policy may initiate appropriate action including the termination of employment.

**Dress code:**

- All employees must adhere to our uniform/dress code supplied during induction.
- Enclosed shoes must be worn at all times (strictly no high heels, thongs, or wedges).
- Clothes must be suitable for free movement, active play, and messy play.
- No offensive logos or political statements are to be displayed on clothing.

**Personal Hygiene**

All employees are to adhere to the following standards:

- Hair is to be clean and look presentable.
- Makeup is to be light and natural.
- Fingernails are to be clean and well groomed.
- Employees will follow appropriate oral hygiene practices.
- An appropriate deodorant/antiperspirant to be worn.
- Strong perfumes will not be worn as they may cause allergic reactions in children.

**Personal phone calls/mobile phones**

- Employees are not authorised to use the Service's phones for personal reasons unless in the case of an emergency.

No personal mobile phones are to be used or carried during working hours. *(OOSH Educators only- some centres due to high numbers carry their personal phone in their pocket (approved by NS) to contact each other for ratio. i.e. when a group of childcare and educators are outside - they may text children numbers to NS i.e. (Must be approved by NS or area manager for work* reasons)

- No personal mail or deliveries should be directed to the Service unless prior approval has been granted by the Nominated Supervisor/management.
- Educators and staff are not to contact families or children of the Service for personal reasons.

**Service email**

- Email is to be used only for company usage, not for private communications.
- Passwords and access privileges are strictly confidential and to be used only by the Educator issued with that access, or persons delegated to know and use that access in the normal course of operation.
- It is the responsibility of the authorised user to take fair and reasonable steps to ensure the passwords and other forms of access are held safe.
- Employees are to be aware that their Service email account may be accessed by Management at any time.

**Dismissal**

All staff members are made fully aware that the following breaches of the Code of Conduct and role responsibilities may lead to termination of employment:

- Reporting to work under the influence of alcohol or drugs.
- Refusal to complete required additional training.
- Possessing or selling drugs at the Service.
- Immoral, immature, or indecent conduct while at the Service.
- Inappropriate use of company equipment and/or resources.
- Possessing a dangerous weapon whilst at the Service.
- Bringing disrepute to the Service.
- Causing disruption or discontent in the relationship between a family and the Service.
- Disclosure of confidential information.
- Falsifying documentation.
- Associating with families without disclosing this information with management.
- Taking, abusing, defacing, or destroying company property.
- Interfering with work schedules.
- Falsification of reports, documents, or wages information.
- Failure to report for work without notice.
- Walking off the job.
- Failure to follow policies and procedures.
- Vulgarity or disrespectful conduct to families, management or colleagues.
- Making or publishing false, vicious, or malicious statements about any employee of the Service, or the Service itself.
- Failure to hand in lost property (this is regarded as stealing): Lost property is to be handed to the Nominated Supervisor.

**Disciplinary Action**

All staff members are made fully aware that continued abuse of the following may result in disciplinary action. These include, but are not limited to the following:

- Unauthorised absence.
- Consistent or ongoing late arrivals and/or unauthorised extended breaks.
- Having personal visitors whilst on shift.
- using personal mobile phone or device to access social media such as Facebook, Instagram, Twitter, TikTok etc.
- Using a personal mobile phone or device to take photographs of the children.

- Unauthorised distribution of Service resources or materials.
- Consistent or ongoing poor work standard.
- Carelessness in the performance of duties.
- Consistent or ongoing low level of enthusiasm.
- Lack of personal cleanliness and hygiene.
- Failure to report health, fire, or safety hazards.

**CODE OF CONDUCT AGREEMENT**

| | | | |
|---|---|---|---|
| I have read and understood the Services Code of Conduct and agree to abide by the provisions set out in the Code of Conduct at all times. Failure to do so may lead to disciplinary action or dismal. | | | |
| NAME | | SIGNATURE | |
| POSITION | | DATE | |

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
  - Regulation 168 Education and care services must have policies and procedures
- National Quality Standards
  - Standard 4.2 Professionalism
  - Standard 7.2 Leadership
- Australia's Anti-discrimination Law

## SOURCES

- ACECQA
- Early Childhood Australia Code of Ethics
- Australian Government: Department of Education

# 4.02 Responsible Person Policy

## INTRODUCTION

A Responsible Person must be physically in attendance at an Early Education service at all times that the Service is educating and caring for children/operating.

*Approved providers are responsible for appointing a Responsible Person who is aged 18 years or older, has adequate knowledge and understanding of the provision of education and care to children, and has an ability to effectively supervise and manage an education and care service (ACECQA, 2017)*

## PURPOSE

Cubby OOSH is committed to meeting our duty of care obligations under the National Law and Regulations to ensure a Responsible Person is on the premises at all times to ensure the health, safety, wellbeing, learning, and development of all children at the service is maintained at all times.

## SCOPE

A Responsible Person will be on the premises at all times, and the details of the Responsible Person will be readily available to families and visitors.
If the Responsible Person leaves the premises, they will 'hand over' obligations for the role to another duly appointed person at the Service. It is vital that all hand-overs to a designated Responsible Person are documented when commencing this position throughout the day. The process for determining the Responsible Person will be clear to all educators and staff, and procedures will be followed at all times. Both the outgoing and incoming Responsible Persons will ensure the displayed name of the current Responsible Person at the Service correctly reflects who presently holds the position.

Our Service will have one Responsible Person present at all times when caring for and educating children.

A responsible person is:

- An Approved Provider,
- A Nominated Supervisor, *or*
- A duly appointed person, 18 years or older, fit and proper, and have suitable skills.

## IMPLEMENTATION

**Management will ensure:**

- A Responsible Person is appointed.
- The Responsible Person is over the age of 18 years.
- The Responsible Person meets the minimum requirements for qualification, experiences and management capabilities.
- The Responsible Person has a clear understanding of the role.
- The Responsible Person is a fit and proper person.

- The Responsible Person has a minimum of 3 years' experience working as an educator in an Education and Care Service
- A Responsible Person is on duty from the time the Service opens each day until the time the Service closes.

- The Responsible Person interchanges with the Nominated Supervisor in their absence.
- Responsible Persons are aware that they have to sign off when they have finished their duty and will ensure the Nominated Supervisor or appointed Responsible Person will sign on and take on the role.
- Written consent of the Nominated Supervisor role has been accepted.
- The staff record has the name of the Responsible Person at the service for each time that children are being educated and cared for by the Service.
- The Nominated Supervisor/ Responsible Person signs their name and hours of responsibility on the Responsible Service Record.

**A nominated Supervisor/ appointed Responsible Person will:**

- Sign their name and hours of responsibility on the Responsible Service Register.
- Provide written consent to accept the role of Responsible Person
- Ensure that the identity of the Responsible Person on duty is displayed and available to families and visitors.
- Inform the Director in a timely manner in the event of absence from the Service due to leave or illness so they can be replaced by another Responsible Person.
- Ensure they have a sound understanding of the role of Responsible Person.
- Abide by any conditions placed on the Responsible Person.
- Understand that a Responsible Person placed in day-to-day charge of the Service does not have the same responsibilities under the National Law as the Nominated Supervisor.
- Notify the Regulatory Authority within 7 days of any changes to their personal situation, including a change in mailing address, circumstances that affect their status as fit and proper (such as the suspension or cancellation of a Working with Children Check card or teacher registration), or if they are subject to disciplinary proceedings.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
  - Regulation 150 Responsible person
  - Regulation 168 Policies and Procedures
  - Regulation 173 Prescribed information to be displayed
  - Regulation 177 Prescribed Records
- National Quality Standards
  - Standard 4.1 Staffing Arrangements
  - Standard 7.1 Governance
  - Standard 7.2 Leadership

## SOURCES


- The Early Years Learning Framework
- My Time Our Place Framework
- Victorian Early Years Learning and Development Framework
- ACECQA
- ACECQA. (2017). Responsible Person Requirements for Approved Providers

# 4.04 Team Member Induction Policy

## INTRODUCTION

Induction is considered to be an important process to ensure that all new team members are fully equipped to carry out their duties in the best possible way. The induction process provides new team members with a clear understanding of the service and its operations and what is expected of them within the Centre.

## PURPOSE

Cubby OOSH endeavours to ensure new team members have a clear understanding of Centre policies, practices and procedures before the commencement of employment. This allows all team members to have the appropriate knowledge to carry out their duties.

## SCOPE

New Team Member Induction consists of two elements:

1. Online Induction Training
2. Onsite Induction Training

Through the detailed and extensive training, New Team members will feel empowered to be able to perform their role with ample information, and high level of support.

## IMPLEMENTATION

Before the new team member's commencement, they will have 48 hours to complete an on-line induction. This induction includes a range of questions and information gathered from Cubby OOSH policies and procedures, the Team Member Handbook, the National Regulations and videos.

On the new team members first day of commencement, the Centre Director or Assistant Director of the service will conduct an on-site induction. Included in this induction is:

- Centre operation and hours,
- The service's philosophy and policies,
- The Centre's code of conduct,
- Introductions to existing educators and Management;
- A guided tour of the Centre;
- Being shown where all relevant records are kept;
- Discussion about working arrangements and expectations, including professional code of conduct and duty of care;
- Information about the review and appraisal system;
- The opportunity to ask any questions regarding the Centre or expectations of staff.

All new team members are provided with the following information:

- A job description,
- Emergency procedures and related duties,
- Terms and conditions of employment,
- Superannuation information and forms,
- Taxation forms,
- Probation period, review and appraisal procedures,
- Fair work information.

During the on-site induction, the new team member will be provided with a Mentor who will take them through a 4-week mentor program, who will guide, support, provide feedback and develop the goal-setting and critical reflection of their mentee. The Cubby OOSH Mentor Program has been designed to create a learning relationship that supports, strengthens and develops professional practice.

Inductions are completed annually to ensure all team members are aware and up-to-date will Cubby OOSH policies & procedures.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations
  - Regulation 168 Education and care service must have policies and procedures
- National Quality Standards
  - Standard 4.1 Staffing Arrangements
  - Standard 7.1 Governance
  - Standard 7.2 Leadership

## SOURCES

- The Early Years Learning Framework
- My Time Our Place Framework
- Victorian Early Years Learning and Development Framework
- ACECQA
- Rapid Global (Induction Software)
- New Team Member Kit / Contract

# 4.05 Educator Roster & Routines Policy

## INTRODUCTION

“Every effort is made for children to experience continuity of educators at the service.” National Quality Standard 4.1.2. To facilitate consistency and continuity of care, Early Childhood Education services attempt to maintain a stable Educational team with minimal change. Through the maintenance of a consistent roster and routines, children can develop trusting relationships with all team members.

## PURPOSE

Cubby OOSH services to create a roster/routine, meeting the needs and demands of each individual service.

## SCOPE

- To create a “Family” atmosphere where children can relate consistently to particular team members.
- To arrange the team roster to provide the greatest possible continuity of care.
- To allow team members to build warm, positive relationships with children.
- To create familiar routines for children

## IMPLEMENTATION

- Wherever possible, team members are employed on a permanent full-time or permanent part-time basis to facilitate continuity.
- When casual team members are required, they are drawn, wherever possible, from a discrete group of workers that has familiarity with the Centre, families and children.
- Regular team members familiarise themselves with children’s needs and build understanding and sensitive relationships with children in their care.
- When casual team members must be utilised, permanent team members and the Director provide guidance in relating to children in the most sensitive way.
- Program books, children’s checklists and observations are available to the Centre Director at all times.
- All programs, routines and other helpful information are displayed prominently to aid casual team members and families. Cubby OOSH Educators and Centre Director will induct “Casual” team members before the commencement of their shift.
- All individual records are to be kept up to date and relevant information passed on.
- Educators must sign on and off each day – sign the exact time.
- Educators must follow the correct break times and return on the floor at that time.

- If team members are going to be away from the service due to unexpected sick leave, Team members must ring the Nominated Supervisor as soon as possible. Please remember to notify the Lead Educator of any team member changes (and the Nominated Supervisor only when all arrangements have been finalised). Please refer to "TEAM MEMBERS HANDBOOK" for procedures.
- Phone calls may be made during breaks only using the centre phone in emergency situation.

## Statutory Legislation & Considerations

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations
- Regulation 168 Education and care service must have policies and procedures

- National Quality Standards
- Standard 4.1 Staffing Arrangements
- Standard 7.1 Governance
- Standard 7.2 Leadership

## Sources

- The Early Years Learning Framework
- My Time Our Place Framework
- Victorian Early Years Learning and Development Framework
- ACECQA
- ACECQA – Staffing Arrangements

# 4.06 Learning & Development Policy

## INTRODUCTION

Team members require skills in decision-making, team-building, communication and technology as well as appropriate skills and abilities as child-carers. The ability to provide a professional service to the Centre's customers (parents/guardians) is essential. Team meetings and formal training and development must be an integral part of the Centre's operation.

## PURPOSE

Cubby OOSH endeavours to provide Team members with ongoing Learning and Development opportunity, with all Team members being allocated funding to assist in building skills, capabilities and expansion of knowledge on our sector.

## SCOPE

**Learning and Development is vital for:**

- Ensuring the ongoing professional development of team members.
- Targeting areas of need for team member development.
- Providing general guidance and training to team members through regular team meetings.

## IMPLEMENTATION

- Team members are encouraged to take advantage of any developmental opportunities to them throughout the year.
- In-services courses are chosen according to areas of work that may need improving, together with team members areas of interest. Team members who have attended courses report back to other team members during monthly team Meetings where they can discuss the course content and distribute copies of any accompanying written information.
- On average, team members must attend two workshops each year. The cost is paid by the service however the team member will attend at their own cost. Any additional in-services are at the employees' expense.
- First-aid certification must be up-dated at each team members expense and is the responsibility of the team member to arrange their own training.
- Team members are expected to attend the after-hours Centre team meeting once a month.
- The agenda may include:
- Administrative issues
- Quality Improvement Plan / Regulatory Meetings
- Team member routines
- Discussions regarding resourcing, the premises, etc.
- Children's activities, care, behaviour

- Part of each monthly team meeting involves team members providing training for their peers in specific educational, administrative and legislative matters. (Especially when a significant change has occurred.)
- Each team meeting has an agenda and minutes are taken and kept.

- The agenda is set by the Centre Director, and all team members are encouraged to add the agenda prior to the meeting.
- The minutes are recorded by a volunteer scribe and made available after the meeting.
- As the contents of the team member handbook are updated, all team members will receive notification of the changes.
- At all team meetings and seminars, confidentiality must be maintained when discussing families, children or team members. (Only children's first names are used in discussions.)

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations
- National Quality Standards
  - Standard 1.1 Program
  - Standard 1.2 Practise
  - Standard 1.3 Assessment and Planning
  - Standard 4.1 Staffing Arrangements
  - Standard 7.2 Leadership

## SOURCES

- The Early Years Learning Framework
- My Time Our Place Framework
- Victorian Early Years Learning and Development Framework
- ACECQA
- ACECQA, We Hear You Blog – Professional Development Planning

# 4.07 Team Member Interaction Policy

## INTRODUCTION

The way in which Educators and other team members relate to each other within an Education and Care Service has a major influence over the atmosphere created in the Service. It is important that both children and families feel secure in the Education and Care Service environment. This feeling of security and trust comes not only from positive Educator and family communication, but also from positive communication amongst team members.

## PURPOSE

Cubby OOSH promotes effective, appropriate and positive relationships between all Team members in establishing strong communication for best outcomes for the service and one another.

## SCOPE

Team member interactions consist of:

- Interactions within the work place
- Interactions outside of the workplace that may have a negative effect on the service and or other Team members
- Interactions between Team members
- Interactions between Team members and Management
- Interactions between Team members and any external agency that endures a working relationship

## IMPLEMENTATION

All Educators and all other team members will maintain positive relationships of trust and co-operation with co-workers by:

- Showing respect for all Educators and other team members.
- Accepting differences in all team members.
- Showing appreciation of each Educators and all other Staff's unique background, skills and Contributions to the Service's environment.
- Look for strengths in Educators and other Staff members.
- Team members will share resources and information with each other to promote learning and development.
- Educators and other team members will offer each other support in meeting their professional needs and professional development.

- Respect will be shown for all members of the team, and consideration given to their feelings, values, and opinions.
- Information about and observations of all children will be shared.
- Information relating to families which affects individual children will be shared.
- Educators and all other team members will treat each other with empathy and respect.
- Educators and all other team members will develop positive working relationships, which will model positive social skills to the children.
- Regular team member meetings will provide a forum for group discussions on all matters relating to team triumphs, suggestions and concerns.
- Educators and all other team members will consider each other and work as a team in order to share the workload in decisions concerning children and programs; team members shall appropriately utilise the training, experiences and expertise of each other.
- Honesty and openness between team members will be used to resolve differences of opinion or personal conflicts. Personal conflicts will be discussed outside of work hours and are to be kept separate of the workplace.
- Team members will follow the grievance policy about any grievances they may have with another team member. Under no circumstances are they to complain or discuss the grievance with to other team members or families. If this occurs immediate dismissal will be imposed.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Equal opportunity Act 2010
- National Quality Standards
  - Standard 4.1 Staffing arrangements
  - Standard 4.2 Professionalism
  - Standard 7.2 Leadership

## SOURCES

- The Early Years Learning Framework
- My Time Our Place Framework
- Victorian Early Years Learning and Development Framework
- ACECQA
- Early Childhood Australia Code of Ethics

# 4.08 New Team Member Selection Policy

## INTRODUCTION

Quality Team members is the most valuable asset for effectiveness and high standards in early education and care. The efficient operation of the Centre is dependent upon the quality, fitness and propriety of educators. Cubby OOSH aims to employ the best possible educators for each position through fair advertising and selection processes.

## PURPOSE

Cubby OOSH aims to ensure the recruitment and selection process is of high quality, to ensure we endure and sustain an effective team and culture within our services.

## SCOPE

- To implement an advertising and selection process which identifies the most suitable applicants for the positions advertised.
- To define the roles of team members and their position requirements.
- To adhere to the Equal Employment Opportunities (EEO) guidelines.

## IMPLEMENTATION

Minimum Position Requirements/qualifications (Diploma or Cert 4 in OOSH qualifications preferred.)

**Supervisor**

- As outlined in any mandatory requirements of National Child Care Standards;
- Desirably, has had a minimum 2 years' experience in a relevant field and demonstrated ability to work with children and educators;
- Holds a current First-Aid Certificate or is willing to undergo training to obtain one;
- Has good character references and can be entrusted with the provision of quality care for the welfare of the children;
- Has an interest and desire to work with children;
- Possesses a demonstrated ability to communicate well with adults, children and management;
- Can demonstrate an ability to supervise and support educators;
- Is willing to undertake training to further skills and knowledge.

**Assistant**

- Has had relevant training as above and/or relevant experience to successfully fulfil the position;
- Holds a current First-Aid Certificate or is willing to undergo training to obtain one;

- Has good character references and can be entrusted with providing appropriate care for the welfare of the children;
- Has an interest and desire to work with children;
- Has a demonstrated ability to communicate with adults and children;
- Is willing to undertake training if required;
- Is a minimum of 18 years of age.

## Recruitment - Selection Panel

When a position becomes available, the centre director will perform the following:

- Approves the job description and selects criteria for the position;
- Determines the method and placement of advertising and places the advertisements, including notification of the "Working with Children Check";
- Short-lists the applicants with reference to the position criteria;
- Arranges interview questions, dates and time;
- Contacts the short-listed applicants for phone screen and schedule an interview;
- Conduct the interviews;
- Request "Working with Children Check" (WWCC) from applicant;
- Ensures that the person selected is approved under WWCC;
- Reference checks are to be conducted following the interview in order to be a child safe organisation - refer to the reference criteria listed below.
- Puts forward the name of the preferred applicant to Management for final approval;
- Offers the position to the successful applicant and contacts unsuccessful applicants after the position has been accepted;
- Sets a date for the commencement of employment and orientation of the new educator's member;
- Prepares a letter of employment and contract.

## Advertisements

**Advertisements include:**

- Job title;
- Specific employment information, including hours of work and Award Rate;
- That a Working with Children Check is required;
- The closing date and postal address for applications;
- Contact name(s) and number(s) where the applicant can obtain more information.

**Applications in writing should include:**

- Contact telephone numbers and full contact details;

- Resume;
- A minimum of (2) referees from a previous place of employment, one of which must be a Centre Director. In order to be a sufficient referee, Centre Directors must be contactable at an early childhood education facility. The Nominated Supervisors' duty to provide a child safe environment, requires them to confirm the centre's number with the centre's website and ensure the contact number provided is in line with the contact number listed on the centre's webpage. Failure to meet these requirements will automatically result in an unsuccessful application.

## The Interview

- The centre director asks the applicant a range of interview questions which relate to all aspects of the position and ensure Equal Employment Opportunity (EEO) guidelines are followed. All answers are documented to review the suitability of the applicant to the position.
- Each applicant is asked the same questions, and a rating scale is used to evaluate each applicant's answers.

- The centre director will discuss the applicant's suitability with the operations manager for a second opinion.
- The centre director will decide on the best applicant for the job according to the selection criteria. The preferred applicant's referees are contacted to confirm the applicant's suitability and checked.
- If the preferred applicant declines the position, the centre director will either make a second choice from the other candidates or, if none are suitable, the position is re-advertised.

## Notification

- Applicants are informed of the estimated timeframe after interviews they will be notified of the success of their application.
- The centre director notifies the unsuccessful and successful applications and negotiates a starting date.
- Written confirmation of the employment offer is sent to the successful applicant, also requesting acceptance in writing.
- After the appointment has been made and accepted the unsuccessful applicants are notified that the position has been filled.

## EQUAL EMPLOYMENT OPPORTUNITY (EEO)

- All educator positions are advertised according to Equal Opportunity Legislation.
- No person is discriminated against based on his or her cultural background, religion, sex, disability, marital status or income.
- All applicants and referees are asked the same questions.
- All applicants are selected according to equal opportunity guidelines.

- Selection and suitability for the position are based solely on the selection criteria drawn up by the panel

**Criteria include:**

- Qualifications and experience
- Appropriate knowledge to meet the children's needs
- Good communication skills
- Demonstration of being a fit and proper person for the job (See Policy 7.13 Child Care Subsidy Policy)
- Clearance through the Working with Children Check
- Written references
- The quality and appropriateness of answers to the interview questions
- Appropriate verbal responses from referees

## Employee Documents Review Process

- All educator documents such as Working with Children's Checks, Police Checks (where applicable), Child Protection and First Aid Qualifications are entered into Easy employer in the Abilities section with a reminder date for review based on the expiry date of the relevant document.
- The Centre Director reviews the documents and requests new documents as required.
- The HR Manager also has access to the documents and can request updated documents in the absence of a Centre Manager.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
  - Regulation 126 Centre-based services—general educator qualifications
  - Regulation 145 Staff record
  - Regulation 147 Staff members

# 4.09 Uniform & Personal Appearance Policy

## INTRODUCTION

There are many benefits behind wearing a company uniform, other than just being unified. There are even psychological benefits.

1. Creates brand awareness
2. Creates a professional company image
3. Promotes company commitment, pride and loyalty
4. Promotes employee security and stability.
5. Promotes unity, team building and team dynamic success.

In Early Education it is important that Children have a sense of security and belonging with their Educators, and understand the uniform represents familiarity to the environment at the service.

## PURPOSE

Cubby OOSH maintains high standards that all regular team members are to wear the uniform supplied by the Centre. The Centre's uniform conveys a unified image and allows all team members to dress at the appropriate standard.

## SCOPE

- To ensure that all regular employees wear the Centre's uniform when on duty.
- To facilitate an appropriate, professional standard of dress for all team members.
- To allow children and parents/guardians to easily recognise Centre team members.
- To ensure that team members present as professional and well-groomed.

## IMPLEMENTATION

The uniform is worn by permanent full-time, permanent part-time and by casual team members and volunteers whenever possible.

## UNIFORM DESCRIPTION: Shirts

- A blue shirt is supplied by the centre. The collar must be cleanly pressed, stiff and buttoned down at the front.
- All buttons (from the second button down) are to be fastened at all times.
- Shirts worn must be company issue with the Centre logo attached.
- Stained or worn shirts must be replaced immediately.
- 2 shirts, a jumper, a vest and a jacket will be given to the educator at the start of their employment. A bond will be taken out of the first few payrolls. A new shirt will be provided after a year of service working with the company. If you require any more shirts, they will

need to ordered and paid for by the educator. Unless the shirt is damaged from something out of your control.

- No other shirt, jumper, vest, cardigan or jacket to be worn that does not have the Cubby OOSH logo on it.
- Once you have left the centre, all uniforms are to be returned cleaned and in good condition for your bond to be returned.

### Leg Wear

- Black long trousers are to be worn and properly pressed or ironed.
- Black Shorts must be below knee length. They are not to be cargo shorts or made from a jersey material.
- Leggings, jeans or tracksuits are not considered professional attire and are not to be worn.

### Shoes

- Comfortable, low-heeled full black closed in leather shoes is required. No stilettoes, joggers or ballet slippers.
- Shoes to be worn at all times.
- Kitchen team members need to have safety boots worn at all times when in the kitchen.

### Hats

- Hats worn must be company issue.
- Hats must sit firmly on the top of team members' head.  Hair must be adjusted accordingly.
- Hats must be worn by all team members at all times when outdoors ensuring that you are role modelling correct sun safety practices.
- Hats are to be carefully stored so as not be crushed. This is the responsibility of individual team members.

### Scarves

- Scarves worn are to be company issue.
- Scarves may only be worn with company issued shirts and jackets.

### Hair & Nails

- Hair must be clean, well cut, and regularly maintained. Hair is to be pulled out of the eyes and off the face when distributing food or with the children. If hair is longer than shoulder length, hair must be tied up neatly.
- Nails must be kept short and manageable so as to not scratch as well as maintain health and hygiene practices.

### Make-Up

- Must complement the individual, look natural, and blend with our uniform.

## Jewellery

- Jewellery is to complement the uniform.
- Earrings are to be studs no big hoop earrings or drop earrings that could be easily pulled on by children.
- Avoid jewellery that could be grabbed by children, or raised stones that could accidentally scratch children.
- A Minimal amount of jewellery to be worn:
  - Wedding, engagement, 2-3 other rings are acceptable
  - One necklace – either neck or ankle
  - 1-2 bracelets on wrists
  - Watch
  - Earrings – studs or sleepers only, maximum of two per ear
- External piercings must not pose a workplace health and safety risk and are either removed or replaced with discreet clear piercings unless there is a bona fide religious or cultural requirement.

## Tattoo or Body Art

- Tattoos and Body Art must be covered at all times while at work.

## Consequences of Inappropriate Appearance

- Team members are sent home to change and given a thirty-minute period to return to work appropriately attired and groomed.
- Continual warnings may result in termination of employment.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations
  - Regulation 168 Education and care service must have policies and procedures
- Work health and Safety Act 2011
- National Quality Standards
  - Standard 4.2 Professionalism
  - Standard 7.2 Leadership

## SOURCES


- The Early Years Learning Framework
- My Time Our Place Framework
- Victorian Early Years Learning and Development Framework
- ACECQA
- Cancer council Australia
- Positive Branding

# 4.10 Smoke-Free and Vape-Free Environment Policy

## INTRODUCTION

Evidence now suggests that smoking can affect health and can affect children's health later on in life. Children learn from role-modelling and have the right to be protected from exposure to the bad-health practice of cigarette smoking by team members and others who are present at the service.

## PURPOSE

To provide a smoke and Vape free environment for children.

## SCOPE

Ensure the premises within and surroundings are not affected and influenced by Tobacco from Educators, Family members, and the community in order to keep the children within our services safe, and reputation of the service upheld.

## IMPLEMENTATION

- **"No Smoking or Vaping"** signs are clearly displayed at all entry points and visible areas of the premises.
- In accordance with Regulation 82 and 83 of the *Education and Care Services National Regulations*, **smoking and vaping are strictly prohibited** within the Centre premises, including all indoor and outdoor areas, and any place within 4 metres of an entrance.
- Any person observed smoking or vaping within or near the Centre premises will be politely informed of this policy and requested to stop immediately or leave the premises.
- All team members must **not smoke or vape on the premises**, or in any area visible to children, families, or the community.
- Staff who wish to smoke or vape during their breaks must:
    - Leave the premises and move to a location that is out of sight from the Centre and families.
    - Wear a jacket or cover their uniform to ensure the Centre is not associated with the act.
    - Brush their teeth and use deodorant before returning to duty to eliminate any odour or residue.

- Team members are responsible for promoting and enforcing this policy. Non-compliance must be reported to the Centre Director immediately.

- If a person refuses to comply after being informed, the Centre Director may contact the relevant authorities, including Police if necessary, to ensure the safety and wellbeing of the children and staff.

**Note: By law, all child-based premises are smoke and vape free areas.**

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 167 Offence relating to protection of children from harm and hazards
- Education and Care Services National Regulations
  - Regulation 82 Tobacco, drug and alcohol-free environment
  - Regulation 83 Staff members and family day care educators not to be affected by alcohol or drugs
- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety
  - Standard 4.2 Professionalism
- Smoke Free Environment Act 2000

## SOURCES

ACECQA

# 4.11 Illicit Drug, Alcohol & Illegal Substances Abuse Policy

## INTRODUCTION

Safe Work Australia states "Alcohol and drugs, including medicines prescribed by a doctor or available from a pharmacy—can affect a person's ability to work safely. All workers have a duty to take reasonable care for their own health and safety and ensure they don't adversely affect that of others. This means they must be fit and well enough to do their job, not be under the influence of alcohol or drugs, or use alcohol or illegal drugs while at work"

## PURPOSE

To ensure that all team members, children and families attending the Centre are provided with an environment that is free from the use of tobacco, illicit drugs and alcohol, ensuring Educators are not under the influence which could potentially impinge their ability to care and educate young children.

## SCOPE

Cubby OOSH Services to be free from Illicit Drugs, Alcohol and Illegal Substances and Educators are not to be under the influence of any form of illegal substance whilst working within Cubby OOSH Services. Any Educator found under the influence of such substance, may face Disciplinary Action, up to termination of employment within Cubby OOSH.

## IMPLEMENTATION

- If any Educator or other team member are on prescribed medication, the Approved Provider/Nominated Supervisor are to be advised of any side effects it may cause e.g. drowsiness during their time at the centre. The Approved Provider/Nominated Supervisor will then asses any possible risks. If there are increased risks to the Educator or to other Staff or to the children the team member will need to leave the Service. The team member will be asked to get a letter from their medical practitioner regarding any side effects that may affect their ability to perform their duties at the service.
- If any Team Member is suspected of being under the influence of alcohol or any illegal substances, they will be taken aside by the Approved Provider/Nominated Supervisor and asked if they are on any substances that could affect their ability to carry out their responsibilities effectively.
- If the Approved Provider/Nominated Supervisor is satisfied that they are not, then the team member may return to work. If the Approved Provider/Nominated Supervisor is not satisfied with the answer, then the team member will be asked to go to a medical practitioner for a clearance immediately.
- When there is reason to believe team members may be affected by drugs or alcohol, the Approved Provider may request the assistance of an outside agency to test either groups or

individual team members on an irregular basis. Employees will be made aware when monitoring is to take place.

- If the team member refuses to undergo a drug test, they will be dismissed instantly according to the Service's policies and procedures.
- Information on counselling services will be made available to the team member.
- If the situation at any time becomes violent, the police will be called on 000.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 167 Offence relating to protection of children from harm and hazards
- Education and Care Services National Regulations 2011
  - Regulation 82 Tobacco, drug and alcohol-free environment
  - Regulation 83 Staff members and family day care educators not to be affected by alcohol or drugs
- Work Health and Safety Act 2011
- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety
  - Standard 4.2 Professionalism

## SOURCES

- ACECQA
- Safe Work Australia

# 4.12 Confidentiality of Records Policy

## INTRODUCTION

Early Childhood Education and Care services must abide by Laws, Legislations and Acts that guide services to ensure correct storage and strict confidentiality of records is upheld, as outlined in the Education and Care Services National Regulations and Privacy Act 1988. It is importance of high awareness and across all parties of these requirements, and families and Educators are made aware of their rights and protection

## PURPOSE

Cubby OOSH adheres to the standards expressed in the National Privacy Act 1988 and Privacy Principles for protection for all stakeholders: children, Educators, students, volunteer workers, agents, contractors and parents/guardians of children in care.

## SCOPE

To protect the privacy and confidentiality by ensuring that all records and information about individual children, families, educators, agents, contractors and management are kept in a secure place. These records are only to be accessed by or disclosed to those people who need the information to fulfil their responsibilities at the Education and Care Service or have a legal right to know.

## IMPLEMENTATION

- Personal information will only be collected if it relates to the service's activities and functions, and in line with relevant legislation. (National Privacy Principle 1.1 - Privacy Act 1998.)
- Collection of personal information will be lawful, fair, reasonable and unobtrusive. (National Privacy Principle 1.2 - Privacy Act 1998.)
- The use or disclosure of personal information will only be for its original collected purpose, unless the individual consents, or unless it is needed to prevent a health threat, or is required or authorised under law. (National Privacy Principle 2.1 – Privacy Act 1998).
- The Education and Care Service will take steps to ensure the personal information collected, used or disclosed, is accurate, complete and up to date. Families will be required to update their enrolment details annually, or whenever they experience a change in circumstances. Computer records will be updated as soon as new information is provided. (National Privacy Principle 3 – Privacy Act 1998).
- All service documentation, enrolment records and team member files are stored on a cloud-based software called soonr. Soonr is available on all centre computers and iPad's. All information is backed up onto the cloud and password protected.
- Personal information will be kept in a secure and confidential way and destroyed by shredding or incineration when no longer needed. (National Privacy Principle 4 – Privacy Act 1998).

- Individuals will be provided with access to their personal information and may request that their information is up-dated or changed where it is not current or correct. (National Privacy Principle 6 – Privacy Act 1998).
- Individuals wishing to access their personal information must make written application to the Approved Provider/Nominated Supervisor, who will arrange an appropriate time for this to occur. The Approved Provider/Nominated Supervisor will protect the security of the information by checking the identity of the applicant, and ensuring someone is with them while they access the information to ensure the information is not changed or removed without the Approved Provider/Nominated Supervisor's knowledge.

- Applicants will be asked for their consent before their references are checked. Unsuccessful applicants will be advised of when and how their personal information will be destroyed.
- The Approved Provider/Nominated Supervisor will deal with privacy complaints promptly and in a consistent manner, following the Education and Care Service's Grievance Procedures. Where the aggrieved person is dissatisfied after going through the grievance process, they may appeal in writing to "The Director of Complaints, Office of the Federal Privacy Commission, GPO Box 5218, Sydney NSW 2001, or phone the Commissioner's Hotline on 1300 363 992. (Privacy Act 1998). www.privacy.gov.au
- Confidential conversations that Educators have with parents, or the Approved Provider/Nominated Supervisor has with Educators and other team members, will be conducted in a quiet area away from other children, parents and staff. Such conversations are to be written up, and stored in the child file.
- Applicants, students or volunteers will be informed that their personal information is being kept, for what reason, for how long, and how it will be destroyed at the end of the time period.
- Information about Educators and other team members will only be accessed by the Approved Provider/Nominated Supervisor, and individual team member concerned. (Workplace Relations Act 1996.)
- All matters discussed at team meetings will be treated as confidential and the records stored appropriately. (Privacy Act 1998.)
- No member of the team may give information or evidence on matters relating to children and/or their families to anyone other than the responsible parent/guardian, unless prior written approval by the responsible parent/guardian is obtained. Exceptions may apply regarding information about children when subpoenaed to appear before a court of law. Notwithstanding these requirements, confidential information may be exchanged in the normal course of work with other team members at the Service and may be given to the Approved Provider/ Nominated Supervisor, when this is reasonably needed for the proper operation of the Service and the well-being of users and staff.
- Educators and other team members will protect the privacy and confidentiality of other team members by not relating personal information about another team member to anyone either within or outside the Education and Care Service.
- Reports, notes and observations about children must be accurate and free from biased comments and negative labelling of children.

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

### STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 273 Duty of confidentiality
- Education and Care Services National Regulations
  - Regulation 168 Education and care service must have policies and procedures
  - Regulation 181 Confidentiality of records kept by approved provider
- Privacy Act 1988
- Workplace Relations Act 1996
- National Quality Standards
  - Standard 2.2 Safety
  - Standard 4.2 Professionalism
  - Standard 7.1 Governance

### SOURCES

- ACECQA

# 4.13 Social Media Policy

### INTRODUCTION

Social media refers to the interactions between people in society in where information is exchanged through a variability of networks/accounts such as, but not limited to: Instagram, Facebook, YouTube, Messenger, Twitter.

## PURPOSE

Cubby OOSH ensures that at all times Educators (including students and volunteers) remain confidential regarding the Education and Care Service, families and co-workers, and are not compromised on a social networking site.

## SCOPE

- Be respectful to the company, other team members, and families.
- Social media activities will not interfere with work commitments.
- Your online presence can reflect on the Education and Care Service. Be aware that your actions captured via images, posts, or comments can reflect that of the Education and Care Service.
- Respect copyright laws, and reference or cite sources appropriately. Plagiarism applies online as well.
- Company logos and trademarks may not be used.
- Any photos taken at the Education and Care Service cannot be used, unless approval from management/marketing.

## IMPLEMENTATION

- All personal mobile phones must be kept within the Team Members lockers during work hours, and not be utilised within the rooms/ whilst working directly with the Children. For any reason that would require the use of a personal phone during these working hours, will require the approval of the Nominated Supervisor/Responsible Person.
- Children in general are not permitted to use mobile phones, MP3 players, iPods and iPads whilst in care, except for when used for communication by additional needs children (and used by double digits in accordance with the below). These items will be confiscated from the child and given to the parent at pick up. This is to ensure that the content viewed and listened to by children can be monitored by educators.
- Young people are not to be on apps/games that are not age appropriate. Only G or PG rated apps/ games are permitted to be accessed whilst in care. Educators will check and have authority to delete apps or photos deemed inappropriate.
- Devices with built in cameras and devices with sim cards and internet access will not be allowed. Sims cards must be removed from devices and handed to educators.
- After School Care During After School Care electronic devices are used to support the program and are only allowed for a one hour period per session.
- Social networking sites will not be accessed on the work computers/IPADS/LAPTOPS, or any other work device.
- Educators are not to reference the Education and Care Service, families and team members without written consent. In all cases, do not publish information that will breach the Confidentially Policy

- Families and visits are not to publish photos of their children, with other children in the photo to a social media platform. This is a breach of Confidentiality, and may jeopardise court orders, privacy and/or family values.
- Educators to be mindful and aware of their social media activity, ensuring information or photos displayed does not reflect gross misconduct or represent a negative reputation of the service.
- Educators are not to create centre specific social media pages, without permission from Marketing to do so.
- Any Educator that does not want to be involved in any posts uploaded on a social media platform by our Marketing Department, must have this is writing, in which all relevant parties must be aware of this.
- Educators involved in a social media group/forum, must represent themselves and the company in a positive and professional manner.
- Educators must be mindful and considerate when tagging other colleagues into posts on social media platforms, ensuring that this is not of negative connation, and be mindful that this behaviour can be seen by others.
- If inappropriate conduct is identified on a social media platform, Educators are to inform the Nominated Supervisor of any misconduct, in which the Nominated Supervisor will handle the situation immediately and appropriated.

NOTE: Any breach of this policy may result in disciplinary action, or instant Termination.

### STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations
- The Privacy and Data Protection Act 2014
- Privacy Act 1988
- National Quality Standards
  - Standard 4.2 Professionalism

### SOURCES

- ACECQA
- Early Childhood Australia Code of Ethics
- Fair Work Australia

# 4.14 Work Health & Safety Policy

## INTRODUCTION

"Everyone has a right to be safe at work, including volunteers" Safe Work Australia.

## PURPOSE

Cubby OOSH aims to ensure that all children, team members, families and visitors adhere to the Work Health and Safety policy by the Education and Care Services National Regulations 2011 and the Occupational Health and Safety Act 2004

## SCOPE

- To ensure the provision of a safe and healthy workplace environment for team members and contractors, as well as persons who use the service including children, families and visitors.
- To provide injured employees with effective rehabilitation programs to ensure their recovery and return to work.
- To ensure adequate financial, physical and human resources are allocated to support the implementation of the WHS management system.

## IMPLEMENTATION

Cubby OOSH accepts primary responsibility for ensuring a safe and healthy working environment for all its employees and visitors.

### Induction

- The Nominated Supervisor is to follow the Centre's induction procedure for all employees, covering all areas within the induction process about WHS expectations, procedures and guidelines.
- When needed, training will be provided to team members about WHS at the centre.
- All visitors to the centre are to be aware of any Workplace Health and Safety issues pertaining to their visit.

### Roles and Responsibilities

A workplace health and safety representative will cooperate with management to:

- Encourage employees to fully support injury and illness prevention.
- Assist staff to identify and assess hazards.
- Consult with staff to eliminate or control these hazards.
- Conduct health and safety inspections.
- Investigate workplace injuries, accidents or illnesses.
- Liaise with the Director to resolve workplace health and safety issues.
- Remain well informed about workplace health and safety performance.
- Consult with staff about changes in the workplace that may affect the health and safety of employees.
- Undertake monthly workplace inspections and convene regular WHS meetings.

## Employee consultation

- To identify and eliminate potential workplace hazards Cubby OOSH will encourage team members to report any matters in respect of workplace health and safety to their Authorised Provider/Nominated Supervisor and the Health and Safety representative.
- Because of their daily contact with the workplace, team members have the most detailed knowledge of the work processes and the potential hazards in the workplace.
- To facilitate the exchange of information, the Health and Safety representative will review, at the regular staff meeting, the health and safety performance of the service and raise any matters or issues on behalf of employees.

## Team Member Awareness of Work Health and Safety

Cubby OOSH will ensure that all team members have a sound knowledge and awareness of the principles and practices of Work Health and Safety.

To achieve this outcome, Cubby OOSH will:

- Inform all new team members of Cubby OOSH health and safety policy as part of their induction process;
- Provide opportunities for team members to attend Work Health and Safety training and
- Provide opportunities for the health and safety representative to obtain training to increase his/her knowledge of Work Health and Safety.

## Procedures for identification and assessment of workplace hazards and risks

Cubby OOSH expects all team members to take an active role in identifying situations with the potential to cause harm or injury in the service. Cubby OOSH through its Authorised Provider/Nominated Supervisor will assist employees to identify potential hazards by:

- Encouraging all employees to read publications and visit websites, including relevant codes of practice;
- Requesting the health and safety representative or his/her deputy to periodically check records of injuries and accidents which have occurred in the workplace, and disseminate this information to all Cubby OOSH Childcare employees; and
- Ensuring that a report is prepared after an inspection, which identifies any issues indicating a lack of a safe system of work or the need for more attention to the way health and safety are managed. This report is to be tabled at the monthly staff meeting.

## Procedures for elimination and control of workplace hazards

Where a health and safety inspection has identified a potential hazard, the health and safety representative with the Authorised Provider/Nominated Supervisor may take immediate remedial

action to eliminate or control the hazard. Where possible, the decision on what to do about a potential hazard should be made in consultation with the team members concerned. Such remedial actions are to be detailed in the inspection report.

- Use safe work practices and procedures;
- Use appropriate safety devices, safeguards and equipment provided in the interests of health, safety and welfare of Cubby OOSH employees;
- Co-operate in all activities aimed at prevention of workplace accidents, injuries and illnesses;
- Report unsafe or defective equipment and work arrangements to the health and safety representative;
- Complete daily work health and safety checklists.
- Report all accidents, injuries and illnesses occurring in the workplace or occurring while travelling to or from the workplace to the health and safety representative or his/her deputy;
- Where an incident or a near-miss has occurred, the employee will immediately notify the Authorised Provider/Nominated Supervisor and complete the relevant forms.

## WHS Officer Responsibilities

The WHS officer is responsible for organising and/or conducting the following audits:

- Any forms/checklists that relate to the opening, closing and safety of the service;
- Any forms/checklists that relate to the cleaning of the service and equipment;
- Centre Self-Assessment Checklist (monthly);
- Incident Log (monthly);
- Medication and Dangerous Products Audit (quarterly);
- First Aid Kit Supply Check (quarterly);
- Emergency Procedure Drills (quarterly).

The WHS officer is to develop, oversee and communicate a timeline for action on all identified tasks from the audits. All action is to be completed in a reasonable timeframe.

## Material Safety Data Sheets

- All hazardous and potentially hazardous materials within the Centre are to have relevant MSDS which is located where all the products are kept.
- It is the responsibility of the WHS Officer to regularly check for updated MSDS on all products. This should be done in conjunction with the Medication and Dangerous Products Audit.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations
- Occupational Health and Safety Act 2004
- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety
  - Standard 4.1 Staffing Arrangements
  - Standard 4.2 Professionalism

### SOURCES

- ACECQA
- SafeWork Australia

# 4.15 Educators Lifting & Bending Policy

### INTRODUCTION

Manual Handling is referred to as activities that require greater force to lift, push, pull or manoeuvre something, someone or an object.

Educators must be aware that many accidents that occur in the workplace are due to the incorrect moving, lifting or bending, and could result in such as injuries as below:

- Strains
- Back injuries
- Slips, trips or falls
- Cuts and abrasions
- Broken bones or fractures
- Internal injuries such as Hernias
- OOS – Occupation overuse Syndrome

Prevention is key in ensuring Team members remain free from Injuries and harm.

## PURPOSE

Cubby OOSH insists that educators follow correct Workplace Health and Safety (WHS) procedures for moving, lifting or bending to lift heavy objects and equipment.

## SCOPE

- To protect educators from undue injury in the workplace.
- To ensure that all educators are aware of the correct method of moving, lifting or carrying objects in and around the workplace.
- To follow WHS guidelines.

## IMPLEMENTATION

- All educators are familiarised with the risks involved in moving, lifting and carrying heavy objects.
- Educators are educated on safe bending, lifting and carrying and are made aware of the correct procedures.
- Educators are made aware of the safe lifting of children, and the WHS procedures are relevant to this.

**Hints for lifting children:**

- First, size up the weight of the child and prepare yourself for the effort involved.
- Position your feet so that you are well-balanced. If you are attempting to pick up a child who is struggling and you are off-balance, it is difficult to keep a straight back and maintain a firm hold.
- Keep a straight back! This does not mean that your back has to be vertical. You can be leaning forward as long as the natural shape of your spine is maintained. A bent back is weak and easily injured.

- Use your legs when lifting. Bend your knees, hold the child close and then straighten your legs as you stand up. Leg muscles are stronger than back muscles so let them do the work when lifting.

**Bending over:**

- If you need to get down to the child's level, bend your knees to squat or crouch.
- Try to avoid bending from the waist.
- If you need to bend from the waist, support yourself with your hands.
- **Bench Work**
- Make sure your working surface is at a comfortable height.
- When seated, make sure that your spine is kept straight by using a footstool or an object (e.g. a telephone directory) to keep your feet on if necessary.
- When standing at the bench, place feet alternatively on a raised object to avoid "slumping".

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Occupational Health and Safety Act 2004
- National Quality Standards
  - Standard 2.2 Safety
  - Standard 4.2 Professionalism

## SOURCES

- ACECQA
- SafeWork Australia

# 4.16 Educator Review & Appraisal Policy

## INTRODUCTION

A system of continuous review and appraisal of educator's performance is essential for the maintenance of high-quality early education and care within Cubby OOSH. Consistent review and appraisal of educators facilitate the identification of efficiency problems, pathways to improvement and future training and development needs.

## PURPOSE

Cubby OOSH aims to support all Educators by undergoing appraisals and reviewed every 6 months for professional growth and continual improvements for the service.

## SCOPE

- To provide the best quality care for the children by ensuring that high standards of work performance and job satisfaction are maintained.
- To implement a positive system of review and appraisal of educator's performance that identifies areas of high efficiency and those in need of modification.

## IMPLEMENTATION.

- All educators undertake performance appraisals every 12 months.
- All educators are required to fill in a Performance Review evaluation before their appraisal with the centre director.
- All educators are given at least two weeks' notification of any upcoming appraisal and a convenient time arranged between educators and Management.
- The appraisal system allows for two-way communication to be maintained as an effective avenue for confirmation of excellence or improving educator's performance.
- The appraisal system states clearly the expectations for each position and identifies specific performance measures.
- At the completion of the appraisal, an action plan may be developed identifying areas for further training, any actions required to modify work performance and setting future goals. This is agreed to and signed by both parties.

### Inadequate Performance

Where it is identified that an educator is not meeting the required performance expectations, the following measures are taken:

- A meeting is held with the educator where an action plan is developed to identify areas for improvement. It includes a time-frame for further review.
- Training areas are identified and put into place as soon as possible.

- Support and guidance are provided to help them through the process and assist in achieving the required standards. Support may be provided by the Supervisor, Educators Liaison Officer or another mutually acceptable educators member.
- A record is made of the above, dated and signed by both parties.
- Should no improvement be made by the next review, the process outlined above may be repeated or, in more serious cases, the Disciplinary Action Policy invoked. (If an educator is dissatisfied with the review, they put their concern in writing, asking for the decision to be reviewed or that they wish to pursue the issue further through other avenues which may include the union or mediation.)

### STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Equal opportunity Act 2010
- National Quality Standards
  - Standard 4.1 Staffing Arrangements
  - Standard 4.2 Professionalism
  - Standard 7.1 Governance
  - Standard 7.2 Leadership

### SOURCES

- ACECQA
- Early Childhood Australia Code of Ethics

# 4.17 Store Room & Team Lounge Guidelines

### INTRODUCTION

Research suggests that in 2012-2013, work related injuries and illness cost the Australian economy 61.8 Million. From 2014 – 2015, Injuries led to 90% of claims, and disease 10%. These statistics indicate that there must be focus on prevention, and creating safe environments, not only for the children and families, but for the Team Members in a collaborative approach for safety.

## PURPOSE

Cubby OOSH Team members are responsible for ensuring that the Team Lounge and all resource cupboards are kept tidy, clean, and hygienic at all times.

## SCOPE

- To maintain a clean, safe, and hygienic Team Lounge where Team Members can relax and retreat away during breaks.
- To ensure that all Team Members take responsibility for maintaining the order and cleanliness of all resource cupboards.
- To ensure all equipment is handled appropriately: Television, Massage Chair etc.

## IMPLEMENTATION

### Resource Cupboards

- During new team member induction processes, it is stressed that the Team Lounge and the storage areas must be kept tidy and clean.
- During induction and through team member meetings, Occupational Health and Safety (OHS) issues regarding the storage of equipment and hygiene are emphasised.
- All equipment is packed away at the end of the day, ready for children, educators and families to engage in the next day.
- Every piece of equipment is placed into the correct, designated container when not in use. Designated locations for items are clearly marked on the containers/shelves.
- When placing plastic storage containers into resource cupboards, educators must place the heavier containers at, the lower levels to reduce the risk of muscle strain (see “Lifting and Bending Safely” Policy) and the lighter containers on top.
- Educators are to use a step ladder to place any container that needs to be above shoulder level.

### Team Lounge

- In the Team Lounge, educators must keep all of their belongings neatly packed away into their lockers or a designated area for casual educators.
- Any crockery or cutlery used in the Team Lounge is always washed and stored away immediately after use.
- The Team Lounge refrigerator is kept in a hygienic state and cleaned out weekly on a Friday evening. Any food still left on a Friday evening will be thrown out.

- Any food brought to the Team Lounge is placed in appropriate closed containers in the cupboards or refrigerator.
- It is the responsibility of all educators to follow the centre cleaning roster.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations
- National Quality Standards
  - Standard 2.1 Health
  - Standard 4.2 Professionalism

## SOURCES

- ACECQA
- SafeWork Australia

# 4.18 Team Member Complaints & Grievance Procedures

## INTRODUCTION

Feedback from Team Members is fundamental in creating an evolving Early Education Service, delivering the highest standard of Care and Education. It is foreseeable that feedback will include divergent views, which may result in complaints. This Policy details our Service's procedures for receiving and managing informal and formal complaints. Team members can lodge a grievance with management in the understanding that it will be managed conscientiously and confidentially.

## PURPOSE

Cubby OOSH aims to investigate all complaints and grievances with a high standard of equity and fairness. We believe in team collaboration to ensure a safe, healthy and harmonious work environment.

## SCOPE

The Grievance Policy ensures that all persons are presented with procedures that:

- Value the opportunity to be heard
- Promote conflict resolution
- Encourage the development of harmonious partnerships
- Ensure that conflicts and grievances are mediated fairly
- Are transparent and equitable.

## IMPLEMENTATION

**Definitions**

**Complaint:** An issue of a negligible nature that can be resolved within 24 hours, and does not require a comprehensive investigation. Complaints include a manifestation of discontentment, such as poor service, and any verbal or written complaint directly related to the Centre (including general and notifiable complaints). Complaints do not include staff, industrial or employment matters, occupational health and safety matters (except associated with the safety of children).

**Grievance:** A grievance is a formal statement of complaint that cannot be addressed immediately and involves matters of a more serious nature. For example: If the service is in breach of a regulation causing injury or possible harm to a child.

**Mediator:** A person who attempts to make people involved in a conflict come to an agreement.

**Mediation**: An attempt to bring about a peaceful settlement or compromise between disputants through the objective intervention of a neutral party.

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

If the Nominated Supervisor is unsure whether the matter is a notifiable complaint, it is good practice to contact The Department of Early Childhood Education and Care for confirmation. Written reports must include:

- details of the event or incident
- the name of the person who initially made the complaint
- if appropriate, the name of the child concerned and the condition of the child, including a medical or incident report (where relevant)
- contact details of a Nominated Supervisor
- any other relevant information.

Written notification of complaints must be submitted using the appropriate forms, which can be found on the ACECQA website: www.acecqa.gov.au and logged using NQA ITS (National Quality Agenda IT System).

**Serious incident**

An incident resulting in the death of a child, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is removed from the centre in contravention of the Regulations or is mistakenly locked in/out of the centre premises (Regulation 12).
A serious incident should be documented in an Incident, Injury, Trauma and Illness Record (sample form available on the ACECQA website) as soon as possible and within 24 hours of the incident. The Regulatory Authority must be notified through the ACECQA portal by the Approved Provider within 24 hours of a serious incident occurring at the centre (Regulation 176(2)(a)). Records are required to be retained for the periods specified in Regulation 183.

We acknowledge that conflict is a natural part of the work environment. It is important that all conflict is resolved. Unresolved conflict can lead to tension; stress; low productivity; bitter relationships; excess time off; ill health; anxiety and many other destructive emotions. When conflict is addressed and handled constructively the outcomes are feelings of relaxation; openness; high productivity; vitality; good health, empowerment; a sense of achievement etc.

Positive communication between educators is vital to the smooth running of the Service and to ensure a positive environment for children. Educators are expected to treat other educators with respect, accept differences and share ideas. It is every staff member's responsibility to contribute to the development of an open, healthy and constructive work environment. All grievances, whether considered minor or not, are to be dealt with promptly, professionally and thoroughly.

The Service's employees are expected to look at conflict in a positive way, ready to learn something new, reflect on good quality practice, improve work relationships and ultimately provide better care and education for children.

Employees are also to be aware of their responsibility in being good role models for children in their handling not only of conflict with work colleagues, but with children, parents and other associates. Employees should regularly reflect on the Code of Ethics- Early Childhood Australia for guidance and direction of appropriate behaviour when dealing with conflict. The Code of Ethics states that all team members should "make every effort to use constructive methods to resolve differences of opinion in the spirit of collegiality."

**Privacy and Confidentiality**

- Management and Educators will adhere to our Privacy and Confidentiality Policy when dealing with grievances. However, if a grievance involves a staff member or child protection issues, a government agency may need to be informed.

**Conflict of Interest**

It is important for the complainant to feel confident in

- Being heard fairly
- An unbiased decision-making process

Should a conflict of interest arise during a grievance or complaints that involves the Approved Provider, Nominated Supervisor or other Management will be nominated as an alternative mediator.

Our service may also engage the resources of an Independent Conflict Resolution Service to assist with the mediation of a dispute. We will ensure that throughout the conflict resolution process the services Code of Conduct must be adhered to.

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

- Treat all grievances seriously and as a priority
- Ensure grievances remain confidential
- Ensure grievances reflect procedural fairness and natural justice
- Discuss the issue with the complainant within 24 hours of receiving the verbal or written complaint
- Investigate and document the grievance fairly and impartially. This will consist of:
  - Reviewing the circumstances and facts of the complaint (or breach) and inviting all affected parties to provide information where appropriate and pertinent.
  - Discussing the nature of the complaint (or breach) and giving an educator, staff member, volunteer or visitor an opportunity to respond.
  - Permitting them to have a support person present during the consultation (for example: Union Representative, however this does not include a lawyer acting in a professional capacity).
  - Providing the employee with a clear written statement outlining the outcome of the investigation.
- Advise the complainant and all affected parties of the outcome within 7 working days of receiving the verbal or written complaint.
  - Management will provide a written response outlining the outcome and provide a copy to all parties involved.
  - If a written agreement about the resolution of the complaint is prepared, all parties will ensure the outcomes accurately reflects the resolution and sign in agreeance.
- Should management decide not to proceed with the investigation after initial enquiries, a written notification outlining the reasoning will be provided to the complainant.
- Keep appropriate records of the investigation and outcome, and store those records in accordance with our Privacy and Confidentiality Policy and Record Keeping and Retention Policy.
- Monitor ongoing behaviour and provide support as required.
- Ensure the parties are protected from victimisation and Bullying.
- Request feedback on the grievance process using a feedback form.
- Track complaints to identify recurring issues within the Service.
- Notify the Department of Education and Training through the ACECQA portal by the Approved Provider within 24 hours if a complaint alleges the safety, health or wellbeing of a child is being compromised.

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

- Be aware of the possible ramifications of their actions when dealing with staff issues.

- Raise the grievance or complaint directly with the person they have grievance with in a professional manner and at an appropriate time. Both parties should try to resolve the issue and develop solutions to ensure the problem does not happen again. Discussions should be based on the principles of privacy, confidentiality, respect and open-mindedness, will not involve other educators, staff, volunteers or visitors (e.g. parents) and will take place away from children.
- Raise the grievance or complaint with the Approved Provider/Management or Nominated Supervisor. If they are unable to resolve the concern, or feel uncomfortable raising the matter directly with the person concerned. The Approved Provider or Nominated Supervisor (or other manager) may ask for the issue to be put in writing.
- Provide all relevant information, outlining the issue, identifying any other person involved in the problem and any suggested solution.
- Communicate openly about the issue with the relevant parties.
- Raise any grievance involving suspected or actual unlawful activity (including bullying) with the Approved Provider or Nominated Supervisor immediately and privately.
- Maintain confidentiality at all times.
- Maintain professionalism at all times.

**When the persons involved cannot resolve the grievance between them in a constructive and professional way the following steps will be followed:**

1. **The aggrieved person is to contact their immediate supervisor (Room Leader, Nominated Supervisor or Approved Provider) who will act as Mediator.**

The Mediator will have an interview with the persons involved and clarify the facts, work out whether advice is needed from other sources, discuss options available and help to formulate a plan of action. If an employee does not feel comfortable in approaching their supervisor, or the conflict is with their immediate supervisor, they can contact the next level of management to act as Mediator.

2. **If an amicable resolution does not occur at this meeting the Mediator is to present a report to the next level of management outlining:**
   - The nature of the grievance
   - The procedures followed to date
   - The solution(s) sought
   - The recommended plan of action or resolution

3. **If an agreement is reached the mediator is to present a report to the next level of management outlining:**
   - The nature of the grievance
   - The procedures followed to date
   - The solution(s) agreed upon
   - The plan of action to reach this solution and review time if warranted
   - A copy of this report is to be provided to all persons involved in the grievance, and a copy is to be retained at the workplace.

**Grievance Procedures**

Harmonious staff relations within the Service largely depend on staff feeling satisfied that their professionalism is being acknowledged by their involvement in appropriate decision-making processes.
The quality of industrial relations is likely to be substantially better in a workplace if the decision-making processes adopted, permit staff to have input into decisions, which affect the nature and quality of their professional work.

Management and staff within the organisation will work together to develop and implement appropriate strategies to facilitate consultative and collaborative decision making processes within the workplace. Where staff feel these processes have failed and are in conflict with decisions made by Management, including the Board, the following procedures are to be ensued:

- The aggrieved person(s) is/are to discuss the grievance with their immediate supervisor.
- The supervisor is to report to the Nominated Supervisor/ Licensee of the grievance.
- The Mediator will seek advice as necessary from other sources, (e.g.: unions, Work Cover and funding bodies).
- The Mediator will then advise Management of the possible solutions.

Meetings are to be arranged with the aggrieved person(s) as necessary throughout the process. The outcome of the grievance must be reported to the aggrieved person within a week of the decision.

**Resolution of Grievances**

Grievances are considered resolved when all persons involved agree to a solution, when the cause of the grievance has been removed or resolved, and when arrangements have been made, if appropriate to repair any damage and distress suffered by the persons involved. Strategies agreed upon by both parties are to be put in place to help avoid further conflict.

**Unresolved Conflict**

If resolution of the conflict is unsuccessful after all procedures in Grievance Policy have been followed it may then be necessary to take disciplinary action.

**Confidentiality**

Mediators are to use discretion and to do their utmost to maintain confidentiality. Any breach of this confidentiality could result in a charge of misconduct. However, confidentiality cannot be guaranteed in the following situations: if it is considered that someone is in danger, if disciplinary action or criminal investigation might be necessary; or if employer liability might be involved.

No action will be taken against the person about whom a formal complaint is lodged until they are made aware of any allegations so that they may respond.

**Support Person**

A Staff member (members) is able to nominate a support person to attend any meetings with them. This person may be a union representative.

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

- Become involved in complaints or grievances that do not concern them.
- Raise complaints with an external complaints body, such as a court or Tribunal, without exhausting our grievance procedures.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- National Quality Standards

- Standard 4.2 Professionalism

-Standard 7.1 Governance

- Standard 7.2 Leadership

**SOURCES**

- ACECQA
- Human Rights and Equal Opportunities Commission
- Fair Work Australia
- Ombudsman - Better Practice Gide to Complaint Handling
- Early Childhood Australia Code of Ethics

# 4.19 Participation of Volunteers & Students Policy

**INTRODUCTION**

Having students and voluntary workers within the Service helps to inform the community about our program and the value of the work we do. Students and voluntary workers are welcome at the Service: However, the children's care and safety are our first priority.

## PURPOSE

Cubby OOSH supports participation of students (including work placement) and volunteers wanting to develop professional skills and knowledge in their effort to become Early Childhood Professionals.

## SCOPE

- We aim to build relationships with community members, providing appropriate learning opportunities for students and volunteers to contribute to our program.
- To ensure a professional and pleasurable learning experience, students and volunteers will be encouraged to participate in the centre's daily routine and assist in accordance with their qualification necessary to work with children under the National Quality Framework.

## IMPLEMENTATION

**Management/Nominated Supervisor/ Responsible Person Will:**

- Appoint an educator to be the 'Student Supervisor/mentor,' for the duration of the placement.
- Conduct an orientation for the student or volunteer including taking the student or volunteer on a tour of the Service, showing emergency exits, staff room and bathroom facilities.
- Provide the student/volunteer with a Work Placement Orientation Package.
- Negotiate with the student or volunteer the times/hours to be worked, and dates of the placement.
- Advise students or volunteer to bring in a poster with a photo outlining the reason for their placement.
- Inform families, children, and Educators when work experience students and volunteers are present at the Service, including their role and hours they will be spending at the Service.
- Ensure Work Placement Students or Volunteers are never left on their own with children or included in the ratio of adult to children.
- Ensure students are aware that they must not discuss concerns, issues or complaints with parents, guardians and/or visitors.
- Introduce the student or volunteer to educators and their Room Leader.
- Assist the student or volunteer to complete the Educator Acknowledgement Checklist.
- Show the student or volunteer where they can access the Service's policies.
- Ensure the student has signed a confidentiality agreement prior to commencing their placement.
- Discuss any relevant important information about specific children to the student or volunteer (i.e. court orders, additional needs, dietary needs) so that the student or volunteer is aware of potential issues.
- Liaise with learning institutions and accept suitable student placements under the institution's supervision.
- Assist learning institutions to place suitable students with individual Educators.
- Ensure student's/volunteer's paperwork and insurances are current.

**Educators Will**

- Maintain open communication with Work Experience Students and Volunteers along with their practicum teachers about their performance.
- Support all student's and volunteer's practicum requirements to the best of their ability during the placement.
- Work as a team sharing appropriate skills and knowledge with each student and volunteer.
- Ensure all educators are provided with relevant information about tasks the student is required to complete in the service as part of their practicum.
- Be aware of student and volunteer expectations.
- Have the time and proficiencies to support each student and volunteer in their placement.
- Encourage students to seek help and advice as required.
- Be a positive role model, showing appropriate behaviour and conduct themselves in a professional manner.
- Guide the students throughout the day.
- Make the student or volunteer feel welcome and a valued member of the team.

**The Room Leader Will**

- Discuss the progress of written work and performance with the student or volunteer.
- Discuss any concerns raised by the student with the Student Supervisor.
- Ensure students or volunteers are directly supervised at all times during children's nappy change times.
- Encourage students to use their initiative.
- Ensure the student/volunteer remains up to date with their assessments/tasks to be completed.
- Discuss concerns with student/volunteer with management.
- Never leave the student alone with a child or children.

**Work Experience Students and Volunteers Will**

- Learn about the children through interaction and practical experience.
- Develop the skills and knowledge needed to care for and educate children.
- Learn about the importance of working as part of a team in the Early Childhood Profession.
- Learn strategies for working in a team environment.
- Learn and accommodate the expectations of qualified educators in the Service.
- Inform the Student Supervisor in writing of what will be expected of them by their training body, University or School, or any other training organisation, and provide time sheets and evaluation forms.
- Keep up to date with all written work requirements.
- Work a variety of shifts to gain knowledge of different aspects of Service operations.
- Bring in a poster introducing themselves that will include:
  - Name
  - Photo
  - Course they are studying
  - RTO/university they are studying with
  - Dates and times they will be at the Service
  - The focus of their study.
- Discuss any problems the student may be experiencing with the Student Supervisor.
- Adhere to all policies and procedures.
- Never remove a child from direct staff supervision.

**Probity Checks**

- All students will supply identity details to the Nominated Supervisor
- All students will complete a Working with Children Volunteer/student declaration
- All students will have a meeting with the Nominated Supervisor so that they will receive information regarding the following service policies:
  a) Child protection
  b) Record Keeping and Confidentiality
  c) Complaints

**Students at Risk**

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

1. The Room Leader will alert the Student Supervisor of any concerns regarding the student.
2. Both the Student Supervisor and the Room Leader will discuss concerns with the student.
3. The Student Supervisor will arrange for the student's teacher to visit the Service and discuss concerns that have ascended.
4. The student's educational institution and Nominated Supervisor will govern the outcome of the practicum.

**Termination of Practicum**

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

- Harms or is at risk of harming a child in their care.
- Is under the influence of drugs or alcohol.
- Fails to notify the Service if they will not be attending the Service.
- Does not adhere to starting times or break times.
- Is observed using repeated inappropriate behaviour at the Service.
- Does not comply with all policies and procedures addressed in the student package.
- Does not provide the photo with an introduction on commencement.
- Does not keep up to date with their work placement tasks.
- Removes any child or children from the direct supervision of an educator.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
  - Regulation 149 Volunteers and students
  - Regulation 311 Additional staff members or volunteers
- Fair Work Act 2009
- Work Health and Safety Act, 2011
- National Quality Standards
- Standard 4.1 Staffing Arrangements

- Standard 4.2 Professionalism
-Standard 6.2 Collaborative Partnerships

## SOURCES

- ACECQA
- Fair Work Australia
- Dealing with Employee Work-related Concerns and Grievances Policy and Guidelines: NSW DPC
- Fair Work Commission: Anti-bullying jurisdiction.
- A guide for preventing and responding to Workplace Bullying

# 4.20 Team Member Immunisation Policy

## INTRODUCTION

Team members working in an Early Education and Care Service are at increased risk of infections transmitted within the service. All team members are encouraged to have the flu vaccine each year.

## PURPOSE

Cubby OOSH aims to ensure health and safety of all Team Members is upheld, promoting safe work conditions and a safe environment.

## SCOPE

- Eliminate the spread of infectious diseases.
- Encourage team members to update their inoculations every five years (flu vaccine each year).
- Protect the health of team members within the service.

## IMPLEMENTATION

- The Centre requires documentation from each team member's regarding their current immunisation status.
- All team members are provided the current information about adult and childhood vaccines found in the Australian Immunisation Handbook.
- The Centre encourages all primary caregivers to receive the following vaccines on a regular basis:

- MMR
  - Polio – oral Sabin
  - ADT – every ten (10) years
  - Hepatitis A
  - Hepatitis B
  - Tetanus
  - Influenza (annually)
  - Covid

- Team members are alerted promptly when a child or another team member is diagnosed with a vaccine-preventable infectious disease.
- Families are alerted if a child or staff member is diagnosed with a vaccine-preventable infectious disease.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations
- Occupational Health and Safety Act 2004
- Public Health and Wellbeing Act 2008

## SOURCES

- Staying Healthy – Preventing infectious diseases in early childhood education and care services – 5th Edition
- Australian Immunisation Handbook
- Medicare – Australian Childhood Immunisation Register

# 4.21 Disciplinary Action Policy

## INTRODUCTION

It is essential that all team members carry out their duties in accordance with the policies of the Centre. Disciplinary action is only taken after a team member fails to respond to professional advice regarding either their conduct or performance. Breaches of discipline are dealt with in a swift, considerate manner, and a clear process for proceeding with disciplinary action is in place.

## PURPOSE

Cubby OOSH encourages appropriate conduct of all Team Members. Where failure of this conduct, Cubby OOSH will ensure appropriate rectifications are carried out for the purpose of providing high quality care and education.

## SCOPE

- Ensure that the Centre operates within policy guidelines.
- Ensure that all team members are aware of the consequences of breaches of discipline.
- Provide a quality service through the professional behaviour and high standards of team conduct.
- Encourage team members to maintain good working relationships and have a commitment to maintaining a high work ethic.
- Act quickly and judiciously when disciplinary action is required.

## IMPLEMENTATION

- Clear guidelines are given to all team members regarding duties, code of conduct and professionalism.
- Management ensures that all team members are given clear job descriptions and orientation for their positions.
- Team members are given the opportunity to address any concerns and clarify any issues in the job description or expectations of which they are unsure.
- Team members are encouraged to maintain good working relationships and have a commitment to maintaining a quality standard of work.
- Team members are given clear notification should their standard of work or conduct fall below what is expected as outlined in their job description.
- Team members have the right to appeal personally against any allegation or to have a union representative appear on their behalf.
- The following steps are followed by the centre director or Management to deal with work performance or conduct which is clearly below the identified standards. (It may not be necessary to go through all the steps if the issue is resolved quickly, but team members should be aware of the entire process.)

## STEP 1: Verbal Warning & File Note

1. The Centre Director will have a meeting and issue a verbal warning as soon as possible indicating the specific problem regarding the quality of work or conduct. The issues must

clearly relate to the job description and a file note is written up, signed by the team member and saved in their file.

2. The file note will indicate the following:
   - What should happen to improve the situation and how the staff member can improve their performance
   - Identify any support needed to assist the staff member to make the changes and take steps to implement these.
   - How the improvements will be measured and when a review will take place (one to four weeks depending on the circumstances).
   - Give an opportunity for the team member to respond to the concerns and seek union representation if required.
   - -(If the "Verbal Warning" process resolves the issue, progressing to Step 2 is not necessary.)

## STEP 2: Formal Written Notice

1. If the problem continues to occur, the team member will be issued a formal written notification of the complaints against them.
2. The centre director will hold a formal, documented interview with the team member and Management where the employee has the right to reply and discuss any complaints against them or be represented by a union member or other representative of their choice.
3. The centre director will provide the team member at least 48 hours notice of the meeting.
4. Take minutes of the meeting, save a copy of the minutes and the signed written notice on the team member's file and give a copy to the team member. The team member may attach a written reply to the minutes if they wish.
5. Plan to have the meeting determine how the situation may be improved.
6. Give the team member an accurate indication of where their performance standards are not being achieved, where changes are required and methods of achieving them and inform them of the method and date of review of their performance.
7. Except in cases involving Child Protection issues or illegal acts, grant the team member's employment will be terminated.
8. Inform the team member at this stage that termination will be considered if no improvement occurs.

   (If the "Written Notice" process resolves the issue, progressing to Step 3 is not necessary.)

## STEP 3: Final Written Notice

1. If the problem persists, call another meeting with Management.
2. Inform the team member in writing that failure to improve or comply has occurred and given them written notice to attend the meeting. The team member has the right to have a union representative or person of their choice attend the meeting.
3. At this meeting, present the team member with a "Final Written Warning".
4. Save a copy of the meeting minutes and the signed final written notice on the team member's file and give a copy to the team member. The team member may attach a written reply to the minutes if they wish.

5. Give the team member a specific indication of where their performance standards are not being achieved, where changes are required and methods of achieving them and inform them of the method and date of review of their performance.
6. Except in cases involving Child Protection issues or illegal acts, grant the team member's employment will be terminated.
7. Inform the team member that their employment will be terminated if no improvement occurs.

(If the issue now appears to be resolved, progressing to Step 4 is not necessary.)

## STEP 4: Termination of Employment

1. If the problem still continues after the implementation of Steps 1 to 3, discuss the team member's employment with Cubby OOSH Management.
2. If Cubby OOSH Management has a justifiable belief that the team member's performance is unlikely to improve and breaches the safety and education of children within the service, make the decision to terminate the team member's employment at the Centre.
3. Give written notice to the team member indicating the reasons for dismissal and specifying the date when employment with the Centre will cease (see team members employment contract).

## Procedure for Dealing with Serious Unacceptable Behaviour

**For cases where a staff member in the workplace:**

- Intentionally endangers life,
- Is found stealing,
- Reports to work under the influence of drugs or alcohol,
- Inflicts or threatens physical or sexual abuse or harassment.

**Action to be taken:**

- The Centre director or Cubby OOSH Management suspends the team member without loss of pay, pending investigation.
- An investigation is completed within 72 hours and an interview date determined.
- If the team member is a union member, the union representative is informed.
- The interview is attended by the centre director, a nominated representative of Management, the person reporting the unacceptable behaviour and a union representative if requested.
- When immediate termination is justified, a dismissal notice is prepared at the interview or, when continued employment is recommended, a warning letter is issued.

- The team member is advised formally of the findings of the investigation and the action being taken.

All the relevant records are placed on the team members file or, if the team member is vindicated of the accusation, all relevant formal documentation is removed from their file.

### STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations
- National Quality Standards
- Standard 4.2 Professionalism

### SOURCES

- ACECQA
- Early Childhood Australia Code of Ethics
- Fair Work Australia

# 4.22 Publicity & Media Policy

## INTRODUCTION

If a critical incident occurs during the operation of any Cubby OOSH service, Team Members in all Cubby OOSH Centres are not permitted, under any circumstances to respond to questions and/or enquiries from any branch of the media, parents, guardians, members of the public or any authority without the express permission of Cubby OOSH Management and/or its legal representatives. Educators are required to follow Cubby OOSH protocols regarding professional ethics, privacy and confidentiality.

## PURPOSE

Cubby OOSH centres and all Team Members endeavour to promote a positive image and act in the public in a positive and professional manner.

## SCOPE

- Ensure that any information supplied to the media and any other person is accurate.
- Ensure that the best interests of the children and parents/guardians served by Cubby OOSH, its educators and Cubby OOSH Management are protected at all times.

## IMPLEMENTATION

- Educators must always respond to any enquiry from a branch of the media (print, radio, television, the internet) relating to any Cubby OOSH service or activity by stating, “I cannot comment on this matter, but our lawyer will be able to.”
- All media enquiries made to any educator must be referred to either the Company Director or the Cubby OOSH legal representative.
- If an educator is unsure whether they can respond to an enquiry by any person or persons other than the media, they must consult their Centre director to determine whether the basis of the enquiry emanates from a critical incident or a routine Centre matter.

## Notes:

Any staff member failing to adhere to the procedures specified in this policy document may face disciplinary action.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations
- The Privacy and Data Protection Act 2014
- National Quality Standards
- Standard 4.2 Professionalism

## SOURCES

- Early Childhood Australia Code of Ethics
- Fair Work Australia

# 4.23 Pregnancy Policy

## INTRODUCTION

Team members that are pregnant will have additional needs to ensure their continued health and safety in the workplace. Team members have a duty to take reasonable care of their own health and safety and to comply, so far as they are reasonably able to, with any reasonable instruction given by Cubby OOSH to comply with their work health and safety obligations. Cubby OOSH provides a documented approach to the provision of a safe and healthy environment for pregnant team members.

## PURPOSE

Cubby OOSH provides a documented approach to the provision of a safe and healthy environment for pregnant team members.

## SCOPE

- To negotiate a supportive working environment that will assist pregnant team members to be healthy and productive members of the workforce
- Provide information about the health risks to themselves and their unborn child
- Provide information on the notice requirements for parental leave and return to work
- To facilitate an appropriate, professional approach to supporting pregnant team members

## IMPLEMENTATION

The Cubby OOSH will be as flexible as possible, within the constraints of the education and care workplace, to ensure the special needs of pregnant team members are considered and options to address their needs implemented wherever reasonably practicable. This may include all or some of the following, depending on the specific needs of the individual:

- Advise a pregnant team member to discuss with their medical practitioner as soon as possible any concerns regarding their pregnancy and working in childcare.
- Review the team member's duties and negotiate adjustments where this is necessary and possible in consideration of operational and other educator/staff member's needs.
- Review the Hygiene Policy regarding hand washing and cleaning of centre environment. Refer to Staying Health in Childcare and relevant sections on Cytomegalovirus. Varicella, Rubella and Parvovirus.
- If handling children who weigh more than 10 kilograms or are repetitively lifting, discuss matter with Nominated Supervisor/Director or Area Manger.
- Monitor hygiene practices of the pregnant team member to ensure compliance
- Review work practices in conjunction with the educator/staff team, to address specific issues for pregnant team members i.e. manual handling aids or support from other educators/staff; ability to set up heavy or awkward equipment; appropriate seating; toilet breaks; heat intolerance; review aspects of universal hygiene procedures.
- Seeking the cooperation of the team to be flexible and supportive of the pregnant team member.
- Review educator rosters to accommodate health issues such as morning sickness, increased fatigue
- Record and document these discussions with a pregnant team member about the above recommendations
- Advise a pregnant team member to follow any reasonable workplace instruction to comply with workplace health and safety obligation

## PARENTAL LEAVE AND RETURN TO WORK

Team members who have been employed for a minimum of 12 months, before the birth of their child, may apply for unpaid parental leave. Unpaid parental leave is for a period of up to 52 weeks to be taken as a one continuous

period.

Before being granted unpaid parental leave, specific written notice and evidence is required within stated timeframes.

- A team member must complete a Team Member Unpaid Parental Leave Notification form to give notice at least 10 weeks before starting their unpaid parental leave. This notice states the nominated start and finish leave dates. If a team member cannot give 10 weeks' notice they must give as much notice as possible.
- A team member must also confirm their unpaid parental leave dates on the Team Member Unpaid Parental Leave Notification in writing at least 4 weeks before leave is due to be started. Any changes to the date should be advised as soon as possible. Only one change to parental leave may be permitted
- Evidence of the expected date of confinement or date of placement of an adopted child must be provided with a medical certificate at least 4 weeks before leave is due to start. If a team member cannot provide evidence, they will not be entitled to leave
- The team member is required to take a minimum period of 6 weeks' compulsory leave after giving birth, before returning to work.
- Cubby OOSH must inform a replacement team member engaged as a result of a team member taking parental leave of the temporary nature of the employment and the rights of the team member being replaced to return to work.
- A team member who plans to take less than 12 months' unpaid parental leave can extend the initial leave request. The total period, with the extension, cannot be more than 12 months. To extend the leave written notice must be given at least 4 weeks before leave ends and must state the new end date.
- A team member who plans to extend the leave beyond the 12 months' unpaid parental leave must give written notice at least 4 weeks before the first 12 months of leave ends and state the new end date. The total period, with the further extension, can't be more than 24 months.
- A response to the written request for extension beyond 12 months will be given within 21 days after the request and will state whether the request is granted or refused. Only one extension beyond 12 months can generally be applied for.
- A team member will be entitled to the same position or similar held immediately prior to taking leave, or in the case of a team member who was transferred to alternative duties, to the position held immediately prior to this transfer.
- A team member may request amendments to their employment basis with a Flexible Working Arrangements form available on request.
- To ensure the professional integrity of the service, team members will not work in the same room as their child where possible. Should issues arise in relation to caring for a team member's child at the service, the options for a change in care arrangements will be discussed with the team member, with the aim of reaching an agreed resolution.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations
- Occupational Health and Safety Act 2004
- Equal opportunity Act 2010

- Children Services Award 2010
- Educational Teachers (Services) Award 2010
- National Quality Standards
  - Standard 4.1 Staffing Arrangements

**SOURCES**

- Staying Healthy in Childcare 5th Edition
- Immunisation in early childhood education and care
- Cytomegalovirus in early education and childcare services
- Centrelink - Paid Parental Leave Scheme
- Vaccination for people at occupational risk
- Fair Work Australia

# 4.24 Traineeship Policy

## INTRODUCTION

Traineeships and apprenticeships are pathways to obtaining an early childhood qualification by completing employment-based training under a registered training contract.

Assistance is available to team members who are undertaking approved courses of study for career development.

Team members undertaking a traineeship or apprenticeship are entitled to paid supervised training. Training can be undertaken by a variety of means or combination of means.

## PURPOSE

Cubby OOSH supports and encouraged Team Members to further their training and Education through Traineeships for higher Qualification in the Early Childhood Sector.

## SCOPE

- Develop a training plan in consultation with the training provider.
- Provide a range of appropriate facilities
- Provide an appropriate range of “hands-on“ work experiences
- Provide qualified supervision support and relevant instruction
- Provide an average of three hours per week of varied training time in the workplace within the contract period

## IMPLEMENTATION

The training plan is negotiated with the three parties involved: Cubby OOSH, the team member and the training organisation, and must be signed within three months of commencing the traineeship or apprenticeship. Copies of the training plan must be made available to Cubby OOSH and the team member.

The three hours of training per week will be accomplished by:

- Team members being rostered to enable them to complete the formal theoretical component of their units of study. This time will be non-contact and will comprise approximately 1.5 hours.(LDC only)
- Reviewing relevant policies and procedures relevant to the training.
- Training plan entries.
- Practical training with a supervisor in the application of the policies and procedures with a group of children in the play areas.
- Meetings with trainer and supervisors.
- Practical assessment of work.

Team members must demonstrate that they are actively studying and progressing toward the completion of their units as per the training plan schedule, and evidence of this must be stored on premises at all times.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Apprenticeship and Traineeship Act 2001

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations
- Apprenticeship and Traineeship Act 2001
- Children Services Award 2010
- National Quality Standards
- Standard 4.1 Staffing Arrangements

## SOURCES

- Apprenticeship Support Australia
- National Employment Standards
- Fair Work Australia

# 4.25 Time off in Lieu (TOIL) Policy ( LDC)

# INTRODUCTION

Cubby OOSH recognises that the operational needs of the service require a flexible approach to the rostering of an employee to meet the service delivery requirements. From time to time, employees may be required to work approved additional hours to accommodate meeting staff: child ratios.

Time off in Lieu of Overtime (TOIL) will be granted to employees who are required to work hours outside of their approved roster. This Policy applies to all part-time and full-time employees of Cubby OOSH, therefore excludes casual employees.

# PURPOSE

Cubby OOSH acknowledges the importance of a proper work-life balance for all employees. This policy is aimed to accommodate this and to prevent an employee working excessive hours.

# SCOPE

- Establish guidelines for all employees at Cubby OOSH on the accrual of TOIL hours
- Establish guidelines for all employees at Cubby OOSH for claiming TOIL hours
- Ensure that the operational needs of the programs and services of Cubby OOSH are balanced with flexible staffing arrangements while also treating employees equitably
- Ensure that employees are not working excessive hours and to help them manage their work/life balance

## Definitions

Throughout this policy the following definitions apply:

- '**Time Off In Lieu of Overtime (TOIL)**'- Approved time off for work instead of payment for overtime where an employee has worked approved additional hours
- '**Ordinary Hours'**- The agreed ordinary hours of an employee as provided in the employee's employment contract
- '**Approved Roster'**- The schedule of hours to be worked during a given payroll period as set by the Director/Nominated Supervisor, based on operational needs to ensure the effective delivery of services to children. Payroll is based on the approved roster.
- '**Overtime'**- Reasonable additional time worked outside of ordinary hours

undertaken at the request of the Responsible Person in Charge based on operational needs.

## IMPLEMENTATION

### Responsibilities

Educators are responsible for ensuring that the use of TOIL is accountable to the Director/Nominated Supervisor for the effective implementation of the policy. The operation of this policy will be monitored by the Director/Nominated Supervisor and reported on to the Area/Operations Manager

### Principles

- Only part-time and full-time employees are eligible.
- The approved roster for each employee shall be maintained as much as practicable and that employees should not exceed ordinary hours unnecessarily.
- Employees must obtain direction and written authorisation from the Responsible Person regarding claiming TOIL hours to maintain ratio requirements. Employees who are requested and authorised to work beyond 15 minutes of their current approved roster shift may accrue TOIL hours.
- There must be an identified reason for working outside rostered hours
- TOIL hours are calculated at the ordinary rate (i.e. 'an hour off for an overtime hour worked'). Cubby OOSH and the employee agree that the employee may take time off instead of being paid for overtime that has been worked
- All TOIL hours accrued and taken must be appropriately recorded at the centre on the TOIL Hours Record and the balance of hours checked for accuracy. The TOIL Hours Record should be confidential
- There is a maximum of two hours per month allowed for staff meeting attendance
- There is a five-hour limit on TOIL hours accrued per month by an employee
- TOIL should ideally be taken within one month of having been accrued and expires after six months
- Employees must obtain a mutually agreeable date with the Director/Nominated Supervisor for taking TOIL hours and must have accrued a sufficient balance of hours to cover the proposed hours to be taken
- Directors/Nominated Supervisors are responsible for ensuring that all TOIL is acquitted before an employee leaving the employment of Cubby OOSH

- Directors/Nominated Supervisors are accountable to the Area Manager for the effective implementation of the policy

## Recording TOIL hours

- Once approved by the Responsible Person in Charge accrued TOIL hours should be recorded by the employee using the TOIL Hours Record maintained at the centre
- The approved shift roster for the day should also be recorded on the TOIL Hours Record
- The balance of the hours on TOIL Hours Record should be checked for accuracy by the Director/Nominated Supervisor
- TOIL records should be filed every three months and carried forward balance recorded on new TOIL record at centre
- The TOIL record should be kept for seven years

## STATUTORY LEGISLATION AND CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations
- Occupational Health and Safety Act 2004
- Equal opportunity Act 2010
- Children Services Award 2010
- Educational Teachers (Services) Award 2010
- National Quality Standards
- Standard 4.1 Staffing Arrangements

### SOURCES

- National Employment Standards
- Fair Work Australia
- Centrelink – Paid Parental Leave scheme

# 4.26 Leave Policy

## INTRODUCTION

The National Employment Standards – NES, outline the minimum leave entitlements for all team members Nationally. From there, leave provisions differ for Team Members depending upon the award or agreement that they are subjected to:

1. Children Services Award 2010
2. Educational Teachers (Services) Award 2010

## PURPOSE

Cubby OOSH leave policy allows flexibility for team members to meet personal, family, work and community commitments without compromising the achievement of business objectives. The policy will define leave entitlements and provide guidance in the taking and approval of leave. Leave entitlements will comply with the relevant legislative and regulatory obligations.

## SCOPE

This policy covers the following types of leave:

- Annual
- Compassionate
- Parental
- Personal or carer's
- Leave without pay
- Long service
- Family and domestic violence

## Definitions

**Domestic violence** means ***family and domestic violence*** means violent, threatening or other abusive behavior by a family member of an employee that seeks to coerce or control the employee and that causes them harm or to be fearful.

**Family member** means:

- a spouse, de facto partner, child, parent, grandparent, grandchild or sibling of the employee; or
- a child, parent, grandparent, grandchild or sibling of a spouse or de facto partner of the employee; or
- a person related to the employee according to Aboriginal or Torres Strait Islander kinship rules.

**Immediate family means**

- a spouse, de facto partner, child, parent, grandparent, grandchild or sibling of the employee; or
- a child, parent, grandparent, grandchild or sibling of a spouse or de facto partner of the employee.

**Medical certificate** means a certificate issued by a person registered as a practising medical practitioner.

**Parental leave** means a period of adoption leave, maternity leave, partner leave, or special maternity leave for the purposes of birth, adoption and caring for a child.

## IMPLEMENTATION

Most types of leave will require a Leave Request form to be submitted and any related documentation to be completed by the team member requesting leave. Once approved, the Director will advise the outcome of the request in person. All planned leave is subject to the operational requirements as determined by the Area Manager.

Unless otherwise agreed, all planned leave should be requested 4 weeks prior to taking leave. Any changes to approved leave should be made in writing to the Nominated supervisor or Area Manager.

### Entitlements:

**Annual leave**

- Full-time team members are entitled to annual leave of 20 working days for each year of service. Part-time team members are entitled to annual leave on a pro-rata basis.
- Cubby OOSH has the discretion to approve or object to the taking of annual leave based on the operational requirements of the centre.
- All applications for annual leave are made to be made on a Quickbook with at least four weeks' notice and must be approved by the Nominated Supervisor, or Area Manager.
- Annual leave may not be taken for periods of less than one day.
- Team members are requested to take annual leave at least once a year. Accumulation of more than 30 days of annual leave is discouraged as the purpose of annual leave is to provide rest and relaxation.
- 
    - If leave does accumulate beyond 30 days a management plan will need to be completed to have annual leave entitlement reduced. If an agreement is not reached the management will direct the team member to take a period of annual leave to reduce their entitlement to a reasonable level. Team members are requested to take annual leave annually.
- A team member who resigns or is terminated for any reason will be paid their accrued annual leave entitlements in their final payment.
- Annual leave cannot be used for personal leave unless there are extenuating circumstances and will be approved on a case by case basis.
- Employees can't **cash out** more than 2 weeks in each 12 months, and must have at least 4 weeks **annual leave** left over after the **cash out**. The payment for **cashed out annual leave** must be the same as what the employee would have been paid if they took the **leave**.
- Cashing out of annual leave will only be approved on extenuating circumstances by the General Manager.

**Compassionate leave**

- Team members are entitled to two days' compassionate leave on full wages in respect of the death, life-threatening illness or injury of a member of your immediate family or a member of your household.
- Cubby OOSH may allow for additional time off if travel becomes a problem.

- For leave taken on compassionate grounds, supporting documentation may be required and may include e.g. a death notice and proof of a memorial service.

**Parental leave**

- Team members are entitled to the provisions for parental leave detailed under the relevant Fair Work legislation. Briefly, the legislation allows for parental and adoption leave for full-time, part-time and long-term casuals who have completed one year of service. Please refer to Pregnancy and Parental Leave policy for detailed guidelines.

**Personal leave or carer's leave**

- Team members may take paid personal/carer's leave if they are unfit for work because of their own personal illness or injury
- Carer's leave is to provide support to a member of the immediate family or household because of personal illness, injury or emergency affecting the member.
- The minimum entitlement to paid personal/carer's leave for all full-time team members (excluding casuals) is 10 days per year.
- Team members accrue entitlements to paid personal/carer's leave progressively during a year of service according to the number of ordinary hours worked and leave accumulates from year to year.

- Team members are required to notify Cubby OOSH as soon as possible when they are absent due to illness or injury and to indicate how long they expect to be absent.
- Any absence for a day or more for personal leave must be supported by a medical certificate to the satisfaction of Cubby OOSH. If claiming carer's leave the team member is required to provide a medical certificate or statutory declaration regarding the illness of the of the person requiring care.
- If a team member has commenced work and has been sent home due to illness, a Medical Certificate may require for the remainder of that day at the Director's discretion. However, where there is a pattern of such absences, this pattern will be addressed with the team member and future medical certificates will be required.
- Where there is a substantiated pattern of exhausting personal leave entitlements, absences on the same week day, taking of single absences adjacent to weekends and public holidays

and a clear pattern of taking part-day absences the team member will be advised that such patterns are unsatisfactory and may result in disciplinary action.

**Notification for personal leave**

- Team members are to contact the Director personally, preferably the evening before, to advise that they are unwell and will not be attending the workplace the following day and the length of the expected absence.
- Notification by any method other than telephone, e.g. text message, email or fax, is **not** acceptable. It is the team member's responsibility to ensure that their Nominated Supervisor receives the message. In the event the Director does not receive a message, an attempt will be made to call you at home to make sure you are safe. If the Director is unable to make contact with you directly and they are concerned about your safety, health or wellbeing, contact will be made with your nominated emergency contact to ensure you are safe.
- Unless there are exceptional circumstances team members should personally call their Nominated Supervisor. Team members are responsible for keeping the Nominated Superviosr updated to let them know if the absence will be extended beyond the period originally expected. In the event an absence extends to 5 consecutive days, the Director must be informed of any issue that may influence the duration of the leave and affect the ongoing management of the team member's job role during the leave.
- Consideration will be given to extending the personal/carer's leave amount in the circumstances where an infectious disease or illness has been identified and another team member or a child at a Centre may be subsequently infected.
- Team members are expected to submit a Medical certificate for the period of absence via Quickbook on the day of return to work.

**Leave without pay**

- Where available a team member's leave i.e. annual, personal and long service leave will be utilised before leave without pay.
- Generally, leave without pay will only be considered where there are exceptional circumstances. Cubby OOSH reserves the right to accept or decline applications for leave without pay.
- The granting of leave without pay is not guaranteed and is at the discretion of the Area Manager. All leave without pay requests must be approved prior to commencement. Any extensions to the period of leave without pay must also be applied for and approved prior to the commencement of any extension.
- A statement of the circumstances supporting the application must be in writing and accompany applications for such leave utilising the Cubby OOSH Leave Request Form.
- Where a team member takes leave without pay other leave entitlements will cease to accrue during the period of approve leave without pay. This period will not count for continuous service or progression purposes.

**Long service leave**

- Full-time team members are entitled to take 8.67 weeks of paid long service leave after ten years' continuous service to be paid at ordinary gross weekly wages.
- The qualifying period for long service leave entitlements for part-time or regular casual team members is the same as that for full-time team members (i.e. leave is due after ten years' continuous service).
- All applications for long service leave are to be made on Quickbook at least four weeks' notice and must be approved in writing by the Nominated Supervisor/Area Manger.
- Any team member who resigns or is terminated for any reason and qualifies for long service leave will be paid their accrued long service leave entitlements in their final payment.
- 1-week minimum

**Family and domestic violence leave**

- All team members are entitled to five days of unpaid leave to deal with family and domestic violence where it is impracticable to do outside the ordinary hours of work. The leave may be accessed in single days, in one whole period or, by agreement, for a period of less than a day. The leave entitlement is available every 12 months of service but cannot be accrued from year to year.
- To access this leave, notice should be given as soon as practicable with the expected period of leave. Evidence will be required to support the leave claim with agreed documents, e.g. police reports, court orders or statutory declarations. Consultations will be required regarding

the handling of information, confidentially and ensuring the health and safety of all team members.

**Public holidays/School Holidays**

- All OOSH members are casual during the school holiday's - therefore if there is any Public holidays during this time that would mean that day would be unpaid
- Public holiday days are defined in the National Employment Standards. Only permanent team members are paid for an absence on a public holiday when their normal rostered day falls on that day. Normal rostered days and hours are based on a pattern of rosters over the preceding three months for a team member. Rosters cannot be temporarily amended to change a team member's eligibility for payment on a public holiday. A pattern is considered to be the most common weekly roster over the previous 3 months. (LDC)
- If a public holiday falls during a period of *paid leave* e.g. annual leave or personal leave, then this day does not come from a team member's leave accrual. It is a paid day based on ordinary rostered hours.
- When a public holiday falls on a period of *unpaid leave*, the team member is not entitled to payment for that public holiday.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations
- Occupational Health and Safety Act 2004
- Equal opportunity Act 2010
- Children Services Award 2010
- Educational Teachers (Services) Award 2010
- National Quality Standards
- Standard 4.1 Staffing Arrangements

## SOURCES

- National Employment Standards
- Fair Work Australia
- Centrelink – Paid Parental Leave scheme

# 5.01 Interactions & Relationships with Children Policy

## INTRODUCTION

My Time Our Place (MTOP) identifies secure, respectful and reciprocal relationships with children as one of the principles that underpin practice. Within the school aged community many different relationships are negotiated with and between children, educators and families. Relationships directly affect how children form their own identity, whether or not they feel safe and supported, and ultimately, their sense of belonging.

## PURPOSE

Cubby OOSH aims to build positive relationships with children, families and educators through collaboration and interactions, which is reflective in our Service philosophy and the Framework. Educators will encourage positive relationships between children and their peers as well as with educators and families at the Service, ensuring children feel safe and supported.

## SCOPE

In order to build and maintain positive and respectful relationships with children, families and Educators our Service will adhere to our philosophy and code of ethics to guide:

- Interactions with Children
- Interactions with Families
- Interactions with Educators (Staff)

## IMPLEMENTATION

**Interactions with Children**

Children need positive relationships with Educators that are trusting and responsive to their needs.

**Management and Educators will:**

- Create a welcoming and relaxed atmosphere in which children experience equitable, friendly and genuine interactions with all Educators
- Use appropriate language and behaviour will be role modelled by Educators
- Support children to be aware of their own feelings as well as the feelings of others
- Encourage children to treat all children with respect as their friend
- Provide children with the opportunity to explore their dispositions for learning by expressing themselves and their opinions
- Assist the children to build resilience and self-assurance through positive interactions
- Guide children's behaviour positively
- Respect the rights of children
- Speak to children in a positive manner at all times, promoting respect, tolerance and empathy; this includes children using non-verbal cues
- Engage in meaningful, open interactions that support the acquisition of skills for life and learning of children

- Respect each child's uniqueness, are attuned to and respond sensitively and appropriately to children's efforts to communicate and will use the child's own language, communication styles and culture to enhance their interactions
- Listen to children and take them seriously; they will support and encourage children to use appropriate language in their interactions with adults and peers. Educators will extend upon children's interests and ideas through questions and discussions, supported in observations, reflections and programming

- Communicate with children by getting down to their level, showing respect to the child whilst promoting effective communication and eye contact.
- Show empathy to children
- Ensure that the values, beliefs and cultural practices of the child and family are considered and respected
- No child is ever isolated for any reason other than illness, accident or pre-arranged appointment with parental consent. During this time, they will be under adult supervision
- Regularly reflect on their relationships and interactions with children and how these can be improved to benefit each child
- Challenge children's individual development

**Interactions with Families**

Effective communication is the key to developing and maintaining positive interactions and relationships with others. Educators working within or service are required to demonstrate mutual respect towards each other and value the contributions made by each educator. This enables our Service to maintain positive relations and model the type of communication they want children to develop. Educators also need to use positive communication with families and children in order to create a responsive and inclusive environment for all.

**Management and Educators will ensure:**

- All families are treated equitably without bias or judgement; recognising that each family is unique
- Families and children are greeted upon arrival
- Two-way communication is established through leading by example and asking questions
- Common terminology is used when talking to parents regarding their child's development
- Never to discuss another child or family information with a parent or visitor
- To remain sensitive to cultural differences amongst families and are to encourage families to share cultural aspects with the children and Educators at the Services
- To always endeavour and seek the advice and opinion from experts with family permission, to help with regards to a child with additional needs or support a family through resources available from such support agencies as KU Inclusion Support Agency, Area Health or the private sector
- To endeavour to recognise and implement several different ways to communicate with families in their preferred chosen way
- Verbal communication is always open, respectful and honest
- Families are provided with up to date service information and notices through Daily Reports, Newsletter, communal signs, emails and sign-in sheets
- To regularly reflect on parent input into the program and make changes where necessary that will best benefit the service and children
- Children are treated and programmed for as individuals

**Interactions with Educators (Staff)**

The Service recognises that the way Educators interact with each other has an effect on the interactions they have with children and families.

**To maintain professionalism at all times, Educators will:**

- Preserve professional communication in order create an effective work environment and to build a positive relationship with Educators, Children and Families. Communication amongst colleagues creates a positive atmosphere and a professional Service for families. Communication between staff and families ensures that important information is being passed on and that consistency occurs
- Collaborate together as a team sharing room roles and responsibilities through the use of a roster where necessary
- Be respectful when listening to each other's point of view and ideas
- Maintain effective communication to ensure that teamwork occurs
- Use staff meetings to communicate their professional reflections and ideas for continuous improvement as a team
- Attend In-service training to update and refresh individual skills and knowledge
- Refer to the Staff Grievance Policy/Procedure if they feel a situation with another Educator is not being handled with professionalism, respect and quality
- Recognise each other's strengths and valuing the different work each does
- Work collaboratively to reach decisions which will enhance the quality of the Education and care offered at the Service
- Welcome diverse views and perspectives
- Work together as a team and engaging in open and honest communication at all times
- Respect each other's positions and opinions.
- Develop and share networks and links with other agencies
- Resolve differences promptly and positively and using the experience to learn more effective methods of working together

**To enhance communication and teamwork, Educators will:**

- Provide new educators with relevant information about the Service and program through an Educator handbook, induction and daily communication
- Maintain confidentiality
- Treat each team member with respect
- Be sensitive to the feelings and needs of other team members
- Provide constructive feedback to each other
- Trust each other
- Value the role and contribution of each educator
- Provide opportunities for all educators to have input and evaluate the program
- Appreciate and utilise educator skills and interests
- Provide support and assistance to each other
- Share responsibilities
- Have a flexible attitude towards team roles and responsibilities
- Greet each other by name
- Show genuine interest in the other person by using active and reflective listening
- Communicate ideas and opinions clearly and professionally
- Use a communication book or daily diary to pass on messages and record relevant information
- Hold regular educator meetings
- Use appropriate conflict resolution techniques to solve problems

- Ensure policies and procedures are up to date regarding communication, expected behaviour and grievances
- Opportunities for professional development

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2018
  - Regulation 168 Education and care service must have policies and procedures
  - Regulation 155 Interactions with Children
  - Regulation 156 Relationships in Groups
- Workplace Gender Equality Act 2012
- National Quality Standards
  - Standard 1.1 Program
  - Standard 4.2 Professionalism
  - Standard 5.1 Relationships between Educators and Children
  - Standard 5.2 Relationships between Children

## SOURCES


- The Early Years Learning Framework
- My Time Our Place Framework
- Victorian Early Years Learning and Development Framework
- ACECQA
- The Educational Leader Resource
- ACECQA, We Hear You Blog - Responsive, respectful relationships
- Healthy Kids - Munch and Move

# 5.02 Behaviour Guidance Policy

## INTRODUCTION

Children become exposed to social interactions within their community and society that impacts on behaviours adopted and social skills developed. Children begin to explore different emotions, and how to manage these emotions as they arise, which is a multifaceted process for children to understand and manage. Children begin to learn how to deal with these emotions and how to best regulate their behaviour for best outcomes, communication and interactions being delivered. Education plays a big role in guiding children to explore their emotions and educating children on best strategies to handle their emotions, make decisions and communicate positively, effectively and respectfully to one another.

## PURPOSE

Cubby OOSH aims to support all children and promote positive approaches to managing different behaviours children may display through providing a secure, loving and stimulating environment. We aim be understanding and be intuitive to each child's needs and desires and look for different strategies to assist children in dealing with their emotions, for best outcomes for all.

## SCOPE

Educators will use a positive approach when guiding a child's behaviour. They recognise why they behave in a certain way and will encourage more acceptable forms of behaviour.

At Cubby OOSH we encourage positive, co-operative behaviour through:

- Establishing trust and confidence between adult and child.
- Considering the stage of development of each child.
- Considering the interests, concerns and abilities of the individual child.
- Showing sensitivity to the child's background and current home situations.
- Examining the reason behind the behaviour.
- Getting down to the child's level to establish and maintain eye contact.
- Using language that is positive, clear and developmentally appropriate for the child in question
- Being consistent with behavioural expectations.
- Setting limits and reminding children of them regularly or whenever necessary
- Involving the children in the setting of limits and explaining as to why a certain type of behaviour is unacceptable e.g: other children's and educator's safety.
- Encouraging the children to show sympathy for children experiencing difficulties.
- Guidance and discipline to encourage individuality and confidence of children to enhance their self-esteem.
- Offering the children clear alternatives to help them develop their ability to make decisions and direct themselves.

- Positive modelling by Educators E.g.: "sand stays in the sand pit" rather than "don't throw sand", and by showing the child how to dig in the sand.

- Discussing with parents/guardians the Behaviour Guidance Policy and seek their assistance for solutions should the need arise.

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

## IMPLEMENTATION

### Educators will:

- Set appropriate limits within an environment which enhance the learning of acceptable behaviour;
- Endeavour to actively involve the children in a challenging, age-appropriate programs and eliminate potential conflicts;
- Model appropriate behaviour;
- Reinforce positive behaviour;
- Practise appropriate supervision techniques, be aware of, and alert to children's needs and ensure that children are supervised at all times;
- Have expectations relevant to each child's stage of development;
- Use "do" instead of "don't";
- Teach children to use their words instead of resorting to physical means to solve conflicts.
- Provide sufficient resource to children and have small group activities for better supervision and interaction.

### When children display inappropriate behaviour, Educators will:

- Explain to the child why their behaviour is inappropriate;
- Help children recognise another child's feelings;
- Model the desirable words needed to solve this conflict;
- Redirect to alternative activities, distract and change the focus of activity or behaviour.

### Educators will not:

- Use any kind of physical force or punishment;
- Use language that is derogatory or demeaning;
- Threaten or frighten a child for any reason;
- Isolate a child in a room or space where that child cannot be seen;
- Withhold food or beverages as a disciplinary device.

### When Prevention does not work:

- Try to distract/diffuse a situation

- Use "do" instead of "don't", giving a simple explanation. (If the child persists, use the word “stop” reinforced with the stop hand signal and explain positively what they should be doing).
- Always talk about the behaviour being inappropriate, not the child personally (e.g. Avoid saying, bad, naughty, silly, etc.).
- Use a firm, calm manner, indicating what you expect from the child, presenting it to the child as a choice wherever possible. Lowering your voice gains attention. Shouting may scare the child.
- Allow time for the child to comply with the request.
- If it becomes necessary, Educators/Staff will gently redirect the child from a group or activity until the child has settled down and able to return to the group or activity. During this time, the Educator will support an activity within the room to allow the child to regulate their behaviour, either with the Educator, or with the Educator supervising the child’s solitary play. The circle of security is important in this instance, until the child feels they are ready and equipped to return to the facilitated group time.

## Anti-Social/Physical Behaviours:

- Educators should explain to children that biting, hitting, pushing and kicking are not acceptable. If a child wants to hit or punch, then they can use the play dough or punching bag to absorb the strengths and behaviour being expressed. If the child wants to kick, they can kick a ball. It’s important to work with the child to be able to attend to their needs, allow the child to express their emotions, and also assist thereafter with regulating this behaviour.
- With older children, encourage them to use problem-solving skills and to verbalise feelings instead.
- If a child becomes aggressive, redirect them from the activity (suitable distance so as not to hurt other children); stay with them until they calm down. Comfort when the child is ready. Ask if they would like a hug. Some good activities if a child is aggressive are play dough, clay, hammering, bowling, or perhaps a calming/quiet area such as book corner or a tent.
- Always look for reasons behind aggressive behaviours and address the issues as a part of further planning (e.g. Biting could be a result of teething or not having the communication skills to tell a peer that they are taking their toy. Kicking could be a part of power play etc.). Make sure you focus attention on the child who has been hurt. Children who have hurt another child can often be encouraged to help comfort or assist the hurt child (get a tissue; hold the ice pack, etc.)

## When Management is not working:

- Discuss issues with Educators - where appropriate (confidentiality is key).
- Written methods are implemented.
- Difficulties are discussed with parents/guardians, to discuss appropriate strategies.
- Early Intervention Professionals are consulted with parent/guardian permission.
- Educators/Staff to implement program directives from Early Intervention.
- Other professionals and support groups to be consulted where necessary.

## Guidelines for Director Intervention

- If a child's behaviour is continually anti-social or aggressive and is putting other children's or educators/staff's health at risk, then the following procedures will be followed:
- The child's parents/guardian will be informed of any incidents as they arise.
- A time will be made where it is appropriate for the child's carer and parents/guardians to discuss the issues.
- A behaviour management program will be implemented and carried out by Educators/Staff and parents/guardians. External help may be sought if necessary

- This program will be continually evaluated by Educators/Staff, Director and parents/guardians.
- If the behaviour does not appear to be improving, the Director may refer the parents/guardians to a support network (e.g. Inclusion Support Unit etc.)
- It may be necessary for the parent/guardian/ authorised nominee to collect their child early if other children or educators/staff are put at risk of harm.
- If after a reasonable period of time the child's behaviour is not improving, the Director and educators may consult with parent/guardians about whether the service can accommodate for their child's needs, whether safety of other children is being compromised, and support them to find a more appropriate service.

## Safe Physical Intervention (if necessary)

In rare and extreme situations where a child's behaviour poses an immediate risk of harm to themselves, other children, or educators, staff may use the least restrictive physical intervention necessary to ensure safety.

- Any intervention must be reasonable, proportionate, and respectful, ensure the dignity of the child is maintained.
- Physical intervention is used only as a last resort, when all other de-escalation strategies have been exhausted.
    - **Educators will act in accordance with Education and Care Services National Law Act 2010-Section 166** (offence to use inappropriate discipline)
    - **Education and Care Services National Law Act 2010 – Regulation 155** (interactions with children must maintain dignity and rights) and **Regulation 156** (ensuring safe relationships in groups).
    - **Child Protection legislation**, ensuring that children are always protected from abuse, harm, or neglect.
- Following any physical intervention, the incident will be:
    - Documented and reported to the Nominated Supervisor.
    - Communicated to parents/guardians.
    - Reviewed with the team to minimise recurrence and plan proactive strategies.

## Exclusion for Unacceptable Behaviour

- When unacceptable behaviour continues after every effort has been made to eliminate it and two "Parent Notification of Behavioural Incident" forms have been sent home without effect, Educators informs Management.
- The Management discusses the issue with Educator.

- In the interests of the child and other children at the centre, the Management may decide that it is necessary to exclude the child for a period of time.

*Exclusion will be invoked only after:*

- Adequate support and counselling have taken place;
- Parents have been notified and given the opportunity to discuss their child's behaviour;
- Parents have been referred to other agencies, where appropriate;
- Careful consideration has been given to the problem by Educator and management;
- Clear procedures have been established for accepting the child back into the Centre.

**Please Note**: In extreme cases, Management reserves the right to exclude immediately or refuse further enrolment at the Centre

## Biting:

Refer to the Cubby OOSH "Biting" policy.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 166
- Education and Care Services National Regulations 2011
  - Regulation 155 Interactions with Children
  - Regulation 156 Relationships in groups
- National Quality Standards
  - Standard 5.1 Relationships between Educators and Children
  - Standard 5.2 Relationships between Children

## SOURCES

- The Early Years Learning Framework
- My Time Our Place Framework
- Victorian Early Years Learning and Development Framework
- ACECQA
- ACECQA, We Hear You Blog - Responsive, respectful relationships
- Raising Children Network
- Early Childhood Australia
- Be You – Leaders Handbook

# 5.03 Inclusion of Children with Additional Needs Policy

## INTRODUCTION

Inclusion is defined as all people: Men, Women, Children, Adults, having the right to be valued and respected within their immediate environment and society, regardless of their capabilities, disabilities, or health requirements. Research indicates that 4 million people within Australia have a form of disability, and 35.9% of Australian households are inclusive of a person or persons with a disability. Education Services have a legal and ethical responsibility to include all children within their community, supporting the varied needs of all individuals, acknowledging their strengths and overcoming any barriers that may exist.

## PURPOSE

Cubby OOSH supports all children within our services and endeavours to adapt the curriculum according to the needs of the individual child/ren, focusing on similarities in the developmental abilities of children rather than the differences. Cubby OOSH recognises the overwhelming conclusions in educational literature supporting the education of children with additional needs and abilities with their peers.

## SCOPE

- To enable children with additional needs and abilities to participate fully in our daily programmed activities, to maximise their growth and development.
- To enable children with additional needs and abilities to have access to our program specialised equipment and specific resources. In consultation with parents/guardians and specialist support services.
- Educators will remain positive, open minded and honest at all times when working with families and external support professionals to meet needs of each child within the service.

## IMPLEMENTATION

- All enrolled children are treated without bias regardless of ability, gender, religion, culture, family structure, or economic status or disability. Upon enrolment, the centre director and lead educator orientate the new family throughout the centre. Discussion takes place regarding the child's caseworker, Doctor's and/or other support workers, which the family may already access to bridge the gap between home and school life.
- Information gathered from the parent/guardian about their child needs, interests, abilities, sense of humour, learning style, likes dislikes, communication preferences. This will also help formulate a history of health, developmental progress, achievements/milestones reached.

- This information is classified as private and confidential and may only be issued to primary caregivers. This aids the team in formulating an individualised program for the child with special needs.
- The nominated supervisor will contact the Inclusion Support Facilitator in regards to funding in collaboration with educators and families to support inclusion within the classroom.

- If we find that the family has not had access to any support services, the Nominated Supervisor may provide information to the family, which may make such services available.
- With parental permission, appropriate support services may be contacted on their behalf and resources and/or equipment allocated for their child.

- Children with additional needs and abilities have access to all facilities, play areas and play equipment within the bounds of safety.
- All children are encouraged to participate as fully as possible in the daily educational program.
- Educators will ensure children with additional needs and abilities have opportunities to see positive images of themselves in their environment.
- Regarding other children in the service educators will answer honestly to questions about diversity and difference. Offer explanations about behaviours and help children to understand different ways people communicate.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations
- National Quality Standards
  - Standard 1.1 Program
  - Standard 4.2 Professionalism
  - Standard 5.1 Relationships between Educators and Children
  - Standard 5.2 Relationships between Children
  - Standard 6.1 Supportive relationships with Families

## SOURCES

- The Early Years Learning Framework
- My Time Our Place Framework
- Victorian Early Years Learning and Development Framework
- ACECQA
- KU Children's Services Inclusion Support
- Early Years Connect – The Principles of Inclusion
- Australian Government: Child Care Provider Handbook; Inclusion Support Program
- Australian Human Rights Commission
- Cubby OOSH Philosophy

# 5.04 Anti-Bias, Inclusion & Cultural Diversity Policy

## INTRODUCTION

The importance surrounding Anti-Bias, inclusion and culture within Early Education is vital, in the impact services and Early Education Educators have on Children becoming culturally aware and accepting of the society in which we live in. Australia is so enriched in culture, with research indicative of 26% of the Australians being born overseas and almost 20% of the Australian population speaking a second language. Australia is also home to the world's oldest unceasing culture – Aboriginal and Torres Strait Islander culture. With Australia being this rich with such cultural diversity it is important that inclusion of all is foremost and our Education for Life Program, environments, interactions and displays all highlight appreciate and respect for all children, families and our community.

## PURPOSE

Cubby OOSH aims to develop, implement and role model positive opinions, beliefs and ideas that are sensitive to and accepting of a diverse society. This includes varying cultures, abilities, gender equity and all other minority groups. At Cubby OOSH our goal is to help children reach their full potential, allow their rights to develop individually, and be treated equally.

## SCOPE

- Provide an environment where all children, Families and Educators are treated fair and equal
- Enable all children to develop respect for, physical, racial, religious, and cultural differences.
- Enable all children to develop autonomy, independence, competency, confidence and pride.
- Provide all children with accurate, developmentally appropriate information about their own, and other people's disability and culture.

## IMPLEMENTATION

- Educators will be positive role models, encouraging children to experience active and energetic play in order to develop their physical potential.
- All children will be encouraged to develop friendships with each other based on mutual trust and respect.
- The program is developmentally based and relevant to children's current interests, strengths, emerging skills and culture.
- The physical environment of the Service and its programs, including objectives, focus and direction, incidental learning opportunities and group activities reflect its commitment to a cross-cultural and non-discriminatory perspective.

- Multiculturalism is reflected in our resources and planning on a day-to-day basis. For example, resources and equipment that reflects other cultures such as puzzles, language, dramatic play, music, art/craft, cooking and visitors.
- The service will recognise and support the varied make-up of families, inclusive but not limited to: Traditional parents, Single parents, same sex parents, foster parents, blended families etc.
-

- Where Parents/Guardians are from a non-English speaking background, they will be encouraged and invited to contribute knowledge or their own culture to enhance the overall program.
- Where English is families' second language, the service will assist in providing families access to documentation in their first language, and/or work in partnerships with families and Interpretation services to ensure we are supporting cultural differences.
- Families will be provided with a handbook that encompasses inclusion and diversity upon enrolment to the service.
- Regularly reflect upon the services philosophy, Quality Improvement Plan, Policies and Procedures to ensure Cubby OOSH documentation is inclusive and represents diversity, ensuring to obtain buy in/feedback to update frequently to represent past current and future stakeholders within our services.
- Cubby OOSH will provide training to Educators when required. Educators are able to access support and information from KU Children's Services Inclusion Support on a need's basis.
- Cubby OOSH representatives will Intervene if any behaviours between Educators, Children, Families or other stakeholders associated with Cubby OOSH organisation shows insensitive or inappropriate behaviour that goes against the above goals and strategies as listed above.

## STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations
- Workplace Gender Equality Act 2012
- National Quality Standards
  - Standard 1.1 Program
  - Standard 4.2 Professionalism
  - Standard 5.1 Relationships between Educators and Children
  - Standard 5.2 Relationships between Children
  - Standard 6.1 Supportive relationships with Families

## SOURCES

- The Early Years Learning Framework
- My Time Our Place Framework
- Victorian Early Years Learning and Development Framework
- ACECQA

- KU Children's Services Inclusion Support
- Early Years Connect – The Principles of Inclusion
- Diversity Australia
- Australian Human Rights Commission
- Interpreting & Translating Services
- Beyond Blue: Cultural diversity and children's wellbeing kids Matter

# 5.05 Gender Equality Policy

## INTRODUCTION

Gender equity denotes to the equivalent of opportunities provided for both Females and Males across all areas of life and work as a Fundamental principal of Human Rights (Universal Declaration of Human Rights by the United Nations 1948). Promoting gender equality from birth, through school years, into adult life and into the workforce (and through all stages of life) is about creating fairness and respect for all, and to eliminate any preconceived ideas that influence how a Male or Female is to play a role within society. It is vital that children are exposed to equal rights in their early ages, and for services to create equitable and enriching environments/programs.

## PURPOSE

Cubby OOSH promotes and encourages for all children will be treated equally and fairly regardless of their gender within all aspects of the centre's program. Educators will be effective in the promotion of children's learning and development, and challenging underlying biases so that every child can reach their full potential regardless of gender.

## SCOPE

- Accept and value all children regardless of gender and provide them with opportunities for self-expression, self-direction, and opportunities for optimum development.
- Ensure there is equal opportunity to access all materials and equipment for all children regardless of gender.
- Create an environment that supports, reflects, and promotes equitable and inclusive behaviours and practices.
- Ensure educators have an understanding about gender equity, unconscious bias and the importance of positive role models, and avoiding or eliminating negative stereotypes.

## IMPLEMENTATION

- Educators are aware of gender equity in relation to expectations, language, assumptions and attitudes when interacting with children.
- Educators are aware of gender equity when relating to parents and other significant adults.
- Experiential and learning programs avoid gender-based stereotypes and will provide positive reinforcement for gender equity.
- The environment will be set up in a way where all children feel a sense of belonging and supported to play within all developmental areas across the service. Educators to think of ways of collaborative both genders and ensuring acceptance of children for shared play with males and females. E.g incorporate dolls/babies into the construction area for dramatic and creative play.
- Educators are actively involved in the full range of programs and activities regardless of any personal preferences which may be based on gender stereotypes.

- Review equipment, resources and displays used within the environment to ensure gender diversity is promoted, as well as non-stereotypical images, and non-traditional family lifestyles such as single or same sex parents is supported.
- To the greatest extent possible, educators and volunteers are employed to represent an equitable balance of males and females.
- Educators to self-reflect as an ongoing cycle for quality improvement, on their interactions between each gender, ensuring that these interactions are equal and shared communication across all.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations
- Workplace Gender Equality Act 2012
- National Quality Standards
  - Standard 1.1 Program
  - Standard 4.2 Professionalism
  - Standard 5.1 Relationships between Educators and Children
  - Standard 5.2 Relationships between Children
  - Standard 6.1 Supportive relationships with Families

## SOURCES

- The Early Years Learning Framework
- My Time Our Place Framework
- Victorian Early Years Learning and Development Framework
- ACECQA
- National Quality Standard – Professional Learning Program – e-Newsletter "Curriculum decision making for inclusive practice'
- National Childcare Accreditation Council (NCAC) - Playing Fair – Gender Equity in Childcare
- Human Rights: Gender Equality 2018
- Aussie Childcare Network: Program to Teach Pre-schooler's about Gender Equality
- Cubby OOSH Philosophy

# 5.06 Show & Tell Policy

## INTRODUCTION

Show and Tell enables children the opportunities to incorporate their interests within the program and draws on their connection to their home environment. This experience allows children to grow with confidence and endure the capabilities to be able to speak in front of their peers, which prepares them for school years and beyond.

## PURPOSE

Cubby OOSH will incorporate show and tell into their programs, further enabling a child led program, based on the interests captured from this expressive group time.

## SCOPE

Show and tell is valuable in that it promotes the development of a number of spheres including language skills (speaking to a group, using appropriate questioning techniques) cognitive skills, self-esteem and confidence, social skills of turn taking, listening to others, and respect for others, their values and interests. It also strengthens interest and respect for the environment and natural sciences when objects from nature are shared.

## IMPLEMENTATION

- Show and Tell will be carried out spontaneously, with children electing on the day to share something with their friends.
- Children are encouraged to share special events that may have happened outside the Service, rather than bring in toys.
- Children are invited to bring photos or reminders from these events (e.g. interesting seed pods found on a walk, photos, postcard or souvenirs from day trips or holidays, etc.).
- Children will be encouraged to show the item and talk about it to their peers.
- Educators will guide the Children using open-ended questions to extend on what is shared and help Children to develop appropriate listening, questioning and turn taking skills. This promotes respect for others and a development of group dynamic skills (how to enter and participate in discussions).

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations
- National Quality Standards
  - Standard 1.1 Program
  - Standard 1.2 Practise
  - Standard 5.1 Relationships between Educators and Children

- Standard 6.1 Supportive relationships with Children

**SOURCES**

- The Early Years Learning Framework
- My Time Our Place Framework
- Victorian Early Years Learning and Development Framework

- ACECQA
- Essential Baby: The benefits and Joy of Show and Tell

# 5.07 Guns & Superhero Policy

## INTRODUCTION

It is accepted that children will often be exposed to television coverage of violence and war activities and shows or computer programs involving Superheros. Through this exposure, they may be familiar with guns and warfare activities. Children then may display this through their play. Educators will promote positive, peaceful, caring and inclusive interactions within the child care environment and respect and tolerance for others.

## PURPOSE

Cubby OOSH supports child led initiated play, encompassing Gun and Superhero play in that positive interactions are promoted, and children feel safe within their environment and interactions with their peers.

## SCOPE

Educators have a duty to ensure the interactions and behaviour displayed amongst the children are positive whilst Gun and Superhero play is in action. Children have the right to creative and dramatic play, and will be supported, unless in the instance that this behaviour becomes inappropriate, violent, and poses risk the other children emotionally or physically.

## IMPLEMENTATION

- Children who engage in Superhero play will be reminded of the need to respect and care for other people and their environment, even as a Superhero.
- Educators will help all children to understand how their actions affect others and will ensure children's self -initiated play:
  - Does not make any other child feel frightened or intimidated.
  - Respects the rights and feelings of others.
  - Is not overly boisterous or loud.
  - Is valued and supported.
- Educators will always model behaviour that encourages inclusion, a sense of fairness, empathy and cooperation with others.
- The Service actively discourages Toy guns or other weapons to be brought to the centre or purchased as equipment.
- Educators will discuss any concerns or observations they may have in regard to children's fantasy play, with Parents/Guardians, and decide with the Parents/Guardians how any antisocial or warlike behaviour exhibited during play is managed.

## STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations
- National Quality Standards

Standard 1.2 Practise

- Standard 5.1 Relationships between Educators and Children
- Standard 5.2 Relationships between Children

## SOURCES

- The Early Years Learning Framework
- My Time Our Place Framework
- Victorian Early Years Learning and Development Framework
- ACECQA
- Early Childhood Australia Code of Ethics
- Teach Early Years: Superhero Play

# 6.01 Partnerships with Families 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 to 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.

## PURPOSE

Cubby OOSH services will create and maintain positive partnerships with families that together work towards a common goal of providing high quality care and education for all children that will enable them the best start to life.

## SCOPE

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

## IMPLEMENTATION

### 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 procedure that ensures families are provided with information about the philosophy, policies and practices of the education and care services before the children's first attendance at the service.
- Ensure that parents are notified of changes to policies or fees and given adequate notice as per the Education and Care Services National Regulations.
- Ensure that a copy of the Education and Care Services National Regulations 2011 is available for parents to access within the service foyer.

- Provide regular information about the Education and Care Service to families. Information, when required, will be available to families of non-English background in their home language.
- Ensure that families have access to documents regarding the assessment of the child's developmental needs, interests, experiences and participation in the program and assessments of the child's progress against the outcomes of the educational program.

**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.
- Recognise that because of 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, through the Cubby OOSH App, and on the IPADs within the foyer.

**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 support their children's knowledge of and engagement in their community
- Be invited to family events to be held periodically to help families network and develop relationships in the local community. Educators will be encouraged to attend these events.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 301 National regulations
- Education and Care Services National Regulations
  - Regulation 168 Education and care service must have policies and procedures
- National Quality Standards
  - Standard 6.1 supportive relationships with families

Standard 6.2 Collaborative partnerships

## SOURCES


- The Early Years Learning Framework
- My Time Our Place Framework
- Victorian Early Years Learning and Development Framework
- ACECQA
- Raising Children Network – Involving parents in school and childcare
- Early Childhood Australia Code of Ethics


Cubby OOSH Philosophy

# 6.02 Developing Partnerships with Cultural and Linguistically Diverse Families

## INTRODUCTION

Respect for cultural diversity is important in Australia's multi-cultural society. Cubby OOSH provides the opportunity to explore cultural variations and integrate materials into the daily program based on the cultural backgrounds of the families in the Centre. Children are involved in relevant, enjoyable activities related to diverse cultural traditions and habits. The experience (such as reading a book in another language) is merely the medium through which the message of positive respect for someone's culture is conveyed.

## PURPOSE

Cubby OOSH welcomes all cultures into our services and recognises our sustained efforts in incorporating cultural and linguistically diverse families to ensure we are encompassing a sense of 'Being, Belonging and Becoming' not only for the children, but our families and the community.

## SCOPE

- Foster positive attitudes in children and families about their own and other's racial and cultural backgrounds.
- Involve and immerse children in interesting, enjoyable multi-cultural activities.
- Encourage families to share their cultural traditions with others and to reduce bias and prejudice, promoting inclusive practices.

## IMPLEMENTATION

- Provision of daily/weekly programs that are relevant and culturally enriched.
- Use of the "OPEN DOOR" philosophy: invites all families into the Centre to share a part of their culture and lifestyle
- Provision of plenty of opportunities for shared decision-making between families and Centre Team members. (e.g. Questionnaires, consultation, Team members/parent interviews, etc.)
- Frequently provide families with up-to-date information about all aspects of the Centre's operations and distribute this in a variety of ways and languages where available.
- Information for families in different languages is available on the Family Information iPad located in all services foyers.
- Team members have the opportunity to attend professional development courses to extend their knowledge in areas of cross-cultural communication, anti-bias, and cultural diversity. This helps Team members with better understanding the needs and interests of linguistically diverse families as well as any issues affecting them.

- Attempts are made to translate messages to non-English speaking background families (when possible) to create a more welcoming and meaningful environment for them.
- Team members are encouraged to use a variety of language to welcome and communicate with families daily.
- Ensuring Cubby OOSH provide orientations into the service that is tailored to all families

- Team members from multi-cultural backgrounds are employed by Cubby OOSH and encouraged to communicate with children and families in their home language.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 301 National regulations
- Education and Care Services National Regulations 2011
- National Quality Standards

- Standard 6.1 supportive relationships with families
- Standard 6.2 Collaborative partnerships

## SOURCES


- The Early Years Learning Framework
- My Time Our Place Framework
- Victorian Early Years Learning and Development Framework
- ACECQA
- Early Years Connect – The Principles of Inclusion
- National Quality Standard – Professional Learning Program E-Newsletter - Curriculum decision making for inclusive practice
- Early Childhood Australia – Catering to Diversity
- Cubby OOSH Philosophy

# 6.03 Aboriginal & Torres Strait Islander Awareness Policy

## INTRODUCTION

An Aboriginal and Torres Strait Islander person is one who encompasses one or more of the below;

1. Is of Aboriginal and/or Torres Strait Islander descent.
2. Identifies as an Australian Aboriginal and/or Torres Strait Islander person.
3. Is accepted as such by the community in which s/he lives or has lived.

Since the colonisation by European settlers over 230 years ago, Aboriginal and Torres Strait Islander people and culture have been exposed to significant hardships, this involving:

- Loss of traditional culture
- Involuntary removal of children
- Denial of citizenship rights

It is vital that there is awareness and understanding in today's society of the history of the Aboriginal and Torres Strait Islander culture. As Professor Mick Dodson AM (Australian of the Year 2009) said, with this understanding, people are "more likely to share our pride and to want to improve relationships between us as fellow Australians".

It is important that there is an awareness and Education of this culture within Early Education to allow for future movement in the right direction and to share in National Identity, ensuring we all feel a sense of belonging, as outlined in the 'Early Years Learning Framework'.

## PURPOSE

Cubby OOSH aims to provide children and their families with a positive awareness of Aboriginal and Torres Strait Islander history, rich culture and appreciation for diversity.

## SCOPE

- Embed the Aboriginal and Torres Strait Islander culture within the service
- Program and Educate Children and Families on varied cultures and the history of our land
- Network with the community and families of culture.
- Be respectful of the land in which we live, and work collaboratively as one Nation for best outcomes for all.

## IMPLEMENTATION

- All Cubby OOSH services will develop a Reconciliation Action Plan (RAP)

- Welcome to the country will be introduced to all team meetings, special events and group times with the children.
- Welcome to Country will be displayed in the foyer to all services.
- Preschool children will participate in a yarning circle each morning to discuss the day's events and share information and stories
- Services will contact their local council for information specific to their region, and learn about the local tribe. Services will invite Elders and Aboriginal and Torres Strait Islander people into the service and embed ideas,

suggestions etc within their program. Our services aim to correctly program for cultures that indicate respect and prevent inaccurate, disrespectful or tokenistic experiences.

- Invite families of culture into the service to Educate the Children on their history, what the land means to them, and how to preserve the land in our future.
- Children will have access to authentic Indigenous Australian resources, including artwork, music and instruments, materials, images etc
- Significant dates will be celebrated including NAIDOC Week, Sorry Day, Reconciliation Week, National Aboriginal and Torres Strait Island Children's Day

**In relation to Aboriginal and Torres Strait Islanders awareness, programs will:**

- Recognise differences within the group.
- Encourage individual and group esteem.
- Promote the development of social skills and attitudes, which foster co-operation and participation.
- Incorporate the Reconciliation Action Plan

**Educators/Staff will:**

- Recognise and respect the Aboriginal children/families' unique cultural identity.
- Reinforce and maintain the child's self-esteem and cultural identity.
- Recognise non-verbal behaviour as an important part of communication for Aboriginal children.
- Where possible employ Educators/Staff from Aboriginal backgrounds.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section *167*
  - Section *168*
- Education and Care Services National Regulations
  - Regulation 73 Educational Program
  - Regulation 76 Information about educational program to be given to parents
- National Quality Standards
  - Standard 1.1 Program
  - Standard 3.1 Design
  - Standard 5.1 Relationships between Educators and Children
  - Standard 6.2 Collaborative Partnerships

## SOURCES

- The Early Years Learning Framework
- My Time Our Place Framework
- Victorian Early Years Learning and Development Framework
- ACECQA
- Early Childhood Resource Hub – Valuing Aboriginal and Torres Strait Islander Cultures

# 6.04 Open Door Policy

## INTRODUCTION

Partnerships between an Education Service, families and the community enables a service to achieve positive outcomes and children achieve learning outcomes. As outlined in the Early Years Learning Framework "Educators recognise that families are children's first and most influential teachers", so it is important for services to work directly and alongside families to have greater impact on children's learning that occurs within the service. To enable this kind of partnership, it is imperative that services encourage, as much involvement from families, and the community are aware of the services Open door policy, in which they are welcome to connect and contribute throughout all operating times of the day.

## PURPOSE

Cubby OOSH agree with the current research on building partnerships with families. Collaboration between families and educators contribute to the child's success within the service. Some families may lack traditional support networks, so Cubby OOSH believes that is important to help families to feel supported whilst at the service.

## SCOPE

When services build on these connections with families and the community, this encompasses:

- Valuing each other and their knowledge of each child
- Valuing the contribution one another play in supporting each child
- Trust and respect
- Share insight and perspectives
- Engaged in a collaborate decision making approach

## IMPLEMENTATION

- Ensure the transition into our service is as smooth as possible and the family feels supported and a sense of belonging.
- During the enrolment process, the service endeavours to uncover if family members have any skills or talents they would like to contribute into the program. E.g play a musical instrument
- Extending an invitation to families to visit the centre at any time guarantees the continuing quality of our working practices and protection for staff and management's reputation.
- Services to ensure the most current version of the Open-door policy is displayed in within the foyer, on the Foyer IPAD.

- An appointment is not necessary. Families are welcome to come and take their child out of the centre and then return at a later time – ensuring they sign the child in and out of the centre for regulation purposes.
- Families are encouraged to either pop in, email or call to see how their child's day is going. They will be welcomed the same way each time they contact the service about their child's progress.
- Visitors must complete the Visitors Book located in the foyer, and must be filled in with all required information. The Visitors Book entry is confirmed by the Nominated Supervisor / Responsible person on the arrival and departure of visiting adults. The Visitors Book is collected in an emergency evacuation therefore must be completed by all visiting adults.
- Parents are reminded through monthly newsletters and emails their responsibilities regarding visitors to the centre.
- External Contractors must never be left alone with a child/children within the centre
- All external doors must always be kept locked and external gates closed. All internal doors and gates must be kept closed to ensure children are not able to wander. Adults accompanying visiting children who are not enrolled on that day are asked to encourage their children to follow the Centre's policy and to treat enrolled children and the Centre's equipment with respect.
- Visitors must report all accidents or near miss incidents on Kid Club premises to a member of staff.
- Visitors must look after their own and others health and safety.
- Visitors must comply with Kid Club policies and procedures.
- The centre will under no circumstances tolerate any form of harassment from third parties including visitors towards others, including children, staff members and parents.
- The Public Liability insurance held at each centre covers any injury sustained at the centre, this document must be displayed within the services foyer.
- During visits to the centre, Photos/ Videos are not to be taken of children as this is in breach of our privacy and confidentiality policy.
- Family and visitors are discouraged from being hot drinks into the room, and made aware that the services are allergy aware services
- All Court Orders must be abided by. Cubby OOSH Open Door Policy does not predominate any legal orders set. Cubby OOSH to follow strict instructions as outlined on the Court Orders and ensure security measures are put in place to keep all children safe. If children's safety is compromised, centre to engage in Lock down and call 000 immediately.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 301 National Regulations
- Education and Care Services National Regulations 2011
  - Regulation 157 Access for parents
  - Regulation 168 Education and Care Services must have Policies and Procedures
- National Quality Standards
  - Standard 2.2 Safety

- Standard 3.1 Design
- Standard 6.1 Supportive relationships with families
- Standard 6.2 Collaborative partnerships

**SOURCES**


- The Early Years Learning Framework
- My Time Our Place Framework
- Victorian Early Years Learning and Development Framework
- ACECQA
- Raising Children Network – Involving parents in school and childcare
- Early Childhood Australia Code of Ethics
- Commission for Children and Young People – Being a Child Safe Organisation
- Cubby OOSH Philosophy

# 6.05 Informing Families of Our Policies

## INTRODUCTION

Children and families are fundamentally the forefront of a services policies and decision making, ensuring the service is meeting and maintaining the needs and requirements of families for best outcomes for children. It is vital families have input into service policies and families are made aware when policies have been amended for full transparency.

## PURPOSE

Cubby OOSH ensures to have open communication with families on service operations through networking with families in consolidating and updating Cubby OOSH Policies, meeting regulatory requirements, and setting strategies to ensure our services operate as a high-quality care and Education centre.

## SCOPE

- To have explicit, written policies on the Centre's operation.
- To have procedural documents regarding all aspects of the Centre's daily operations.
- To inform attending families of these documents and make them easily accessible.
- To inform and involve families and educators regarding any changes to the Centre's policies and operation.

## IMPLEMENTATION

- Existing policies and procedures are made accessible to parents through:
  - Orientation procedures prior to enrolment
  - Newsletters
  - Weekly family memos
  - Family Information Handbook
  - Notices displayed within the Centre
  - Verbal communication from Management and educators
  - Family Information Evenings
  - Email correspondence
- All documents show the date they were developed, the date they were last reviewed/updated, and identify the sources of information, statutory authorities and/or publications which were used in their formulation.
- Reviews/suggestions can be made by filling out the 'Policy Feedback Form' which is located on the Family Information iPad in the foyer of all services.

- Centre Policy and procedural documents are reviewed across the year as per the Schedule or when required by Management, educators, and families so that relevant local community needs are met.
- The Family Information Handbook is reviewed every eighteen months and updated with policy changes when they occur.
- Significant changes to policies, procedures or financial arrangements are notified to 14 days prior to implementation or as soon, as is practicable in emergency situations.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
    - Section 301 National regulations
- Education and Care Services National Regulations
    - Regulation 168 Education and care service must have policies and procedures
- National Quality Standards
    - Standard 6.1 Supportive relationships with families
    - Standard 6.2 Collaborative partnerships
    - Standard 7.1 Governance

## SOURCES

- The Early Years Learning Framework
- My Time Our Place Framework
- Victorian Early Years Learning and Development Framework
- ACECQA
- Child Australia – 'How to Develop and Update Policies Successfully'
- Raising Children – Involving parents in school
- Early Childhood Australia – Collaborative partnerships with families
-

# 6.06 Complaints & Grievance Procedures for families

## INTRODUCTION

Feedback from families, educators, staff and the wider community is fundamental in creating an evolving Education Service, delivering the highest standard of Care and Education. It is foreseeable that feedback will include divergent
views, which may result in complaints. This Policy details our Service's procedures for receiving and managing informal and formal complaints. Parents can lodge a grievance with management in the understanding that it will be managed conscientiously and confidentially.

## PURPOSE

We aim to investigate all complaints and grievances with a high standard of equity and fairness. We will ensure that all persons making a complaint are guided by the following policy values:

- Procedural fairness and natural justice
- Code of ethics and conduct
- Culture free from discrimination and harassment
- Transparent policies and procedures
- Opportunities for further investigation
- Adhering to our Service philosophy
- Our Service believes in procedural fairness and natural justice that govern the strategies and practices, which include:
- The right to be heard fairly
- The right to an unbiased decision made by an objective decision maker
- The right to have the decision based on relevant evidence.

## SCOPE

Grievances can transpire in any workplace. Handling them appropriately is imperative for sustaining a safe, healthy, harmonious and productive work environment. The Grievance Policy ensures that all persons are presented with procedures that:

- Value the opportunity to be heard
- Promote conflict resolution

- Encourage the development of harmonious partnerships
- Ensure that conflicts and grievances are mediated fairly
- Are transparent and equitable.

Definitions

Complaint: An issue of a negligible nature that can be resolved within 24 hours, and does not require a comprehensive investigation. Complaints include a manifestation of discontentment, such as poor service, and any verbal or written complaint directly related to the Service (including general and notifiable complaints)

Complaints do not include staff, industrial or employment matters, occupational health and safety matters.

Grievances Management Forms/File: Records information about complaints and grievances received at the Service, along with the outcomes. These documents must be securely stored, accessible only to educators and Department of Early Childhood Education and Care. They can provide valuable informati on to the Approved Provider and Nominated Supervisor of the Service to ensure children and family's needs are being met.

**Grievance**: A grievance is a formal statement of complaint that cannot be addressed immediately and involves matters of a more serious nature. For example: If the service is in breach of a regulation causing injury or possible harm to a child.

**Mediator:** A person who attempts to make people involved in a conflict come to an agreement.

**Mediation**: An attempt to bring about a peaceful settlement or compromise between disputants through the objective intervention of a neutral party.

**Notifiable complaint**: A complaint that alleges a breach of the National Regulation and Law, National Quality Standards or alleges that the health, safety or wellbeing of a child at the Service may have been compromised. Any complaint of this nature must be reported by the Approved Provider to the Regulatory Authority within 24 hours of the complaint being made – (Section 174[2] [b], Regulation 176[2][b]).

If the Nominated Supervisor is unsure whether the matter is a notifiable complaint, it is good practice to contact The Department of Early Childhood Education and Care for confirmation. Written reports must include:

- Details of the event or incident

- The name of the person who initially made the complaint
- If appropriate, the name of the child concerned and the condition of the child, including a medical or incident report (where relevant)
- Contact details of a Nominated Supervisor
- Any other relevant information

Written notification of complaints must be submitted using the appropriate forms, which can be found on the ACECQA website: www.acecqa.gov.au and logged using NQA ITS (National Quality Agenda IT System).

Serious Incident: An incident resulting in the death of a child, or an injury, trauma or illness for which the
attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is removed from the Service in contravention of the Regulations or is mistakenly locked in/out of the Service premises (Regulation 12).

A serious incident should be documented in an Incident, Injury, Trauma and Illness Record as soon as possible and within 24 hours of the incident. The Regulatory Authority must be notified through ACECQA portal by the Approved Provider within 24 hours of a serious incident occurring at the Service (Regulation 176(2)(a)). Records are required to be retained for the periods specified in Regulation 183.

## Privacy and Confidentiality

- Management and Educators will adhere to our Privacy and Confidentiality Policy when dealing with grievances. However, if a grievance involves a staff member or child protection issues, a government agency may need to be informed.

## Conflict of Interest

It is important for the complainant to feel confident in:

- Being heard fairly
- An unbiased decision making process

Should a conflict of interest arise during a grievance or complaints that involve the Approved Provider, Nominated Supervisor or other Management will be nominated as an alternative mediator.

## Responding to Complaints on Allegations of Harmful Sexual Behaviours by a Child

Our Service recognises that children may, on occasion, display behaviours that are sexually inappropriate or harmful toward others. In accordance with our responsibilities under Children's

Services Regulation 168(2)(o) and our obligation to protect the health, safety, and wellbeing of all children, we are commi tted to ensuring that such incidents are managed with sensitivity, confidentiality, and in alignment with child protection laws and best practices.

Regulation 168(2)(o) requires services to have procedures in place relating to dealing with complaints, inc luding those involving serious allegations such as harmful sexual behaviours. As part of our Complaints and Grievances Policy, we have outlined the following response framework to guide educators and leadership in managing and reporting any such concerns.

See: NSW Education and Care Services National Regulations – Regulation 168

### Internal Reporting Procedure

- Any concerns, disclosures, or observations of harmful sexual behaviour must be reported immediately to the Nominated Supervisor.
- The concern must be documented factually, promptly, and confidentially, in line with our child protection procedures and record-keeping obligations.
- Mandatory reporting requirements will be followed without delay.

### Use of the Mandatory Reporter Guide (MRG)

- Educators and staff will use the NSW Mandatory Reporter Guide to determine if the behaviour meets the threshold for a Risk of Significant Harm (ROSH).
- Where ROSH is identified or suspected, the incident will be reported to the Child Protection Helpline (13 21 11) immediately.
- Access the Mandatory Reporter Guide

### Communication with Families and Safety Planning

- After consultation with Child Protection authorities and based on advice received, families of both the child displaying the behaviour and the affected child will be notified in a confidential and sensitive manner.
- Individual Safety Plans will be developed to support and protect all children involved, ensuring their continued safe participation in the program.

### Support for All Children Involved

- All children involved will be supported with age-appropriate behaviour guidance strategies, emotional support, and referrals to external agencies when appropriate.
- Educators will use a trauma-informed, non-judgmental approach, maintaining professionalism and ensuring that no child is unfairly stigmatised.

IMPLEMENTATION

The Approved Provider/ Nominated Supervisor will:

- Treat all grievances seriously and as a priority
- Ensure grievances remain confidential
- Ensure grievances reflect procedural fairness and natural justice
- Discuss the issue with the complainant within 24 hours of receiving the verbal or written complaint
- Investigate and document the grievance fairly and impartially. This will consist of:
  - Reviewing the circumstances and facts of the complaint (or breach) and inviting all affected parties to provide information where appropriate and pertinent.
  - Discussing the nature of the complaint (or breach) and giving an educator, staff member, volunteer or visitor an opportunity to respond.
  - Permitting them to have a support person present during the consultation (for example: Union Representative, however this does not include a lawyer acting in a professional capacity)
  - Providing the employee with a clear written statement outlining the outcome of the investigation.
- Advise the complainant and all affected parties of the outcome within 7 working days of receiving the verbal or written complaint.
  - Management will provide a written response outlining the outcome and provide a copy to all parties involved.
  - If a written agreement about the resolution of the complaint is prepared, all parties will ensure the outcomes accurately reflect the resolution.
- Should management decide not to proceed with the investigation after initial enquiries, a written notification outlining the reasoning will be provided to the complainant.
- Keep appropriate records of the investigation and outcome,and store those records in accordance with our Privacy and Confidentiality Policy and Record Keeping and Retention Policy.
- Monitor ongoing behaviour and provide support as required.
- Ensure the parties are protected from victimisation and bullying.
- Request feedback on the grievance process using a feedback form.
- Track complaints to identify recurring issues within the Service.
- Notify the Department of Education and Training through ACECQA portal by the Approved Provider within 24 hours if a complaint alleges the safety, health or wellbeing of a child is being compromised.

Families will:

- Be informed of our duty of care to ensure that all persons are provided with a high level

of equity and fairness in relation to grievances and complaints management and procedures. The grievance procedure for families ensures fair opportunity for all stakeholders to be heard and promotes effective conflict resolu tion within our Service.

- Attempt to discuss their grievances with the relevant Educator associated with a particular child and/or

family.

- Communicate (preferably in writing) any concerns they may have.
- Raise any unresolved concerns with the Approved Provider or Nominated Supervisor.
- Maintain confidentiality at all times.
- If the parent does not feel the issue has been adequately resolved, they are encouraged to contact their local Regulatory Authority (ACECQA: Contact your Regulatory Authority)

The Educators will:

- Listen to the family's view of what has happened.
- Clarify and confirm the grievance, documenting all the facts prior to the investigation.
- Encourage and support the family to seek a balanced understanding of the issue.
- Discuss possible resolutions available to the family. These would include external support options.
- Stimulate, encourage, and assist the family to determine a preferred way of solving the issue.
- Record the meeting, confirming the details with the family at the end of the meeting.
- Maintain confidentiality at all times.

*If the grievance cannot be resolved, it is to be referred to the Nominated Supervisor who will investigate further:*

- If appropriate, collect relevant written evidence. This evidence will be treated in strict confidence
- Ensure evidence is kept in a secure and confidential place.
- Involve the Approved Provider or Licensee in the conflict resolution if necessary.
- Should it be necessary to interview relevant people concerning the grievance, their involvement should be kept to the minimum necessary to establish the facts.
- They must also be made aware that the matter is to be kept confidential.
-

Should the grievance be lodged against another person(s), these person(s) will be interviewed separately and impartially. Individuals must be given the opportunity to respond fully to the allegations

and may have another person present, as a support person, if they wish. If after investigation, it is concluded that the grievance is substantiated:

- Both parties will be told of the decision and the reason for it.
- Immediate and appropriate steps will be taken to prevent the grievance from recurring.
- If after investigation, it is concluded that the grievance is not substantiated both parties will be told of the decision and the reason.
- The family will be informed that if they are not satisfied with any decision relating to the grievance procedure that they should consult with an external body for further advice such as the Department of Education and Communities.
- If the grievance is of a serious nature, the Nominated Supervisor is responsible to inform the Department of Education and Communities.

### Evaluation

To ensure complaints and grievances are handled appropriately, the Nominated Supervisor will

- Evaluate each individual complaint and grievance as recorded in the Complaints and Grievance Register to assess that a satisfactory resolution that has been achieved.
- Review the effectiveness of the Service policy and procedures to ensure all complaints and grievances have been handled fairly and professionally.
- Consider Feedback from Staff, Educators and Families regarding the policy and procedure.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 174 Offence to fail to notify certain information to Regulatory Authority
  - Section 260 Functions of Regulatory Authority
  - Section 301 National regulations
- Education and Care Services National Regulations 2011
  - Regulation 168 Education and care service must have policies and procedures
  - Regulation 173 Prescribed information to be displayed
  - Regulation 176 Time to notify certain information to Regulatory Authority
- National Quality Standards
  - Standard 6.1 Supportive relationships with families
  - Standard 7.1 Governance

## SOURCES

- The Early Years Learning Framework
- My Time Our Place Framework
- Victorian Early Years Learning and Development Framework
- ACECQA

Care for Kids –Managing issues with your Child Care Service

# 6.07 Orientation of New Children & Families Policy

## INTRODUCTION

Enrolment and orientation is an exciting and emotional time for children and families. It is important to manage this time with sensitivity and support, building partnerships between families and the Service. Such partnerships enable the Service and families to work toward the common goal of promoting consistent quality outcomes for individual children and the Service.

## PURPOSE

Cubby OOSH aims to ensure children and families are provided with an orientation procedure that allows the family to transition into the Service positively and well informed, meeting the children and families' individual needs. We strive to establish respectful and supportive relationships between families and the Service to promote positive outcomes for children whilst adhering to legislative requirements.

## SCOPE

Orientation is an important process for children, families and Educators to gain vital information about the individual child's needs and interests. To enable children to feel safe and secure, and to set the foundations for a trusting partnership, we feel that it is necessary for the family to attend an orientation visit. This visit assists the child to adjust to a new setting and helps to make the transition from home to the Service stress-free.

## IMPLEMENTATION

On acceptance of a place, parents/guardians:

- Complete online enrolment forms and upload a copy of their child's immunisation records and birth certificate.
- Are given a link to download the Cubby OOSH Family Information Handbook
- The NS calls and introduces themselves and welcomes the family to Cubby OOSH.
- An orientation letter is sent to the families from the enrolment officer 3 weeks before the family commencing care.
- At this time, the daily program and routine will be discussed, as well as routines and any special requirements for the child that may need to be accommodated. Families are encouraged to send any special comfort items (teddy etc.) to help the child in the initial settling in period.
- All Areas covered include:
  - Introduction to the Centre.
  - Centre Philosophy and Goals (Family Atmosphere)

- Management structure including family input.
- Expected hours of care and late collection procedures.
- Fee payment.
- Family Information Area (including policy and grievance form access).
- Expectations of family – importance of signing in and out.
- Benefits of family involvement.
- Health issues including “Sickness Exclusion & Medication Policies."
- Emergency Procedures.
- Communication and Feedback on Program via Portfolios and suggestion boxes.
- Explanation of the biometric system – enrol parents’ fingers into system.
- Enrolment pack given to the family as they are leaving.
- Parents taken through the bag and its contents. Explaining that the cot sheets/sheets are already in the room ready for their first day.
- Discuss the centre's open-door policy for families.

- NB: Any special needs or information about the child (e.g. Allergies, Court Orders, and Procedures in case of emergency)
- Child’s special likes and dislikes, fears, ways of settling
- Special needs, health issues or allergies.
- Previous experience in care situations
- Parents made aware they are permitted to stay as long as they wish to.
- Part of this orientation visit is also to explain/collect the required documentation for the child (, birth certificate, immunisation status/record). Centre director will also explain fee payment through direct debit and communication, (newsletters, emails, daily journals, etc.), what the child will need, the importance of labelling personal items and also shown the parent library where they can access the centre policies and other resources.
- Families will be kept informed about how their child is settling in on the collection and are welcome to discuss any aspects with the educators/staff/director at a convenient time.
- Team members are to be welcoming to all families during the orientation process, introducing themselves and acknowledging the child.

**Management Will Ensure**

- The orientation process is well organised, flexible, and informative.
- The child and family visit the Service and familiarise themselves with the environment. The child may participate in the activities and experiences if they feel comfortable.
- The family and child/children are introduced to the Educators in the room.
- To create a welcoming environment and interact positively with the child and family.
- The child and family are respected at all times, acknowledging the individuality of each parenting style.
- Families are encouraged to ring, email, or visit the Service as often as they like when their child has commenced care.
- Support agencies are contacted for children with additional needs.
- Families know how to provide feedback.

**Educators Will:**

- Greet children and families upon arrival.
- Discuss with families the best transition process for the child.
- Encourage families to say good-bye to the child when dropping off.
- Phone families if the child remains distressed.
- Seek information about the child and family throughout the orientation process.
- Create a welcoming and inviting environment.

**For more information about Transitioning, children see 6.08 Transitions and Routines Policy**

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations
  - Regulation 160 Child enrolment records to be kept by approved provider and family day care educator
  - Regulation 161 Authorisations to be kept in enrolment record
  - Regulation 162 Health information to be kept in enrolment record
  - Regulation 177 Prescribed enrolment and other documents to be kept by approved provider
  - Regulation 181 Confidentiality of records kept by approved provider
  - Regulation 183 Storage of records and other documents
- National Quality Standards
  - Standard 5.1 Relationships between Educators and Children
  - Standard 6.1 Supportive relationships with families
  - Standard 7.1 Governance

## SOURCES


- The Early Years Learning Framework
- My Time Our Place Framework
- Victorian Early Years Learning and Development Framework
- ACECQA
- Fu, Stremmel & Hill (2002) "Teaching & Learning: Collaborative Exploration of the Reggio Emilia Approach"
  ACECQA, We Hear You Blog - Responsive, respectful relationships

# 6.08 Transitions and Routines Policy

## INTRODUCTION

Transitions are described as a movement or change from one concept/position/state/scene to another. Transitions within Education can be detailed as:

- Transition between home and the Education setting
- Transition between School and the Education setting
- Transitions required for Centre events and Excursions
- Transition from the Education Setting into School

Routines within an Education setting outline a flexible structure of the Operations of the day, ensuring the routine meets legislative requirements, whilst also be attuned to the needs and requirements of Children.

## PURPOSE

- Support families across all transitions, enabling the best start to new experiences and environments for children.
- Ensure movement between rooms and multi-level buildings are safe and appropriate
- Implement flexible routines across all rooms to support the structure of all operating times of the service.

## SCOPE

Transitions can also be an emotional and anxious experience for both Children and their families. Research indicates that experiencing a positive transition to school will benefit children's success at school in the long term. It is therefore important that the transition process is balanced and responsive to the child's individual needs. Cubby OOSH aims to provide families with the guidance to make transitions a positive experience. Cubby OOSH also aims to provide routines that combine structure, vast and stimulating learning opportunity whilst being flexible to avoid as much uninterrupted play for children as possible.

## IMPLEMENTATION

**Transition between home and the Education setting**

- Children and families will be welcomed into the centre by every team member that is present within the room. Either by a smile or verbal recognition.
- Approach the parent and gather information on the child and if there is anything that can be followed through at the centre.

- Team members to be aware of the importance of positive relationships between family, child and educators and how that supports children and families emotional needs and help them build a sense of security and feeling safe in the environment.
- Team members will discuss with colleagues, families that every child is different and will need different settling techniques so that all team members are aware of the correct procedure for that family.
- When a child is finding it hard to settle during the transition to the room, discuss different strategies with the families. Understanding that comfort items and rituals that are used at home that can also be used in the centre environment. Having a comfort item allows the child to feel safe and reaffirm their sense of belonging.

**Transitions required for Centre events and Excursions**

- All Educators to ensure they have read the Excursion and Centre Events Policy, and understand their obligations to complete prior to an Excursion and Centre Event taking place. *(Refer to 6.09 Excursion Policy and 6.10 Centre Events Policy)*
- Head Count record must be complete every 30 minutes throughout the day, and continued through Centre Events and Excursions. Additional head counts are required once children have moved from different rooms, down stairs etc, and must be documented when the additional head counts are complete.
- When moving children to different rooms for Centre Events, ensure this is organised in a way that is effective and safe for all children. Ensure to remind children to walk to these locations and remain calm.
- When moving children to different areas, its imperative to ensure the space allows for Children to be included. This is inclusive of the furniture/resources within the space, ensuring this is not a barrier for children, and movement of furniture is complete if needed.
- When moving children between rooms, the use of the rope may be required. This is up to the discretion of the room leader, with considerations of: Age of children, number of Children etc.
- If movement of children during an excursion involves surrounding a road, carpark etc, ensure Discussions are held with the children on road and carpark safety.

**Transition from the Early Education Setting into School**

- Discussed with the children about school and encouraging them to ask questions or voice their concerns.
- Arrange a visit to the local school.
- Read stories about School.
- Participate in local school activities such as fetes, open days, end of year concerts or special events.

- Support children to develop their self-help skills.
- Incorporate school-based activities as part of the educational program.

NOTE: Not all children are ready to begin school at the age of five. Some children benefit greatly from the extra year of maturity before they start school and it can help them if they start a bit later. Families are encouraged to talk to their child's educators in relation to whether their child is ready for the transition to school, however by law, all children must be enrolled in school by the time they turn six.

- **ACT -** Children must be four years of age on or before 30 April to enrol in the preschool program, and. Children who are enrolling in an ACT public primary school for the first time at Kindergarten must be five years of age on or before 30 April of the current year.
- **NSW** - A child can be enrolled in kindergarten at the beginning of the school year if they turn 5 on or before 31 July of that year. They must be enrolled by their sixth birthday.
- **QLD** - Prep eligibility for children is from the beginning of the school year in which they will reach the age of 5 years by 30 June.
- **VIC** – To attend a government school in Victoria, your child must be five years old by 30 April of the year they start school.

**Routines**

- Routines are important as they enable Educators to facilitate:
- Meeting each child's individual needs, thus routines for individual children will be flexible and change with the child's development. Educators will communicate with Parents to get information about the child's needs and to help maintain continuity between home and care.
- One-to-one interactions which are valuable for Educators as they build relationships with individual children and their understanding of them.
- A smooth and free flowing day.
- The program, including routines, is organised in ways that maximise opportunities for each child's learning.
- opportunities.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Section 168 Offence relating to required programs
- Section 323 Approved learning framework

- Education and Care Services National Regulations
  - Regulation 73 Educational program
  - Regulation 76 Information about educational program to be given to parents
  - Regulation 254 Declared approved Learning Framework
- National Quality Standards
  - Standard 1.1 Program
  - Standard 1.2 Practise
  - Standard 1.3 Assessment and Planning
  - Standard 6.1 Supportive relationships with families
  - Standards 6.2 Collaborative partnerships

## SOURCES


- The Early Years Learning Framework
- My Time Our Place Framework
- Victorian Early Years Learning and Development Framework
- ACECQA
- Australian Primary Principals Association - Your child's first year at school: getting off to a good start
- Kids Spot: Back to School
- Understanding transitions within early childhood care and education settings: the perspectives of professionals
- Transition: A positive start to school
- ACECQA: Transition to school

# 6.09 Excursion Policy

## INTRODUCTION

Excursions are defined as a short trip or journey. Within an Education service, Excursions enhance children's learning by providing them the opportunity to participate in curriculum planned activities and experiences to extend on their skills and knowledge in the current interest topic. Our Service recognises that excursions provide opportunities for children to explore the wider community as a group and extend on the educational program provided.

## PURPOSE

Cubby OOSH endorses services to embark into the community to enhance the program and exceed relationships with varied stakeholders, producing a high-quality Educational Program for all children within our care.

## SCOPE

Excursions will be conducted with the children's safety and wellbeing in mind at all times. We will regularly schedule centre events and visitors to our Service, however, if we feel an excursion will benefit the children we will adhere to the National Law and Regulations and Service policies and procedures.

## IMPLEMENTATION

**Excursion Risk Assessment**

- Management must conduct a risk assessment which reflects national regulation 101 before an authorisation is required under regulation 102 to determine the safety and appropriateness of the excursion/centre events.
- The Service will use an Excursion/centre events Risk Assessment
- The Nominated Supervisor or the Responsible Person will notify families about the excursion using an Authorisation for Excursion Letter
- Families have a right to view the risk assessment prior to the excursion/centre events upon request in which the Service must comply with ensuring all information is available.
- A risk assessment must;
    1. Identify and assess risks that the excursion/centre events may pose to the safety, health and wellbeing of any child being taken on the excursion
    2. Specify how the identified risks will be managed and minimised
    3. Consider the proposed route and destination for the excursion and any water hazards
    4. Reflect on any risks associated with water-based activities
    5. Contemplate the transport to and from the proposed destination for the excursion
    6. Consider the ratio of adults to children involved in the excursion
    7. Consider the risks posed by the excursion/centre events, the number of educators or other responsible adults that is appropriate to provide supervision and whether any adults with specialised skills re required (for example: life-saving skills)
    8. Consider the planned activities
    9. Determine the duration of the excursion

10. Consider items that should be taken on the excursion (mobile phone, emergency contacts, first aid kit, emergency medication, medical plans etc)

**Parent Authorisation**

- The Nominated Supervisor must ensure that a child is not taken outside the Service premises on an excursion unless written authorisation has been provided
- The authorisation must be given by a parent or other authorised person named in the child's enrolment record. The authorisation form must state;
    1. The child's name
    2. The reason the child is to be taken outside the premises;
    3. The date the child is to be taken on the excursion (unless the authorisation is for a regular outing);
    4. A description of the proposed destination for the excursion;
    5. The method of transport to be used for the excursion;
    6. The proposed activities to be undertaken by the child during the excursion;
    7. The period the child will be away from the premises;
    8. The anticipated number of children likely to be attending the excursion;
    9. The anticipated ratio of educators attending the excursion to the anticipated number of children attending the excursion
    10. The anticipated number of staff members and any other adults who will accompany and supervise the children on the excursion;
    11. That a risk assessment has been prepared and is available at the Service.
- If the excursion is a regular outing, the authorisation is only required to be obtained once in a 12-month period.

**Transportation for Excursion**

It is a requirement of the National Regulation that the means of transport is stated on the risk assessment record and parent authorisation record.

The means of transport may mean:

1. Bus
    - Management must ensure that the seating capacity as displayed on the compliance registration is not surpassed. All children must sit on seats, preferably with, or close to, an adult. Seat belt guidelines must be followed depending on the bus. If the bus has seat belts, they must be worn at all times
2. Train
    - The Nominated Supervisor or the Responsible Person will be required to contact the local station prior to the excursion to inform them of the time you will be travelling, the destination and the number of children and adults who will be travelling.
    - Provisions should be made to ensure children have ample time to board the train safely and in an unhurried way. This will allow the station to inform the train guard so that they can hold the train for the period of time for safe boarding and descending. All children should be seated at all times, with an adult close by. All children should be seated in the one carriage, if possible.
3. Car

- Any motor vehicle that is used to transport children on an excursion (other than a motor vehicle seating more than nine persons) must be fitted with child restraints and/or seatbelts that are appropriate for the age and weight of each child, that conform to the Australian Standards, and are professionally installed or checked by an authorised restraint fitter.

**First Aid Requirements**

- At least one educator attending the excursion must have approved First Aid qualifications, as well as asthma and anaphylaxis training.
- A suitably equipped and well stocked First Aid Kit should be taken on all excursions along with any other children's allergy or asthma medication.

**Supervision**

The ratios below are given as a minimal requirement, and the use of additional adults should be sought if the Approved Provider/Nominated Supervisor feels it is necessary.

Adult-child ratios are to be:

| State Specific | Educator to Child Ratio: Children over Preschool Age | Educator to Child Ratio: Children over Preschool Age on Excursion | Educator to Child Ratio: Children over Preschool Age walking Excursion | Educator to Child Ratio: Children over Preschool Age – Water Excursion |
|---|---|---|---|---|
| **NSW** | 1:15 | 1:10 | 1:8 | 1:5 |

*Note: A Responsible Person always needs to be with the Children during the excursion and back at the Service.*

- A list of children attending the excursion is to be taken on the excursion and checked periodically during the time out of the Service. An iPad or the responsible persons mobile with QK Kiosk and the Cubby OOSH app installed must be taken to have access to child files and children's emergency contact numbers.
- The centre encourages families to participate and come along on excursions where possible. Accompanying adults will be assigned specific children to their care (if consented). Expectations of adults and objectives for children should be explained clearly to all adults attending, prior to leaving the centre. Ultimately it is the Approved Provider/Nominated Supervisor who is responsible for the care of all children. Accompanying adults who are not members of staff should not be left unsupervised with the children. A member of staff must always remain with the children.
- When Inclusion Support children are taken on an excursion, additional adults should be included in the ratios, dependent upon the additional needs of the child, to ensure the child's safety, and that they benefit from the excursion. The Inclusion Support coordinator of the Inclusion Support Unit should be contacted to discuss the requirements of extra Educators for the excursion and the availability of such Educators.

**Insurance**

- Management must review their insurance policy prior to the excursion/incursion to ensure liability is protected by the Service.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 167 Offence relating to protection of children from harm and hazards
- Education and Care Services National Regulations 2018
  - Regulation 99 Children leaving the education and care service premises
  - Regulation 100 Risk assessment must be conducted before excursion
  - Regulation 101 Conduct of risk assessment for excursion
  - Regulation 102 Authorisation for excursions
  - Regulation 168 Policies and Procedures are required
- National Quality Standards
  - Standard 2.2 Safety
  - Standard 6.1 Supportive relationships with families
  - Standard 6.2 Collaborative partnerships
- Road Transport Regulation 1999
- Children and Young Persons (Care and Protection) Act 1998

## SOURCES


- The Early Years Learning Framework
- My Time Our Place Framework
- Victorian Early Years Learning and Development Framework
- ACECQA
- **ACECQA** - Risk Management Plan for Excursions Link
- Roads and Maritime Services
- The Business of Childcare, Karen Kearns 2004

# 6.10 Centre Events Policy

## INTRODUCTION

As the Africa proverb states “It takes a village to raise a child”. A child’s path and journey through life, is aided through the support of the surrounding community, in which all impact and help to shape a child’s life. In Early Education, it is important to involve the community within the service’s curriculum, and by doing so, inviting community representatives into the service for exposure to children on the world in which we live in.

## PURPOSE

Cubby OOSH aims to provide children and families opportunities to engage with community events and come together to celebrate important celebrations. In doing so, Cubby OOSH aim to ensure that during these times all children are adequately supervised throughout the duration of the events proposed at the service.

## SCOPE

- Network with the community as outlined in the standards under Quality Area 6: Collaborative partnerships with families and the communities.
- Invite families, stakeholders and the community into the service.
- Ensure when any centre event takes place, there are safety measures in place to ensure the wellbeing of all children within the service.
- Ensure a collaborative approach when organising centre events, ensuring this is meeting child/ren’s interest, culture, future developments, encompassing positive outcomes.

## IMPLEMENTATION

### Prior to event

1. Provide parents and families with a minimum of 2 weeks’ notice to upcoming centre events. Events should be notified on the monthly calendar and made available to families on the KC App as well as on the community notice board.
2. Set and RSVP date for a minimum of 1 week prior to the event to gauge the number of attendees that can be expected.

3. Complete the Centre Events Risk Assessment
4. Review the roster and consider shift times in accordance to event times. If needed (depending on number of attendees expected) ensure you have booked additional casual educators to assist in maintaining supervision across the service.
5. Set duties for all team members attending the event and ensure everyone is aware of their role throughout.

**On the day of the event**

1. Review the Centre Events Risk Assessment to ensure all risk items are considered and catered for.
2. Ensure all rostered team members for the day are present. If someone is absent, book a casual educator to replace them.
3. Revisit team duties and responsibilities. This will be different for each event, but general duties should include;
    - Supervision as per the centre's supervision plan. These educators are to stay in their designated area and if leaving should another educators prior and ensure they have someone to take their place
    - Food Safety – These educators are to monitor the food to ensure it remains within the food safety guidelines and that all food scrapes are disposed of. Educators with this responsibility must also ensure there are no children consuming food unsupervised
    - Welcoming/recording visitors to the centre – these educators should be welcoming families to the service and recording which families are present. A list of children who do not have family members present must remain with a team member at all times to maintain close supervision of these children and help them to enjoy the event.
    - Farewelling – as the event draws to a close, these educators should be monitoring which children are leaving and ensure these children are signed out of the service to maintain an accurate representation of children present within the service and as such ratio requirements. Throughout this process, it may be necessary to request team members to stay until child numbers are meeting ratio. Likewise, if child numbers reduce rapidly, this can be used as an opportunity to send casual team members home.
    - Clean up – this is everyone's responsibility. This should be done throughout the event to ensure the environment is kept clean, safe and presentable.

**After the event**

- Review the Risk Assessment to ensure all potential risks were identified on the plan. Make not of these and modify the Risk Assessment Plan.
- Discuss the event at the next team meeting to identify possible areas for improvement as well as achievements.
- Critical reflection after events is key in determining future success. Documentation of these reflection is important, and all Educators to play a role in providing feedback.
- Post a thank you on the KC App asking parents for feedback and suggestions for future events

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010

- Section 167 Offence relating to protection of children from harm and hazards

- **Education and Care Services National Regulations 2018**
  - Regulation 99 Children leaving the education and care service premises
  - Regulation 100 Risk assessment must be conducted before excursion
  - Regulation 101 Conduct of risk assessment for excursion
  - Regulation 102 Authorisation for excursions
- National Quality Standards
  - Standard 2.2 Safety
  - Standard 6.1 Supportive relationships with families
  - Standard 6.2 Collaborative partnerships
- Children and Young Persons (Care and Protection) Act 1998

## SOURCES


- The Early Years Learning Framework
- My Time Our Place Framework
- Victorian Early Years Learning and Development Framework
  ACECQA

# 7.01 Communication Policy

## INTRODUCTION

Positive, open communication between all parties involved in the Centre is essential and forms part of a high-quality care and Education Service. Positive relationships help to aid with excellent communication skills to allow effective running's of the service, the program, and being attuned to the needs of all Children, Families and our community.

## PURPOSE

Cubby OOSH promotes respectful communication and conduct between all associated parties within the service operations, and outside of the service operations where Cubby OOSH is affiliated. Staff, parents and management must be aware of appropriate communication avenues and procedures.

## SCOPE

All Cubby OOSH Team members, Family and community participates to ensure all communication mirrors the below behaviours. All members associated with Cubby OOSH have expectations to follow to ensure mutual and positive relationships are founding.

- Promote effective communication at the Centre.
- Establish and utilise appropriate methods of communication between all those involved in the Centre's activities.
- Provide guidelines to assist with effective communication.
- Use active listening.
- Listen with respect.
- Create atmosphere/areas that encourage open communication.
- Show empathy.
- Communicate feelings constructively.
- Use supportive body language.

## IMPLEMENTATION

### 1. Staff/Management

- Educators and members of Management treat each other with respect, courtesy and understanding.
- Appropriate and positive language is maintained at all times.
- The Centre Director is the main line of communication between the team members and Management.
- Where necessary, team members are invited to Management meetings to discuss their concerns.

- Where the matter is seen as urgent, the Centre Director may raise the issue with Management before the meeting and discuss if there is a need for immediate action to be taken at that time.
- If team members have an issue they do not wish to address with the Centre Director, they may personally write to Management identifying the problem and asking for the help of Management.
- A copy of this letter must be given to the Centre Director.
- The issue is to be raised at the next Management meeting. The team member involved or nominated is asked to attend the meeting to discuss the issue in person.

- Where there is a distinct conflict between a staff member and a member of Management, the team member or Management member may invoke formal grievance procedures.
- A mediator or union representative can be brought in to discuss any concerns that have not been able to be resolved by the normal procedures.

### 2. Staff/Parent or Guardian

- Educators create a comfortable and supportive environment for parents/guardians and strive for open communication and good relations with parents/guardians.
- Educators recommend and discuss issues with parents/guardians without imposing their own view.
- Confidentiality of family records/information is maintained at all times (refer to Privacy Policy).
- Educators refrain from making personal judgements.
- Educators and parents/guardians treat each other with respect, courtesy and understanding.
- Appropriate language is maintained at all times.
- Staff are not judgemental of parents/guardians and respect their need to use child care.
- Educators respect and value cultural and individual differences in the raising of children and strive to use home routines within the environment, ensuring the centre policies and procedures are followed.
- Educators ensure that parents/guardians are greeted and fare-welled in all sessions.
- Educators have regular communication with parents/guardians about their child's current development, needs, interests, concerns and achievements and respond to parent or guardian advice, suggestions and input. When having a conversation, it will begin with an achievement, may lead to an issue and will finish with another achievement.
- When parents/guardians contact the centre to see how a child is settling in, the team member will provide the parent/guardian with the correct information of the child's day or will pass the phone to an educator that is primarily caring for the child.
- Conversations are maintained at a positive level.
- Communication with parents/guardians is maintained in a variety of ways such as:
  - Greeting and farewelling
  - Personal conversations

- Notices
- Emails
- Learning stories
- Newsletters
- Individual communication books

- Educators ensure that parents/guardians are fully aware of all lines of communication and ensure that they are followed.
- Educators are aware of their limitations about parents'/guardians' problems and ensure they are referred to the appropriate personnel when necessary.
- Parents and team members are requested to maintain confidentiality at all times.
- Parents/guardians are informed that if they wish to discuss their child in detail, that an interview time can be arranged that is mutually suitable to them and the Centre Director and/or Management.

### 3. Staff/Children

- Staff and children treat each other with respect, courtesy and understanding.
- Programming and planning are created to stimulate and encourage involvement by all and provide opportunities for child involvement and input.
- The developing and emerging needs of children are catered and responded to.
- Educators attend to children's needs before their own.
- Educators are to avoid 'favouritism' towards children.
- Educators role model positive behaviours.
- Staff use appropriate voice tone and level when talking to children. Shouting is not appropriate.
- Educators communicate with children and develop an understanding of their interests and needs.
- Educators reinforce positive feedback to children regularly.
- Educators form friendly, warm relationships with the children in their care.
- Educators are to use clear, an appropriate language with children at their level.
- Children are never singled out or made to feel inadequate at any time.
- Educators are to respect the dignity of the child. This includes never speaking about an issue involving the
  child in front of the child unless that child is included in the conversation.
- Educators never threaten or verbally abuse the children in any way.
- Children are encouraged to use the terms "Please!" and "Thank you!"
- Specific individual needs are identified for each child in care.
- Children upset and/or crying are attended to immediately and sympathetically.

### 4. Staff/Staff

- Team members treat each other with respect, courtesy and empathy.
- Appropriate language is used between team members at all times.
- Team members are expected to work together as a team and be supportive of each other in the workplace.

- Team meetings are appropriate times to raise matters of interest or concern to other educators.
- The Centre Director arranges for staff contributions to be placed on the meeting agenda.
- Educators are expected to read minutes of team meetings and to take notice of changes to Centre policies and procedures.
- Educators are to read the daily communication book prior to the commencement of each roster.
- Team members with concerns about work practices or standards of another team member are encouraged to approach them first to discuss the matter appropriately and respectfully. If unresolved, the grievance procedure is to be followed.
- Team members are professional at all times and do not discuss/involve parents/guardians or demonstrate inappropriate behaviours in relation to matters of grievance or complaints.
- Confidentiality about other team members and their families is maintained at all times.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 172 Offence to fail to display prescribed information
  - Section 175 Offence relating to requirement to keep enrolment and other documents
- Education and Care Services National Regulations
  - Regulation 73 Educational program
  - Regulation 75 Information to be kept available
  - Regulation 76 Information about educational program to be given to parents
  - Regulation 86 Notification to parents of incident, injury, trauma and illness
  - Regulation 102 Authorisation for excursions
  - Regulation 111 Administrative space
  - Regulation 155 Interactions with children
  - Regulation 157 Access for parents
  - Regulation 168 Education and care services must have policies and procedures
  - Regulation 171 Policies and procedures to be kept available
  - Regulation 173 Prescribed information to be displayed

- National Quality Standards
  - Standard 5.1 Relationships between Educators and Children
  - Standard 6.1 Supportive relationships with Children
  - Standard 4.2 Professionalism

## SOURCES


- The Early Years Learning Framework
- My Time Our Place Framework
- Victorian Early Years Learning and Development Framework
- ACECQA
- Stone (1998) “Human Resource Management”
- Nelson-Jones (1991) “Human relationship Skills”
- Cubby OOSH Philosophy

# 7.02 Philosophy Policy

## INTRODUCTION

The Centre's Philosophy is developed through an understanding and appreciation of the needs of parents and children, their values and beliefs and through the life experiences and knowledge of both the team members and parents. Parents are integral participants in formulating the Centre's Philosophy as they are viewed as the most important model in the lives of our attending children and act as a link between:

- Home and pre-school;

- Pre-school and the chosen primary school;

- Pre-school and the wider community.

Management, however, does reserve the right to make the final decision on the Centre's Philosophy.

## PURPOSE

- To ensure that all aspects of the Centre's operation relating to the Centre's guiding Philosophy.
- To consult parents in the process of formulating or modifying the Centre's childcare Philosophy.
- To ensure that the Centre's Philosophy manifests itself in practical, developmental, affordable, enjoyable childcare programs for children.

## SCOPE

- A basic draft for the Centre's Philosophy is presented by Management.
- Parents and team members are invited to comment upon and suggest changes to the draft.
- Agreed principles are included within the Philosophy.
- A final statement of the Centre's Philosophy is published for reference by parents and staff and displayed in all the rooms

## Cubby OOSH PHILOSOPHY

### IMPLEMENTATION

- Cubby OOSH philosophy to be displayed within each service visible for Families, Educators, and the wider community to understand Cubby OOSH, and our collaborative way of life.
- Ensure the philosophy is displayed and current within the services Quality Improvement Plan.
- Ensure the philosophy is displayed and current within our Website.
- Educators are to reflect on the philosophy when programming, ensuring our curriculums encompass our overarching goal.
- The service is to ensure to seek feedback from all stakeholders across the year, and ensure the philosophy always remains current to the vision of Cubby OOSH and our services.
- Ensure the Philosophy forms part of the agenda for Staff Meetings, Pit stop meetings and management meetings.

### STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations
- National Quality Standards
- Standard 7.1 Governance

### SOURCES

- The Early Years Learning Framework
- My Time Our Place Framework
- Victorian Early Years Learning and Development Framework
- ACECQA
- UNICEF: The united Nations Convention of the rights of a Child

# 7.03 Assessment & Rating Process Policy

## INTRODUCTION

Cubby OOSH makes a commitment to its Educators, Families and Children to achieve the highest standard of care possible according to the National Quality Standards. All stakeholders are represented in the Centre's endeavour to maximise its strengths and to eliminate any perceived weaknesses in the areas assessed by the Regulatory Authority. Centre educators co-operate fully with the Regulatory Authority as required.

## PURPOSE

- Provide the highest possible quality of childcare service.
- Ensure that Children, Parents, Team members and Management participate in the assessment process.
- Strive for a rating of "Exceeding" by the Regulatory Authority and '" Excellent" by ACECQA.

## SCOPE

- The National Quality Framework ensures that the Quality of Care and Education provided by all Child Care services in Australia is progressively assessed and enhanced.
- It is a positive, constructive, easily comprehended system which child care providers can use to facilitate high standards.
- Management, staff and parents can utilise a self-study process to analyse the centre's policies and operation. This provides accurate information regarding the overall standard of care provided and its impact on individual children.
- The Regulatory Authority in each State assesses Centres in accordance with the National Quality Framework.
- To maintain high quality standards, Cubby OOSH regularly consults with all Team members, Families, Children and the community to receive feedback and input into the operations of the service.
- Bi-monthly Assessment and Rating meetings are held with all Educators to investigate each Quality Area and ensure Authorised Officers are able to collect necessary evidence through 'Observing', 'Discussing' and 'Sighting'.
- To achieve a rating of "Excellent", Cubby OOSH:

    - Assesses all factors relating to the current standard of care;
    - Identifies evident strengths and areas for further/ongoing improvement;
    - Plans for any changes required to bring about improvements;
    - Includes the changes and maintains and reviews the Centre's Quality Improvement Plan;
    - Implements the changes within the program of care;
    - Assesses the new standard of care facilitated by the changes made;
    - Values the input of families, educators and children and provides feedback in relation to changes within the

- Centre.

## There are seven quality areas in the National Quality Standard:

1. Educational program and practice
2. Children's health and safety
3. Physical environment
4. Staffing arrangements
5. Relationships with children
6. Collaborative partnerships with families and communities
7. Governance and Leadership

The National Quality Standard is linked to the Framework for Australia: Belonging, Being & Becoming, My Time our Place Framework and approved state Framework.

After assessment by the Regulatory Authority, if successful, the Centre will strive to maintain these standards for the prescribed period. If unsuccessful in gaining a rating of "Exceeding", a review by Management of the Centre's practices and operation will take place and necessary improvements implemented prior to the next assessment with a view to achieving an "Exceeding" rating, and there after "Excellent" rating deemed by ACECQA.

## National Quality Rating Standards

**Excellent** – Indicates that a service demonstrates excellence and is recognised as a sector leader. The Centre will be assessed fully every three years.

**Exceeds National Quality Standard** – Indicates that the service is exceeding the National Quality Standard. Generally, the Centre will be assessed fully every three years.

**Meets National Quality Standard** – Indicates that the Centre is meeting the National Quality Standard. The Centre will be assessed fully every two years.

**Working Towards National Quality Standard –** Indicates that the Centre is almost at National Quality Standard. Generally, the Centre will be assessed fully every year.

**Significant Improvement Required –** The Regulator is working closely with the service to immediately improve its quality (otherwise the service's approval to operate will be withdrawn). The Centre will frequently be assessed until the required standard is met.

## IMPLEMENTATION

- All Services to devise a Quality Improvement Plan within the first three months of Operating with Service Approval.
- The Quality Improvement Plan will be utilised as a live document, ensuring the QIP is current and updated Regularly. The QIP must be updated on a monthly basis and will not exceed a 12-month period where by the Quality Improvement Plan has not had amendments and contributions made.
- A Self-Assessment Tool would be submitted as part of the Assessment and rating process
- All Team members, Children, Family and the community will play a part in contributing to the quality improvement plan and ensuring the service is on a journey of working towards achieving further goals and improvements.
- Ongoing feedback will be sought from all stakeholders to gain valuable input into the service operations, stipulating the strengths of the service, and desires/needs for future improvements/strengths, using informal discussion, regular questionnaires and surveys, and Internet links to involve families in the review process.
- The Nominated Supervisor must ensure to take final accountability for ensuring the Quality Improvement Plan is current and reflective of service and meeting and exceeding the Three Key Exceeding Themes across all 7 Quality Areas. The three Key Themes are as follow:
    1. Key Theme 1: Practise is embedded in service operations
    2. Key Theme 2: Practise is informed by critical reflection
    3. Key Theme 3: Practise is shaped by meaningful with families and /or the community
- The Area Manager must also ensure to have visual over, and input towards the services Quality Improvement Plan, ensuring to be guiding and mentoring the Team in producing a Quality Improvement Plan of excellence.
- The service to ensure the Assessment and Rating process is embedded as part of their every day life, and ensure when notification arrives from the Regulatory Authority, the service is well equipped and ready for the process to take place.
- The service will ensure all regulatory requirements are met when response is provided to the Regulatory Authority when QIP Submission is required, along with any supporting evidence asked by an Authorised Officer.
- The QIP is available to all educators and families enrolled or looking to enrol at Cubby OOSH Early Learning Centre, within the foyer of the service.
- The service must ensure to notify families that the service will be embarking on the Assessment and Rating Process, informing families of the dates and name of any Authorised Officers to ensure adequate communication is shared with families of this journey, and to ensure they embark on this journey with us.
- On the day of Assessment and Rating, the Nominated Person/Responsible person must ensure to identify the Authorised Officer by checking Identification and ensuring the visitor log is complete.

- The Nominated Supervisor to introduce the Authorised officer to all team members, and ensure all Evacuation points are clearly shown upon arrival to the service.
- The nominated supervisor and all Team members to follow any instructions of the Authorised Officer, and be available when required to answer any questions throughout the process.
- Once the Assessment and Rating visits conclude, the Authorised Officer may request further information in the following weeks to aid in the draft Report for the service.
- Once the Draft report for the service has arrived, the service has the opportunity to provide feedback prior to final report being issued. Centres are required to take this opportunity and provide further feedback if they need necessary to highlight any information that may not have been sighted by the Authorised Officers during their assessment visit to the service.
- Once the final report has been received, services are then required to have this updated within their foyers and join in with the Cubby OOSH families in recognising the achievements of the service.
- It is important that the service then utilise the Final report and any comments outlined for future ongoing improvements.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Links to Children (Education and Care Services) National Law, Part 5 Assessments and Ratings
- Education and Care Services National Regulations
  - Chapter 3 Assessment and Ratings
  - Regulation 238 Quality Improvement Plans
  - Schedule 1 National Quality Standard
- National Quality Standards

- Standard 1.3 Assessment and Planning
- Standard 7.2. Leadership

## SOURCES

- The Early Years Learning Framework
- Victorian Early Years Learning and Development Framework
- My Time Our Place Framework
- ACECQA

- ACECQA – Self Assessment Tool
- Victoria State Government – Education and Training: Update your Quality Improvement Plan State Regulatory Authority Contact

# 7.04 Security of Child Portfolios Policy

## INTRODUCTION

The "Privacy act 1988 (PDP Act)" and Australian Privacy Principles (APPs) aims to promote and protect individuals and uphold their privacy. Everyone has a right to privacy and protection of personal information. Protection of the privacy and confidentiality of personal and sensitive information collected at the Centre is integral to the provision of a high-quality child-care service.

## PURPOSE

At Cubby OOSH we respect and promote the rights of the children within our services, protecting the sensitive information as outlined within each Child's portfolio. We ensure all Team Members, families members and visitors to the service abide by the Federal Privacy Act.

## SCOPE

- Allow certain information to be collected in accordance with the regulatory framework of operating a quality child care service.
- Ensure the security of confidential and private information.
- Ensure that information collected is accurate and current.
- Use computer technology, to provide parents with a convenient, lasting record of their children's development.

## IMPLEMENTATION

- Portfolios are accessed only by educators and the parent/guardian of the child. Cubby OOSH Centres will have these portfolios stored in a lockable storage unit.
- Children's portfolios will include children's observations, spontaneous and creative experiences and documentation of these intentional learning opportunities and highlights if any. Portfolios are created for children when they commence and will be given to the parent/guardian when the child's enrolment ends.
- During any parent/staff conferences, the portfolio file can provide a focus for discussion as required
- Cubby OOSH encourages families to access their child's portfolio at any time to view their child's learning & development.
- Educators may only access and develop children's portfolio files on the Cubby OOSH premises.
- Families will receive their child's photos twice a year via a secure online link protected by a password.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations

- National Quality Standards
  - Standard 7.1 Governance
- The Privacy Act 1988
- Australian Privacy Principles

# 7.05 Privacy & Confidentiality Policy

## INTRODUCTION

For the collection and use of personal information, the principles expressed in the Federal Privacy Act 1988, form the basis of this policy. Cubby OOSH applies this policy to the collection, use and storage of confidential information. Cubby OOSH also adheres to the standards expressed in the National Privacy Principles and the Federal *Health Records Act 2012*.

## PURPOSE

At Cubby OOSH we respect and promote the rights of the Team Members, Family's, Children within our service, and the right to privacy with any external agency and wider community. Our aim is to protect sensitive information as outlined within this policy. We ensure all Team Members, family members and visitors to the service abide by the Federal Privacy Act and Principles.

## SCOPE

- Ensure that confidential information received by our centres is dealt with in accordance with the appropriate legislation.
- Ensure that all Centre permanent, casual and part-time team members, students, volunteers, visitors and management team recognise and adhere strictly to the policy.
- Ensure that all Centre personnel recognise that confidentiality principles apply to accident and incident reports, children's illnesses whether congenital or temporary, the administration of medicines and the requirements inclusive for children with additional needs and support.

## IMPLEMENTATION

- Information collected by the Centre Director upon enrolment of a child, recruitment of staff, financial details, observations and program documents, incidents or accidents, etc., must be filed individually into secure, lockable storage facilities.
- The Centre Director and Licensee are the only people authorised to have access to the confidential information storage facility.

- Children's personal details such as birthdays, photographs, etc. may only be displayed by staff in a Centre after being given written permission by a parent or guardian.
- Upon request to the Centre Director, families and team members may access their stored confidential information in order, personally, to change details.

- Medicare numbers and other personal identifiers are used only in an emergency situation (e.g. when taking a child to the hospital) and, if possible, with the express permission of a parent/guardian.
- Confidential documents and records which involve Commonwealth or State Regulatory Authorities are stored in the secure facility for the periods required by law and are able to be accessed only by those with the appropriate authorisation.
- When team members create any records pertaining to individual children, references which might identify other children must be avoided.
- Information Team members may be privy to, must remain confidential. Under no circumstances, is gossip or confidential information to be shared with other Team Members in or outside the workplace, resulting in a breach to the Privacy ACT.
- Team members are not to pass confidential information on to any Third Party, other Company / Business, without Managements consent, and abiding to the Privacy Act.
- Team members must be diligent when handling any form of technology, ensuring confidential information is not left open for other parties to see, and all confidential access codes and passwords are to be kept in a safe and secure location.
- If team members are unsure of the need for confidentiality in any situation, they must consult the Centre Director.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 273 Duty of confidentiality
- Education and Care Services National Regulations
  - Regulation 168 Education and care service must have policies and procedures
  - Regulations 181 to 184
- National Quality Standards
  - Standard 4.2 Professionalism
  - Standard 7.1 Governance

- The Privacy Act 1988
- Australian Privacy Principles

## SOURCES

- OAIC: Rights and Responsibility; Privacy ACT

# 7.06 Acceptance & Refusal of Authorisations Policy

## INTRODUCTION

Under the National Law and Regulations Services are required to obtain written authorisation from Parents/Guardians for some circumstances, to ensure that the health, safety, wellbeing, and best interests of the child are met and upheld.

## PURPOSE

We aim to ensure that all educators and volunteers are consistent in how authorisations are managed and understand what does or does not constitute a correct authorisation, which consequently may lead to a refusal.

## SCOPE

Our Service will ensure we comply with the current Education and Care Services National Regulations, which require parent or guardian authorisation to be provided in matters including:

- Administration of medication to children.
- Administration of medical treatment, dental treatment, and general first aid treatment.
- Ambulance transportation.
- Excursions including regular outings.
- Incursion attendance.
- Taking of photographs by people other than educators.
- Water based activities.
- Enrolment of children, including providing details of persons nominated to authorise consent for medical treatment or trips outside the service premises.
- Children leaving the premises in the care of someone other than a parent.

## IMPLEMENTATION

**Management will ensure that:**

The acceptance and refusal authorisation policy is reviewed and maintained by Service management and adhered to at all times by educators.

- All staff follow the policies and procedures of our Service.
- All parents/guardians have completed the authorised person's section of their child's enrolment form (refer to *Enrolment and Orientation Policy*), and that the form is signed and dated before the child commences at the Service.
- Permission forms for excursions are provided to the parent/guardian or authorised person prior to the excursion (refer to *Excursion Policy*).

- Parent/guardians are provided with a copy of relevant policies for our Service or are aware of how they can be accessed.
- Attendance records are maintained for all children attending the Service.
- A written record of all visitors to the Service, including time of arrival, departure, and reasons for visit is documented.

- Where a child requires medication (excluding Paracetamol) to be administered by educators/staff, that this is authorised in writing, signed and dated by the parent/guardian or authorised person and included with the child's record (Refer to *Administration of Medication Policy*).
- Educators/staff do not administer medication without the authorisation of parent/guardian or authorised person, except in the case of an emergency, including an asthma or anaphylaxis, or epilepsy or diabetes emergency (refer to *Administration of Medication Policy, Incident, Injury, Trauma and Illness Policy, Emergency, Evacuation and Lock Down Policy, Asthma Policy, Anaphylaxis Policy, Diabetes Policy*).
- Educators and staff allow a child to participate in excursions only with the written authorisation of a parent/guardian or authorised person.
- Educators/staff allow a child to depart the Service only with a person who is the parent/guardian or authorised person, or with the written authorisation of one of these, except in the case of a medical emergency or an excursion (Refer to *Arrival and Departure of Children Policy* and *Child Safe Environment Policy*).
- There are procedures in place if an inappropriate person attempts to collect the child from the Service (refer to *Arrival and Departure of Children Policy*).

**A Nominated Supervisor/ Responsible Person will:**

- Follow the policies and procedures of the Service.
- Ensure documentation relating to authorisations contains:
  1. The name of the child enrolled in the service
  2. Date
  3. Signature of the child's parent/guardian and nominated contact person as named on the enrolment form.
- Keep all authorisations relating to children in their enrolment record.
- Exercise the right to refusal if written or verbal authorisations do not comply with National Regulations. If an authorisation is refused by the Service, it is best practice to document:
  1. The details of the authorisation,
  2. Why the authorisation was refused, and
  3. Actions taken by the service. For example: if the service refused an authorised nominee named in the child's enrolment record to collect the child from the service as they were under the influence of alcohol, the action taken to ensure that the child was collected (Refer to *Refusal of Authorisation Record*).
- **Exception to authorisation requirement—anaphylaxis or asthma emergency**

1. Medication may be administered to a child without an authorisation in case of an anaphylaxis or asthma emergency.
2. If medication is administered without authorisation, the Approved Provider or the Nominated Supervisor must ensure that the following are notified as soon as practicable—
    a. a parent of the child;
    b. emergency services.

- Ensure a child only departs from the Service with a person who is the parent/guardian or authorised person, or with the written authorisation of one of these, except in the case of a medical emergency or an excursion (refer to *Arrival and Departure of Children Policy*).
- Ensure a child is not taken outside the Service premises on an excursion except with the written authorisation of a parent/guardian or authorised person.
- Inform the Approved Provider when a written authorisation does not meet the requirements outlined in the Service's policies.

**Educators will:**

- Follow the policies and procedures of the Service.
- Ensure that parents/guardians sign and date permission forms for excursions prior to the excursion being implemented.
- Allow a child to participate in an excursion only with the written authorisation of a parent/guardian or authorised person.
- Check that parents/guardians or authorised persons sign the attendance record as their child arrives and departs from the Service.
- Administer medication only with the written authorisation of a parent/guardian or authorised person, except in the case of an emergency, including an asthma, anaphylaxis, epilepsy, or diabetes emergency.
- Allow a child to depart from the Service only with a person who is the parent/guardian or authorised person, or with the written authorisation of one of these, except in the case of a medical emergency or an excursion.
- Follow procedures if an inappropriate person attempts to collect a child from the Service (for example, an intoxicated person).
- Inform the Approved Provider when a written authorisation does not meet the requirements outlined in Service's policies.

**Families will:**

- Read and comply with the policies and procedures of the Service.
- Complete and sign the authorised person section of their child's enrolment form before their child commences at the Service.
- Ensure that changes to nominated authorised persons are provided to the Service in a timely manner.
- Advise nominated authorised persons that they will require photo identification (such as a driver's licence) in order to collect their child from the Service.
- Sign and date permission forms for excursions.
- Sign the attendance record as their child arrives and departs from the Service.

- Provide written authorisation where children require medication to be administered by educators/staff, including signing and dating it for inclusion in the child's medication records.

**Authorisation Requirements**

- The name of the child.
- The authorisation to administer medication, signed by a parent or a person named in the child's enrolment record as authorised to consent to administration of medication.
- The name of the medication to be administered.
- The time and date the medication is to be administered.
- The dosage of the medication to be administered.
- The period of authorisation (actual days and dates: from and to).
- The date the authorisation is signed.

- Medication in its original container and bearing the correct child's name.
- Medication is not past its expiry or use-by date.
- Medication is administered in accordance with any instructions attached to the medication or provided by a registered medical practitioner.
- A second person checks the signed Authority to Administer Medication record, checks the dosage of the medication, and witnesses its administration.
- The Educator administering medication and witness must write their full name and sign the medication record.
- Details of the administration must be recorded in the medication record.

**Medical treatment of the child including transportation by an ambulance service (included and authorised initially as part of the child's enrolment record):**

- the name of the child;
- authorisation to seek medical treatment for the child from a registered medical
- practitioner, hospital or ambulance service;
- authorisation for the transportation of the child by an ambulance service;
- the name, address and telephone number of the child's registered medical practitioner or medical service and, if available, the child's Medicare number;
- the name of the parent or guardian providing authorisation;
- the relationship of the parent/guardian to the child;

- the signature of the person providing authorisation and date.

**Excursions (including regular outings). If the excursion is a regular outing, the authorisation is only required to be obtained once in a 12-month period, ***

- the name of the child;
- the date of the excursion (if not for a regular outing);
- the reason for the excursion;
- the proposed destination for the excursion;
- the method of transport to be used;
- the activities to be undertaken by the child during the excursion;
- the period the child will be away from the premises;
- the anticipated number of children likely to be attending the excursion;
- the ratio of educators attending the excursion to the number of children attending the excursion;
- the number of staff members and any other adults who will accompany and supervise the children on the excursion;
- that a risk assessment has been prepared and is available at the service;
- the name of the parent or guardian providing authorisation;
- the relationship of the parent/guardian to the child;
- the signature of the person providing authorisation and date.

**Emergency medical treatment (included and authorised initially as part of the child's enrolment record or as updates during enrolment):**

- The service is able to seek emergency medical assistance for a child as required without seeking further authorisation from a parent or guardian in the case of an emergency (i.e. medical practitioner, ambulance or hospital) including for those emergencies relating to asthma and anaphylaxis.

**Collection of children (included and authorised initially as part of the child's enrolment record or as updated during enrolment):**

- The name of the child;
- the name of the parent or the guardian of the child or the authorised nominee on the enrolment form providing authorisation;
- the name of the person/s authorised by a parent or authorised nominee named in the child's enrolment record to collect the child from the premises;
- the relationship to the child of the persons authorised to collect the child from the premises; and
- the signature of the person providing authorisation and date.

**Confirmation of Authorisation**

- All authorisation forms received (including the initial enrolment form) are to be checked for completion.
- All authorisations (excluding the initial enrolment form) are checked to ensure that the authoriser (name and signature) is the nominated parent or guardian on the enrolment form.
- If incomplete or inappropriately signed, the authorisation form should be returned to the parent or guardian for correction.
- Children will be suspended from any activity requiring authorisation until the appropriate form has been correctly completed and signed.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
  - Regulation 92 Medication Record
  - Regulation 93 Administration of medication
  - Regulation 99 Children leaving the education and care service
  - Regulation 102 Authorisation for excursions
  - Regulation 160 Child enrolment records to be kept by approved provider
  - Regulation 161 Authorisation to be kept in enrolment record
  - Regulation 168 Education and care services must have policies and procedures
- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety
  - Standard 7.1 Governance

## SOURCES

- My Time Our Place Framework
- Victorian Early Years Learning and Development Framework
- ACECQA

# 7.07 Enrolment Procedure

## INTRODUCTION

Enrolment and orientation is an exciting and emotional time for children and families. It is important to manage this time with sensitivity and support, building partnerships between families and the Service. Such partnerships enable the Service and families to work toward the common goal of promoting consistent quality outcomes for individual children and the Service.

## PURPOSE

We aim to ensure children and families receive a positive and informative enrolment and orientation process that meets their individual needs. We strive to establish respectful and supportive relationships between families and the Service to promote positive outcomes for children whilst adhering to legislative requirements.

## SCOPE

Our Service accepts enrolments of children aged between 5- 12 years of age.
Enrolments will be accepted providing:

a) The maximum daily attendance does not exceed the licensed capacity of the Service
b) A vacancy is available both for the booking required and the agreed number of children is in accordance with the licensing requirements
**c)** The adult to child ratio is maintained

**Priority of Access guidelines**
The Department of Family and Community Services and Indigenous Affairs have set priority of access guidelines for all children's services eligible for Child Care Subsidy. Every Child Care Subsidy approved childcare service is required to abide by the guidelines which families will be informed of during the enrolment process.

The Priority Lists are used when there is a waiting list for the Service or when a number of parents are applying for a limited number of vacant places. When families apply to join the list they are asked a series of questions to determine their particular circumstances. A scoring system is applied based on their responses. This determines their child's place on the waiting list. As places become available, they are offered to those highest on the list as stated in the guidelines above.

Families are required to pay an enrolment fee and two weeks in advance which is calculated at full fee to secure the position. Failure to pay the upfront fees will lead to the child not being accepted.

Children with disabilities will be enrolled, if in the opinion of management, the Service can meet the child's needs. Additional resources and funding may be required.

**The Priority of Access levels, which the Service must follow when filling vacancies, include:**

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

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

**Within these three categories priority is also given to:**

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

## IMPLEMENTATION

**Enrolment**

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

1. The family proceeds to create a My Family Lounge (MFL) account to start online process.
2. After the account is created the family are prompted to create a Booking Request and pay $100 Admin Fee. An offer is created to be accepted within 24 hours and pay the bond, after which they are able to complete and submit the Enrolment Forms.
3. Parents must provide all relevant details relating to personal, medical and custodial arrangements for each child, parent or guardian and emergency contacts as well as any special requirements relating to that child.
4. The Centre does not collect cash payments so the enrolment form must be accompanied by a completed direct debit form.
5. When all documentation is fully completed, children may commence attendance at the Centre.
6. Parents are requested to inform the Centre immediately should any of the child's contact, health or special needs information change.
7. Every 12 months, parents are reminded to update appropriate information, if necessary. Parents are notified of the updating procedure through the Centre newsletter.
8. The following areas of enrolment are signed at the time of completion that is read and understood by the family:
    - Enrolment Form confidentiality;
    - Additional and Emergency contact details and numbers
    - Permissions and authorisations for consent to collect the child(ren) in case of an emergency;
    - Immunisation History Statements (photocopied);
    - Birth certificate (photocopied);
    - Direct Debit Form;

- A clear indication of hours of attendance to enable correct staffing and a requirement for parents to inform the centre in advance if a child will be absent;
- Children's special needs, disabilities or health issues. (Acceptance of special needs children may be subject to approval by the Centre's Insurance Provider.)
- Media consents;
- Parent Handbook has been read;
- Withdrawal and change of days' notice periods.

9. Parents having difficulty in completing the enrolment form independently may do so with assistance at an enrolment interview and, if necessary, be provided with the form in their language of preference.

10. If a child is subject to an access order or agreement, the Centre must have a copy on record and be provided with any subsequent alterations occurring in the future. Provision of documented evidence of Court Orders or agreements is considered part of the enrolment procedure and will minimise the likelihood of distressing situations arising in the future.
11. All enrolment forms are kept in a locked file and are available only to the approved persons who enrolled the child, parents or guardians and the appropriate Commonwealth and/or State Department Officers.
12. At Orientation, parents are invited to the Centre and are introduced to the staff. The following topics are explained where relevant:
    - Lockers
    - Meals, including breakfast, morning tea, lunch, afternoon tea and late afternoon snack
    - Menu displayed near the kitchen
    - Program explained
    - Daily routine displayed
    - Children grouped according to developmental levels, abilities, and ages (LDC)
    - Nappy change procedures for parents (LDC)
    - Several complete changes of clothes (labelled) need to be packed in the child's bag (LDC)
    - Medication forms can completed electronically or at the service in which you attend
    - Parents to place bottles of formula/breast milk in the fridge upon arrival
    - Rest period – individual beds/cots (LDC)
    - Developmental programming and evaluations (LDC)
    - Group time – language, music and movement, drama, theme-related concepts, gross motor development, art/craft experiences. (LDC)
13. Depending on availability of places, children may be enrolled at any time throughout the year.
14. Parents are given the opportunity to read the Centre Policy Manual (located in the foyer) if they wish and are encouraged to discuss any policy with the Centre Supervisor prior to confirmation of enrolment.

**Management will ensure:**

- Enrolment form is completed accurately and, in its entirety
- Inform the Room leader of the new child who will be in the room, highlighting any medical conditions, interests, needs and strengths
- Immunisation certificate and birth certificate have been sighted and photocopied
- Parent/Guardians Drivers licences to be photocopied and placed in file
- Child is added to Observation cycle
- Child is added to Service's medical characteristics sheet and distribute (if necessary)
- Enrolment lodged with DEEWR
- File for Child's information created
- Families are provided with an orientation survey to complete within the first 6 weeks of starting to gain feedback about the orientation and enrolment process.
- Child Care Subsidy is explained to families

**Child Care Subsidy**

- Child Care Subsidy (CCS) replaces the Child Care Benefit (CCB) and Child Care Rebate (CCR) with a single, means-tested subsidy
- Families will need to complete the 'Child Care Subsidy Assessment' Task online through the myGov website.
- Child Care Subsidy is paid directly to providers to be passed on to families as a fee reduction
- Families will contribute to their child care fees and pay to the Service the difference between the fee charged and the subsidy amount

**Enrolment Record Keeping**

- Our Record Keeping Policy outlines the information and authorisations that we will include in all child

enrolment records

**On the child's first day:**

- The child and their family will be welcomed into their room for the first day.
- They will be greeted by one of the educators who will show them where to sign in and out, discuss what is happening in the room, and show where the child's locker is located.
- Management will ensure the orientation checklist has been completed and all required documents and information has been received from families.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2018
  - Regulation 77 Health, hygiene and safe food practices
  - Regulation 78 Food and beverages
  - Regulation 79 Service providing food and beverages Regulation 80
  - Regulation 80 Weekly menu
  - Regulation 88 Infectious diseases
  - Regulation 90 Medical conditions policy
  - Regulation 92 Medication record
  - Regulation 93 Administration of medication

- Regulation 96 Self-administration of medication
- Regulation 97 Emergency and evacuation procedures Regulation 99
- Regulation 99 Children leaving the education and care service premises
- Regulation 100 Risk assessment must be conducted before excursion
- Regulation 101 Conduct of risk assessment for excursion
- Regulation 102 Authorisation for excursions
- Regulation 157 Access for parents
- Regulation 160 Child enrolment records to be kept by approved provider and family day care educator
- Regulation 161 Authorisations to be kept in enrolment record
- Regulation 162 Health information to be kept in enrolment record
- Regulation 168 Education and care service must have policies and procedures
- Regulation 173 Prescribed information is to be displayed
- Regulation 177 Prescribed enrolment and other documents to be kept by approved provider
- Regulation 181 Confidentiality of records kept by approved provider
- Regulation 183 Storage of records and other documents

- National Quality Standards
  - Standard 6.1 Supportive relationships with families
  - Standard 7.1 Governance

## SOURCES


- The Business of Childcare, Karen Kearns
- Department of Human Services (Centrelink)
- https://www.humanservices.gov.au/customer/services/centrelink/child-care-benefit
  Revised National Quality Standard

# COVID-19 Return to Care Policy

## PURPOSE

To ensure that available childcare places are offered equitably to those with the highest priority during the COVID-19 pandemic, where a service has the capacity to do so whilst continuing to meet their obligations under the National Quality Framework, National Law and National Regulations in Education and Care Services.

## SCOPE

- The Government has made recommendations on who to prioritise care for along with guidelines that centres must follow to receive the Early Childhood Education and Care Relief Package.
  **In order to receive the payment centres must:**
  - remain open and provide sessions of care to at least one child, unless closed on public health advice or advice by a State Regulatory Authority for COVID-19 health and safety reasons
  - ensure families are not charged a fee, including an out of pocket or gap fee for sessions of care provided
  - continue and prioritise care to essential workers, vulnerable and disadvantaged children and previously enrolled children
  - continue to record attendance of children
  - where children enrol at a service who otherwise would be considered 'at risk' for the purposes of Additional Child Care Subsidy (ACCS) (child wellbeing), services are required to make a referral to an appropriate support agency as per the existing ACCS (child wellbeing) referral requirements
  - comply with all other **provider obligations including the National Quality Framework** and other relevant conditions of approval under Family Assistance Law.
- Priority access may be reviewed if parental circumstances change.
- Parents are advised to inform the centre immediately should their circumstances change.

**Priority of Access is as follows:**

**Priority 1:**

1.A Children at risk of serious abuse or neglect

1.B Children of families where both parents are working in emergency services or the defence force

**Priority 2:**

2. Children of families where both parents cannot do their jobs from home

**Priority 3:**

3. Families where both parents are working from home

All other applications not falling into one of the above categories are considered in order of application.

**Note:** All centres need to be assessed prior to offers of placement to ensure they are still operating under their obligations under the National Quality Framework. **Regulated staff to child ratios must be adhered to at all times.** Where centre's staffing capacity has changed throughout these unprecedented times, places are only able to be offered up to the educators available on premises to care for each child under their regulated ratio requirements.

Failure to operate in accordance with the National Quality Framework can result in the relief package being revoked and serious legal repercussions for the approved provider.

In addition to the priorities listed above, a Centre Director may also assess priority within these groups. Within each group, considerations which govern access decisions are:

- The benefit of childcare to the child and family
- The alternative arrangements available to achieve that benefit

## PROCESS

- Families contact Cubby OOSH's enrolments team with their request to return to care providing a minimum of 1 week's notice.
- Enrolment officer to cross check family occupation in each family's enrolment documents.
- Families may be requested to provide supplementary evidence or documentation.
- Enrolment officer to check centres have the capacity to cater for return to care and, in doing so, will continue to meet their obligations under the National Quality Framework, National Law and National Regulations for education and care services.
- Where requests can be accommodated, placements will be offered and a date of return to care will be provided to the family and Centre Director.
- Depending on each individual circumstance, this could be a timeframe of anywhere between 1-2 weeks before return to care can be facilitated or may be when the CCS system is due to return. This will depend on notice to employees or changes in rosters that may need to be actioned. Relevant obligations under Fair Work legislation and each relevant Employment Award must also be adhered to in facilitating each request.
- Where requests cannot be accommodated, families will be placed on a wait list and will be contacted in order of priority wherever circumstances may change, up until and including when the normal CCS system returns.

## WHAT TO DO IF A SERVICE CANNOT PROVIDE CARE TO A CHILD?

The Government is relying on services to provide care to as many children as they can, giving priority to essential workers, vulnerable and disadvantaged children and previously enrolled children.

**However,** each service is dealing with new circumstances and having to reconsider available staff, health and other business challenges. This means each service has to make decisions on its own capacity to offer care, based on these new considerations.

While repeated, serious breaches of conditions of the Relief Package may result in a service losing access to payments under the Relief Package, the significant impact of COVID-19 on operating

arrangements will mean some services will not be able to continue to offer the same care to all families.

https://www.dese.gov.au/covid-19/childcare/childcare-faq#section-information-for-families

## EXCEPTIONAL CIRCUMSTANCE SUPPLEMENTARY PAYMENT

Cubby OOSH is aware of the 'Exceptional Circumstance Supplementary Payment' component of the Early Childhood Education and Care Relief Package. However, despite having made numerous applications for this supplementary payment, Cubby OOSH has been assessed by the DESE as not eligible in all but one case (where a very small amount of funding has been provided to one centre, as it was not open during the reference fortnight and therefore receiving no fees at all under the Relief Package).

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations
- National Quality Standards
    - Standard 7.1 Governance

## SOURCES


- Department of Education and Training: Priority Access guidelines for Childcare Services
- https://www.dese.gov.au/covid-19/childcare

# 7.09 Waiting List Policy

## INTRODUCTION

It is the practice of Cubby OOSH to have a waiting list for children wishing to enrol at the Centre on a future date.

## PURPOSE

To ensure that available  places are offered equitably to those with the highest priority.

## SCOPE

- The Government has put in place “Priority of Access” guidelines that govern how places on the waiting list are to be allocated.
- The Centre follows these guidelines.
- Access priority may be reviewed if parental circumstances change.
- Parents are advised to inform the centre immediately should their circumstances change.

**Priority of Access is as follows:**

**Priority 1:** children of parents who serves in armies

- Children of single parents who work or both parents work;

- Children of single parents/both parents who are actively seeking work;

- Children of single/both parents who are training for future employment.

**Priority 2:** Children or parents having a continuing disability or incapacity.

**Priority 3:** Children at risk of serious abuse or neglect.

Note: All other applications not falling into one of the above categories are considered in order of application.

In addition to the priorities listed above, a Centre Director may also assess priority within these groups. Within each group, considerations which govern access decisions are:

- The benefit of childcare to the child and family;
- The alternative arrangements available to achieve that benefit.

Priority is also given to siblings for the following reasons:

- To assist working families with one child already enrolled at the centre;
- To allow children from the same family to be enrolled at the same centre;

- To create a family environment.

## IMPLEMENTATION

- Families are required to complete a Waiting List Application Online.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations
- National Quality Standards
  - Standard 7.1 Governance

## SOURCES

- Department of Education and Training: Priority Access guidelines for Childcare Services

# 7.10 Arrival & Departure of Children Policy

## INTRODUCTION

To ensure the safety of children at our Service our Arrival and Departure policy is strictly adhered to, allowing only nominated authorised persons to collect children at any time throughout the day. The daily sign in and out register is not only a legally required document to record children's attendance but also used as a record of the children on the premises should an emergency evacuation be called.

## PURPOSE

We aim to ensure the protection and safety of all children, staff members, and families accessing the Service. Educators and Staff will only release children to an authorised person as named by the parent/guardian on the individual child's enrolment form.

## SCOPE

Guidelines for delivery and collection of children are put in place to ensure the safety and wellbeing of each individual child.

- Arrival
- Departure
- Visitors
- Late Collection of Children

## IMPLEMENTATION

**Arrival:**

- In order for children to feel secure and safe, it is important that children and families are greeted upon arrival by a member of staff and have the chance to say goodbye to the person dropping them off. Saying goodbye helps to build trust, while parents/guardians leaving without saying goodbye could cause the child to think they have been left behind.
- All children need to be signed in by an authorised person: Note that the signing in of a child is verification of the accuracy of the record. Information required on the register includes the time and the signature of the person dropping off the child. The parent/nominated person must also advise staff who will be collecting the child/children.
- Families will be reminded to sign their child/children into the Service and will be encouraged to do so immediately upon arrival to avoid forgetting.
- Should families forget to sign their child/children in, National Regulations requires the nominated supervisor to sign the child in.
- Sign in sheets are to be used in the case of an emergency to account for all children.
- Children are to be sighted by an educator before the parent or person responsible for the child leaves. This ensures that the educator is aware that the child has arrived and is in the building.
- A child's medication needs, or any other important or relevant information should be passed on to one of the child's educators by the person delivering the child.
- A locker will be made available to children and their families.

- In the case of a separated family, either biological parent is able to add a contact in writing unless a court order is provided to the Director stating that one parent has sole custody and responsibility.

- In the case of an emergency, where the parent or a previously authorised contact is unable to collect the child, the parent or person responsible for the child (as listed on enrolment form as having a parenting role) may telephone the service and arrange an alternative person to pick up the child. This contact must then be confirmed in writing to the Service.

**Departure:**

- Parents are to advise their child's educator if someone different is picking up their child, both verbally and on the sign in/out sheet. This person is to be named on the enrolment form or added in writing to Management as an authorised contact for the child.
- Photo identification must be sighted by a Primary Contact Educator before the child is released. If educators cannot verify the person's identity, they may be unable to release the child into that person's care, even if the person is named on the enrolment form.
- All children must be signed out by their parent (or a person authorised by the parent) when the child is collected from our Service. If the parent or other person forgets to sign the child out, they will be signed out by the nominated supervisor.
- Children must be signed out on the same sheet that they were signed in on.
- Parents are requested to arrive to collect their child/children by 6.00pm.
- No child will be withheld from an authorised contact or biological parent named on the enrolment form unless a current court order is on file at the Service.
- In the case of a particular person (including a biological parent) being denied access to a child, the service requires a written notice (court order) from a court of law.
  - Educators will attempt to prevent that person from entering the service and taking the child; however, the safety of other children and educators must be considered.
  - Educators will not be expected to physically prevent any person from leaving the service.
  - In such cases, the parent with custody will be contacted by the Nominated Supervisor or the Responsible Person along with the local police.
  - Where possible the educator will provide police with the make, colour, and registration number of the vehicle being driven by the unauthorised person, and the direction of travel when they left the Service.
  - A court order overrules any requests made by parents to adapt or make changes. For the protection of the children and educators, parents are asked not to give our front door code to anyone other than those absolutely necessary.
- Nominated Supervisors will ensure that the authorised nominee pick-up list for each child is kept up to date. It is our policy that we do not allow anyone under the age of 18 to collect children.
- If the person collecting the child appears to be intoxicated or under the influence of drugs, and educators feel that the person is unfit to take responsibility for the child, educators will:
- Discuss their concerns with the person, without the child being present if possible, and
- Suggest they contact another parent or authorised nominee to collect the child.
  - If the person insists on taking the child, Educators will inform the police of the circumstances, including the name of the person, and if possible, the make, colour, and registration number of the vehicle being driven, and the direction of travel when they left the Service.
- Educators cannot prevent an incapacitated parent from collecting a child but must consider their obligations under the relevant child protection laws.

- At the end of each day educators will check indoor and outdoor premises including all rooms and storage rooms, beds and cots, and storage sheds to ensure that no child remains on the premises after the service closes.
- Children may leave the premises in the event of an emergency, including medical emergencies.
- Details of absences during the day will be recorded.

**Children Absent from care:**

- Parents/guardians must advise the Centre before 10:00am if their child(ren) will be absent on a day that they are booked into care.
- If parents/guardians are aware that children will be absent prior to the regular day of attendance, they are required to email the centre director.
- If an absence is known only on the day of scheduled attendance, parents/guardians must personally telephone the centre and inform an educator as early as possible. Where possible, the change should be confirmed by email.
- In all instances of absence, where possible, parents/guardians should indicate the expected duration of absence.
- On enrolment, parents and guardians will be given clear information regarding absence procedures and the importance of clear communication when an absence is to take place. These requirements are also detailed in the Family Information Handbook.

**Visitors:**

To ensure we can meet Work Health and Safety requirements and ensure the safety of our children, individuals visiting our Service must sign in when they arrive at the service and sign out when they leave. It is also a requirement of the National Regulations that Visitors are not left alone with children at any time.

**Late Collection of Children:**

- If there are children still present at the Service upon closing, it is best practice to ensure a minimum of two Educators are present.
- Instruction to parents; “Please remember that our Educators have families to go home to and their own children to collect by a designated time. If you are late to collect your child two Educators have to stay behind and therefore both have to be paid overtime. To cover this, a late fee of $20 per 15 minutes or part thereof will be charged (e.g. if you are 5 minutes late you will be charged for a 15-minute block. If you are 20 minutes late you will be charged for two 15-minute blocks, etc.)”.
- If you know that you are going to be late, please notify the Service: If possible, make arrangements for someone else to collect your child.
- If you have not arrived by 6:00pm you will be contacted. If we are unable to contact you and your child has not been collected, we will call alternative contacts as listed on your enrolment form to organise the collection of your child.
- Due to licensing and insurance purposes, if by 6.00pm neither you nor any of your authorised contacts are available or contactable, we will contact the Police and arrange for the child to be picked up. Under no circumstances will the Centre arrange for the child to be delivered to a Police station.

- A sign will be displayed at the Service notifying you of your child's whereabouts. If this occurs, we will be obligated to contact Family and Community Services and inform them of the situation.

**Uncollected Children:**

- Two educators must stay with the child. The Educators will first endeavour to contact the child's Parent's/Guardian's and nominated emergency contacts who are authorised to collect the child.
- If unsuccessful in contacting any of the people mentioned above after several attempts, the Educators will call the local police to seek information about any incidents or accidents that may have delayed the parents/guardians (or persons collecting).
- Contact Approved Provider/Nominated Supervisor.
- The Educators will contact the Child Protection Helpline, for advice and support:

| State | Child Protection Helpline |
|---|---|
| VIC | 13 12 78 |
| NSW | 132 111 |
| QLD | 1800 177 135 or (07) 3235 9999 |
| ACT | 1300 556 729 |

- If the child is to be taken from the Service, the Police or Family and Community Services will be responsible for the child's safe transportation. The Educators are not to transport the child.
- The Educators must record all details of the situation and any actions taken on an incident form. It is important that the person removing the child - the Police or Department of Education signs this form.
- The Department of Education and Communities and/or Police are now responsible for the ongoing attempts to locate the Parent's/Guardian's and for the well-being of the child.
- A sign will then be placed at the Service's entrance for the Parent's/Guardian's (or collecting person), advising
    - that they contact the Police or Child Protection Helpline for information about the whereabouts of the child.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
    - Regulation 159 Children's attendance record to be kept by family day care educator
- Education and Care Services National Regulations 2011
    - Regulation 99 Children leaving the education and care service premises
    - Regulation 158 Children's attendance record to be kept by approved provider
    - Regulation 176 Time to notify certain information to Regulatory Authority

- National Quality Standards
    - Standard 2.2 Safety
    - Standard 7.1 Governance

## SOURCES


- Early Childhood Australia Code of Ethics
- Guide to the National Quality Framework. (2018)
- ACECQA
- Kids First Australia

# 7.11 Fee and Debt Management Policy

## INTRODUCTION

The prompt payment of fees enables Cubby OOSH to provide a high-quality Education service to parents and guardians. All fees must be paid on time in order to maintain quality and continuity. The non-payment of fees jeopardises a child's place at the Centre.

This policy is circulated to all families prior to their children commencing care to give them an awareness and understanding of the consequences should fees fall into arrears.

## PURPOSE

For parents to gain a clear understanding of the Service fee structure ensuring children's fees are paid on time and that there are consequences for failure to pay fees on time.

- Ensure that parents and guardians are aware of the fee structure applying to Cubby OOSH
- Ensure that fees are paid promptly in order to allow childcare programs to operate effectively.
- Ensure all families are aware of our Debt Management Policy and abides by this. Cubby OOSH accounts team strive to work with families for best outcomes, and accounts be paid as per Payment of Fees policy.

## SCOPE

Payment of Fees Policy & Billing Process constitutes the following:

- Enrolment Fee
- Scheduled payments / Billing Process
- Late Fees
- Change of Fees
- Termination of enrolment
- Responsibility of Management

## IMPLEMENTATION

- A new enrolment fee is required before children commence at the Centre.
- An Enrolment Fee is to be paid via Credit or Debit card (this is deducted during the Enrollment process.)
- Upon enrolment, parents/guardians are required to pay two (2) weeks' fees in advance which is a Holding Deposit.
- Fees must always be paid two (2) weeks in advance.
- The first fee payment is made in the corresponding billing fortnight that the child commences at the Centre.

- Fees are paid fortnightly by a direct debit system, in accordance with the direct debit schedule.
- Late fees are charged for each week your account is in arrears, at a cost of $25.00.

- Late fees are charged after the Centre closes at a cost of $20.00 per 15 minutes or part thereof will be charged (e.g. if you are 5 minutes late you will be charged for a 15-minute block. If you are 20 minutes late you will be charged for two 15-minute blocks, etc.)".

- When a child is to be withdrawn from care, the parents must give 2 weeks' notice in writing. If your child is withdrawn without notice, two weeks, full fees must be paid regardless.
- The notice of withdrawal is effective from the date it is lodged in writing with the Support Office.
- It is not acceptable for parents/guardians to give four weeks' notice to withdraw then re-enrol as positions may not be available upon re-enrolment.
- Billing Process - Statements will be emailed to families on a Monday at the beginning of a billing fortnight. The amount due will then be direct debited from your direct debit account the next business day. Families will have 11am on the day following day to dispute the payment. The dispute can be made by emailing support@cubbycc.com.au. The direct debit can take up to 3 business days to clear so funds must be available during this time to avoid a dishonour of payment occurring.
- Late fees are charges in any instance that the fortnightly direct debit (per the direct debit schedule) is not met. An additional $14.80 fee is incurred for every subsequent week the fee remains outstanding.
- Payment plans available for families with outstanding fees.
- Any parent/guardian who is one week or more in arrears and has not reached an agreement with the support office to make good such arrears must make an appointment with the support office to discuss the situation immediately or the child's place will be jeopardised.
- Failure to pay an outstanding debt leaves Cubby OOSH no other alternative but to seek legal action to recover outstanding monies
- If fees continue to be unpaid, children, unfortunately, are not permitted to attend their next session and the parents/guardians are advised that their child's place will be given to the next child on the waiting list.
- Upon determination by Cubby OOSH that the child's position has been terminated, fees are still payable inclusive of the current and next billing fortnight of fees based on current enrolment.
- If any outstanding monies are not paid, Cubby OOSH can seek legal action

**Change of Fees**

- Fees are subject to change at any time provided a minimum of four weeks written notice is given to all families

**Termination of Enrolment**

- Parents are to provide four weeks written notice of their intention to withdraw a child from the centre. Eight weeks notice is required from the 1st October till 1 March.
- If termination from the Service is required without notification, families can lose their Child Care Subsidy resulting in the payment of full fees to be charged.

**Responsibility of Management**

- The Nominated Supervisor is responsible for the billing and chasing of fees.
- Should families wish to discuss fees, they will need to see the Nominated Supervisor.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations
    - Regulation 168 Education and care service must have policies and procedures

- National Quality Standards
    - Standard 7.1 Governance

## SOURCES

- Goodwin & Chivas: Chartered Accountants
- Child Care Subsidy

# 7.12 Child Care Subsidy Policy

## INTRODUCTION

The Centre operates within the Australian Government's Child Care Subsidy (CCS) Scheme. All children attending the Centre are entitled to CCS which is means tested. Confidential enrolment and attendance records are kept to assist parents in gaining the appropriate benefits available through the CCS scheme.

## PURPOSE

- Provide a high-quality childcare facility at an affordable cost to parents.
- Assist parents in gaining the appropriate CCS.
- Maintain all records pertaining to enrolment and attendance efficiently, effectively and confidentially.

## SCOPE

- The Centre keeps records of enrolled children's attendance by using an online childcare software that maintains a record of children signed in and out daily.
- An information guide to CCS is available at the Centre for parental guidance. The guide includes: how to apply, where to apply and other steps to receive a CRN for adults and children.
- Records pertaining to parents' CCS is kept in accordance with legislative guidelines.
- The Nominated Supervisor conducts daily cross-checks of the roll on software. They must match exactly.
- If a parent has not signed in or out, the educators sign the child in on their behalf when calling the roll daily.
- Under no circumstances do staff members provide any written records directly to a parent.
- Parents requiring access to written records (especially for legal purposes) must apply to Management personally or through a Solicitor.

## IMPLEMENTATION

**Records Kept:**

Prescribed Enrolment Records & Other Documents to be kept by the Approved Provider. All documents are backed up on external storage and are accessible on the main office computer and the centre directors Ipad and Phone. These records are secure with a passcode.

Document Descriptions & Time Frame to be kept;

- Documentation of child assessments or evaluations for delivery of the educational program - Until the end of 3 years after the last date on which the child attended the centre.
- Incident, Injury, Trauma and Illness Records For the death of a child – Until the end of 7 years after the death of the child. For all others – Until the child is 25 years of age
- Medication Records until the end of 3 years after the record was made.
- Staff Records Until the end of 3 years after the last date that the staff member was engaged at the centre.
- Records of Students & Volunteers Until the end of 3 years after the last date the person was engaged at the centre.
- Records of the Responsible Person Until the end of 3 years after the record was made
- Records of Educators working directly with the children Until the end of 3 years after the record was made.
- Record of access to Early Childhood Teachers Until the end of 3 years after the record was made
- Children Attendance Records Until the end of 3 years after the record was made.
- Child Enrolment Records Until the end of 3 years after the last day the child attended the centre
- Record of the Centre's compliance with the Law Until the end of 3 years after the last day on which the Approved Provider last operated the service.
- Record of Certified Supervisors placed in day-to-day charge of the centre for staff files – Until the end of 3 years after the last date that the staff member was engaged at the centre. For Supervisor Timesheets – Until the end of 3 years after the record was made.

**Relating to daily operations**

- Full enrolment forms:- Electronically saved on the share point and in alphabetical order containing information required under section 5.3.1 of the National Standards.
- Waiting lists:- are handled by the support team. Wait lists indicate priority of access status, date placed on list, care required and if a sibling of a child already in care.
- Daily records of attendance:- including the roll taken by Educators and the sign in/out Kiosk report retrieved from QikKids which records daily arrival and departure times of children.
- Phone/ message book:- recording all phone, fax or email messages to ensure that staff is fully aware of relevant information. (Staff regularly checks.)
- Grievances and complaints:- records of grievances and complaints and how they were resolved in accordance to our Complaints and Grievance Policy.
- Accident/illness records:- detailing the nature of an accident or illness, who attended the child and what course of action was taken. Note - Accident and illness records are kept until the child turns 24.

- Medication book:- containing parents/guardians' signed instructions and/or permission to administer medication, the date, time and dosage of its administration, who administered it, and who witnessed the administration.
- Information folder:- containing relevant up-dated information such as infectious diseases leaflets, community events.

**Relating to Fees**

- Child Care Benefit records are retained for a period of 3 years.
- Child Care Subsidy records are retained for a period of 7 years.
- Accounting documents:- retaining all records relating to fees accounting and bank statements for a period of 7 years. These are scanned and sent through to the Accounts department at head office. **Relating to Team Members**
- Employment Details:- indicating personal details, date of employment, hours of work roster, position title and job description, resume and references, date for review, "Working with Children Check" number and expiry date, and any discipline or grievance procedures.
- Staff Wages, Holiday and Sick Leave Entitlements:- retaining employment periods and wage records for 7 years.
- Union and Superannuation Details
- Occupational Health and Safety Details

**Relating to Management**

- Management structure - including position titles, current persons holding the positions and duties.
- Minutes- relating to all meetings and Annual General Meetings.
- Policy folder - including centre details, philosophy and policies.
- Insurance and financial details- retaining Insurance documents for 7 years.
- Centre's Finances- retaining all records relating to the Centre's finances such as school/hall usage agreements, special conditions etc. for a period of 7 years.
- All records are kept in an orderly fashion, updated as required and appropriate information passed on to any new staff or management member.
- Records requiring retention for a specified, extended period of time are stored securely in the designated place.
- Records and other information cannot be removed without the knowledge of the management and may be provided only to those who are legally empowered to access the information.

**Who needs to be a fit and proper person?**

The following people (or entities) are required to be fit and proper persons to be involved in the receiving and passing on of the Child Care Subsidy and the Additional Child Care Subsidy:

- the provider itself
- any person with management of control of the provider
- any person responsible for the day-to-day operation of a child care service.

This includes (but is not limited to) a child care provider's directors, managers and staff, staff with management or control and people responsible for the day-to-day operation of the service.

Whether or not a person is a fit and proper person is determined based on Family Assistance Law, which sets out the matters that must be considered in making this determination. (see What matters should be considered?)

Staff not identified in these specified personnel roles but who deliver care to or interact with children at the service must be suitable to do so. However, their suitability relates not to the administration of payments but to the safety of children and the quality of care provided. As such, their suitability requirements are governed by the child care licensing laws and regulations of the state regulatory body in the state or territory in which the service is located.

**What matters should be considered?**

When determining whether a person is a fit and proper person to be involved in the administration of the Child Care Subsidy and the Additional Child Care Subsidy, matters involving fraud, dishonesty, financial management, compliance with the law and administration of funds are all relevant considerations. Matters considered in determining whether
someone is a fit and proper person include:

- evidence of activity that does not comply with criminal or civil law, including (but not limited to) activity related to children or indicating dishonesty or violence
- court proceedings and convictions or findings of guilt, including (but not limited to) activity related to children or indicating dishonesty or violence
- any past administrative decisions relating to a person's suitability to be involved in child care
- evidence of fraud or dishonesty
- the person's history of managing public funds; and any past or current debts to the Commonwealth
- the person's record of financial management, including any instances of bankruptcy, insolvency or external administration
- any potential conflicts of interest between managing or delivering the child care service and other business or financial interests of the person
- any other matter relevant to the suitability of the provider and their staff.

Specified personnel must be fit and proper persons, regardless of whether they are required to use the Child Care Subsidy System.

**What background checks are required?**

Under Family Assistance Law, Cubby OOSH are required to undertake certain background checks of:

- each person who has management or control of the provider
- each person who has responsibility for the day-to-day operation of the service
- Family Day Care educators (if any)
- In Home Care educators (if any).

The background checks for each specified person are set out in Table 4.

Cubby OOSH will provide a written record of these checks, including the evidence provided in support of the applications, at any time if requested.

In addition, we will keep the department notified of certain circumstances, including for these persons—such as if we become aware of any event or circumstance that may indicate the person is not a fit and proper person.

A police check must be no more than six months old, and other checks no more than three months old, at the time of the application or the engagement of additional specified persons by the provider. However, new checks are not required every three or six months.

Working with children checks (where required) must always be kept current. Expired checks are unacceptable.

Table 4: The roles of people employed in or managing child care and the checks required to determine they are fit and proper persons.

| Checks required | A person with management or control of the provider | A person with responsibility for day-to-day operation of the service |
|---|---|---|
| A National Police Certificate from the state or territory police service (or an agency accredited by the Australian Criminal Intelligence Commission) no more than six months before the date of the application. | ✓ | ✓ |
| A working with children card (if required to hold one). | ✓ | ✓ |
| A National Personal Insolvency Index check performed using the Bankruptcy Register Search service provided by the Australian Financial Security Authority. | ✓ | |
| Evidence that the person does not appear on the banned and disqualified register held by the Australian Securities and Investments Commission. | ✓ | |
| A current and historical personal name extract search of the records of the Australian Securities and Investments Commission. | ✓ | |

The Approved Provider Cubby OOSH will administer CCS using QikKids software. Operational staff have, in most cases many years' experience in family assistance law as it pertains to child care but have also been further trained through:

(a) A thorough reading of the Child Care Provider Handbook;

(b) Undertaking further professional development in family assistance law;

(c) Undertaking webinars provided by QikKids and other companies.

The Approved Provider completes a weekly audit of all data and submits that data itself for CCS/ACCS claims through QikKids and PRODA.

**Ensuring accurate data submission to the Department**

1. The software package QikKids ensures that family and attendance data supplied is accurately reflected in data submitted to the Department. The Director of the service double checks all data that is submitted including:
    - child data such as first and last name, gender, date of birth, CRN, address;
    - family data such as the first and last name, gender, date of birth, CRN and address of the parent or guardian to whom each child is linked for CCS purposes;
    - attendance data including absences;
    - ensuring that relevant documentation is retained for allowable absences that are claimed;
    - fees information;
    - any ACCS data.
2. The software package QikKids Kiosk ensures that attendance data including days of attendance, sign in and out times and the names of the person signing in and out are captured accurately and reflected accurately in the data submitted to the Department.
3. A further check of the data is carried out through the submission process by following up any errors that are detected.

**How We Check Data**

- A member of the Support team will provide an independent check of the attendance recorded in QK's.
- These two independent checks are done every week.
-

- QK's also has a self-notification of unmarked days where this is works as a pop up upon logging into QK's.
- Absences in the system prior to starting or at the end of care are still recorded but we will not claim CCS on these days and families are provided correspondence to help avoid such scenarios. If we have notification of none attendance, we will either move their start date or stop attend them after their last day of attendance which will remove CCS claims after that date.

**ACCS**

- Confirm approval from centre and request for documentation to be provided for the relevant care.
- Require families to be CCS approved.
- Processes requested through QK's based on the ACCS type claim.
- The department then decides on approval based on the validity of the third-party document.
- Schedule updates based on child's situation and future claims.
- Cubby OOSH does not actively provide information on ACCS and recommends families speak with third party support organisations.

**Complying Written Agreement Process:**

All enrolments must agree to the Complying Written Agreement (CWA) via the enrolment form and cannot submit the form unless this has been selected

**Complaints – Fees:**

Families can contact Cubby OOSH via email or phone to raise any issues regarding fees.

Their concern will be recorded in our system and investigated on the phone call. If a solution cannot be agreed to then the family is asked to send their concern to us in writing to escalate to the operations department where it can be investigated further.

Payments can be delayed should there be a dispute regarding the fee's charged on their account until approved by senior management.

**Third Party Software Security:**

Cubby OOSH uses QK and QK Enrol as our third party provider which have software security based on standard regulatory requirements outlined by governing bodies.

**Assurance - Fraud/Risk/Audit**

To claim the CCS families are required to provide the Name, DOB and CRN of the child and parent claiming the CCS. This information is then uploaded onto QikKids. QikKids is designed to only accept valid information based on the booking and account. The current procedure makes it impossible for families to defraud the system as it requires all information to match the enrolment. This process eliminates any attempt to defraud the system to gain CCS or ACCS.

In addition to this, we regularly evaluate the training of our support staff and check that all billing and estimates have been correctly processed. The Enrolments and Billing Manager has been trained in the use of QikKids and he;

- checks the markings are completed in each room prior to running request. Benefits of this check are that it reduces errors in reports and has a faster turnaround time for claims;
- identifies errors in markings in the roles;
- has a checklist for processes for staff to adhere to and follow step by step;
- regularly reviews the checked items and processes to make sure they are correct and efficient;
- asks the Centre Directors for updates at the end of every week after he has reviewed the roles and attendances.

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 175 Offence relating to requirement to keep enrolment and other documents
- Education and Care Services National Regulations 2011
  - Regulation 160 Child enrolment records to be kept by approved provider and family day care educator

- Regulation 161 Authorisations to be kept in enrolment record
- Regulation 162 Health information to be kept in enrolment record
- Regulation 177 Prescribed enrolment and other documents to be kept by approved provider
- Regulation 181 Confidentiality of records kept by approved provider
- Regulation 183 Storage of records and other documents

- **National Quality Standards**
  - Standard 7.1 Governance

## SOURCES

- Australian Government Department of Education and Training - Child Care Subsidy
- Cubby OOSH Management
- Child Care Provider Handbook
- Governance Workbook
  Governance Factsheet

# 7.13 Governance & Service Management Policy

## INTRODUCTION

The Governance & Service Management Policy provides the overall direction, effectiveness, supervision and accountability of a Service. Management are responsible for guiding the direction of the service, ensuring that its goals and objectives are met in line with the philosophy, and all legal and regulatory requirements governing the operation of the service.

## PURPOSE

Our Service aims to ensure all legal and financial requirements are implemented and recognised through appropriate governance practices of Family Assistance Law and National Law. We provide quality education and care to meet the principles, practices and elements of the Early Years Learning Framework, My Time our Place Framework, Victorian Early Years Learning and Development Framework and the National Quality Standards.

## SCPOPE

Governance is the process that our Service is directed, controlled and held accountable to ensure the right decisions are made. The Approved Provider and Nominated Supervisor of the Service accept the legal responsibilities associated with establishing and administrating the Service.

Governance and Service Manager Structure

## IMPLEMENTATION

Governance is the process that our Service is directed, controlled and held accountable to ensure the right decisions are made. The Approved Provider and Nominated Supervisor of the Service accept the legal responsibilities associated with establishing and administrating the Service. We consider the fit and proper checks under Family Assistance Law to ensure we comply with family assistance law and everyone working for Cubby OOSH also complies with family assistance law in order to protect the integrity of public funds

**The Approved Provider is responsible for:**

- Ensuring compliance with the Education and Care Services National Law and Education and Care Services National Regulations
- Complying with Family Assistance Law
- Appointing a Nominated Supervisor, an Educational Leader and a Director/coordinator for the Service
- Supporting the Nominated Supervisor and Responsible Persons in their role, providing adequate resources to ensure effective administration of the Service.
- Complying with funding agreements where appropriate
- Ensuring the Service remains financially viable and can meet its debts and other obligations as they fall due
- Managing control and accountability systems
- Complying with all Australian and State governments' legislation that impact upon the management and operations of a Service.
- Acting honestly and with due diligence
- Developing coherent aims and goals that reflect the interests, values and beliefs of all stakeholders of the Service
- Developing a clear and agreed philosophy which guides business decisions and the work of all staff
- Ensuring there is a sound foundation of policies and procedures that complies with all legislative and regulatory requirements, and that enables the daily operation of the Service to be in line with the Service's philosophy and goals.
- Maintaining up to date and current policies and procedures for compliance by all Educators.
- Establishing clearly defined roles and responsibilities for the members of the Management Committee and staff, individually and as a collective - clearly articulate the relationship between all stakeholders.
- Reviewing the Service's budget and monitoring financial performance and management to ensure the Service. is solvent at all times and has good financial strength.
- Appointing staff and monitoring their performance.
- Ensuring all Educators and staff have a clear understanding about the hierarchy of management.
- Reviewing the work process regularly.

- Providing clear, and direct feedback and instruction that is suitable and communicated in writing.

**The Nominated Supervisor is responsible for:**

- Adhering to the National Education and Care Service Regulations and National Law.
- Developing ethical standards and a code of conduct which guide actions and decisions in a way that is consistent and reflective of the Service's expectations.
- Undertaking periodical planning and risk assessments and having appropriate risk management strategies in place to manage risks faced by the Service.
- Ensuring that the actions of and decisions made are clear and consistent and will help build confidence in all stakeholders.
- The day to day management of the Service.
- Completing a Quality Improvement Plan for the Service and update it at least annually.
- Producing outcomes together with Educators and Staff. Educators must agree on their responsibilities and work according to current policies and procedures.
- Providing educators with training, resources and support.
- Review of educators fit and proper checks including WWCC, police checks, child protection, First Aid qualifications.
- Identifying and reporting if something significant occurs.
- Identifying work required for completion and delegate to Educators/staff
- Ensuring Educators and Staff do not delegate responsibilities for which they are accountable for or have been delegated to them by Management.
- Ensuring Educators are adhering to service policies and procedures.

**Service Philosophy**

- The development and review of the philosophy and policies will be a continuous process on an annual basis or when required.
- The philosophy and associated statement of purpose will reinforce all other documentation and the practices of the Service. The philosophy will reflect the principles of the approved national framework "Being, Belonging Becoming" and "My Time, Our Place", and State approved Framework 'Victorian Early Years Learning and Development Framework".
- There will be a collaborative and consultative process to support the development of the philosophy that will include children, parents and Educators.

**Confidentiality**

All members of Management along with the Nominated Supervisor, Educators and Staff who gain access to confidential information, whether in the course of their work or otherwise, shall not disclose information to anyone unless the disclosure of such information is required by law and will respect the confidentiality of all documents and meetings that occur. This also includes:

- Using information acquired for their personal or financial benefit, or for the benefit of any other person
- Permitting any unauthorised person to inspect or have access to any confidential documents
- This obligation, placed on a member of the Committee of Management, Nominated Supervisor, Educator and Staff shall continue even after the individual has completed their term and is

no longer on the Management Committee or employed by the Service. The obligation to maintain confidentiality also applies to any person who is invited to any meetings of the Management Committee.

**Ethical decision-making**

Our Service will make decisions which are consistent with our policies and procedures which work in conjunction with the National Education and Care Law and Regulations, our approved learning framework: Early Years Learning Framework, Victorian Early Years Learning and Development Framework, My Time our Place Framework and the ethical standards.

**Review and Evaluation of the Service**

- Ongoing review and evaluation will support the continuing development of the Service. We will ensure that the evaluation involves all stakeholders.
- The development of a Quality Improvement Plan (QIP) will form part of the reflection procedure. Reflection on what works within the Service and what needs additional development. This will be included in the QIP.

**Maintenance of Records**

- The Service will adhere to record keeping requirements outlined in the National Regulations.
- The Service will adhere to the storage of confidential records outlined in the National Regulations.
- The Service has a responsibility to keep sufficient records about staff, families and children in order to operate dependably and lawfully.
- The Service will safeguard the interests of the children and their families and the staff, using procedures to ensure appropriate privacy and confidentiality practice is upheld
- The Approved Provider assists in determining the process, storage place and timeline for storage of records.
- The Service's orientation and induction processes will include the provision of significant information to managers, educators, children and families to comply with National Regulations and Standards.
- The Approved Provider will need to ensure that the record retention procedure meets the requirements of the following government departments:
  - Australian Tax Office (ATO)
  - Family Assistance Office (FAO)
  - Early Childhood Education and Community (ECEC)

## STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 175 Offence relating to requirement to keep enrolment and other documents
- Education and Care Services National Regulations 2011
  - Regulation 168 Education and care service must have policies and procedures
  - Regulation 181 Confidentiality of records kept by approved provider
- National Quality Standards

- Standard 7.1 Governance

## SOURCES

- ACECQA
- ECA Code of Ethics
- Guide to the National Quality Standard.
- Work Health and Safety Act 2011
- Australian Government: Department of Education