2020

KIDZONE FAMILY DAY CARE

POLICY AND PROCEDURES

This policy and procedure book guide the practice of Family Day Care within Kidzone FDC.

It states the expectations of the Coordination Unit Staff, FDC Educators and families, and supports the delivery of a quality home based and before and after school care services for all children.

All the Coordination Unit Staff Members and Educators are REQUIRED to act in accordance with the policies and procedures of KIDZONE FDC.

Contents

1. CODE OF CONDUCT POLICY

Policy and procedure number:
Link to NQS: 4.2, 7.3.5
Link to N.reg 168

POLICY STATEMENT:

Interactions between FDC Educators, Co-ordination unit staff, children and parents are to be conducted in line with the code of conduct.

AIM:

KIDZONE Family Day Care will ensure that Co-ordination unit staff and FDC Educators have a duty to present and conduct themselves in a manner that is ethical, consistent, respectful and responsible and always maintains confidentiality.

IMPLEMENTATION:

In conducting the Family Day Care Services, We will:

- Always maintain confidentiality
- Maintain a family centred approach
- Act in the interest of children always
- Deliver services in a professional manner
- Act with integrity and honesty
- Be effective and open in our communication
- Act with respect to all stakeholders
- Refrain from impolite abusive or offensive behaviour
- Provide welcoming, inclusive and safe environment for all individuals associated with the service
- Be honest and fair with others
- Respect cultural differences
- Refrain from the disgracing of the Service, fellow FDC educators, Co-ordination unit staff and families
- Conduct ourselves in line with equal opportunity legislation, Occupational Health and Safety legislation, National Law, National Regulations and KIDZONE's policies and procedures.
- Avoid gossip and any behaviour that can emotionally damage an individual.
- Refrains from the use of offensive or discriminatory language when speaking with children, parents, other FDC educators and Co-ordination unit staff.
- We will not act in ways intended to shame, humiliate, belittle or disregard children, parents, other Educators and co-ordination unit staff
- We will not use unwarranted, unwanted or inappropriately touching of children, hit or otherwise physically assault or abuse children.

Who is affected by this policy?
Children, Families, Management, Co-ordination staff, Educators, students, volunteers.

Related Policies and procedures
Privacy, Confidentiality and storage of records policy

Related FDC Documents

- Educator hand book
- Staff hand book

- Parents hand book

Sources:

- Early childhood Australia's code of Ethics
- Education and Care services National Regulations
- Education and Care Services National Law Act 2010

Reviewed: May 2017
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2. GOVERNANCE POLICY

Policy and procedure number:
Link to NQS: 7.2
Link to N.reg: 103, 168, 171, 172, 173, 177, 183 to 185

POLICY STATEMENT:
The Governance 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.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1	Governance	Governance supports the operation of a quality service.
7.1.2	Management Systems	Systems are in place to manage risk and enable the effective management and operation of a quality service.
7.1.3	Roles and Responsibilities	Roles and responsibilities are clearly defined and understood and support effective decision-making and operation of the service.
7.2	Leadership	Effective leadership builds and promotes a positive organisational culture and professional learning community.
7.2.1	Continuous improvement	There is an effective self-assessment and quality improvement process In place.
7.2.2	Educational leadership	The educational leader is supported and leads the development and implementation of the educational program and assessment and planning cycle.
7.2.3	Development of professionals	Educators, co-ordinations and staff members performance is regularly evaluated and individual plans are in place to support learning and development.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
73	Educational program
74	Record of child assessments or evaluations for delivery of educational program
168	Education and care services must have policies and procedures
177	Prescribed enrolment and other documents to be kept by approved provider
181	Confidentiality of records kept by approved provider
181-184	Confidentiality and storage of records

PURPOSE

Kidzone FDC aims to ensure all legal and financial requirements are implemented and recognised through appropriate governance practices, providing quality education and care, meeting the principles, practices and elements of the Early Years Learning Framework and the National Quality Standard

SCOPE

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

IMPLEMENTATION

Governance is the process that directs and controls our Service, ensuring accountability, and supporting decision making.

The Approved Provider and Nominated Supervisor of the Service accept the legal responsibilities associated with establishing, administering, and maintaining the Service. Our Service has the following established positions:

Approved Provider	Ahmed Ibrahim
Nominated Supervisor	Sharmeena Jaweed
Educational Leader	Yasmin Hussain
Responsible Persons	Sharmeena Jaweed, Yasmeen Hussain, Erum Sohail and Hamdi Gabow
Coordinators	Yasmeen Hussain , Erum Sohail and Hamdi Gabow

THE APPROVED PROVIDER IS LEGALLY 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.
- Ensuring background checks, including criminal history and working with children checks, are completed for all staff and educators.
- Determining whether or not a person working in the service is a 'fit and proper person'.
- Supporting the Nominated Supervisor [Responsible Persons] in their role, providing adequate resources to ensure effective administration of the Service.
- Developing a clear and agreed philosophy, which guides business decisions and the work of management and staff.
- Acting honestly and with due diligence.
- 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.
- Confirming incident, injury, illness or trauma records are stored in a kept in a safe and secure place until the child is 25 years of age. In the event of a death of child while being cared for by the service or may have occurred as a result of an incident, the records must be kept until seven years after the death.
- Being an employer, including all legal and ethical responsibilities that this entails.
- Appointing staff and monitoring their performance.
- Ensuring educator qualification requirements are current
- Ensuring all Educators and staff have a clear understanding of the hierarchy of management.
- Providing clear and direct written and verbal feedback and instruction that is suitable and appropriate to the task.
- Ensuring the Service remains financially viable and can meet its debts and other obligations as they fall due.
- Managing control and accountability systems.
- Reviewing the Service's budget and monitoring financial performance and management to ensure the Service is solvent at all times and has sound financial strength.
- Approving annual financial statements and providing required reports to government bodies and maintaining appropriate delegations and internal controls.
- Complying with funding agreements where appropriate.
- Reviewing the work process regularly.

- Completing a Quality Improvement Plan (QIP) for the Service and updating it at least annually.
- Developing coherent aims and goals that reflect the interests, values and beliefs of all stakeholders of the Service.
- Establishing clearly defined roles and responsibilities for the members of the management and staff, individually and as a collective, and clearly articulating the relationship between all stakeholders.
- Evaluating and improving the performance of the management.
- Ensuring the educational program is based on an approved learning framework (EYLF) and contributes to each child's sense of identity and wellbeing.
- Complying with all governments' legislation that impacts upon the management and operations of a Service.

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 actions taken, and decisions made are clear and consistent and will help build confidence in all stakeholders.
- The day to day management of the Service.
- The effectiveness of the Service's well-defined partnership between the Management Committee and the Nominated Supervisor. The partnership requires clear understanding of roles and responsibilities, and regular and open communication.
- Producing outcomes together with Educators and Staff. Educators must agree on their responsibilities and work according to current policies and procedures.
- Providing coordinators and educators with training, resources and support.
- Identifying and reporting if something significant occurs.
- Identifying work required for completion and delegate to the appropriate Educator/staff
- Ensuring Educators and Staff do not delegate responsibilities for which they are accountable for or have been delegated to them by Management.
- Delegate all tasks in writing with a clear due date.
- 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 "*Belonging, Being and Becoming: The Early Years Learning Framework for Australia*" and "*My Time, Our Place: Framework for School Age Care in Australia*".
- There will be a collaborative and consultative process to support the development and maintenance of the philosophy that will include children, parents and Educators.
- All documents will be dated and include nominated review dates.

CODE OF CONDUCT

The standards of behaviour outlined in our Code of Conduct Policy provide guidance for all staff to make personal and ethical decisions related to confidentiality, recruitment, duty of care, record keeping, professional relationships and appropriate use of resources within the service.

CONFIDENTIALITY

All the management and staff including the Nominated Supervisor 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 or other information.
- Any information received or transmitted via mobile telephone (including text/SMS) or any other electronic device (e.g. email) shall be treated with the same confidentiality as any other written form of communication and must be stored confidentially.

ETHICAL DECISION-MAKING

Our Service will make decisions which are consistent with our policies and procedures and that work in

conjunction with the National Education and Care Law and Regulations, our approved learning framework (EYLF), 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 will be included in the QIP.

MAINTENANCE OF RECORDS

- The Service will adhere to record keeping requirements outlined in the National Regulations (177).
- The Service will adhere to the storage of confidential records outlined in the National Regulations (181-184).
- 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 all children, their families, and the staff, using procedures to ensure appropriate privacy and confidentiality practices are upheld.
- The Approved Provider assists in determining the process, storage location, and time line for storage of records, using the National Regulations as a minimum standard.
- 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 ensure that the record retention procedure meets the requirements of the following government departments:
    - Australian Tax Office (ATO),
    - Family Assistance Office (FAO).

MANAGING CONFLICTS OF INTEREST

- Conflict of interest, whether actual, potential or perceived, must be declared by all management and staff and managed effectively to ensure integrity.
- Every stakeholder that is in a position of management has a responsibility to ensure their transactions, external business interests and relationships will not cause potential conflicts and to make such disclosures in a timely manner as they arise.

- The following process will be followed to manage any conflicts of interest:

1. Whenever there is a conflict of interest, the member concerned must notify the Approved Provider about the conflict.
2. The member with a conflict of interest must not be present during the Management meeting where the matter is being discussed, or participate in any decisions made on that matter. The member concerned must provide the management with any and all relevant information they possess on the particular matter.
3. The minutes of the meeting must reflect that the conflict of interest was disclosed and appropriate processes followed to manage the conflict.

A Conflict of interest disclosure statement must be completed by each member of the Management or Staff member upon his or her appointment and annually thereafter. If the information in this statement changes during the year, the member shall disclose the change to the Approved Provider/ and revise the disclosure statement accordingly.

SOURCE:

Australian Children's Education & Care Quality Authority. (2014).
Australian Children's Education & Care Quality Authority. *Compliance Guide Approved Provider* (2017)
https://www.acecqa.gov.au/sites/default/files/2019-06/FDC-ComplianceGuide-ApprovedProvider.pdf
Australian Government. Department of Education. *Child Care ~~Service~~ Provider Handbook*. (2019).
https://www.education.gov.au/child-care-provider-handbook-0
Early Childhood Australia Code of Ethics. (2016).
Early Learning Association Australia (ELLA) *Employee management and development kit* (2014)
https://elaa.org.au/resources/free-resources/employee-management-development-kit/
Education and Care Services National Law and the Education and Care Services National Regulations. (2017).
Guide to the National Quality Framework. (2018).
Revised National Quality Standard. (2018).
Work Health and Safety Act 2011 (Cth).

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updated 2020

3. PRIVACY, CONFIDENTIALITY AND STORAGE OF RECORDS POLICY

Policy and procedure number:
Link to NQS: 4.2
Link to N.reg: 173, 168, 74, 87, 92, 116, 149, 158 160, 162, 183, 167.

POLICY STATEMENT:

This policy is to protect the privacy and confidentiality of all stakeholders of the service, by ensuring that all records and information about individual children, families, educators and management are kept in a secure place and are only accessed by or disclosed to those individuals who need the information to fulfil their responsibilities at the service or have a legal right to know.

AIM:
To ensure there are guidelines in dealing with confidential and private information. Provide guidelines for the storage of confidential materials and information.

IMPLEMENTATION:
- The personal information of any parent, child, FDC educator or Co-ordination unit staff must not be discussed external to the FDC service.
- KIDZONE FDCensures that all information collected from persons will be considered private and confidential and not disclosed without the prior knowledge or consent from the individual or legal representative.
  For children, their legal representative is their parent or guardian.
- The service will inform persons, prior to collecting information, of the circumstances when information will be disclosed to other parties.
- The service's policy on the collection, storage, use, disclosure and disposal of personal information is aligned with relevant state/territory legislation and/or licensing regulations.

CO-ORDINATION UNIT STAFF:
- All files relating to FDC Educators, children in care and families must be filed and stored securely.
- Information about families given at enrolment can only be released to educators with the permission of families.
- Information about educators and their household members are only given to families to assist in choosing a suitable Educator to care for their child.
- No information about FDC Educators or their household members will be given to organisations or individuals outside of the FDC service without their permission.

EDUCATORS:
- Educators must store confidential records of children in care in a secure place and only allow access by the relevant family.
- No information should be given to any external Agencies and Government Departments without consulting the Director, Manager and or Nominated Supervisor.
- Educators will protect the privacy and confidentiality of other educators by not relating personal information about another educator to anyone either within or outside the Service.
- Private staff numbers should not be passed onto parents without their consent.

EDUCATORS MUST KEEP THE FOLLOWING RECORDS
- Documentation of child assessment
- An incident, injury, trauma and illness record
- A Medication records
- Children's attendance records
- Child enrolment records.
- Record of visitors to the family day care residence or venue.

STUDENTS/VOLUNTEERS:
- Students/individuals on work experience/volunteers will not make educators, children, families, Or staff at Co-ordination unit an object for discussion outside of the Service (e.g. college, school, home etc.), nor will they at any time use family names in recorded or tutorial information.

- Students/individuals on work experience/volunteers will only use information gained from the Service upon receiving written approval from the Service to use and/or divulge such information and will never use or divulge the names of individuals.

STORAGE OF RECORDS and WHAT RECORDS WILL BE KEPT:
KIDZONE will adhere to the legislations set out in the Regulations in relation to record keeping.
WHAT RECORDS WILL BE KEPT:

- child assessments or evaluations for delivery of the educational Program (Regulation 74)
- An incident, injury, trauma and illness records (Regulation 87)
- medication records (Regulation 92)
- A record of assessments of family day care residences and approved family day care venues (Regulation 116)
- A record of volunteers and students (Regulation 149)
- records of the responsible person at the service (Regulation 150)
- children's attendance records (Regulation 158)
- Child enrolment records (Regulation 160)
- records of the service's compliance with the Law (Regulation 167)
- record of certified supervisors placed in day to day charge of the education and care service (Regulation 162)

HOW LONG WILL IT BE KEPT: (Regulation 183:2)

- (a) if the record relates to an incident, illness, injury or trauma suffered by a child while being educated and cared for by the education and care service, until the child is aged 25 years;
- (b) if the record relates to an incident, illness, injury or trauma suffered by a child that may have occurred following an incident while being educated and cared for by the education and care service, until the child is aged 25 years;
- (c) if the record relates to the death of a child while being educated and cared for by the education and care service or that may have occurred as a result of an incident while being educated and cared for, until the end of 7 years after the death;
- (d) in the case of any other record relating to a child enrolled at the education and care service, until the end of 3 years after the last date on which the child was educated and cared for by the service;
- (e) if the record relates to the approved provider, until the end of 3 years after the last date on which the approved provider operated the education and care service;
- (f) if the record relates to the nominated supervisor or staff member of an education and care service, until the end of 3 years after the last date on which the nominated supervisor or staff member provided education and care on behalf of the service;
- (g) in case of any other record, until the end of 3 years after the date on which the record was made.

Who is affected by this policy?
Children, Families, Management, Co-ordination staff, Educators, Students and Volunteers.
Related Policies and procedures
Code of conduct policy, Enrolment policy, social networking usage policy.
Related FDC Documents
Code of Conduct, Enrolment, Home safety checks, Parent Hand book, Staff Hand book, application for educators, educator agreement, parent agreement.
Sources:

- Education and Care Services National Regulations
- Education and Care Services National Law Act 2010.
- United Nations Convention of the Rights of a Child Article 16
- Information privacy act 2000

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4. DETERMINING THE RESPONSIBLE PERSON PRESENT POLICY

Policy and procedure number:
Link to NQS: 4.2
Link to N.reg: 173, 168

POLICY STATEMENT:

KIDZONE FDC will ensure that a Responsible Person is present at the Co-ordination unit at the time of operation.

AIM:

To ensure there are clear guide lines to determine the responsible person.
IMPLEMENTATION:

- A responsible person must be available through emergency phone contact while an Educator registered with KIDZONE FDC scheme is providing education and care for children after operation or after the business hours of the service.
- Educators will be given details of responsible person to contact after hours.
- A record of the responsible person will be kept for future reference.
- The name and position of the responsible person in charge must be displayed at the Co-ordination unit.
- The responsible person can be:
  - The approved provider's Director.
  - The approved provider's Manager.
  - The Nominated Supervisor.
  - The Certified Supervisor.

Who is affected by this policy?
Children, Families, Management, Co-ordination staff, Educators
Related Policies and procedures
N/A
Related FDC Documents
N/A

Sources:

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

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5. MANAGEMENT OF CONFLICT POLICY

Policy and procedure number:
Link to NQS:
Link to N.reg 168

POLICY STATEMENT:

Coordination unit staff and educators can lodge complaints on matters directly affecting their work on the grounds of unfair or unreasonable decisions and or actions. Grievance can also be lodged on the grounds of failure to make decisions or inaction by Management.

AIM:

To ensure that there are guidelines in dealing with conflict between employees. to enable employees to bring problems and complaints concerning their work and well-being to the attention of Management.

IMPLEMENTATION:

- KIDZONE Family Day Care is committed to protecting staff members and those associated with the scheme.
- To maintain good working relationships KIDZONE encourages grievance to be resolved at lowest level to reduce the potential for conflict.
- However, if grievance is not resolved a formal complaint can be lodged.
- Work is to be continued while the process of resolving the conflict is ongoing unless of safety issues where it's thought that it would worsen if work was to be continued.
- The following steps are to be taken if conciliation did not work.

STEPS:

- Complaint is given to supervisor orally or in writing.
- Supervisor should record any oral grievances and get signature of staff member or educator.
- Supervisor should attempt to resolve the issue within two working days and write steps taken to resolve the conflict.
- If the staff member or educator does not feel comfortable with the supervisor to handle the grievance (for instance the supervisor is part of the grievance) the complaint can be submitted directly to the Director.
- If the matter is not resolved after following the steps mentioned above both parties can refer the conflict to the Industrial Relations Commission.
- Records of steps taken to resolve the matter and any notes taken regarding the matter will be kept in the personal file of the Staff member or Educator.

Who is affected by this policy?

Management, Co-ordination staff, Educators, adult household member's living with educators, students, volunteers.

Related Policies and procedures

Code of Conduct policy

Related FDC Documents

N/A

Sources:

- Education and Care Services National Regulations
- Education and Care Services National Law Act 2010.
- Guide to the National Quality Standard 2013

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- Reviewed: May 2017
- Reviewed Aug2018
- Review Date: Sep 2019
- updated 2020

6. ENGAGEMENT AND REGISTRATION OF FAMILY DAY CARE EDUCATORS AND EDUCATOR ASSISTANTS POLICY

Policy and procedure number:
Link to NQS: 7.1, 7.2.2, 4.
Link to N.reg 169

Policy Statement:
KIDZONE FDC is committed to recruiting educators that are suitably qualified to provide care for children.

AIM:
We aim to create and maintain a positive and professional approach through the provision of professional service delivery of engaging and registration of family day care educators.
To ensure that an ethical, fair and clear guidelines are in place, for recruiting potential family day care educators.
To ensure that Educators recruited understand the needs of children and are able to meet them.

IMPLEMENTATION:

KIDZONE FDC will:

- Ensure that all potential educators applying for the position are over the age of 18 and are eligible to work in Australia.
- A proof of identity and residing address is collected
- Ensure all potential educators are required to submit a written application or apply over the phone or by email for vacancies and an interview is conducted for all potential educators
- The Family Day Care residence or venue must be assessed and approved prior to commenced of education and care
- Ensure that potential educator has or is working towards certificate III in children's services as a minimum.
- Ensure that potential educator has current First Aid certificate and training in Anaphylaxis and Asthma management before commencing work.
- Ensure that potential educator has a medical clearance that has been certified medical practitionerstating he/she is physical and/or mentally capable of the duties and requirements for work in Family Day Care
- Ensure potential Educator has a police clearance and renews every three years.
- Ensure potential Educators must have current working with children check (WWCC)and renew every five years.
- Ensure potential Educator's adult household members (those over the age of 18) have current working with children check (WWCC)before starting work and are renewed every five years.
- Ensure that an orientation is conducted for new potential Educators

- Ensure that a second check is conducted before educator starts working.
- Provide extra visits to support new educator.
- Having an ongoing reviewal of the recruitment process for best practice.
- Ensure that each educator understands the new CCS system.
- Has a valid PRODA number.
- Has a 6-month-old Police clearance before commencing work.
- If potential educators are dissatisfied with the engagement and registration process, they will be encouraged to use the grievance procedure
- Educators are required to examine their own immunisation status in order to protect themselves and the children and families they work with.

Who is affected by this policy?

Management, Co-ordination staff, Educators, adult household member's living with educators.

Related Policies and procedures

Assessment, Reassessment and Approval of FDC residences.

Related FDC Documents

Interview questions papers, Initial /Second home safety checks, Educator handbook, educator application, educator contract papers, medical clearance form, educator orientation package.

Sources:

- Education and Care Services National Regulations
- Education and Care Services National Law Act 2010.
- Guide to the National Quality Standard 2013
- Guide to Educator's Belonging, Being and Becoming.

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7. ASSESSMENT, REASSESSMENT AND APPROVAL OF FDC RESIDENCES POLICY.

Policy and procedure number:
Link to NQS: 7.1, 7.2.2, 4.
Link to N.reg 169

Policy Statement:

KIDZONE will ensure that the suitability of potential educator's residence is properly assessed before children are placed in the educators care. KIDZONE will also reassess educator's residence on annual basis.

AIM:
KIDZONE FDC believes that the environment in which children will be cared for is important. The physical environment can contribute in keeping children safe and minimising any potential risk that can cause unintentional harm.

IMPLEMENTATION:

- Coordination unit will conduct a thorough check of the potential educator's residence or venue. The check will be conducted to ensure that all regulatory requirements are met before a child is placed in an educator's care.

The initial home safety check:

- A staff member from coordination unit will conduct an initial check.
- The initial check is to assess the suitability of the residence or venue for the purpose of Family Day Care.
- The check will look into location, space, ventilation, fencing, health and hygiene of the physical environment.
- The educator will be advised of all changes and improvements and safety installation to be made if the residence.
- Potential educator is given a list of items to be completed and asked to contact KIDZONE for an appointment after completing the list for a second home safety check.
- An initial home safety checklist is completed and dated and signed by both potential educator and Coordination unit staff.

The second home safety check:

- Educator is to call the service after completing all safety installations and providing age appropriate resources for any children that may come into care for a second check.
- A coordinator is assigned to conduct the second home safety check
- All recommendations and changes asked to be made a followed up with.
- Photos are taken of the physical environment to keep in potential educator's file.
- The second home safety check is dated and signed by both potential educator and coordinator.
- Approval is given only if potential educator has completed all required items mentioned in the educator second check list.
- After approval is given educator will have follow up checks for extra support.

Monitoring ongoing compliance:

- Educators will have regular visits by a coordinator that has been allocated to support, coach and monitor ongoing compliance with the regulations and KIDZONE's policy and procedure.
- The visit will be documented and any issues raised will be discussed with educator.
- Any safety hazard issues identified will be discussed with educator and the coordinator conducting the visit will give a time frame in which the issue will be corrected.

Reassessment:

- An annual auditing is conducted for educators, a performance report is prepared.
- A new agreement is completed and signed by educator and KIDZONE, a copy is given if requested.
- Regular visits will be conduct throughout the year.

Family Day Care Educators:

- Will be responsible in ensuring the physical environment is safe for the children in care at all times while operating the day care service.
- Will be responsible for conducting a daily home safety check before children arrive in their day care.
- Will be responsible in ensuring that all materials and equipments used in their day care meets the Australian safety standards.
- Will be responsible for informing the coordination unit of any changes to their residence or venue that can impact on the children in care.
- Will be responsible to comply with the Education and Care Services national regulations and law in ensuring a safe education and care environment is provided for the children in care.

- Will understand that failure to comply with the national regulations and law would be a breach and can result in the issuing of penalty by the Department of Education and Early Childhood.
- Will comply with KIDZONE's Policies and Procedures while children are being cared for.

Who is affected by this policy?
Management, Co-ordination staff, Educators, adult house hold member's living with educators.
Related Policies and procedures
Recruitment of Family Day Care Educators Policy.
Related FDC Documents.
Initial /Second home safety checks, Educator handbook, educator contract papers, educator orientation package.
Sources:

- Education and Care Services National Regulations
- Education and Care Services National Law Act 2010.
- Guide to the National Quality Standard 2013.
- National Quality Framework resource kit from Acecqa website.
- Family Day care Safety Guidelines 6th edition 2014

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8. ASSESSMENT OF FAMILY DAY CARE EDUCATORS, AND PERSONS RESIDING AT FAMILY DAY CARE RESIDENCES POLICY

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 7: LEADERSHIP AND MANAGEMENT		
7.1.2	Management Systems	Systems are in place to manage risk and enable the effective management and operation of a quality service.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS

CHILDREN (EDUCATION AND CARE SERVICES) NATIONAL LAW NSW	
119	Family Day Care Educator and Family Day Care Educator assistants to be at least 18 years of age
127	Family Day Care Educator Qualifications
136	First Aid Qualifications
144	Family Day care Educator Assistants
168	Education and care services must have policies and procedures

169	Additional policies and procedures – family day care service

PURPOSE

Kidzone aims to ensure the safety, welfare and wellbeing of children is maintained through continuous assessment that determines if an Educator is a fit and proper person.

SCOPE

This policy applies to Family Day Care Educators of the Service.

IMPLEMENTATION

Kidzone FDC will ensure that:

- Educators working with children or residing on the premises are fit and proper by certifying that working with children checks are carried out in accordance with the Education and Care Services NationalRegulations.
- Educators and potential Educators provide relevant documentation demonstrating they are a fit and proper person.
- Any person residing at the residence who is turning 16 years of age completes a working with children check
- The Family Day Care Educator is over the age of 18 years of age
- Educators hold a current First Aid Certificate
- Educators hold a current Asthma and Anaphylaxis Emergency Management Certificate
- Relevant bodies are notified in writing of any changes to residents or persons intending to reside who are over the age of 16 years of years.
- A record of Educators, Nominated Supervisors, volunteers and students engaged in the service is maintained and kept up to date.

SOURCE:

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011. (2017). Sydney: Australian Children's Education & Care Quality Authority.
Guide to the National Quality Standard. (2012). Australian Children's Education & Care Quality Authority.

Reviewed: Aug 2017
Reviewed date: May 2018
Reviewed: May 2019
updated 2020

9. REGULAR VISITS BY COORDINATION UNIT POLICY

Policy and procedure number:
Link to NQS: 7.2.5, 4.2
Link to N.reg 169, 114, 119, 124, 127

Policy Statement:

A Coordinator will be allocated to every 15 educators. The coordinator will carry out regular visits that are both scheduled and unscheduled to monitor compliance with the National law, National regulations, National Quality Standards and KIDZONE's policy and procedures. The coordinator will support and coach educators.

AIM:

KIDZONE Family Day Care expects that coordinator and educator will work in partnership to ensure that the regular visit is effective and supportive.

IMPLEMENTATION:
Honest and clear communication is required of coordinator and educator for the visit to be successful. Coordinators are conducting the visit to support and to make judgements.

The coordinator will:

- Provide regular visits to the educators allocated, these visits will be both scheduled and unscheduled.
- Schedule visits for educators providing before and after school care at times where children will be present.
- Sign into the visitor sign in and out.
- Provide additional visits for new educators and those that require more support.
- Develop and maintain professional working relationships with all educators.
- Provide additional support where required (for instance when a new child has been placed in educators care and not yet settled, where there is a concern about a child for challenging behaviour, being at risk and or in family crisis.)
- Document all visits and communication during regular visits or any support provided.
- The coordinator and the educator will work in partnership to provide quality care for children in care.
- Provide resources to educators.
- Monitor educators to comply with the national regulations and KIDZONE's policy and procedures.
- Provide honest feedback for educator's acknowledging their strengths and encouraging them to make improvements on any issues found.
- Send a copy via email documents of the visit to educator on request.

Educators will:

- Ensure they are available for regular visits.
- Ensure they are complying with the national legislations and KIDZONE's policy and procedure at all time that children are in their care.
- Be professional and respectful at all times.
- Will sign the visit documents upon completion by coordinator.
- Contact the coordinator for any issues or concerns.
- Notify the coordinator of any changes that might take place.
- Implement recommendations by the coordinator.

Who is affected by this policy?

Management, Co-ordination staff, Educators, adult house hold member's living with educators, families and children.

Related Policies and procedures

N/A

Related FDC Documents

Monthly and follow up home safety checks, Educator handbook.

Sources:

- Education and Care Services National Regulations
- Education and Care Services National Law Act 2010.
- Quality Framework Resources kit. ACECQA website.
- Guide to the National Quality Standard 2013

Reviewed: Aug 2017
Reviewed date: May 2018
Reviewed: May 2019
updated 2020

10. KEEPING A REGISTRY OF FAMILY DAY CARE EDUCATORS POLICY

Policy and procedure number:
Link to NQS: 7.3.5, 4.1
Link to N.Reg 153, 169.

Policy Statement:
A registry of educators and educator assistants will be kept at the coordination unit as required by the section 69 of the National Law and section 153 of the National Regulations.

AIM:
The registry of family day care will provide useful information for emergency situations; visits from departmental agencies and help coordinators ensure compliance with child ratios and qualifications is met.

IMPLEMENTATION:

- The registry of FDC educators will include the following information
- Name, address and date of birth of each educator
- Contact details of the educator
- Address of the residence or venue
- Date the educator was engaged or registered, and date the educator ceased to be engaged or registered with FDC
- The child's name and date of birthand the days and hours that each educator provides education and care to that child. Any medical conditions if applicable
- Information of each educator's qualifications, including current approved first aid training, current approved anaphylaxis management training and current approved emergency Asthma management training, and details of any qualifications the educator is actively working towards (or evidence of working towards) the qualification.
- Evidence of any other relevant training completed by the educator
- Details of the working with children check and National Police check for each Educator including an identifying number and expiry date
- Full name and date of birth of any family members or residents over 18 years of age who reside at the family day care residence.
- Full names and dates of birth of all children under 18 years who normally reside at the family day care residence.
- Details of the working with children check for house hold members over the age of 18.
- REGISTERY WILL BE UPDATED EVERY ALTERNATE MONTHS

Who is affected by this policy?
Management, Co-ordination staff, Educators, adult house hold member's living with educators.
Related Policies and procedures
Recruitment of Family Day Care Educators.
Related FDC Documents
Educator application.
Sources:

- Education and Care Services National Regulations
- Education and Care Services National Law Act 2010.
- Australian Children's Education and Care Quality Authority (educator registry template)

Reviewed: Aug 2017
Reviewed date: May 2018
Reviewed: May 2019
updated 2020

11. THE PROVISION OF INFORMATION, ASSISTANCE AND TRAINING TO FAMILY DAY CARE EDUCATORS POLICY

Policy and procedure number:
Link to NQS: 7.1.2
Link to N.reg 168 and 169.

PURPOSE
Kidzone FDC is committed to quality education and care. We will ensure that all Educators are provided and supported with appropriate training and development to enhance their skills and knowledge in education and care.

SCOPE
This policy applies to Family Day Care Educators and Management

IMPLEMENTATION

Kidzone will ensure that:

- Initial and ongoing training and development is supported
- Educators are provided with extensive orientation training on commencement
- All Educators have a professional development plan as part of continuous improvement
- Educators have access to significant training supporting the Early Years Frameworkand My Time Our Place Framework.
- The Educational Leader guides the curriculum development
- Educators are aware of current training that is available in the local area.
- Educators remain up to date with National Regulations and National Quality Standards requirements.
- Positive culture is promoted and a professional learning community is built
- Educators are encouraged to pursue further education to develop their skills in the education of children.
- Educators are provides with essential training requirements working in collaboration the National Regulations
- The service philosophy guides all aspects of professional development
- Educators have been provided with information about and support to develop processes for the effective maintenance, disposal and storage/display of records such as:
    i. Insurancedocuments;
    ii. Accidentrecords;
    iii. Medicationrecords;
    iv. Attendancerecords;
    v. Provider/serviceapproval;
    vi. Servicerating;
    vii. Service ofwaivers;
    viii. Service operationinformation;
    ix. Health and safety, including attendance of a child at risk of anaphylaxis or

the occurrence of an infectiousdisease.

SOURCE:
Australian Children's Education & Care Quality Authority
Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
Guide to the National Quality Standard.

12. PROFESSIONAL DEVELOPMENT AND TEAM MEETINGS FOR EDUCATORS AND COORDINATORS POLICY

Policy and procedure number:
Link to NQS: 2.3.4, 7.2.2
Link to N.reg 169.

Policy Statement:

The childcare industry is changing and to keep up with these changes educators and staff are encouraged to participate in professional development on regular basis.

AIM:

Participation in regular professional development for educators and coordinators will ensure that current information and knowledge is maintained which would in turn the a quality service is delivered.

IMPLEMENTATION:

KIDZONE will provide funds for professional development undertaken by staff but not mandatory trainings such as First Aid, CPR, Anaphylaxis and Asthma. Educators will be responsible to fund all professional development provided by external organisations. Educators must renew mandatory qualifications before expiry date as failure to do so will result in having to stop working.

Coordination unit staff:

- Attend professional development where possible
- Maintain and refresh their knowledge on child protection
- Maintain a current First Aid, Anaphylaxis and Asthma.
- Attend the monthly meetings and any meetings in between
- Evaluate the effectiveness of professional development trainings provided
- Provide orientation for new educators
- Keep a record of professional development training or sessions provided for educators
- Provide current information about the childcare sector for educators
- Provide current resources for educators
- Support educators and direct them in attaining qualifications in children's services.
- Encourage parents to attend local parenting information sessions.

Educators:

- Educators must maintain current mandatory trainings such as First Aid, CPR, Anaphylaxis and Asthma.
- Educators must attend scheduled meetings unless educator cannot attend because of extenuating circumstances.
- Be willing to attend professional developments recommended.
- Seek and attend professional development not organised by KIDZONE FDC.
- Implement knowledge gained from professional development.

- Attend the annual conference organised by KIDZONE FDC.
- Educators will give enough time to inform families using the service if the educator is to attend professional development at a time where normally care is provided.

Families:

- Families are encouraged to support educators when attending meetings and professional developments.

Who is affected by this policy?

Co-ordination staff, Educators, Families.

Related Policies and procedures

Recruitment of Family Day Care Educators.

Related FDC Documents

Educator Handbook, Staff Handbook.

Sources:

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

Reviewed: Aug 2017
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Reviewed: May 2019
updated 2020

13. **EDUCATOR LEAVE POLICY**

Policy and procedure number:
Link to NQS:
Link to N.reg

Policy Statement:

Educators are encouraged to take leave where required to ensure their wellbeing is cared for. Educators are self employed therefore they do not receive any payments from KIDZONE FDC while on leave. Educators must give two week's notice before taking leave to ensure that alternate care can be arranged for any family requiring care for their children.

AIM:

To ensure that educators are supported and encouraged to take leave, while maintaining a quality service for families using the service.

IMPLEMENTATION:

Educators must give two week's notice before taking leave to ensure that alternate care can be arranged for any family requiring care for their children. Educators who take leave for more than twelve months will have to reapply.

MATERNITY LEAVE:

- Educators can terminate their agreement with KIDZONE due to the birth of a child after giving two week's notice. This information can be submitted to the educator's allocated coordinator.

- KIDZONE FDC has a duty of care to educators therefore educators can only work up to their 34th week of pregnancy.
- Any educator wanting to work beyond 34 weeks must provide a letter from their doctor stating that the educator is able to provide care for children in a FDC environment. It's the educator's responsibility to abide by this policy and inform their coordinators of when she needs to take maternity leave.
- Educator will need to take six weeks off post birth. Educator will provide a medical clearance from doctor to certify that the educator is in good health and can carry out FDC duties.

ANNUAL LEAVE:

- Annual leave is recommended for educators to enable them to maintain their wellbeing.
- Two week notice must be given to both families and KIDZONE; educator should also assist families in transitioning from their care to alternate care.
- A leave application must be submitted to the office or coordinator.

SICK LEAVE:

- Educator must advice their coordinator at times when unable to provide care due to illness.
- Educators who take leave due to acute sickness must provide a letter from their doctor stating that educator is well to come back to work.

TERMINATION OF SERVICE:

- At least two-week notice must be given both to families and KIDZONE.
- A letter of resignation must be forwarded to the scheme or coordinator allocated to the educator two weeks before terminating date.
- All records and items relating to the service must be returned.

Who is affected by this policy?

Coordination unit, Educators, Families.

Related Policies and procedures

N/A

Related FDC Documents

Medical clearance form leave application for educators.

Sources: N/A

Reviewed: Aug 2017
Reviewed date: May 2018
Reviewed: May 2019
Updated 2020

14. EDUCATOR ASSISTANT POLICY

Policy and procedure number:
Link to NQS:
Link to N.reg 144

Policy Statement:

KIDZONE FDC may approve a person to assist a family day care educator if the written consent of a parent of each child being educated and cared for by the educator is given to KIDZONE. The assistant must meet the requirements mentioned under.

AIM:

To ensure the safety and protection of all children in care. To support educators with guidelines for using an educator assistant in line with National Regulations.

IMPLEMENTATION:

The FDC educator assistant must

- Be 18 years old
- Have a written approval from the families using the service.
- Hold a current First Aid
- Hold a current asthma and anaphylaxis training.
- Have a clear working with children's check.
- Be included in the public liability insurance of the educator to be assisted
- Complete an application form from the office
- Agree to abide by the National Education and Care Services Regulations, the National Standards and the Services Policies and Procedures.
- Sign and abide by the Code of Conduct and Educator agreement.
- Must have child protection certificate.

The educator assistant may assist the family day care educator by:

- transporting a child between the family day care residence or approved family day care venue and or a school; or another education and care service or children's service; or the child's home; (in the absence of the family day care educator)
- providing education and care to a child, in the absence of the family day care educator, in emergency situations, including when the educator requires urgent medical care or treatment; and
- providing education and care to a child, in the absence of the family day care educator to attend an appointment (other than a regular appointment), if the absence is for less than 4 hours; and the approved provider of the family day care service has approved that absence; and notice of that absence has been given to the parents of the child.
- Providing assistance to the educator while the educator is educating and caring for children as part of a family day care service.

Who is affected by this policy?
Coordination unit, Educators, Families.
Related Policies and procedures
Back up Educator
Related FDC Documents
Family Day Care Educator Assistant form.
Sources:

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

Reviewed: Aug 2017
Reviewed date: May 2018

Reviewed: May 2019
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15. **SOCIAL MEDIA POLICY**

Policy and procedure number:
Link to NQS:
Link to N.reg 104

Policy Statement:

KIDZONE FDC recognises the many benefits of using social media but also believes that it's very important to ensure social media is used with caution. Protecting the privacy of children, families, service and all stakeholders at the service is the most important matter to consider when using social media.

Social media includes but is not limited to;
Facebook, Instagram, my space, group emails or SMS messages, personal blogs, personal websites, YouTube, snap chat or twitter.

AIM:
To ensure that there are clear guidelines for staff and educators about the use of social media. Ensure that the privacy of families is at all times protected while using social media.
IMPLEMENTATION:
In using social media the following must be adhered to by all stakeholders at the service.
Coordination Unit will:

- Not use personal social media while at work.
- Adhere to the code of conduct and privacy and confidentiality policies of the service when using KIDZONE's social media networks or website.
- Post only information that is accurate, current and beneficial.
- Ensure that responses are clear and maintain professionalism at all times.
- Respect others in the community including competitors.
- Provide only links that are appropriate and relevant to the education and care sector.
- Respect feedback both negative and positive and let families and communities know that we are listening.
- Ensure that written permission is obtained for posting of images/videos of any individual including children, families, educators, or staff.
- Make aware to the Director or Manager of any stakeholder who is deemed to miss use social media or fails to use the guidelines in this social media policy.

Educators Will:

- Not use social media while providing care for children or supervising children.
- Obtain written permission from parents/guardians of each child in their service before including any information regarding their child/ren on any social media.
- Ensure that images of children are accessible only to their parents/guardians. If not possible post only images of children's play environment and achievements.
- Protect own privacy and of all stakeholders using or engaged in the service.
- Not post private emails, SMS messages, phone numbers or addresses.
- Be professional, honest and respectful always.

- Have separate accounts for professional use and personal use. However, understand that personal accounts can also be accessible to prospective uses of the service and therefore it's encouraged that a level of professionalism is maintained even on personal accounts.
- Expect blunt feedback and use it to improve service. Show that you value the feedback by responding appropriately.
- Give permission to KIDZONE to have access to their professional social media to monitor content and provide guidance.
- Make aware to the Director or Manager of any stakeholder who is deemed to miss use social media or fails to use the guidelines in this social media policy.

Parents will:

- Only post in their personal social media images taken of their child only.
- Not post any image that may be in their child's portfolio that contains other children in the service.
- Maintain respect, honest and nonbiased manner when posting feedback.
- Make aware to the Director or Manager of any stakeholder who is deemed to miss use social media or fails to use the guidelines in this social media policy.

Who is affected by this policy?
Coordination unit, Educators, Families, children and all stakeholders.
Related Policies and procedures
Privacy, Confidentiality and storage of records policy, Code of Conduct policy.
Related FDC Documents
N/A
Sources:

- Education and Care Services National Regulations
- Education and Care Services National Law Act 2010.
- Children's service central (http://www.cscentral.org.au/support/pdf/ruralconnect-project-update-issue-6-2013.pdf)

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16. **ADVERTISING POLICY**

Policy and procedure number:
Link to NQS:
Link to N.reg 104

Policy Statement:

Educators are self-employed who operate a small business under KIDZONE Family Day Care the approved provider. Educators may advertise their FDC business to the community however all advertising and promotional materials used must be approved by KIDZONE FDC.

AIM:

To ensure that all advertising is conducted in a professional manner that promotes the service positively to the wider community, while reflecting the services philosophy.

IMPLEMENTATION:
Coordination unit will:

- Ensure that advertising and promotional materials are developed for the service.
- Ensure that advertising and promotional materials reflect the objectives and philosophies of the scheme.
- Advertise and promote the service to the wider community regularly.
- Support educators to develop advertising and promotional materials if requested.
- Respond to media coverage ensuring that all guidelines are followed in doing so.

Educators will:

- Promote the service to the wider community in a professional and positive manner.
- Obtain permission and advice from KIDZONE before distributing any advertising or promotional materials.
- Ensure that advertising and promotional materials whether verbal and non verbal are reflective of the services objectives and philosophy.

Who is affected by this policy?
Coordination unit,Educators.
Related Policies and procedures
Social Media Usage Policy, Code of Conduct policy.
Related FDC Documents
N/A
Sources:

- Education and Care Services National Regulations
- Education and Care Services National Law Act 2010.
- Children's service central (http://www.cscentral.org.au/support/pdf/ruralconnect-project-update-issue-6-2013.pdf)

Reviewed: Aug 2017
Reviewed date: May 2018
Reviewed: May 2019
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17. **STUDENT AND VOLUNTEERS POLICY**

Policy and procedure number:
Link to NQS: 4.2, 7.3.5,
Link to N.reg 149,168.

Policy Statement:

At KIDZONE we believe in assisting and guiding students/volunteers in their learning whilst at our service. Our educators and staff will act as professional role models/mentors and provide insight into the early childhood profession to students and or volunteers.

AIM:

KIDZONE Family Day Care is committed to the training and development of future Early Childhood Professionals and interested volunteers.

IMPLEMENTATION:

- The FDC Scheme will liaise with the relevant registered training organisation regarding the placement of students.
- The FDC Scheme will ensure students and volunteers over the age of 18 years provide a copy of their Working with Children Check prior to commencing with the Educator.
- The FDC scheme will provide students and volunteers with guidelines identifying their responsibilities, expectations and code of conduct while at the service.
- Records that include the full name, address and date of birth of each student or volunteer are kept by the service.
- Students are to meet with the Educator for an orientation visit prior to starting the placement.
- Attendance records of each student or volunteer are kept by the service.
- Where possible students are to be placed with Educators that have a qualification level or greater than the level being studied by the student.
- Families must be notified in advance of the commencement of a student/volunteer placement and any objections/ or concerns must be dealt with immediately in consultation with the Coordination Unit.
- Students/volunteers must sign the visitor register whenever entering or leaving the Educators premises.
- Students and volunteers must never be left alone or in charge of any children.
- Ensure that students and volunteers do not discuss children's development or other issues with parents and adhere to all areas of confidentiality.
- Students are to work with the Educators timetable requirements.
- Students are to inform the Educator early in the placement of requirements of practicum which need to be completed while on placement.
- Students are responsible for completion of their own assessment requirements.
- Students are responsible for providing a photo and explanation of their role as a student and the training organisation they represent.
- Student and volunteers working within the Family Day Care structure are expected to familiarise themselves with relevant policies and procedures of the day to day operations of the early childhood service.
- Students are expected to introduce themselves to all children and parents upon commencement.

Who is affected by this policy?

Students and Volunteers, Coordination unit, Educators, Families and Children.

Related Policies and procedures

Privacy, Confidentiality and storage of records policy, Code of Conduct policy, Educator Assistance Policy.

Related FDC Documents

Parent Consent Form.

Sources:

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

Reviewed: Aug 2017
Reviewed date: May 2018
Reviewed: May 2019

updated 2020

18. EDUCATORS TRAVEL POLICY

Policy and procedure number:
Link to NQS: 7.1, 7.2.

POLICY STATEMENT:

KIDZONE FDC will put in place policies and procedures to train Educators about the consequences of claiming to be working while travelling overseas.

AIM:

To ensure that taxpayer's money is not abused, and the integrity of the system is protected.
IMPLEMENTATION:

- Educators will inform the service before he/she travels about her/his intension for travel.
- Educators will provide to the service the itinerary of travel.
- The service will inform the parent that the educator is about to travel, and the service will organise another educator to provide care for the family.
- Educators who travel without informing the service will have their agreement with service cancelled immediately and any time sheets submitted while overseas cancelled.
- Educators cannot use relief carer as an excuse, relief carer are not for educators travelling overseas.
- Educators found to be wilfully committing fraud will be referred to the Australian Federal Police for investigation.
- Educators will take 2 days leave after they have arrived back to the country, to take rest before they resume work.
- A home visit will be conducted prior to commencing of work.

Who is affected by this policy?
Children, Families, Management, Co-ordination staff, Educators
Related Policies and procedures
N/A
Related FDC Documents
N/A

Sources:

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

Reviewed: Aug 2017
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Reviewed: May 2019
updated 2020

19. VISITORS TO FAMILY DAY CARE EDUCATORS RESIDENCE OR VENUE

Policy and procedure number:
Link to NQS: 2.3.2, 6.1.2, 6.1.3, 6.2.1
Link to Rug: 165-166, 169
POLICY STATEMENT:
The Coordination Unit will advice educators of their responsibility to record all visits to their residence or venue while providing education and care for children.

AIM:
To ensure that all reasonable steps are taken to ensure that Educators keep a record of all visitors to the Family Day Care residence or venue while children are being educated and cared for.

IMPLEMENTATION:
Coordination Unit will:

- Advise educators of their responsibilities regarding the requirement to keep a record of all visitors to a Family Day Care residence or venue while children are being educated and cared for.
- The record must include the signature of the visitor and the time of the visitor's arrival and departure.
- Educators will also be made aware of their responsibility to not leave any child unaccompanied with any visitor to the residence or venue.
- Written records are to be kept for 3 years after the record was made.

Educators will:

- Will record all visitors to their Family Day Care residence or venue providing education and care for children.
- Will not leave children unaccompanied with any visitor to their residence or venue.
- Written records are to be kept for 3 years after the record was made.
- Family day care educators will make visitors aware of appropriate dress standards and behaviour when around children in care.
- Inform the coordination unit of any visit who intends to stay for more than a week.

Who is affected by this policy?
Visitors, Students and Volunteers, Coordination unit, Educators, Families and Children.
Related Policies and procedures
Privacy, Confidentiality and storage of records policy, Code of Conduct policy, Educator Assistance Policy.
Related FDC Documents
Visitor sign in sheet.
Sources:

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

Reviewed: Aug 2017
Reviewed date: May 2018
Reviewed: May 2019
updated 2020

20. ENROLMENT POLICY

Policy and procedure number:
Link to NQS: 160, 157, 161, 162, 178.
Link to N.reg 6.1, 6.1.1, 6.2

Policy Statement:

KIDZONE FDC believes that parents or guardians are the most important connection a child has and support them in their individual desires for their child's care, development and learning. KIDZONE accepts enrolments of children aged between 0-12 years.

AIM:

To ensure that each child's enrolment is completed as per our legal requirements. Additionally, KIDZONE aims to ensure that each child and family receives an enrolment and orientation process that meets their needs, allowing the family and child to feel safe and secure in the level of care that is provided.

IMPLEMENTATION:

Enrolments will be accepted provided that:

- Children who are attending primary school only.
- If the child is a High School child and falls into the special circumstances as per the legislative changes of October 2017 will need to contact the office before completing application form.
- Child-educator ratios are maintained
- A vacancy is available.
- Parents agree with the priority of access guidelines (see parent handbook for more information).
- Parent has completed the CCS assessment as per 2nd July 2018.
- Will complete the Complying Written arrangement before the care commences.
- Provide an up to date immunisation history
- Provide a birth certificate/Passport for each child.
- Complete all sections of our enrolment form and agree to sign our parent and educator agreement form.

Enrolment:

- Families can only enrol their children by physically coming into one of the nearest KIDZONE office.
- service will explain all important matters in related to the child and the enrolment process and will sign the interview attended page.
- The reception staff members will explain to the parent or guidance interested to enrol their child about how the services work.
- Families are advised to contact the Family Assistance Office to have their eligibility for Child Care Subsidy assessed if this has not yet been done.
- Discussions are held between Co-ordination unit staff and families regarding availability of Educator in their desired location and days available.
- Any matters that are of a sensitive nature, such as discussing a child's medical needs, Court Orders, parenting plans or parenting orders, will be discussed privately with the Family Day Care Co-ordinator
- Families are informed that they can access our Parent Handbook available at the office and online to read and are invited to ask questions.

- Families are encouraged to meet few educators to choose which educator and environment best suites their child's care needs.
- Any change in the day and hours for the child the families need to contact the office.
- Any Child returning back to care requires to complete the Child Returning to Care form.
- Families will contact the service when they are travelling overseas and inform them about the travel plans.

Orientation takes place at educator's residence.

- The educator will allow families to have a tour of her day care environment.
- The educator will give the family information about the service including, but not limited to, programming methods, meals, incursions, excursions, inclusion, fees, policies, procedures, and our status as a Sun Smart service.
- Families will be invited to bring their child into the service at a time that suits them so the child and family can familiarise themselves with the environment.
- A copy of the enrolment and immunisation history along with parent and educator agreement is given to educator to keep in a safe and confidential place.

NOTE: A PARENT IS NOT ALLOWED TO SWITCH DAYS AND SWAP DAYS WITHOUT CONSENT OF THE SERVICE.

A PARENT WILL BE HELP RESPONSIBLE, IF THEY FAIL TO INFORM THE SERVICE THAT THIER CHILD ATTENDS ANOTHER SERVICE ON THE SAME DAY THEIR CHILD ATTENDS CARE WITH THE FDC EDUCATOR.

Who is affected by this policy?
Coordination unit, Educators, parents/ Guardians.
Related Policies and procedures
Privacy, confidentiality and storage of records, Medical Conditions policy, infectious disease policy.
Related FDC Documents
Parent handbook, parent and educator agreement form, all about my child form.
Sources:

- Education and Care Services National Law Act 2010.
- Public Health and Wellbeing Act 2008
- The Child Health and Wellbeing Act 2005
- Children, Youth and Families Act 2005
- Occupational Health & Safety Act 2004
- Education and Care Services National Regulations 2011
- National Quality Standard
- A New Tax System (Family Assistance) Act 1999
- Early Years Learning Framework

Reviewed: Aug 2017
Reviewed date: May 2018
Next Review: May 2019
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21. DELIVERY AND COLLECTION OF CHILDREN POLICY

Policy and procedure number:
Link to NQS: 2.3.2, 6.1.2, 6.1.3, 6.2.1
Link to N.reg 99

Policy Statement:
The safety of children is always out most importance to KIDZONE FDC, and all stakeholders are expected to take every step necessary to protect children.

AIM:

To ensure that the safety of children is not compromised in any way at any time.
IMPLEMENTATION:

Arrival:

- All children must be signed **IN** by their parent or responsible adult as nominated in their enrolment forms for parents to be eligible for Childcare Benefit. This also assists educators in the event of evacuation of the service. **This is the parent/caregiver's responsibility.**
- To ensure each child is always cared for, an educator will always greet and receive the child .
- A locker/allocated area for the children's belongings should be made available to children and their families.

Departure:

- Family Day care educators are to ensure that the Authorised Nominee pick-up list for each child is kept up to date.
- Children may only be collected by a parent, authorised nominee or the parent or authorised nominee provides written authorisation for the child to leave the premises.
- No child will be released into the care of any individuals not known to educators. If educators do not know the individual by appearance, the individual must be able to produce some form of photo identification to prove that they are an Authorised Nominee as listed on the child's enrolment forms.
- Parents must give prior notice where the individual collecting the child is someone other than those mentioned on the enrolment form, e.g. in an emergency situation. The individual nominated by the parent must be able to produce some form of identification.
- Children are not to be released into the care of individuals not authorised to collect the child, e.g. court orders concerning custody and access.
- Parents must give prior notice of any variation in the individuals picking up the child. If notice is not given, and educators cannot contact the parent, the child must not be released into the care of that individual.
- If the individual collecting the child appears to be intoxicated, or under the influence of drugs, and educators feel that the individual is unfit to take responsibility for the child, the educators are to bring the matter to the individual's attention before releasing the child into their care. Wherever possible, such discussion is to take place without the child being present. Educators are to suggest that they contact another parent or Authorised Nominee from the enrolment form, inform them of the situation and request they collect the child as soon as possible. If the individual refuses to allow the child to be collected by another Authorised Nominee, educators are to inform the police of the circumstances, the individual's name and vehicle registration number.
- Educators cannot prevent a parent from collecting a child but do have a moral obligation to persuade a parent to seek alternative arrangements if they feel the parent is in an unfit state to accept responsibility for the child.
- All children must be signed **OUT** by a parent or Authorised Nominee for parents to be eligible for Childcare Benefit. This also assists educators in knowing who has left the Service
- Children may leave the premises in the event of an emergency, including medical emergencies.
- Details of absences during the day must also be recorded

Who is affected by this policy?
Coordination unit, Educators, children, families and authorised persons by families.
Related Policies and procedures
Code of Conduct policy, enrolment policy, Tobacco, Drug and Alcohol Policy, incident, injury, trauma and illness policy.

Related FDC Documents
Enrolment form, ongoing excursion consent form and non-routine excursion form
Sources:

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

Reviewed: Aug 2017
Reviewed date: May 2018
Reviewed: May 2019
updated 2020

22. FEES POLICY

Policy and procedure number:
Link to NQS: 7.3.2
Link to N.reg 99

POLICY STATEMENT:

Educators at KIDZONE FDC are self-employed who operate a small business from home therefore they set their own fees that are within the range of the present price ($8.00 to $10.50) of the scheme. Educators who are charging fees high then the fee set by KIDZONE must consult with the scheme. Educators must be transparent of the fees charged to parents.

AIM:

For parents to pay their childcare fees on time. for parents to be clear about fees charged and how to pay.
IMPLEMENTATION:

- Fees are to be paid to the educator every fortnight; educator will inform parents of the total fees to be paid after educator receives the payment invoice.

- Upon enrolment, families must discuss with the educator, their individual policies regarding fees. It is at the discretion of each individual educator, how fees will be collected. Families are to discuss this with the educator prior to the child commencing care

- Child Care Subsidy (CCS) are available to all families who are Australian Residents. To find out their eligibility, families must contact the Family Assistance Office.
- Child Care Benefits can be received as:
    - A reduction of fees through the service.
    - A lump sum payment to families at the end of the financial year that the Service is used in.

- A receipt will be issued for all fees. This will include the child/children's full name/s, date of care, date of payment, amount, etc.

- Should you wish to end your child's place at the service or should management make the decision to terminate your child's place, 2 weeks written notice is required from the ending/terminating party. If this does not occur, 2 weeks fees will be billed to you.

Overdue Fees

- Families need to discuss with the educator, their individual policy regarding overdue fees. It is at the discretion of the individual educator, what procedures will be followed in order to collect overdue fees.

Who is affected by this policy?
Educators and families.
Related Policies and procedures
Code of Conduct policy, enrolment policy.

Related FDC Documents
Enrolment form, educator and parent agreement policy.
Sources:

- Education and Care Services National Regulations
- Education and Care Services National Law Act 2010.
- Family Assistance Legislation Amendment (Child Care) Act 2009

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

Reviewed: Aug 2017
Reviewed date: May 2018
Reviewed: May 2019
updated 2020

23. GRIEVANCE POLICY

Feedback from families, Educators and the wider community is fundamental in creating an evolving Family Day Care Service working towards 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 and Educators, Visitors, Students and the Community can lodge a grievance with the Approved Provider with the understanding that it will be managed conscientiously and confidentially.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 6: COLLABORATIVE PARTNERSHIPS

6.1	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role.
6.1.2	Parent views arerespected	The expertise, culture, values and beliefs of families are respected, and families share in decision-making about their child's learning and wellbeing.
6.2	Collaborative partnerships	Collaborative partnerships enhance children's inclusion, learning and wellbeing.

QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1.2	Management Systems	Systems are in place to manage risk and enable the effective management and operation of a quality Service
7.2.1	Continuous Improvement	There is an effective self-assessment and quality improvement process in place.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
168	Education and care service must have policies and procedure
173	Prescribed information to be displayed
176	Time to notify certain information to Regulatory Authority
183	Storage of records and other documents

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

Procedural fairness and natural justice

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; and
- The right to have the decision based on relevant evidence

SCOPE

This policy applies to children, families, Educators, management and visitors of the Family Day Care Service.

IMPLEMENTATION

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; and are transparent and equitable
- 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 (unless associated with the safety of children).

Complaints and Grievances Register: Records information about complaints and grievances received at the FDC Service, along with the outcomes. This register must be kept in a secure file, accessible only to educators and Department of Early Childhood Education and Care. The register can provide valuable information 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 assist and support 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 FDC Educator, Approved Provider, or Coordinator 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 Educator or Service management is unsure whether the matter is a notifiable complaint, it is good practice to contact the Regulatory Authorityfor 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 FDC staff member
- 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 within 24 hours of a serious incident occurring at the centre (Regulation 176(2)(a)). These records are required to be retained for the periods specified in Regulation 183

Privacy and Confidentiality: The Approved Provider 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. (see: Reportable Conduct Scheme in *Child Protection Policy*)

Conflict of Interest

It is important for the complainant to feel confident in

- being heard fairly
- an unbiased decision-making process

Our Kidzone FDC 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 is be adhered to.

The Approved Provider/Coordinator will:

- ensure the name and telephone number of the person to whom complaints can be made is clearly visible at the service
- ensure information about our Grievance Policy is easily accessible to all families, visitors and volunteers
- treat all grievances seriously and as a priority
- ensure grievances remain confidential
- ensure grievances reflect procedural fairness and natural justice
- acknowledge the grievance in writing within 2 working days of receipt.
- discuss the issue with the complainant within 24 hours of receiving the verbal or written complaint
- investigate and document the grievance fairly and impartially.

The investigation 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 the accused educator, staff member, volunteer or visitor an opportunity to respond.
  - Permitting the accused person to have a support person present during the consultation (for example: Union Representative or family member; 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 involves

- 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 these 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 Regulatory Authority within 24 hours if a complaint alleges the safety, health or wellbeing of a child is being compromised.

SOURCE

Australian Children's Education & Care Quality Authority. (2014).
Australian Human Rights Commission: https://www.humanrights.gov.au
Education and Care Services National Regulation. (2011).
National Quality Standard. (2017).
Revised National Quality Standard. (2018).

REVIEW

POLICY REVIEWED	AUGUST 2020	NEXT REVIEW DATE	AUGUST 2021
MODIFICATIONS	• minor editing • additional related policies • reference to Reportable Conduct Scheme added • link to Regulatory Authority added		

POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
AUGUST 2019	Sentences reworded/refined. Sources/references alphabetised. Related policies alphabetised. New sources list created	AUGUST 2020
AUGUST 2018	Minor modifications, taking out the Educator/Student complaint specifications for the policy reflecting a more generalised approach	AUGUST 2019
DECEMBER 2017	Modifications made to comply with National Quality Standard changes	MARCH 2018

MARCH 2017	Modifications made to adhere to Family Day Care Service AS kidzone	MARCH 2018

24. INTERACTION WITH CHILDREN

Policy and procedure number:
Link to NQS: 5.2.1, 5.2.2, 5.2.3
Link to N.reg 155, 156

POLICY STATEMENT:

Educators will encourage positive relationships between children and their peers as well as with educators and volunteers at the Service.

AIM:
To ensure that all educators form positive relationships with children that make them feel safe and supported while providing care for them.

IMPLEMENTION:
EDUCATORS AND COORDINATORS WILL:

- Provide a relaxed and happy atmosphere for the children.
- Ensure mealtimes are relaxed and unhurried and educators take the time to sit and talk with children.
- Encourage children to initiate conversations about their experiences inside and outside the service as well as what is happening around them, express their ideas and feelings, share humour with the educator and seek assistance as they take on new challenges and try to do things for themselves.
- Respond sensitively and appropriately to children's efforts to communicate and engage them in sustained conversations about their interests in a positive manner.
- Talk with children in a two-sided manner. That is, encourage children to have their own opinions, ideas and comments. Educators should support children with this and let them know that their ideas are valued.
- Have in place predictable personal-care routines that are enjoyable experiences for babies and toddlers and will respond to babies and toddlers when they practice their verbal communication skills.
- Have routines, as well as planned and spontaneous experiences that has been organised to maximise opportunity for meaningful conversations between children and educator.
- Will be knowledgeable in the communication strategies and non verbal cues of babies and toddlers.
- Participate in children's play using children's cues to guide their level and type of involvement while always maintaining a positive approach when responding to children and offering assistance.
- Educators and their family members will model reasoning, prediction and reflection processes and language.
- Collaborate with children about routines and experiences.
- Use techniques such as sign language and other resources and tools to support children with additional needs.
- Engage in give and take communication by adding to interactions initiated by babies and toddlers by describing objects and talking about routine activities with babies and toddlers.
- Use their interactions with children to support the maintenance of home languages and learning English as an additional language.

- Use information from their observations of interactions with children to extend the children's thinking and learning.
- Support children to build secure attachments with educators and use a favourite toy or comfort item to help them feel secure in the service. Most toddlers suffer a form of separation anxiety when away from their families. Educators need to reassure the toddler and work with the toddler's family in order to make the child feel safe and happy at the Service.
- Ensure that there are many opportunities for babies and toddlers to experience relaxed physical contact and close interactions with familiar faces.
- Learn more about the histories, cultures, languages, traditions, child rearing practices and lifestyle choices of families using the service.
- Frequently talk with families to get an idea of the non-verbal forms of communication used by their children in order to convey messages such as hunger, needing the toilet, tiredness and emotions.
- Allow time to talk to parents about their children. This allows educators to gain insight into their home life.
- Implement strategies to assist all children to develop a sense of belonging and confidence through positive interactions between the children and educator.
- Educator's own children will be treated fairly and consistently.
- Encourage children and members of the family to share genuine positive interactions.

COORDINATION UNIT WILL:

- Gather information from families in the enrolment form in order to be able to provide support for children during the settling in process.
- When children have special needs coordination unit will consult with other professionals or support agencies that work with children to gather information that will guide interactions with these children. This information will be recorded in the child's file discussed with the educator.
- Ensure that educators document the knowledge gained about children, through their interactions, in the child's file for reference for parents and other interested parties and will continually review the experiences that are planned for children in light of this information.
- Provide support for educators in regard to positive interaction with children.
- Observe and document educator's interactions with children and provide feedback to educators on any improvements to be made.

Who is affected by this policy?

Educators and families, coordinators, management.

Related Policies and procedures

Code of Conduct policy, enrolment policy, additional needs policy,

Related FDC Documents

Enrolment form, educator and parent agreement policy.

Sources:

- Education and Care Services National Regulations
- Education and Care Services National Law Act 2010.
- Guide to the National Quality Framework.

Reviewed: Aug 2017
Reviewed date: May 2018
Reviewed: May 2019
Updated 2020

25. BEHAVIOUR POLICY

Policy and procedure number:
Link to NQS: 5.2.2
Link to N.reg 156

POLICY STATEMENT:

KIDZONE believes in guiding children's behaviour in a constructive way. An educator or staff member must never use any form of punishment while providing care for children.

AIM:

To provide guidelines for educators and staff members at the service for supporting children's behaviour.

IMPLEMENTATION:
The behaviour guidance Educators provide children with will be guided by the following practices:

- Educators will encourage children to engage in cooperative and pro-social behaviour and express their feelings and responses to others' behaviour confidently and constructively, including challenging the behaviour of other children when it is disrespectful or unfair.
- Educators will support children to explore different identities and points of view and to communicate effectively when resolving disagreements with others.
- Educators will discuss emotions, feelings and issues of inclusion and fairness, bias and prejudice and the consequences of their actions and the reasons for this as well as the appropriate rules.
- Educators will encourage children to listen to other children's ideas, consider alternate behaviour and cooperate in problem solving situations.
- Educators will listen empathetically to children when they express their emotions, reassure them that it is normal to experience positive and negative emotions and guide children to remove themselves from situations where they are experiencing frustration, anger or fear.
- Educators will support children to negotiate their rights and rights of others and intervene sensitively when children experience difficulty in resolving a disagreement.
- Educators will learn about children's relationships with others and the relationship preferences they have and use this knowledge to support children manage their own behaviour and develop empathy.
- Educators will work with each child's family and, where applicable, their school, to ensure that a consistent approach is used to support children with diagnosed behavioural or social difficulties.
- Educators will gather information from families about their children's social skills and relationship preferences and record this information in the child's file. Educators will use this information to engage children in experiences that support children to develop and practice their social and shared decision making skills.
- Educators will collaborate with schools and other professionals or support agencies that work with children who have diagnosed behavioural or social difficulties to develop plans for the inclusion of these specific children. These will be kept in the individual child's file.
- Educators will ensure that children are being allowed to make choices and experience the consequences of these choices when there is no risk of physical or emotional harm to the child or anyone else.
- Educators will ensure that children are being acknowledged when they make positive choices in managing their behaviour.
- Educators will use positive language, gestures, facial expressions and tone of voice when redirecting or discussing children's behaviour with them. They will also remain calm, gentle, patient and reassuring even when children strongly express distress, frustration or anger.

- Educators will guide all children's behaviour in ways that are focused on preserving and promoting children's self esteem as well as supporting children to develop skills to self-regulate their behaviour.
- Educators will speak in comforting tones and hold babies to soothe them when they are distressed. Educators will also respond positively to babies' and toddlers' exploratory behaviour.
- Educators will have in place strategies to enable educators and co-ordinators to encourage positive behaviour in children while minimising negative behaviour. We will also have strategies in place to involve children in developing behaviour limits and the consequences of inappropriate behaviour. Strategies will also be put in place for the educators and co-ordinators to manage situations when a child's behaviour is particularly challenging and when families have different expectations from the service in relation to guiding children's behaviour.
- Coordinators will support educators to enhance their skills and knowledge in relation to guiding children's behaviour.
- The educator's own children will be treated fairly and consistently.

Who is affected by this policy?
Educators, families, coordinators and Management.
Related Policies and procedures
Code of Conduct policy, enrolment policy, additional needs policy,

Related FDC Documents
Enrolment form, educator and parent agreement policy, Interaction with children's policy.
Sources:

- Education and Care Services National Regulations
- Education and Care Services National Law Act 2010.
- Guide to the National Quality Framework.

Reviewed: Aug 2017
Reviewed date: May 2018
Reviewed: May 2019
Updated 2020

26. INCLUSION POLICY

Policy and procedure number:
Link to NQS: 5.2.2
Link to N.reg 156

POLICY STATEMENT:

At KIDZONE FDC we believe that children, families and any individual involved in the service has a right to be included in the services program regardless of their age, gender, class, ethnicity, sexuality, languages spoken, cultural background, additional needs or any other circumstances.

AIM:

Ensure educators and staff at coordination will safely guide the rights of children to be included in activities that are appropriate for their age and developmental needs and are not denied to participate in activities because of gender, culture or inability.

IMPLEMENTATION:
KIDZONE FDC services, Educators and Coordination Staff:

- Will promote and value cultural diversity and equity for all children, families and educators from diverse cultural and linguistic backgrounds;
- Will recognise that children and adults from all cultures have similar needs and that everyone is unique and valuable;
- Will develop a positive self-concept for each child and adult in the group by exploring the cultural backgrounds of each family and child;
- Will endeavour to provide a foundation that in stills in each child a sense of self identity, dignity and tolerance for all individuals;
- Will increase the knowledge and understanding each child has about his or her own cultural ethnic heritage in partnership with their family, educators and community and other children in the Service;
- Will explore family compositions, customs and lifestyles of children and families in many cultures;
- Will assist, in partnership with parents, extended family and the community in exploring their own "roots" as they involve children in the culturally diverse environment of the Service;
- Will provide support for fostered or adopted children to develop a sense of heritage and belonging;
- Will avoid common stereotypes and recognise individual differences within a cultural or ethnic group;
- Will assist wherever possible families who are new to Australia with a transition to a new and different culture.
- Educators will become aware of their own beliefs, attitudes, cultural backgrounds, their relationship with the larger society and their attitudes to individuals;
- Educators will acknowledge that they too have been influenced by their own background prejudices and their points of view;
- Educators will accept that all children can learn and that differences in lifestyles and languages does not mean ignorance;
- Educators will broaden their own cultural and ethnic group awareness and help children to understand themselves in relation to their family, community and other cultures;
- Educators will be actively involved in the development of appropriate resources, support and implement an anti-bias, cross cultural program throughout the Service environment which is reflective of all families/children and the diversity present in Australian society and network with community agencies involved with cross cultural issues wherever possible;
- Educators will be actively involved with children, showing respect, sharing ideas and experiences and asking questions.
- Educators will access and make available resources and information supporting the delivery of anti-bias concepts in the program and attend regular training courses as required. Such resources will be integrated into the daily program and be made available to families.
- Educators will reflect on the service's philosophy and ensure that practices and attitude concur with the philosophy.
- Educators will work with families to encourage positive attitudes to diversity and an anti-bias ethos.
- Educators will ensure that casual educators, educator assistants or visitors to the service are aware of these practices and respect these values.
- Children will listen to records and practice singing songs in different languages;
- Children will learn words and phrases in a language not native to children in their group;

- Children will talk to other children using the words from their culture;
- Children will be encouraged to become independent wherever possible and be actively involved with their peers.
- Children will explore with foods from other cultures (eg. have family members from different home cultures come in and cook, to have "food tasting" parties);
- Will encourage children to bring in real objects and artefacts used by their families that may be historical or typical of that child's/family's cultural group including food;
- Will help children to develop ease with and have a respect for physical, racial, religious and cultural differences.
- Will encourage children to develop autonomy, independence, competency, confidence and pride.
- Will provide all children with accurate and appropriate material that provides information about their own and other's disabilities and cultures.
- Will not isolate a child for any reason other than illness, accident or a prearranged appointment with parental consent.
- The educator's own children will be treated fairly and consistently.

Who is affected by this policy?
Children, Families, Coordination Unit Staff and all parties involved in the service.
Related Policies and procedures
Code of Conduct policy, Behaviour policy, Interaction with Children Policy, Additional Needs Policy,

Related FDC Documents
Enrolment form, educator and parent agreement, Parent Handbook.
Sources:

- Education and Care Services National Regulations
- Education and Care Services National Law Act 2010.
- Guide to the National Quality Framework.

Reviewed: Aug 2017
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27. SUPPORTING CHILDREN THROUGH DIFFICULT SITUATIONS POLICY

Policy and procedure number:
Link to NQS: 5.2.2
Link to N.reg 156

POLICY STATEMENT:

A child's reaction to a stressful or traumatic situation will depend on factors such as their age, stage of development and impact of the event on individuals around them. Children look to their families and educators to find ways to deal with a situation they probably don't understand therefore It's important that educators and families work together to help children cope with difficult times.

AIM:

For educators and Coordinators to understand and acknowledge that children can go through stressful or traumatic circumstances. To encourage families who might be undergoing tragedy to seek assistance whether it's from the Scheme or other support agencies.

IMPLEMENTATION:

Children who going through stressful or traumatic situations might have the following symptoms.

- Physical symptoms such as stomach aches and headaches.
- Being anxious or clingy.
- Suffering from separation anxiety.
- Having sleeping problems or nightmares.
- Re-living the experience through drawing or play.
- Losing interest in activities.
- Loss of self-confidence.
- Regressing to "babyish" activities.

Educators will talk with a child about the event to bring any issues out into the open. The ways educators will approach this are:

- Reassuring the child that they are safe, but only if they really are.
- Talking to the child about what happened in a way that they will understand and without going into frightening or graphic detail. Our educators will not leave out important information though, as children will fill in the gaps.
- Ensuring the child hasn't jumped to conclusions. Some children will think they are to blame in a tragic event; educators will make sure they know this isn't so.
- Talking about the event with appropriate individuals (for example, all children if the event has affected the whole service or the children that have been affected) and letting everyone have their say including children.
- Talking to the children about how individuals react to stressful or traumatic situations and that the feelings they are feelings are normal.

Coping Mechanisms

Some strategies that educators will use to help children cope in these situations are:

- Giving children a sense of control of their environment and life. Letting the child make minor decisions, such as what to eat for lunch, what to wear or what toy to play with will make the child feel more in control.
- Allowing the children plenty of time to play and to do physical exercise; this will help the child burn off stress chemicals and allow for more sleep.
- Helping the children physically relax with story times and cuddles.
- Limiting stimulants like chocolate, lollies etc.

Should it be required, educators will liaise with appropriate authorities, such as the Department of Education and Children's Services, and follow any recommendations made by these authorities.

Bullying

In order to overcome bullying in our service, our educators will be aware of the following information and maintain the following practices:

Educators will be aware of the following characteristics in children who bully -

- Children of all backgrounds can bully
- Preconceived notions of children who bully should be avoided
- The child who bullies may also be the victim of bullying
- The child who bullies will often think that they are innocent, and that the child being bullied is somehow deserving of this negative experience.
- Recent research demonstrates that aggressive behaviour and bullying inclinations begin in some children as early as two years old, which highlights the importance of children's services educators in effectively responding to children who bully.

Educators will be aware of the following characteristics of victims of bullying -

- Children of all backgrounds can fall victim to bullying
- Preconceived notions of children who fall victim to bullying should be avoided
- Boys are victims of bullying more than girls.
- Victims may have low self-esteem, lack of confidence, lack social skills or be viewed as unpopular.
- It is important to remember that victims are often sensitive and easily hurt, and feel incapable of preventing such negative experiences.

Educators will implement the following strategies to overcome bullying -

- Educators will practice all-encompassing and socially inclusive care.
- Daily programs will recognise value and reflect the social and cultural diversity of our community.
- Educators and their families will role model and actively encourage appropriate behaviours.
- Educators will form a close relationship with family members in order to work cooperatively to overcome instances of bullying.
- Educators will empower children by giving those responsibilities that will make them feel valued.
- Educators will help children deal with their anger. This includes offering alternative dispute resolution techniques that are socially acceptable.
- Educators will seek the support of children's services professionals when it is necessary.
- Educators will respond promptly to children's aggressive or bullying behaviour.
- The educator's own children will be treated fairly and consistently.

Biting

All individuals involved in the care of a child need to recognise that at times, some children, for a variety of reasons, attempt to bite other children.

Some reasons a child may bite are:

- Infants – Experimental, Sensory Pleasure, Teething
- Toddlers – Frustration, fatigue, attention seeking, confined spaces.
- Older Children – Aggression, deliberate.

In the event of a biting incident, educators will abide by the following procedure:

- Check for broken skin.
- Clean all bites, regardless of whether the skin is broken or not.
- Apply a cold compress to the bitten area

- Educators will contact the families of the child who has bitten and the child that has been bitten as soon as possible. Families are then responsible for any follow up medical treatment.
- If the biter is a known infectious disease carrier, or can be seen to have facial herpes and the victim's skin is broken, the Family Day Care Co-ordinator or educator will convey this information to the family.
- Should the behaviour continue, Educators will work in conjunction with families and, if necessary, external agencies, to develop a Behaviour Guidance plan for the child who is biting.
- Educators will complete an incident report for any occasion where a child bites and submit to the Family Day Care Co-ordinator.
- Monitor the behaviour of the child who has bitten and use distraction techniques to prevent the child reaching the point where the child feels the need to bite.
- The educator's own children will be treated fairly and consistently.

Who is affected by this policy?
Educators and families, coordinators, management.
Related Policies and procedures
Code of Conduct policy, enrolment policy, additional needs policy,

Related FDC Documents
Enrolment form, educator and parent agreement policy, Interaction with children's policy.
Sources:

- Education and Care Services National Regulations
- Education and Care Services National Law Act 2010.
- Guide to the National Quality Framework.
- Early Years Learning Framework
- National Quality Standards

Reviewed: Aug 2017
Reviewed date: May 2018
Reviewed: May 2019
Updated 2020

28. REFUSAL OF AUTHORISATION FOR CHILDREN TO LEAVE SERVICE

Policy and procedure number:
Link to NQS: 2.3.2, 6.1.2, 6.1.3, 6.2.1
Link to Rug (99)

POLICY STATEMENT:

The safety of children is always outmost importance to KIDZONE FDC, and all stakeholders are expected to take every step necessary to protect children. Educators have a right to refuse authorisation to release children from their care if they believe that it's not safe to do so.

AIM:

To ensure that the safety of children is not compromised in any way at any time.

IMPLEMENTATION:
Educators will refuse for a child to leave their care if:

- The parent or any other authorised nominee or person as listed in regulation 99 does not appear to be fit to take care of the child.
- The sibling or older child authorised to take another child out of the service does not appear to be capable.
- The child has been given authorisation to leave the service alone, however they do not appear to be capable or the environment they would be in alone is unsafe.
- The educator will inform the Coordination Unit the Nominated Supervisor or the Director.

Recording of refusal of authorisation:

The educator must then record the refusal of authorisation for the child to leave their care. The educator will record the details of the refusal including why the authorisation was refused and what actions were taken.

Who is affected by this policy?
Coordination unit, Educators, children, families and authorised persons by families.
Related Policies and procedures
Code of Conduct policy, enrolment policy, Tobacco, Drug and Alcohol Policy, incident, injury, trauma and illness policy.
Related FDC Documents
Enrolment form, excursion permission form.
Sources:

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

Reviewed: Aug 2017
Reviewed date: May 2018
Reviewed: May 2019
Updated 2020

29. CHILD PROTECTION POLICY

Policy and procedure number:
Link to NQS: 2.3.4
Link to N.reg: 84

POLICY STATEMENT:

KIDZONEFDC is committed to ensuring the safety and well-being of all children attending our services. We highly the support the rights of each child and will act without hesitation to ensure a child safe environment is always established and maintained.

AIM:

KIDZONEFDC aims to educate staff members, educators and parents of the forms and risks of child abuse, as well as to provide guidance and strategies on how a child safe and friendly environment will be maintained.

IMPLEMENTATION:

Approved Provider (KIDZONEFDC) will:

- Ensure that all employees are:
    - Clear about their roles and responsibilities regarding child protection.
    - Aware of their obligations to immediately report suspected abuse to the Child Protection Hotline.
    - Aware of the indicators when a child may be at risk of harm or significant harm.
- Provide training and development for all employees in the recognition and reporting of abuse and harm.
- Provide reporting procedures and professional standards for care and protection work.
- Conduct a Working with Children Check for anyone that will be involved with service operations.
- Enable educators to have access to relevant acts, regulations, standards and other resources for them to complete their obligations.

Co-ordinator's will:

- Contact Child Protection to make a report if they form a belief on reasonable grounds that a child needs protection.
- Document all areas of concern in relation to Child protection matters.
- Always maintain confidentiality.
- Protect the wellbeing of the children by acting sensitively in matters of child protection.
- Work collaboratively with agencies and professional organisations to ensure the safety and wellbeing of children is supported.
- Support the educators and families when a child protection incident arises.
- Conduct any processes regarding children and families in a sensitive and respectful manner.
- Be informed of current child protection matters by taking part in professional developments.
- Offer or give information on professional development opportunities and support on child protection to Educators every year

Educators will:

- Report any situation where they suspect a child is at risk of significant harm to the Child Protection Helpline.
- Promote the welfare, safety and wellbeing of children.
- Have an awareness of referral agencies for families where concerns of harm do not meet the significant harm threshold.
- Be aware of obligations as per the Mandatory Reporter Guide.
- Assist in supporting children and families when liaising with relevant government agencies.
- Seek advice from the Co-ordination unit staff members or other professionals in matters relating to Child Protection.
- Keep informed of current child protection matters by participating in professional development
- Document all areas of concern in relation to Child Protection
- Provide the Co-ordination unit or Approved Provider with information, if information is required to complete a Child Protection report.
- Always maintain confidentiality.

Families will:

- Read Kid zone FDC's child protection policy
- Report to the co-ordination unit any concerns of a child being at risk of harm whilst in care
- Keep things confidential and respect the privacy of those involved in any incident that may occur
- Seek support and advice from the co-ordination unit if required

A report to Child Protection must be made if:

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

A report to Child Protection Helpline on 132 111 (TTY 1 800 212 936) **may be made if** concerns about the child have a low to moderate impact on the child and the immediate safety of the child is not compromised. Some of these concerns may include:

- family conflict or family breakdown
- young or isolated families
- Significant parenting problems that may be affecting the child's development.

Educators will obtain families' consent before making a referral to Brighter Futures.

Child Protection and the New South Wales police are responsible for investigating an allegation of child abuse. Any allegation of abuse by a proprietor, staff member, educator or visitor to an education and care service must immediately be reported directly to NSW Police on the emergency number 000.

A step by step guide to making a report is available on the New South Wales Department of Community Services website at
https://reporter.childstory.nsw.gov.au/s/mrg

Definition of Abuse / Neglect

"Abuse or neglect" means –

(a) Sexual abuse; or

(b) Physical or emotional injury or other abuse, or neglect, to the extent that –

(i) The injured, abused or neglected person has suffered, or is likely to suffer, physical or psychological harm detrimental to the person's wellbeing; or

(ii) The injured, abused or neglected person's physical or psychological development is in jeopardy **–**

How can abuse, neglect and harm be recognised?

You can suspect harm if you are concerned by significant changes in behaviour or the presence of new unexplained and suspicious injuries. Behavioural or physical signs which assist in recognising child abuse are known as indicators. A single indicator can be as important an indicator as the presence of several indicators. A child's behaviour is likely to be affected if he/she is under stress. There can be many causes of stress, including child abuse, and it is important to find out specifically what is causing the stress. Each indicator needs to be considered in the context of other indicators and the child's circumstances.

Physical Abuse

Physical indicators include:

- Bruises, burns, sprains, dislocations, bites, cuts
- Fractured bones, especially in an infant where a fracture is unlikely to occur accidentally

- Poisoning
- Internal injuries
- Bald patches where hair has been pulled out

Possible behavioural indicators include:

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

Sexual Abuse

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

Physical indicators include

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

One or more of these behavioural indicators may be present:

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

Emotional Abuse

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

Physical indicators include:

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

Possible behavioural indicators include:

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

Neglect

Physical indicators include:

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

Possible behavioural indicators include:

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

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

Family Violence

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

Disclosure of abuse or neglect

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

Disclosures of harm may start with:

- —I think I saw…

- —Somebody told me that…
- —Just think you should know…
- —I'm not sure what I want you to do, but…

When receiving a disclosure of harm:

- remain calm and find a private place to talk
- don 't promise that you 'll keep a secret; tell them they have done the right thing in telling you but that you 'll need to tell someone who can help keep them safe
- only ask enough questions to confirm the need to report the matter; probing questions could cause distress, confusion and interfere with any later enquiries, and
- do not attempt to conduct your own investigation or mediate an outcome between the parties involved.

Documenting a *suspicion* of harm

If you or others have concerns about the safety of a child, record your concerns in a non-judgmental and accurate manner as soon as possible. If a parent explains a noticeable mark on a child, record your own observations as well as accurate details of the conversation. If you see unsafe or harmful actions towards a child in your care, intervene immediately, provided it is safe to do so. If it is unsafe, call the police for assistance.

Documenting a *disclosure* of harm

Complete an incident report form or record the details as soon as possible so that they are accurately captured. Include:

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

If you need to take notes as the person is telling you, explain that you are taking a record in case any later enquiry occurs.

Reporting the disclosure or suspicion of harm to authorities: (Provider)

Our service will not conduct its own enquiries in relation to the disclosure or suspicion of harm or try to come to an agreement between the parties involved. The person who receives a disclosure or suspects harm is to contact the relevant authority to ensure information provided is comprehensive and accurate.

1. **Report the matter to:**

Child Protection Helpline on 132 111 (TTY 1 800 212 936)
https://reporter.childstory.nsw.gov.au/s/mrg
CALL 000 FOR EMERGENCIES
CHILD FIRST SUPPORT TEAMS

Under the Act, reporters have professional protection if a report is made in good faith and their identity is protected.

2. **The Department of education within 24 hours.**

3. **The Office of Children's Guardian (OCG)**

Actions following a disclosure of harm

Support and counselling will be offered to all parties involved.

The person against whom the allegation has been made

If the person responding to the allegation of harm is a member of the organisation, you may need to review their duties. If they continue to interact/work with children, ensure that they are always appropriately supervised. You may want to seek legal advice as to the extent to which that person can carry out duties in the organisation.

Who is affected by this policy?
Children and families, Educators, Coordinators and management.
Related Policies and procedures
Code of Conduct policy, Privacy, Confidentiality and Storage of Records Policy, Incident, Injury, Trauma and Illness Policy, Family Law and Access Policy.

Related FDC Documents
Incident, injury, trauma and illness report form.
Sources:

- Education and Care Services National Regulations
- Education and Care Services National Law Act 2010.
- https://reporter.childstory.nsw.gov.au/s/mrg
- Community and Disability Services Ministers' Conference (2005). *Creating safe environments for children: Organisations, employees and volunteers: National framework.* Retrieved April 27, 2010, from http://www.ocsc.vic.gov.au/downloads/childsafe_framework.pdf
- Community and Disability Services Ministers' Conference (2005). Schedule: Guidelines for building the capacity of child-safe organisations. *Creating safe environments for children: Organisations, employees and volunteers: National framework.* Retrieved April 27, 2010, from http://www.ocsc.vic.gov.au/downloads/childsafe_sched01.pdf
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- UNICEF (n.d.). *Fact sheet: A summary of the rights under the Convention on the Rights of the Child*. Retrieved April 27, 2010, fromhttp://www.unicef.org/crc/files/Rights_overview.pdf
- Children, Youth and Families Act 2005

Reviewed: Aug 2017
Reviewed date: May 2018
Next Review: May 2019
updated May 2019
Updated 2020

30. HAND WASHING POLICY

Policy and procedure number:
Link to NQS: 2.3.4
Link to N.reg: 109

POLICY STATEMENT:

Each Educator is responsible for teaching children proper hand washing and providing age appropriate facilities to enable children properly wash their hands.

AIM:

KIDZONEFDC aims to reduce the risk of cross infection between children and adults. Regular hand washing by the educators and children significantly reduces the risk of transmission of infectious diseases.

IMPLEMENTATION:

When to wash your hands:

- Before children arrive
- Upon arrival to reduce the introduction of germs.
- Before eating and/or handling food.
- After handling food.
- After doing any dirty tasks such as cleaning or changing nappies.
- After removing gloves.
- After going to the toilet.
- Before and after nappy change procedures.
- After giving first aid.
- Before and after giving each child medication. If giving medication to more than one child then between each child.
- After handling pets
- After wiping either a child's nose or your own or touching nose secretions
- After children leave.

When to wash children's hands:

- On arrival, to reduce the risk of infections and germs
- Before and after eating or handling food
- After having their nappy changed or going to the toilet
- After coming in from playing outdoors
- After touching nose secretions
- After coming in contact with blood, faeces, vomit or any other bodily fluids
- Before going home

How to wash hands:

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

The location and design of the washing and drying facilities will be safe and convenient for children to use. Liquid soap will be provided for all individuals to wash their hands and Educators will ensure any allergies to soap are identified using the Enrolment Form and catered for appropriately. Along with this, the service will provide either/and/or individual towels, paper towel or an automatic dryer for individuals to dry their hands.

Who is affected by this policy?
Children, Educators and Coordinators.
Related Policies and procedures
Nappy Changing Procedure Policy.
Related FDC Documents
Enrolment form.
Sources:

- Education and Care Services National Regulations
- Education and Care Services National Law Act 2010.
- Guide to the National Quality Framework.
- Early Years Learning Framework
- National Quality Standards

Reviewed: Aug 2017
Reviewed date: May 2018
Reviewed: May 2019
Updated 2020

31. NAPPY CHANGING PROCEDURE POLICY

Policy and procedure number:
Link to NQS: 2.3.4, 2.1.4
Link to N.reg: 109

POLICY STATEMENT:
Educators are responsible for changing nappies of children in their care. It is important that there are proper procedures in place to ensure for this purpose.

AIM:

KIDZONEFDC aims to reduce the risk of diseases spread by faeces, urine or other bodily fluids when changing nappies of infants and/or non-toilet trained children.

IMPLEMENTATION:
Procedure:

- Have a separate area specifically for nappy changing. It should have hand washing facilities in close proximity.
- The nappy change area will be properly stocked with paper towels or towels, plastic bags, fresh nappies, clean clothes**,** rubbish bin with sealed lid lined with plastic.
- Encourage children that can walk to walk to the change area.
- Children are to be supervised at all times when on nappy change table, ensure children are secured with a safety harness on a raised nappy change tables
- Dispose of all contaminated items in a closed bin lined with a plastic bag
- If in an outdoor bin, nappy must be wrapped and placed in closed bin.
- Keep all nappy changing equipments out of reach of children
- Ensure other children in your care are supervised when changing nappies

Nappy change procedure:

- Talk with families about the child's routines at home and preferred schedule to ensure consistency
- Ensure the nappy change area is safe, comfortable and away from food areas
- Explain to the child the process or procedure you are doing and why it's needed
- Use nappy change time as an opportunity to the interact with the child one on one
- Wash your hands and wear disposable gloves

- Remove the child's nappy and/or soiled clothes
- Place soiled nappies in a plastic bag
- Place soiled cloth nappies or clothes in a sealed plastic bag and send home with the child's family at the end of the day
- Clean child's bottom, wiping from front to back, with disposable wipes and dispose into a plastic bag
- Remove gloves before touching any clean clothing or the clean nappy.
- Remove gloves by peeling them back from your wrists, turning them inside out as you go. Place gloves in bin.
- Dress the child and wash and dry the child's hands, take the child away from change area.
- Wash your hands.

- Clean the nappy change surface after each use: Put on clean gloves and clean surface with neutral detergent and warm water. Wipe dry with paper towel. Dispose of gloves and paper towel in bin. Wash your hands. Disinfect after the last nappy change in a series of nappy changes.
- At the end of each day the nappy change area will be disinfected.
- Dispose of and replace any change mats that have exposed foam or that are unable to be fully disinfected after each use.

Who is affected by this policy?
Educators and families, Educators and Coordinators.
Related Policies and procedures
Hand Washing Policy.
Related FDC Documents
N/A
Sources:

- Education and Care Services National Regulations
- Education and Care Services National Law Act 2010.
- Guide to the National Quality Framework.
- Early Years Learning Framework
- National Quality Standards

Reviewed: Aug 2017
Reviewed date: May 2018
Reviewed: May 2019
Updated 2020

32. TOILETING PROCEDURE POLICY

Policy and procedure number:
Link to NQS: 2.1.4, 2.1.1, 2.1.3
Link to N.reg: 109

POLICY STATEMENT:
The service accepts enrolments of children who have not yet been toilet trained. Toileting occurs at any time of the day and is specific to individual needs. Educators will communicate with parents/guardians to develop consistency with their child's toileting habits. Educators must be aware of and consider any special requirements related to culture, religion or privacy needs.

AIM:

KIDZONEFDC aims to prevent the risks of diseases spread by faeces and/or other bodily fluids through toileting or toilet training of children. All of your toileting procedures must be positive experiences for children.

IMPLEMENTATION:

Educators will follow hygienic toileting practices at all times using the following practices –

- The procedure for toileting will be displayed in the toileting area.
- Encourage the child to be independent in their toileting habits and provide assistance as needed at all times.
- It is better to use the toilet when toilet training for effective hygiene and infection control factors.
- Ensure that toilets and hand washing facilities are easily accessible to children.
- Children will be encouraged to flush toilets and wash hands after use.
- Adequate supervision must be maintained while children access toileting with a level of independence that is appropriate for their age.
- Individual cloth towels or paper towels must be available for hand drying after toileting.
- Kitchen sinks are not to be used for hand washing after toileting.
- Assist children to wash hands after toileting until they develop appropriate skills.
- Use a toilet in preference to a potty chair as using a potty chair increases the risk of spreadable of diseases.

Educators will use the following procedure for toilet training:

- Approach toileting in a relaxed way
- Remind and assist children to use toilet as needed
- Consult families on any toileting issues relating to their child
- Ask families to supply a few clean changes of clothing
- Place any soiled clothes in a sealed bag for families to take home, and ensure to keep it inaccessible to children
- Assist child to use the toilet and positively support their efforts
- Respond calmly to toilet 'accidents'
- Assist child to wash their hands and wash your hands
- Use paper towel or individual towel to dry hands and dispose of paper towel

Disposable gloves should be used for any of these stages in the toileting procedure:

- To help child to remove clothing if needed.
- To help child onto toilet if needed.
- To help the child to wipe themselves, encouraging them to wipe front to back.

If the child has soiled or wet their clothing, educators will:

- Remove any wet/soiled clothing and seal in a bag for washing. It must be double-bagged.
- Clean and dry the child.
- Remove your gloves and wash hands, do not touch the child's clean clothing.
- Put on new gloves and dress the child, wash and dry the child's hands. Have them leave the bathroom.
- Clean any spills following procedure for cleaning spills of body fluids.
- Remove and dispose of gloves, wash and dry your hands.
- The laundry area includes a washing machine and/or trough with hot and cold water supply for the laundering of soiled cloths, linen and nappies. Or, at the discretion of the educator, the educator may request that -
- The laundering of soiled cloths, linen and nappies is laundered away from the service
- Soiled laundry is hygienically stored in a sealed container, until such a time as it is removed from the premises.
- Items returned to a child's home for laundering will have soiling removed and will be stored securely and not placed in the child's bag in contact with personal items.

Who is affected by this policy?

Educators and families, coordinators, management.

Related Policies and procedures

Enrolment Policy, Nappy Changing Procedure Policy, Hand Washing Policy.

Related FDC Documents

Enrolment form, educator and parent agreement policy.

Sources:

- Education and Care Services National Regulations
- Education and Care Services National Law Act 2010.
- Guide to the National Quality Framework.
- Early Years Learning Framework
- National Quality Standards

Reviewed: Aug 2017
Reviewed date: May 2018
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31.DENTAL HYGIENE AND CARE POLICY

Policy and procedure number:
Link to NQS: 2.1, 2.1.1, 2.2.1, 2.1.3,
Link to N.reg: 109

POLICY STATEMENT:

KIDZONEFDC believes oral health is essential for the overall health and wellbeing of each child. Oral diseases can have a negative effect on children through pain, discomfort and impacts on the general health and quality of life of the children. The main oral health condition children experience most is tooth decay. Tooth decay is Australia's most prevalent health problem despite it being almost preventable.

AIM:
KIDZONEFDC aims promote good dental health behaviour to help reduce the prevalence of dental diseases (i.e. tooth decay) in children and to facilitate the prevention and/or management of dental accidents for all children in family day care.

IMPLEMENTATION:
The co-ordination unit will:

- Promote healthy eating and oral health to parents, children, staff and educators through learning, policies, creating a safe and healthy physical and social environment and developing community links and partnerships
- Actively seek, provide and maintain parents, staff and educators with current oral hygiene resources, through the enrolment process, handouts, promotions, social and electronic media and newsletters, including translated materials if required
- Support educators and staff to access resources, tools and professional learning to enhance their knowledge and capacity to help promote healthy eating and oral health
- Involve educators, families, children and staff as key partners in guiding the development, implementation and review of this policy

- Provide healthy food options at FDC service meetings, professional learning sessions and events

The educators will:

- Encourage children to make healthy food drink choices. Offer only water as the preferred drink option and ensure safe drinking water is available at all times
- Encourage older children to rinse their mouth with water after each meal or brush their teeth
- Support and supervise children when brushing their teeth
- Do not put infants and young children to bed with a bottle of milk, juice or any sweet liquid
- Encourage parents to provide healthy food options, i.e. vegetables, whole fruits, cheese and yogurt...etc.
- Report to families any signs of tooth cavities or visible decay, gum swelling, mouth infection or pain and/or discomfort experienced by children when eating or chewing
- Report any incidents, injury or accident pertaining to a child's gums or teeth
- Discuss good dental hygiene practices with children as part of their daily program
- Model healthy eating habits when eating with the children during meal and snack times
- Provide children with adequate time to eat their food in suitable eating spaces
- Do not put any substances on to a child's dummy
- Respect the cultural diversity of families through recognising and valuing cultural and traditional beliefs about food and dental health.

Who is affected by this policy?
Children and Families, Educators and Coordinators.
Related Policies and procedures
Interaction with Children's Policy.
Related FDC Documents
Enrolment Policy, incident, injury, trauma and illness report form.
Sources:

- Education and Care Services National Regulations
- Education and Care Services National Law Act 2010.
- Guide to the National Quality Framework.
- Early Years Learning Framework
- National Quality Standards

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33. FOOD SAFETY POLICY

Policy and procedure number:
Link to NQS: 2.2, 2.1.4, 2.2.1
Link to N.reg: 77, 78, 79, 80

POLICY STATEMENT:

KIDZONEFDC believes in ensuring all children who attend our scheme are offered nutritious and appropriate meals that has been stored and prepared in a safe and hygienic manner.

AIM:

KIDZONEFDC is aware that bacteria as well as some viruses and parasites can all cause food poisoning.

IMPLEMENTATION:

Practices and Procedures:

It is important that children are offered foods and drinks that are safe and hygienic. To ensure this occurs, the following practices are encouraged:

- Supervise children who are eating at all times.
- Gloves are recommended but ensure good hand washing procedures by the educator and the children before handling and preparing food.
- Storage of food at a safe temperature. Food should be refrigerated at a temperature of less than 5 degrees.
- Reheat cooked food following the Australian and New Zealand food safety standards. That is reheat food rapidly to 60®C or hotter.
- Do not store perishable foods at room temperature. When on an excursion with the children perishable foods need to be transported safely, e.g. cooler bag or a car fridge.
- Use separate wash cloths for floors, dishes, benches, play areas...etc
- Keep all kitchen surfaces and utensils clean and ensure regular cleaning routines for all food preparations.
- Ensure children are eating food that is age appropriate (risk of choking taken into consideration)
- Encourage children to remain calm and seated whilst eating and drinking.
- Provide parents with appropriate information on the safe transportation of food provided to the Family Day Care home.
- To ensure food arriving in the FDC educator's home is stored appropriately.
- To ensure that food purchased is stored appropriately as soon as is practicable following purchase.
- To ensure FDC educators maintain adequate hygiene practices at all times.
- To ensure FDC educators have knowledge of appropriate and safe food handling practices.
- Will ensure that educator have a food handling certificate refresher every year.

Who is affected by this policy?

Educators and Families, Children, Coordinators, management.

Related Policies and procedures

Hand Washing Policy.

Related FDC Documents

N/A

Sources:

- Education and Care Services National Regulations
- Education and Care Services National Law Act 2010.
- Guide to the National Quality Framework.
- Early Years Learning Framework
- National Quality Standards
- https://www.foodstandards.gov.au/consumer/safety/faqsafety/documents/Cool%20_and_reheat_food.pdf

Reviewed: Aug 2017
Reviewed date: May 2018
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Updated 2020

34. MEDICAL CONDITIONS POLICY

Policy and procedure number:
Link to NQS: 2.1, 2.1.1
Link to N.reg: 90, 91

POLICY STATEMENT:

KIDZONEFDC recognises that the need to ensure children with specifically diagnosed medical conditions have their medical requirements met whist in care is very important.

AIM:

KIDZONEFDC aims to ensure every child enrolled at our scheme with a medical condition is provided with the best possible care for their health and wellbeing. KIDZONE also aims to ensure educators facilitate the safe, effective care and health management of children who have a medical condition.

IMPLEMENTATION:

Medical Management Plans: medical conditions management plans are to be completed by the parent/guardian and the child's medical practitioner and will include the authority to administer specific medication and medication procedure. Medical management plans are to be followed in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition.

Risk minimisation plans are developed to identify and minimise the risks related to the child's specific health care needs, allergy or relevant medical condition.

A communication plan is developed that outlines how parents can communicate any changes to the medical management plan and risk minimisation plan for every child*.*

- Information about children's medical condition is obtained at the initial parent's enquiry and parents are informed of the enrolment process and the additional information required for children with specific healthcare needs.
- At enrolment, medical management plan is obtained, and risk minimisation plan is completed with the parents.
- Staff members and educators keep recent copies of each child's medical management plan and risk minimisation plan with children's enrolment records.
- Any visitors to the educator's homes including educator's family members are made aware of the children, with specific medical conditions, verbally and by medical management plans and risk minimisation plans clearly displayed near the phone along with emergency plans in a plastic pocket that is clearly labelled "medical management plans and risk minimisation plans'.
- The location of children's personal medication (including EpiPen or Anapen etc.) and medical management plan is to be easily recognisable and accessible to adults.
- Staff members and co-ordinators visiting the educator's homes provide educator with specific information regarding individual children's medical conditions.
- Staff members and co-ordinators and other adults can identify all children diagnosed with specific medical conditions and are aware of the location of their medication, management plan and minimisation plan.
- Parents are required to inform the educators of any changes to their child's medical needs and educators verbally discuss with parents any changes in children's medical conditions and if required updated plans are obtained.
- Medical management plans and risk minimisation plans are reviewed as required or annually with parents

Children's personal medication and medical management plans must be with the child whenever they are taken out of educator's home, or on an excursion.

Who is affected by this policy?
Children and families, Educators and Coordinators, management.
Related Policies and procedures
Anaphylaxis Policy, Asthma Policy, Enrolment Policy.

Related FDC Documents
Enrolment form, Anaphylaxis action plan form, Asthma Action Plan form.
Sources:

- Education and Care Services National Regulations
- Education and Care Services National Law Act 2010.
- Guide to the National Quality Framework.
- Early Years Learning Framework
- National Quality Standards

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35. MEDICATION MANAGEMENT POLICY

Policy and procedure number:
Link to NQS: 2.1.1, 2.1.4, 2.3.3
Link to N.reg: 12, 85, 86, 87, 88

POLICY STATEMENT:

KIDZONEFDC acknowledges that administering medication should be considered a high risk practice. Permission must be obtained from a parent/guardian or authorised person listed on the child's enrolment form before Educators administer any medication.

AIM:
KIDZONEFDC aims to ensure all medications are administered in a safe and accountable manner.

IMPLEMENATION:
Co-ordination Unit will:

- Provide all families with relevant information about health management policies and practices on enrolment and regularly after that through newsletters
- Provide resources and current information to educators and families on health matters when required
- Provide forms for educators to record relevant health and medication details

- Support families and educators when dealing with health management matters
- Keep up to date on current health management practices
- Records of administered medication must be kept confidential and stored securely for 3 years.

Educators will ensure:

- They comply with all relevant children's legislation, regulations, policies and guidelines,
- Prior written parental consent is obtained.
- They act in the best interests of the safety and health of the child.
- To not administer the first dose of a newly prescribed medicine. The parent(s) or medical/nursing professionals should administer it.
- Ensure all medication administered is in the original packaging, bearing the original label.
- All medication must be labelled with the child's name and must state on the label the medication name and strength, the date of prescription, dosage and times to be administered, as well as the expiry date of the preparation.
- Educators are not to give unidentified medication or medication to a child if the instructions are not clear to the educator, for example it's in an unfamiliar language to the educator
- Ensure that prescribed medication is only used on the basis that the child has seen a doctor and the doctor has directed, by script or in writing, that such medication is appropriate. A doctor's written instructions or pharmacist's label will normally be sufficient.
- Store medication appropriately and in a safe and secure place (refer to all instructions on product label).
- All medication must be kept in a cupboard, fridge compartment or secure container in the refrigerator, cupboard and out of direct sunlight and separated from other items.
- Medication must not be left in the child's bag. It must be out of reach of children at all times.
- Ensure Parent/guardian completes a parent authorisation to administer medication form for all medication that has to be administered. This shall include the time and dose and a summary of the doses of medication administered by the parent at homein the previous 24-hour period.
- Educators will ensure that written instructions of the family are consistent with the instruction on the labelled medication or as prescribed by a doctor.
- Administer medication to children promptly and strictly in accordance with the instructions and the permission form. The record of the dose being given must be completed.
- A medication record for each child in your care to whom medication is or is expected to be administered (regulation 92).
- Records must be kept confidential and stored securely at your home (section 175(3)). If you leave the service, these records must be provided to the approved provider (regulation 179).
- Any medication that is spilled or spoiled should also be recorded on the medication form.
- Ensure all long-term medication is accompanied by written permission from the doctor, outlining the likely length of time that the child is to be treated with this medication. The doctor should also outline a review plan, indicating a time for reassessing treatment.
- Ensure ongoing medication taken on an irregular basis (e.g. creams, when required for skin allergy) has written permission and specific instructions to indicate when administration is appropriate. The doctor should also outline a review plan, indicating a time for reassessing treatment.
- Document time and dose following administering of all medication, on an official medication book or form.
- Parents should be notified of all medication that has been administered
- Consult with the co-ordination Unit If they have a concern about a request to administer any medication
- Comply to the management plans of children with chronic health problems, such as Asthma, Diabetes, severe allergy and anaphylaxis.
- Medication can be administered to a child without an authorisation in the case of an anaphylaxis (child's own Epipen/Anapen) or Asthma emergency, in accordance with their own medical management plan. In this case the educators will ensure the parent of the child and/or emergency services and the co-ordination unit are notified as soon as possible.

Medication must not be administered by educators if:

- It is complex and requires skill to use and the FDC educator has not received suitable training
- It is out of date
- The medication packaging does not have the child's name recorded or supporting documentation from a doctor.
- The container has no label
- The FDC educator does not have an appropriate measuring glass or spoon
- It is in any way outside the guidelines set in this policy, or the rules of this policy have not been followed
    - Immediately after administration of a dose, the medication must be returned to the appropriate storage area.
    - Medications must not be left within reach of children, or unattended at any time.

Practices for self-administration of medication, e.g. cough drops, nasal spray, creams, blue puffer:
If a child self-administers medication, ensure the correct procedure is followed and a child may self-administer under these conditions:

- Written authorisation is provided by the person with the authority to consent to the administration of medication on the child enrolment form.
- Medication is to be provided to the educator for safe storage, and they will provide to the child when required.
- Self-Administration of medication for children over preschool age will be fully supervised by the educator.

Families will:
- Provide a summary of their child's health, medications, allergies, doctors name, address and phone number, and a health management plan approved by a doctor to the co-ordination unit and educator prior to starting care and ongoing as required
- Keep the educator up to date with any changes to a child's medical condition or health management plan
- Provide medication in its original package
- Complete the parent authorisation to administer medication form to their child, on a daily basis or as required, and sign on pick up.
- Request the educator to administer only the recommended dosage on the original medications package.

Who is affected by this policy?
Educators and families, coordinators, management.
Related Policies and procedures
Enrolment Policy, Additional Needs Policy, Medical Conditions Policy, Hand Washing Policy. Privacy, Confidentiality and Storage of Records.

Related FDC Documents
Enrolment form, Self-Administration of Authorised Medication form, Administration of Authorised Medication Permission form. Administration of Authorised Medication by the Educator form.
Sources:
- Education and Care Services National Regulations
- Education and Care Services National Law Act 2010.
- Guide to the National Quality Framework.
- Early Years Learning Framework
- National Quality Standards

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36. FIRST AID ADMINISTRATION POLICY

Policy and procedure number:
Link to NQS: 2.3.3
Link to N.reg: 12, 85, 86, 87, 88, 89

POLICY STATEMENT:

KIDZONE FDC is committed to providing a safe and healthy environment for all educators, staff members and children.

AIM:

KIDZONEFDC aims to ensure all educators and co-ordination unit staff members know their responsibilities and they follow correct procedures to administer first aid in an emergency.

IMPLEMENTATION:
The co-ordination unit will:

- Monitor the implementation, compliance, complaints and incidents in relation to this policy
- Ensure that all Educator approved first aid qualifications, anaphylaxis management training and emergency Asthma management training are current
- Ensure staff members maintain current approved first aid qualifications, anaphylaxis management training and emergency Asthma management training. Copies of certificates are to be stored on staff files
- Monitor the contents of all first aid kits at educator's monthly home safety check
- Ensure that an up to date first aid kit is taken on all planned events and excursions
- Keep up to date with any changes in the proceed **No table of figures entries found.**ensures for the administration of first aid
- Ensure a risk assessment is conducted prior to an excursion to identify risks to health, safety or wellbeing and specify how these risks will be managed and minimised
- Ensure all staff are aware of their responsibilities in the event of an emergency
- Adhere to the Incident, Injury, Trauma and Illness Policy in all accident situations
- If required ensure a co-ordination unit staff member goes to support educator at scene of accident
- If necessary organise alternate care or collection by parents at the educator's home
- Report accident/incidents to appropriate authorities as soon as possible, where medical or emergency attention was sought or should have been sought for a child
- Assess submitted forms of Incident, Injury and Trauma Report of children in care. Investigate the incident if necessary, note corrective action taken, sign & date and provide a copy to the educator
- If any child requires medical attention for an incident, injury, trauma or illness, DEC is required to be notified by the Co-ordination unit within 24 hrs of the incident, injury, trauma or illness occurring.

Educators will:

- Adhere to the Incident, Trauma and Illness Policy in all accidents situations
- Notify serious incidents on the same business day of the incident and submit the completed written report to the co-ordination unit within 24 hours of the incident occurring
- Complete an Incident, Trauma and Illness report for all incidents
- Ensure a fully stocked, in date and labelled first aid kit is easily recognisable and accessible both at the day care service and on outings away from home.

In the case of a minor accident, the educator will:

- Attend to the injured person and assess the injury
- Apply first aid if required
- Ensure that disposable gloves are worn when dealing with blood or bodily fluids

- Follow the management of exposure to blood and bodily fluids procedure for cleaning up and disposal
- Verbally report any accidents to the parents/guardians, other responsible person and the co-ordination unit
- Record the incident and treatment given on the Incident, Trauma and Illness report.
- Ensure parents/guardians sign the report and forward to the co-ordination unit

In the case of a major accident, the educator will:

- Attend to the injured person
- Asses the injury and decide whether the child needs to be attended to, by a doctor or whether an ambulance needs to be called
- Apply first aid as required
- If the child's injury is serious, the first priority is to get immediate medical attention
- Contact parents immediately (if no answer, contact emergency person), if not possible, there should be no delay in organising medical attention
- Keep trying to contact parents or emergency person
- Contact the co-ordination unit to report the accident as soon as possible and request assistance if required
- Ensure that disposable gloves are worn when dealing with blood and bodily fluids
- Stay with the child until suitable help arrives, or further treatment taken
- Try to make the child comfortable and reassure them
- If an ambulance is called, the parents/guardian or emergency contact have not arrived or could not be gotten hold of, then a staff member and/or educator will accompany the child if possible
- The incident/accident will be recorded on the Incident, Injury, Trauma and Illness report form, completed with parents/guardians signature and forwarded to the co-ordination unit within 24 hours

Families will:

- Provide a written consent for the educator to administer aid
- Provide educator with the contact details of their favoured medical practitioner, Medicare card number and expiry date
- Be contactable in the case of an emergency, either directly or indirectly (i.e. through emergency contact person)
- Complete and sign the incident, injury, trauma and illness report form as required

Who is affected by this policy?

Educators and families, coordinators, management.

Related Policies and procedures

Code of Conduct policy, enrolment policy, additional needs policy,

Related FDC Documents

Enrolment form, educator and parent agreement policy, Interaction with children's policy.

Sources:

- Education and Care Services National Regulations
- Education and Care Services National Law Act 2010.
- Guide to the National Quality Framework.
- Early Years Learning Framework
- National Quality Standards

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37. ANAPHYLAXIS MANAGEMENT POLICY

Policy and procedure number:
Link to NQS: 2.1.1, 2.3.2,
Link to N.reg: 94, 246

POLICY STATEMENT:

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

AIM:
KIDZONEFDC aims to:

- Minimise the risk of an anaphylactic reaction occurring while the child is in care
- Raise the service community's awareness of anaphylaxis and it's management through education and policy implementation
- Ensure KIDZONEFDC's educators respond appropriately to an anaphylactic reaction by developing a risk minimisation plan with the child's parent and following the child's Action Management Plan provided by the doctor or specialist initiating appropriate treatment, including competently administrating an adrenaline auto injection device.

IMPLEMENTATION:
The co-ordination unit will:
In all educator's homes

- Ensure there is an anaphylaxis management policy in place
- Ensure that the policy is provided to a parent or guardian of each child diagnosed with anaphylaxis or at risk of anaphylaxis
- Ensure that all FDC educators and staff members, whether or not they have a child diagnosed with anaphylaxis or at risk of anaphylaxis, undertake training in the administration of the EpiPen and cardio-pulmonary resuscitation every 12 months.

In educator's home where a child is diagnosed with anaphylaxis or at risk of anaphylaxis is enrolled, the co-ordination unit will

- Conduct the potential for accidental exposure to allergens while the child/ren are in care and develop a risk minimisation plan in consultation with the family of the child/ren
- Ensure that a notice is displayed prominently near the main entrance of the educator's home stating that a child diagnosed with anaphylaxis or at risk of anaphylaxis is being cared for
- Ensure all educators with a child/ren diagnosed with anaphylaxis or at risk of anaphylaxis have completed an approved training in the administration of anaphylaxis management
- Ensure all educators are aware of the symptoms of an anaphylactic reaction, the child's allergies, the individual anaphylaxis medical management action plan and how to store the auto injection device
- Ask all parents/guardians as part of the enrolment procedure, prior to their child starting care, 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 along with the EpiPen

- Ensure that no child with anaphylaxis is permitted to attend the carer's home without the EpiPen
- Implement the communication strategy and encourage ongoing communication between parents/guardians and educators regarding the current status of the child's allergies, this policy and its implementation
- Display emergency contact details by the phone
- Ensure that all staff members are aware of the location of the anaphylaxis Action Plan and that a copy is kept with the EpiPen
- Ensure that when educators take the children outside, they carry the anaphylaxis action plan and any medication along with EpiPen with them

KIDZONEFDC educators responsible for the child with anaphylaxis or risk of anaphylaxis will:

- Conduct the potential for accidental exposure to allergens while the child/ren are in care and develop a risk minimisation plan in consultation with the family of the child/ren
- Ensure that an anaphylaxis management action plan, signed by the child's registered medical practitioner or specialist and a complete EpiPen kit (which must contain a copy of the child's medical management action plan) is provided by the parents/guardians while the child is in care
- Displayed prominently near the main entrance stating that a child diagnosed with anaphylaxis or at risk of anaphylaxis is being cared for. Ask parents for permission to identify the child
- Follow the child's anaphylaxis management action plan in the event of an allergic reaction, which may progress to anaphylaxis
- Practice the administration procedures of the EpiPen using an EpiPen trainer and "anaphylaxis scenarios" on a regular basis
- Ensure the EpiPen kit is stored in a location that is easily accessible to you, as well as KIDZONEFDC staff members and other adults, if required. Do not lock it away, keep it inaccessible to other children in care, and away from direct sources of heat or sunlight
- Ensure you carry with you the EpiPen as well as child's medical management action plan when leaving home, i.e. to excursions that the child will be attending
- Regularly check the EpiPen's expiry date and check liquid is not cloudy or yellow in colour

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

Educators will:

- Call an ambulance immediately by dialling 000
- Commence first aid
- Contact parents/guardians or emergency contact person if parent cannot be contacted
- Contact KIDZONEFDC office

Parents/guardians of children will:

- Inform KIDZONEand the educator, either on enrolment or on diagnosis, of their child's allergies
- Develop an anaphylaxis risk minimisation plan with the educator
- Provide KIDZONEas well as educator with an anaphylaxis medical management action plan signed by child's registered medical practitioner giving written consent to use the EpiPen in line with an action plan
- Annually update the medical management action plan and provide to KIDZONEas well as educator
- Provide child's educator with a complete EpiPen kit

- Regularly check the EpiPen's expiry date
- Assist the educator by offering information and answering any questions regarding their child's allergies
- Notify the educator and KIDZONEFDC staff members 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 their child's educator, for example, any matter relating to the health of the child
- Comply with Kidzone FDC's policy that no child who has been prescribed an EpiPen is permitted to attend the service or its programs without the device

Who is affected by this policy?
Coordination Unit, Children, Families, Educators and Coordinators.
Related Policies and procedures
Enrolment Policy, Medical Conditions Policy, Asthma Policy.
Related FDC Documents
Enrolment form, educator and parent agreement form.

Sources:

- Education and Care Services National Regulations
- Education and Care Services National Law Act 2010.
- Guide to the National Quality Framework.
- Early Years Learning Framework
- National Quality Standards

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38. ASTHMA MANAGEMENT POLICY

Policy and procedure number:
Link to NQS: 2.1.1, 2.3.2,
Link to N.reg: 94, 246

POLICY STATEMENT:
KIDZONEFDC is committed to providing the necessary procedures to ensure the health and safety of all persons with asthma involved within the scheme.

AIM:

KIDZONEFDC aims to document strategies for implementation of best practice of asthma management within Family Day Care.

IMPLEMENTATION:
The co-ordination unit will:

- Ensure that educators and staff members maintain current asthma management training
- Ensure educators and staff members manage their own asthma effectively

- Identify children with asthma during the enrolment process and document this information appropriately
- Compile a list of children with asthma and place it in a secure but readily accessible location, which is known to all staff members
- Promptly communicate to educators if there are any concerns about any children in their care with asthma, limiting his/her ability to participate fully in all activities
- Consult with the parents/carers of a children with asthma, in relation to the health and safety of their child and the supervised management of the child's asthma
- Ensure that parents/carers of a child with asthma have been provided with a copy of this policy
- Providing families with the contact details of the Asthma Foundation if further asthma advice is needed
- Ensure asthma action plans are updated annually

Educators will:

- Ensure that they maintain current Asthma management training
- Identify children with asthma during the enrolment process and document this information appropriately
- Promptly communicate to educators if there are any concerns about any children in their care with asthma, limiting his/her ability to participate fully in all activities
- Display current Asthma action plans with coloured photo of the child
- Always keep emergency Asthma management procedures on display in a prominent place, or easily accessible, e.g. kept in a container with child's name labelled on it in a cupboard inaccessible to other children in care
- Be aware of the need to recognise and treat symptoms early. Regardless of whether these are mild, moderate or severe, treatment must be commenced immediately as delay may increase risk to child's health and safety
- Encourage children of appropriate age and ability to self-manage their asthma, including using their reliever medication as soon as symptoms develop
- Regularly maintaining all asthma components of the first aid kit to ensure medication is current and the spacer device and mask are ready to use. Provide a mobile asthma emergency kit for use during activities outside of the home
- Ensure that all regularly prescribed asthma medication is administered in accordance with the child's asthma action plan
- In the absence of a child's management plan, follow the 4-step emergency asthma management procedure. Contact parents/emergency contact person
- Identify, and where possible, minimise asthma triggers as defined in child's asthma action plan and risk minimisation plans
- If an ambulance has been called, educators should continue to administer blue reliever medication and contact the parent or emergency contact person. The child should be handed over to the ambulance officers for treatment and the educator should remain with the other children in care
- When administering asthma first aid, educators should always continue to provide adequate supervision of the other children in care
- A record of any asthma attack should be recorded on the FDC notice illness report. A record of any medication administered should be placed on the parent's authorisation to administer medication form
- Educators to manage their own asthma effectively

Families will:

- Inform KIDZONEFDC staff members and educators, either upon enrolment or on initial diagnoses, that their child has asthma

- Provide all relevant information regarding the child's asthma via the asthma medical management plan and asthma risk minimisation plan. Both the asthma action plans, and risk minimisation plans should update annually
- Notify the scheme, in writing, of any changes to the asthma action plan, if this occurs, during the year and also a Doctor's letter if an asthma action plan is no longer required
- Provide an adequate supply of appropriate medication (reliever) and spacer device (and mask if needed) that is clearly labelled with the child's name including expiry dates
- Supply educator with a replacement spacer immediately if the educator has to use the spacer from their first aid kit for their child
- Consult with the staff, in relation to the health and safety of their child and the supervised management of the child's asthma
- Communicate all relevant information and concerns with staff and/or educator as the need arises, e.g. if asthma symptoms were present during the night
- Provide a colour photo of their child for the asthma action plan

First known as an Asthma Attack
If a child suddenly develops or complains of difficulty in breathing and/or has an incessant cough or wheeze, appropriate care must be given immediately whether or notthe child is known to have Asthma.

- **Call an ambulance immediately (dial 000) and state that the child is having breathing difficulty.**
- Administer 4 separate puffs of a blue reliever puffer via a spacer. Use one puff at a time and ask the child to take 4 breaths from the spacer after each puff.
- Keep giving 4 separate puffs of a blue reliever puffer via a spacer every 4 minutes until the ambulance arrives.

Cleaning of Asthma Spacer and Puffer:
Devices, for example puffers, spacers and face masks, must be thoroughly cleaned after each use, following these steps:

1. Ensure the canister is removed from the puffer container (the canister must not be submerged) and the spacer is separated and dismantled.
2. Wash devices thoroughly in hot water and kitchen detergent.
3. Do **not** rinse.
4. Allow devices to 'air dry'. Do not rub dry.
5. When completely dry, ensure the canister is replaced into the puffer container and check the device is working correctly by administering a 'puff' into the air. A mist should be visible upon administration.

If any device is contaminated by blood, throw it away and replace the device.
Who is affected by this policy?
Coordination Unit, Children, Families, Educators and Coordinators.
Related Policies and procedures
Enrolment Policy, Medical Conditions Policy, Anaphylaxis Policy.

Related FDC Documents
Enrolment form, educator and parent agreement form, Incident, Injury, Trauma and Illness report form.
Sources:

- Education and Care Services National Regulations
- Education and Care Services National Law Act 2010.
- Guide to the National Quality Framework.

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39. DIABETES MANAGEMENT POLICY

Diabetes in children can be a diagnosis that has a significant impact on families and children. It is imperative that Educators/Educator Assistant at the Family Day Care Service understand the responsibilities of diabetes management to reduce the risk of emergency situations and long-term complications. Most younger children will require additional support from the Family Day Care Educator/Educator Assistant to manage their diabetes whilst in attendance however, older school aged children may be working towards independence and learning to self-monitor blood glucose and insulin injecting.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
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.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
90	Medical conditions policy
90(1)(iv)	Medical Conditions Communication Plan
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement—anaphylaxis or asthma emergency

95	Procedure for administration of medication
96	Self-administration of medication
136	First aid qualifications

PURPOSE

Our Family Day Care Service is committed to providing a safe and healthy environment that is inclusive for all children, Educators/Educator Assistants, visitors and family members. The aim of this policy is to minimise the risk of a diabetic medical emergency occurring for any child whilst at our Family Day Care Service by supporting young people with diabetes, working in partnership with families and health professionals, and following the child's Medical Management Plan.

SCOPE

This policy applies to the Approved Provider, Coordinator, Educators, Educator Assistants, children, families, and visitors of the Family Day Care Service.

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 enough insulin (or a combination of both). Type-2 diabetes accounts for between 85 and 90 per cent of all cases of diabetes and usually develops in adults over the age of 45 years but 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 Family Day Care Service has a legal responsibility to take reasonable steps to ensure that the health needs of all children enrolled in the service are met. This includes our responsibility to provide

a. a safe environment and
b. adequate supervision at all times.

Our Family Day Care Service will ensure all educators, educator assistants and coordinators, including relief staff, have adequate training and knowledge about diabetes and know what to do in an emergency to ensure the health and safety of children (especially in regard to hypoglycaemia and safety in sport).

IMPLEMENTATION

We will involve all FDC educators/educator assistants, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The Family Day Care 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 FDC educators/educator assistants, volunteers, and families of the Family Day Care 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 Family Day Care Service until the child's Medical Management Plan is completed and signed by their medical practitioner or diabetes medical team, and the relevant FDC educator/educator assistants have been trained on how to manage the individual child's diabetes. A Risk Minimisation and Communication Plan must be developed with parents/guardians to ensure risks are minimised and strategies developed for minimising any risk to the child.

It is imperative that all educators/educator assistants, coordinators and volunteers at the Family Day Care 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.

The Approved Provider/Coordinator will ensure that:

- before the child's enrolment commences, the family will meet with the FDC Service and FDC educator to begin the communication process for managing the child's medical condition in adherence with the registered medical practitioner or health professional's instructions
- parents/guardians of an enrolled child who is diagnosed with diabetes are provided with a copy of the *Diabetes Management Policy, Medical Conditions Policy and Administration of Medication Policy*
- each child with type-1 diabetes has a current individual diabetes Medical Management Plan prepared by the child's diabetes medical specialist team, at or prior to enrolment
- discussions occur regarding authorisation for children to carry diabetes equipment with them and the self-administration of Blood Glucose testing and insulin injecting. Any authorisations for self-administration must be documented in the child's Medical Management Plan and approved by the FDC Service, FDC educator, parents/guardian and the child's medical management team.
- a child's diabetes Medical Management Plan is signed by a registered Medical Practitioner or Paediatrician and inserted into the enrolment record for each child. This will include all information on how to manage the

child's diabetes on a day to day basis as well as the emergency management of the child's medical condition. Information may include:

- blood glucose testing- BG meter
- insulin administration
- food, carbohydrate counting
- how to store insulin correctly
- how the insulin is delivered to the child- as an injection or via an insulin pump/ Continuous Glucose Monitoring CGM
- oral medicine the child may be prescribed
- managing diabetes during physical activities and excursions
- permission for the child to self-administer blood glucose testing and insulin injecting

- a Communication Plan is developed for the FDC educator and parents/guardians encouraging ongoing communication regarding the management of the child's medical condition, the current status of the child's medical condition, and this policy and its implementation within the Service prior to the child starting at the FDC Service
- all educators and educator assistants, including volunteers, are provided with a copy of the *Diabetes Management Policy* and the *Medical Conditions Policy* which are reviewed annually
- a copy of this policy is provided and reviewed during each new educator's induction process
- all FDC educators/educator assistants have completed first aid training approved by the Education and Care Services National Regulations at least every 3 years and that this is recorded, with a copy of each staff members' certificate held on the FDC Service's premises
- when a child diagnosed with diabetes is enrolled, all educators attend regular professional training on the management of diabetes and, where appropriate, emergency management of diabetes
- the FDC educator/educator assistant is appropriately trained to perform finger-prick blood glucose or urinalysis monitoring and is aware of the action to be taken if these are abnormal
- consideration is given as to how and where insulin is stored and the safety of sharps disposal
- the family supplies all necessary glucose monitoring and management equipment, and any prescribed medications prior to the child's enrolment
- the Risk Minimisation Plan will cover the child's known triggers and where relevant other common triggers which may lead to a diabetic emergency
- all FDC educators/educator assistants who have children with diabetes enrolled are trained to identify children displaying the symptoms of a diabetic emergency and are aware of the location of the diabetic Medical Management Plan, required insulin/food as well as the Risk Minimisation and Emergency Action Plan
- all FDC educators/educator assistants are aware of children diagnosed with diabetes, their individual symptoms of low blood sugar levels, and the location of their Medical Management Plans and Risk Minimisation and Communication Plans.

- individual child's Medical Management and Emergency Action Plan will be displayed at the FDC residence and copies kept at the FDC Service
- FDC educators/educator assistants accompanying children outside the FDC Service to attend excursions or any other event carries the appropriate monitoring equipment, any prescribed medication, a copy of the diabetes Medical Management Plan and Emergency Action Plan for children diagnosed with diabetes
- the programs delivered at the FDC Service are inclusive of children diagnosed with diabetes and that children with diabetes can participate in activities safely and to their full potential
- all FDC educators/educator assistants are aware of the strategies to be implemented for the management of diabetes in conjunction with each child's diabetes Medical Management Plan
- updated information, resources and support is regularly given to families for managing childhood diabetes
- meals, snacks and drinks that are appropriate for the child and are in accordance with the child's diabetes Medical Management plan are available at the FDC Service at all times
- eating times are flexible and children are provided with enough time to eat
- Diabetes Australia are contacted for further information to assist educators to gain and maintain a comprehensive understanding about managing and treating diabetes
- applications for additional funding opportunities are made if required to support the child and FDC educators.

Educators/Educator Assistants will:

- read and comply with the *Diabetes Management Policy*, *Medical Conditions Policy* and *Administration of Medication Policy*.
- know which children are diagnosed with diabetes, and the location of their monitoring equipment, diabetes Medical Management Plan and Action Plan and any prescribed medications.
- perform finger-prick blood glucose or urinalysis monitoring as required 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 as per their Communication Plan
- 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 Family Day Care 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 Medical Management Plan is visible and known to FDC educators/educator assistants within the Family Day Care Service
- take all personal Medical Management Plans, monitoring equipment, medication records, Emergency Action Plans and any prescribed medication on excursions and other events outside the Family Day Care Service

- recognise the symptoms of a diabetic emergency and treat appropriately by following the diabetes Medical Management Plan and the Emergency Action Plan
- administer prescribed medication if needed according to the Emergency Action Plan in accordance with the Family Day Care Service's *Administration of Medication Policy*.
- identify and where possible minimise possible triggers as outlined in the child's diabetes Medical Management Plan and Risk Minimisation Plan.
- increase supervision of a child diagnosed with diabetes on special occasions such as excursions, incursions, parties and family days, as well as during periods of high-energy activities
- maintain a record of the expiry date of the prescribed medication relating to the medical condition so as to ensure it is replaced prior to expiry
- ensure the location is known of glucose foods or sweetened drinks to treat hypoglycaemia (low blood glucose), e.g. glucose tablets, glucose jellybeans, etc.

Families will ensure they provide the Family Day Care Service with:

- details of the child's health condition, treatment, medications, and known triggers
- their doctor's name, address and phone number, and a phone number for an authorised nominee and/or emergency contact person in case of an emergency
- a Medical Management Plan and Emergency Action Plan following enrolment and prior to the child starting at the FDC Service is completed by their child's diabetes team (paediatrician or endocrinologist, general practitioner and diabetes educator). The plan should include:
    - when, how, and how often the child is to have finger-prick or urinalysis glucose or ketone monitoring
    - what meals and snacks are required including food types/groups amount and timing
    - what activities and exercise the child can or cannot do
    - whether the child is able to go on excursions and what provisions are required
    - what symptoms and signs to look for that might indicate hypoglycaemia (low blood glucose) or hyperglycaemia (high blood glucose)
    - what action to take in the case of an emergency
    - an up to date photograph of the child
- the appropriate monitoring equipment needed according to the diabetes Medical Management Plan- blood glucose meter with test strips, insulin pump consumables and hypo treatment foods/drinks
- an adequate supply of emergency insulin for the child at all times according to the Emergency Action Plan.
- information regarding their child's medical condition and provide answers to questions as required and pertaining to the medical condition and management of their condition
- any changes to their child's medical condition including the provision of a new diabetes Medical Management Plan to reflect these changes as needed

- all relevant information and concerns to staff, for example, any matter relating to the health of the child that may impact on the management of their diabetes

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), and
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 carbohydrate or other correct food
- a meal or snack has been delayed or missed
- unaccustomed or unplanned physical exercise or
- the young person has been more stressed or excited than usual

If a child suffers from a diabetic emergency the Family Day Care Service will:

- Follow the child's Diabetic Emergency Plan.
- If the child does not respond to steps within the diabetic Action Plan, immediately dial 000 for an ambulance
- Continue first aid measures and follow instructions provided by emergency services
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian can't be contacted when practicable
- Inform the Approved Provider as soon as practicable
- Notify the regulatory authority within 24 hours

SIGNS & SYMPTOMS

HYPOGLYCEMIA (HYPO)

If caused by low blood sugar, the child may:

• feel dizzy, weak, tremble and feel hungry
• look pale and have a rapid pulse (palpitations)
• sweat profusely
• feel numb around lips and fingers
• change in behaviour- angry, quiet, confused, crying
• become unconsciousness or have a seizure

HYPERGLYCEMIA (HYPER)

If caused by high blood sugar, the child may:

- feel excessively thirsty
- have a frequent need to urinate
- feeling tired or lethargic
- feel sick
- be irritable
- complain of blurred vision
- lack concentration
- have hot dry skin, a rapid pulse, drowsiness
- have the smell of acetone (like nail polish remover) on the breath
- become unconsciousness

For more information, contact the following organisations:

Diabetes Australia

https://www.diabetesaustralia.com.au/contact-us

Juvenile Diabetes Research Foundation: www.jdrf.org.au

National Diabetes Services Scheme- An Australian Government Initiative https://www.ndss.com.au/living-with-diabetes/about-you/young-people/living-with-diabetes/school/

State and Territory specific information

Diabetes NSW & ACT: https://diabetesnsw.com.au/

Diabetes Victoria: https://diabetesvic.org.au/

Diabetes South Australia: https://www.diabetessa.com.au/

Diabetes Queensland: https://www.diabetesqld.org.au/

Diabetes Western Australia: https://diabeteswa.com.au/

Healthy Living, Northern Territory: https://healthylivingnt.org.au/our-services/diabetes/

Diabetes Tasmania: https://www.diabetestas.org.au/

Source

As 1 Diabetes (2017) - http://as1diabetes.com.au/
Australian Children's Education & Care Quality Authority. (2014).
Early Childhood Australia Code of Ethics. (2016).
Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).
Guide to the National Quality Standard. (2020)

National Diabetes Services Scheme (NDSS). *Mastering diabetes in preschools and schools.* (2020).
National Health and Medical Research Council. (2012) (updated June 2013). *Staying healthy: Preventing infectious diseases in early childhood education and care services.*
Revised National Quality Standard. (2018).
Siminerio, L., Albanese-O'Neill, A., Chiang, J. L., Hathaway, K., Jackson, C. C. (2014). Care of young children with diabetes in the childcare setting: A position statement of the American Diabetes Association. *Diabetes Care, 37,* 2834-2842. Retrieved fromhttp://main.diabetes.org/dorg/PDFs/Advocacy/Discrimination/ps-care-of-young-children-with-diabetes-in-child-care-setting.pdf

REVIEW

POLICY REVIEWED	JULY 2020	NEXT REVIEW DATE	JULY 2021
MODIFICATIONS	• additional related policies added • information regarding Risk Minimisation and Communication Plan added • Emergency Action Plan term used throughout policy • inclusions for the Medical Management Plan for diabetes • information regarding self-administration of medication • further information on diabetic emergency added • deleted repeated information • checked sources and links for currency minor formatting editing		

POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
JULY 2019	• Grammar and punctuation edited. • Additional information added to points. • References checked & corrected re diabetes info. • 'For more information…' section – references updated/corrected. • New references added for each state. • Sources checked for currency. • Regulation 136 added.	JULY 2020
JULY 2018	• New policy draft	JULY 2019

40. EPILEPSY POLICY

NQS

QA2	2.1.2	Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
	2.2.1	Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

National Regulations

Regs	90	Medical conditions policy
	91	Medical conditions policy to be provided to parents
	92	Medication record
	93	Administration of medication
	94	Exception to authorisation requirement—anaphylaxis or asthma emergency
	95	Procedure for administration of medication
	96	Self-administration of medication

AIM

Kidzone and its educators welcome children with epilepsy. We ensure the safety and wellbeing of all children and will adopt inclusive practices to cater for the additional requirements of children with epilepsy in a respectful and confidential manner.

IMPLEMENTATION

Kidzone will ensure all educators are aware of the enrolment of a child with epilepsy and have an understanding of the condition and the additional requirements of the individual child.

Epilepsy and Learning

Epilepsy refers to recurrent seizures where there is a disruption of normal electrical activity in the brain that can cause disturbance of consciousness and/or body movements.

The effects of epilepsy can vary. Some children will suffer no adverse effects while epilepsy may impact others by affecting, for example, their comprehension, expressive language, visual perception, concentration and memory. Some children with epilepsy may have absence seizures where they are briefly unconscious. Our educators will ensure they go over any learning or activity a child may have missed during a seizure.

The level of expectation for each child has a significant influence on performance. Our educators will facilitate a positive environment of encouragement, stimulation and reassurance

Behaviour Support

Our educators will ensure that any routine management of a child's epilepsy, including the administration of any medication, occurs with minimal disruption to their education and care.

As for all children, behaviour expectations for children with epilepsy should be consistent and predictable, and also sufficiently flexible to accommodate periods of stress and any emotional difficulties a child with epilepsy may be experiencing.

Our educators will nurture the self-esteem of all children, including those with epilepsy, and create a positive environment of inclusiveness and acceptance for all children.

Information Sharing: Confidentiality and privacy

Our service will adhere to privacy and confidentiality principles when dealing with each child's health and safety needs.

The sharing of information, including the amount and type of information, will be assessed and negotiated for each child with epilepsy. Educators need information about routine and predictable emergency care because it affects the child's learning, access to the curriculum and their safety.

Information exchange between the family, health professionals and the service is also essential to support the child emotional health and enhance their peer support. Young children, for example often enjoy sharing the news and their experiences of living with epilepsy with their classmates. This should be discussed with parents so that they can support their child in this process.

Medical Management Plan

Children with epilepsy must have a Medical Management Plan provided by their doctor and /or parents. This Plan should include information about:

- the type of seizures the childhas
- their severity andtiming
- whether there are any warning signs before aseizure
- any first aid requirements in addition to standard firstaid
- knowntriggers
- emotional needs of thechild
- the level of participation, supervision needs and protection required for the child during activities, whether the child's safety may be compromised during anactivity.

Medical Conditions Risk Minimisation Plan

Our service will prepare a Medical Conditions Risk Minimisation Plan outlining procedures we will implement to minimise the incidence and effect of a child's epilepsy. The Plan will cover the child's known triggers and where relevant other common triggers which may cause an epileptic seizure. These include:

- missing medication for non-epilepticconditions
- suddenly stopping anti-convulsant medication or missing adose
- infection or illness, especially if associated with atemperature
- lack ofsleep
- extreme emotions, such as excitement about an excursion, stress orboredom
- hyperventilation/over-breathing
- headinjury
- flickering lights (computers are not usually a problem)—only with certain kinds ofepilepsy
- missingmeals
- dehydration
- significant changes in temperature or extreme temperatures, e.g. on a hot day sitting on the sunny side of a bus with no airconditioning.

Educators will encourage children with epilepsy to participate in all activities at our service unless any are specifically excluded by the child's doctor or parents. Independence and social acceptance are important to all children. The Risk Minimisation Plan will cover whether any adjustments need to be made to an activity to ensure

the child can participate. These may include the child wearing protective gear and providing increased supervision of the activity. Educators will go over any learning or activity a child misses during a seizure and manage the epilepsy / administer medication in a supportive way which does not disrupt the child's learning.

First Aid

Our service will ensure that all educators maintain up to date training in epilepsy, and where required, training in the administration of epileptic medication. If a child is having an epileptic seizure, educator will:

- Protect the child frominjury
- Not restrain the child or put anything in theirmouth
- Gently roll them on to the side in the recovery position as soon as possible (not required if, for example, child is safe in a wheelchair safe and airway isclear)
- Monitor theairway.
- Call an ambulance if necessary. This may includewhen:
    - a seizure continues for more than threeminutes
    - another seizure quickly follows thefirst
    - it is the child's firstseizure
    - the child is having more seizures than is usual forthem
    - certain medication has beenadministered
    - they suspect breathing difficulty orinjury
- complete the Incident, Injury, Illness and Trauma Record, including the time the seizure started and stopped and observations of the seizure, as soon as possible but within 24 hours of the seizure
- contact the parent/guardian or the person to be notified in the event of illness if the parent/guardian cannot becontacted.

The first aid trained educator may not call an ambulance when the seizure stops within three minutes and there are no complications (ie injury). The child will be kept in the recovery position until conscious. Educators will always call an ambulance if required under the Medical Management Plan.

Review

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

- Management
- Employees
- Families
- InterestedParties

Sources

Education and Care Services National Regulations 2011 National Quality Standard

Australian Government, Attorney General's Department, Australian Emergency Management Early Years Learning Framework

Work Health and Safety Act 2011

Work Health and Safety Regulations 2017

Fact Sheet Emergency Plans – Safe Work Australia

Epilepsy planning and support guide for education and children's services DECS SA 2007 Epilepsy Foundation of Victoria

Epilepsy Action Australia Related

Telephone Numbers:

- Early Childhood Directorate 1800 619113
- NSW Health9391-9000
- Epilepsy Australia 1300 852853
- Health Direct 1800 022222
- Emergency Services000

41. IMMUNISATION AND INFECTIOUS DISEASE POLICY

Policy and procedure number:
Link to NQS: 2.1.1, 2.1.4
Link to N.reg: 88, 90, 162

POLICY STATEMENT:

Children are often infectious before symptoms appear. Therefore, it is important for Educators to operate their business ensuring good hygiene practices at all times. It is also important that educators and staff act appropriately and with sensitivity when dealing with an infectious child and their family. Educators, co-ordination unit staff and families need to be informed about infectious diseases that are common in early childhood settings.

AIM:

KIDZONEFDC aims to ensure all individuals involved are familiar with the procedures to reduce the spread of infectious diseases in Family Day Care homes.

IMPLEMENTATION:

Infectious diseases:
The Department of Health Exclusion Table - is to be available at the educator's homes. Parents/guardians are required to notify the educator if their child has an infectious disease. During the exclusion period for an infected person or contacts with that person, that child or adult must comply with the exclusion period and not attend the service.
The co-ordination unit will:

- Gather immunisation status of each child, which is recorded on the enrolment form. Immunisation status is sighted on enrolment.
- Provide information and resources to educators on how to prevent the transmission of infectious diseases.
- Model safe hygienic practices to educators and children where possible, e.g. hand washing.
- If a child is diagnosed with a communicable disease refer to the Department of Health Communicable Diseases Exclusion Table

Educators will:

- Provide a safe and healthy environment for children
- Be aware of a child's immunisation status on their enrolment form.
- Notify the FDC co-ordination unit of any outbreak of an infectious disease.
- When necessary, exclude a child or other person with an infectious disease in line with the recommended exclusion period
- Notify all parents/guardians of any outbreak of an infectious disease. Information is to be displayed in a prominent position. This should be done in a manner that ensures confidentiality for any child, family, educator and their family and staff members.
- Advise parents/guardians on enrolment that the Department of Health Communicable Diseases Exclusion Table will be applied to any infectious disease event.
- Minimise the risk of infection to others by following strict personal and environmental Hygiene practices.
- Respond to the needs of children if a child becomes ill while in care.
- Provide up-to-date information for families and Educators on immunisation and the protection of all children from infectious diseases.

Families will:

- Notify the FDC Service and Educator of their child's immunisation status. This will include if they choose not to immunise their child (conscientious objector)
- Notify the FDC service if their child has an infectious disease.
- Keep infectious or sick children away from the care environment.
- Promptly pick up a sick or infectious child that becomes ill whilst in care.
- Provide accurate and current information regarding the immunisation status of their Child/Children when they enrol and any subsequent changes to this whilst they are attending the FDC Service.
- Comply with the Department of Health exclusion table
- Communicate with the educator about the child's health and wellbeing.
- Notify the educator if the child is being tested for an infectious disease.

Immunisation for children:

When a child is enrolled at the KIDZONEFDC parents are required to indicate if their child has been immunised on the enrolment form. A staff member will site the Immunisation record of the child on enrolment. It is a requirement of the Commonwealth Government that children's immunisation records are kept up to date. Notices and relevant information regarding immunisation is provided to educators and parents.

Who is affected by this policy?

Management, Coordination Unit, Children, Families and Educators.

Related Policies and procedures

Enrolment policy, additional needs policy, Medical Conditions Policy, Interaction with children's policy.

Related FDC Documents
Enrolment form, Exclusion Periods for Infectious Diseases table.
Sources:

- Education and Care Services National Regulations
- Education and Care Services National Law Act 2010.
- Guide to the National Quality Framework.
- Early Years Learning Framework
- National Quality Standards

Reviewed: Aug 2017
Reviewed date: May 2018
Reviewed: May 2019
Updated 2020

42. CONTROL OF INFECTIOUS DISEASE POLICY

The spread of infections in the early childhood environment is facilitated by microbial contamination of the environment, as well as the greater exposure to young children who are still developing hygienic behaviours and habits. Our Family Day Care Service will minimise children's exposure to infectious diseases by adhering to all recommended guidelines from relevant authorities regarding the prevention of infectious diseases, promoting practices that reduce the transmission of infection, ensuring the exclusion of sick children and educators, supporting child immunisation, and implementing effective hygiene practices.
Our Service will provide up-to-date information and advice to parents, families and educators sourced from the Australian Government Department of Health, Australian Health Protection Principal Committee (AHPPC) and state Ministry of Health about infectious diseases as required. Recommendations from the Health Department will be strictly adhered to at all times.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS

77	Health, hygiene and safe food practices
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
88	Infectious diseases
93	Administration of medication
90	Medical conditions policy
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
EDUCATION AND CARE SERVICES NATIONAL LAW	
174(2)(a)	Notification to the Regulatory Authority- (a) any serious incident at the approved education and care service

PURPOSE

Children encounter many other children and adults within the Family Day Care Service environment which can result in the contraction of infectious illnesses. Our Family Day Care Service has a duty of care to ensure that children, families, educators and visitors of the Service are provided with a high level of protection during the hours of the Service's operation. We aim to manage illnesses and prevent the spread of infectious diseases throughout the Family Day Care Service.

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

SCOPE

This policy applies to the Approved Provider, Coordinator, Educators, Educator Assistants, children, families, and visitors of the Family Day Care Service.

IMPLEMENTATION

Our Service is committed to minimise the spread of infectious diseases and viruses by implementing recommendations as stated in the Staying healthy: *Preventing infectious diseases in early childhood education*

and care services (Fifth Edition) developed by the Australian Government National Health and Medical Research Council and advice provided from the Australian Health Protection Principal Committee (AHPPC).

We are guided by decisions regarding exclusion periods and notification of infectious diseases by the *Australian Government- Department of Health* and local Public Health Units in our jurisdiction as per the Public Health Act.

The need for exclusion and the length of time a person is excluded from the Service depends on:

- how easily the infection can spread
- how long the person is likely to be infectious and
- the severity of the infectious disease or illness.

This policy must be read in conjunction with our other Quality Area 2 policies:

- COVID-19 Management Policy
- Immunisation Policy
- Sick Children Policy
- Incident, Illness, Accident and Trauma Policy and
- Medical Conditions Policy and
- Handwashing Policy

Information to be displayed at the Service

INFORMATION	WEBSITE	PHONE NUMBER
The National Immunisation Program (NIP) Service	https://beta.health.gov.au/initiatives-and-programs/national-immunisation-program	1800 020 103
The NSW Immunisation Schedule (March 2020)	http://www.health.nsw.gov.au/immunisation/Pages/nsw-immunisation-schedule.aspx	
NSW Health Local NSW Public Health Unit Contact Details	https://www.health.nsw.gov.au/Infectious/pages/phus.aspx	1300 066 055
Department of Health	In the event of a community spread virus- (COVID-19) publications from Government agencies will be displayed https://www.health.gov.au/resources/collections/coronavirus-covid-19-campaign-resources	1800 020 080

Note homeopathic immunisation is not recognised.

Preventing Infectious Diseases

Children enter education and care services when their immune systems are still developing. They have not been exposed to many common germs and therefore are susceptible to bacteria that may cause infections. Given the

close physical contact children have with other children in early childhood and care, it is very easy for infectious diseases and illnesses to spread through normal daily activities.

Our Service implements rigorous hygienic practices to limit the spread of illness and infectious diseases including:

- effective hand washing hygiene
- cough and sneeze etiquette
- use of gloves
- exclusion of children when they are unwell or displaying symptoms of an infectious disease or virus
- effective environmental cleaning including toys and resources (including bedding)
- requesting parents and visitors to wash their hands with soap and water or hand sanitizer upon arrival and departure at the family day care residence
- physical distancing (if recommended)
- restricting parents and visitors from entering our service to reduce threat of spread of a community disease (eg: COVID-19)

Immunisation requirements

Immunisation is a reliable way to prevent many childhood infectious diseases. As of January 2018, unvaccinated children due to their parent's conscientious objection are no longer able to be enrolled in childcare in NSW. Children who cannot be fully vaccinated due to a medical condition or who are on a recognised catch-up schedule may still be enrolled upon presentation of the appropriate form signed by a medical practitionerwho meets the criteria stated by the Australian Government.

Only parents of children (less than 20 years of age) who are fully immunised or are on a recognised catch-up schedule can receive Child Care Subsidy (CCS) and the Family Tax Benefit Part A end of year supplement.

The relevant vaccinations are those under the *National Immunisation Program* (NIP), which covers the vaccines usually administered before age five. These vaccinations must be recorded on the Australian Immunisation Register (AIR).

FDC educators and other staff are highly recommended to keep up to date with all immunisations including yearly influenza vaccinations. These include vaccinations recommended by the National Health and Medical Research Council (NHMRC).

Refer to *Immunisation Policy* for more information

Reporting Outbreaks to the Public Health Unit and Regulatory Authority

Outbreaks of communicable diseases and contagious viruses represent a threat to public health. To help prevent outbreaks, the Department of Health monitors the number of people who contract certain infectious diseases and their characteristics, the recent travel or attendance of infected people in a public place or on public

transport, and works with health specialists and doctors to help prevent the transmission of diseases to other people.

The Public Health Act 2010 lawfully requires and authorises doctors, hospitals, laboratories, school principals and childcare centre directors to confidentially notify NSW Healthof patients with certain conditions, and to provide the required information on the notification forms. Specialist trained public health staff review this information and if necessary, contact the patient's doctor, and sometimes the patient, to provide advice about disease control and to complete the collection of information.

All information is held confidentially in order to protect the patient's privacy. Both the NSW and Commonwealth Privacy Acts only release/disclose patient information where it is lawfully required or authorised.

Family Day Care educators must notify the Approved Provider/Nominated Supervisor of any incidence of an infectious disease. This must be also be documented on an *Incident, Injury, Trauma and Illness Record.*

The Approved Provider is required to notify the local Public Health Unit (PHU) by phone (call 1300 066 055) as soon as possible after they are made aware that a child enrolled at the Family Day Care Service is suffering from one of the following vaccine preventable diseases or any confirmed case of COVID-19

- Diphtheria
- Mumps
- Poliomyelitis
- Haemophilus influenzae Type b (Hib)
- Meningococcal disease
- Rubella ('German measles')
- Measles
- Pertussis ('whooping cough')
- Tetanus
- An outbreak of 2 or more people with gastrointestinal or respiratory illness. \

The Approved Provider/Nominated Supervisor will closely monitor health alerts and guidelines from Public Health Units and the Australian Government- Department of Health for any advice and emergency health management in the event of a contagious illness outbreak.
The Approved Provider must also notify the Regulatory Authority of any incidence of a notifiable Infectious disease or illness. acecqa contact regulatory authority

THE APPROVED PROVIDER WILL ENSURE:

- that all information regarding the prevention and transmission of infectious diseases is sourced from a recognised health authority Australian Government Department of Health
- exclusion periods for people with infectious diseases recommended by Government Authorities are implemented for all staff, children, parents, families and visitors
- the Service implements recommendations from *Staying healthy: Preventing infectious diseases in early childhood education and care services*to maintain a healthy environment
- advice and recommendations from the Australian Health Protection Principal Committee (AHPPC) and Safe Work Australia will be implemented where reasonably possible
- children are protected from harm by ensuring relevant policies and procedures are followed regarding health and safety within each family day care residence/or venue
- required enrolment information, including health and immunisation records of enrolled children is collected, maintained and appropriately and securely stored
- a staff immunisation record that documents each staff member's previous infection or immunisations (including dates) is developed and maintained
- the Public Health Unit is notified in the event of an outbreak of viral gastroenteritis. Management must document the number of cases, dates of onset, duration of symptoms. An outbreak is when two or more children or staff have a sudden onset of diarrhoea or vomiting in a 2-day period. (NSW Government- Health 2019)
- infection control measures are implemented in each FDC residence

In the event of a confirmed COVID-19 case in any FDC residence/service, the Public Health Unit and Regulatory Authority will be notified and advice followed to ensure the safety of children, educators and visitors to the service. (NQA ITS)

- the Department of Education, Skills and Employment in [state/territory] is notified of a positive COVID-19
- directions from the PHU are followed to close the FDC service and an industrial/deep clean of the service is conducted
- all families and staff are notified of the closure of the service if advised to do so by the PHU
- privacy and confidentiality laws are adhered to- the person who has the confirmed case of COVID-19 will be on a 'need to know' basis only
- information is provided to the PHU for contact tracing
- COVID-19 testing will be conducted for educators, educator assistants and family members residing in the FDC residence
- COVID-19 testing will be required for all children and families as advised by PHU
- re-opening dates will be confirmed to the Regulatory Authority, DESE and families when advised by the PHU

A NOMINATED SUPERVISOR/ RESPONSIBLE PERSON /FAMILY DAY CARE EDUCATOR WILL ENSURE:

- a hygienic environment is promoted and maintained
- children are supported in their understanding of health and hygiene practices throughout the daily program and routine (hand washing, hand drying, cough and sneeze etiquette)
- they are aware of relevant immunisation guidelines for children and themselves
- wall charts about immunisation are displayed in the principal office of the FDC Service and in each FDC residence and/or venue
- an Immunisation History Statement for each child is collected on enrolment and maintained regarding the child's immunisation status (AIR) and any medical conditions
- families are provided with relevant sourced materials and information on infectious diseases, health, and hygiene including:
    - the current NSW Immunisation Schedule
    - exclusion guidelines in the event of a vaccine preventable illness at the FDC 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.
- families are provided with information about an infectious disease by displaying and emailing the Infectious Diseases Notification Form and details
- families are advised that they must alert the Service if their child is diagnosed with an Infectious Illness
- all educators are mindful and maintain confidentiality of individual children's medical circumstances
- that opportunities for educators to source pertinent up to date information from trusted sources on the prevention of infectious diseases and maintaining health and hygiene are provided
- that 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 are provided
- families are advised to keep children at home 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 FDC Service if families provide a doctor's certificate/clearance certifying that the child is no longer contagious and is in good health. Please note; it is not always possible to obtain a doctor's certificate or clearance for suspected cases of an illness. The decision to approve a child's return is up to the Coordinator/Family Day Care educator.
- to complete the register of *Incident,Injury, Trauma and Illness* and/or document incidents of infectious diseases no later than 24 hours of an illness or infectious disease occurring in the Service
- FDC educators who have diarrhoea or an infectious disease must not provide education and care to children for at least 48 hours. Alternative arrangements will need to be made for a relief educator during this period.

- any risk to a child or adult with complex medical needs is minimised in the event of an outbreak of an infectious disease or virus. This may require a risk assessment and decision-making regarding the suitability of attendance of the child or staff member during this time

EDUCATORS WILL ENSURE:

- notification is made immediately to the Approved Provider and PHU of any confirmed case of COVID-19
- procedures for contact tracing, industrial cleaning, COVID-19 testing will be adhered to
- families are advised that they must alert the Family Day Care Service if their child is diagnosed with an Infectious Illness
- after confirmation that a child is suffering from an infectious disease, and as soon as practical, the family of each child must be notified whilst maintaining the privacy of the ill/infectious child. Communication may be:
    - verbally
    - through a letter from the educator or Approved Provider
    - posting a note or sign at the entry of the residence
    - via electronic message- text message or email
- the Approved Provider must approve the content of the message before this is sent to families
- information or factsheets related to the disease/infection and the necessary precautions/exclusions required should be provided to families
- their own immunisation status is maintained, and the Approved Provider/Nominated Supervisor is advised of any updates to their immunisation status.
- opportunities are provided for children to participate in hygiene practices, including routine opportunities, and intentional practice such as hand washing, sneezing and cough etiquette.

Infection Control Measures – Managing the outbreak

In the event of an outbreak of gastroenteritis or any other infectious illness, the Family Day Care educator will:

- isolate a sick child/ren where possible in the residence
- contact parents/guardian to collect their unwell child/ children as soon as practicable
- depending on the symptoms of the illness, request the child has a COVID-19 test
- immediately clean any vomit/ faeces and disinfect contaminated surfaces/objects
- respond to the child's needs and ensure their health and emotional needs are supported at all times
- ensure appropriate health and safety procedures are implemented when treating ill children- wear disposable gloves, face mask or other PPE if needed
- clean the child using disposable paper towels and change of clothes
- put clothing in a leak proof plastic bag for parent to take home

- remove disposable gloves
- put on new disposable gloves and clean all resources or items touched by a child with a suspected illness. Once cleaned, disinfect with diluted bleach (Staying Healthy: Preventing diseases in early childhood and care services
- wash hands thoroughly with liquid soap and alcohol rub
- alert all children to participate in hygiene practices, including hand washing, sneezing and cough etiquette
- ensure consideration is given to the combination of children to decrease the risk of attaining an infectious illness when planning the routines/program of the day
- ensure sick children are excluded from the FDC residence for at least 48 hours after symptoms stop (gastro) or they are no longer considered infectious (see exclusion periods)
- if a child has had a COVID-19 test, they are not permitted to return to the service unless they have a negative result (see COVID-19 Management Policy)
- complete the *Incident, Injury, Trauma and Illness* record and ensure parents acknowledge the details contained in the record to be true with their signature and date. A copy of this record must be given to the Approved Provider as part of the notification to the Regulatory Authority, Public Health Unit and other government agencies as required.

Prevention strategies for minimising the spread of disease within our Service include all educators, educator assistants and coordinators ensuring:

- they adhere to the Family Day Care Service's health and hygiene policy including:
    - hand washing
    - daily cleaning of the Family Day Care Service
    - wearing gloves (particularly when in direct contact with bodily fluids- nappy changing and toileting)
    - appropriate and hygienic handling and preparation of food
    - COVID Safe Plan
- they maintain up to date knowledge with respect to Health and Safety through on-going professional development opportunities
- children rest 'head to toe' to avoid cross infection while resting or sleeping
- cots or mattresses are placed at least 1.5m away from each other if physical distancing measures are required to be implemented
- children do not to share beds at the same time
- they use paper towel and disinfectant is used to clean the beds after each use
- all play dough is freshly made 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 each day for the duration of the outbreak.

- 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 sink and then air-dried
- that a daily clean is carried out on other surfaces that may transmit germs such as high touch objects including doorknobs, tables, light switches, handles, remotes, play gyms, low shelving, etc.This will be increased if an outbreak has been recorded in the Service or to minimise the risk of transmission of a virus such as COVID-19
- that if a child has a toileting accident, the items are 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.
- cloths are colour coded so that a separate cloth is used to clean floors, bathroom, art and craft, and meal surfaces
- that any toy that is mouthed by a child is placed immediately in the 'toys to be washed' basket located on the top shelf in the nappy change area and 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.
- toys and equipment (that are difficult to wash) will be washed with detergent (or soap and water) and air-dried in sunlight
- washable toys and equipment will be washed in detergent and hot water or the dishwasher and aired to dry (toys will not be washed in the dishwasher at the same time as dishes). All toys and equipment that have been cleaned will be recorded on the toy cleaning register.
- a 'Dummy Basket' is located by the sign in sheet that requires all children that use a dummy to place the dummy in the basket in an individual container, small zip locked plastic bag, or a protector with the child's name clearly stated to reduce the risk of cross contamination.
- all cleaning procedures will be recorded on the Service's Cleaning Checklist.
- furnishings, fabric tablecloths and pillowcases will be laundered at the end of each week and hung out to dry. This will be increased to every Monday, Wednesday and Friday during winter months or daily during an outbreak of illness in the Service.
- floor surfaces will be cleaned on a daily basis after each meal and at the end of each day
- toilets/bathrooms will be cleaned in the middle of the day, the end of the day and whenever needed throughout the day using disinfectant and paper towel.
- disposable paper towel and disinfectant are used to clean bodily fluids off beds, floors, bathrooms, etc.
- pregnant FDC educators must minimise their exposure to changing nappies, toilet training, cleaning up body fluids due to the risk of contracting Cytomegalovirus (CMV). The occupational risks of CMV infection must be discussed with management of the FDC Service. *(see Pregnancy in Early Childhood Policy)*

FAMILIES WILL:

- adhere to the Service's policy regarding *Sick Children* and exclusion requirements
- adhere to the Service's restrictions of entry into the Service in the event of an outbreak of an infectious disease or virus
- adhere to the Service's policy regarding *Hand Washing*
- exclude their child from care if they display symptoms of an infectious illness or disease or in the event of a vaccine preventable disease occurs in the Service and their child is not immunised fully
- advise the Service of their child's immunisation status, by providing a current Immunisation History Statement recorded on the Australian Immunisation Register (AIR) for the Service to copy and place in the child's file.
- advise the Service when their child's medical action plan is updated
- provide sufficient spare clothing, particularly if the child is toilet training
- adhere to the Service's risk minimisation strategies if their child has complex medical needs in the event of an outbreak of an infectious disease or virus
- provide proof of a negative COVID-19 test if their child is tested for the virus

Resources

Gastro Pack NSW Health

Recommended exclusion periods- Poster Staying Healthy: Preventing Infectious diseases in early childhood education and care services

Minimum periods for exclusion from childcare services (Victoria)

SOURCE

Australian Children's Education & Care Quality Authority. (2014).
Australian Government Department of Health *Health Topics*https://www.health.gov.au/health-topics
Australian Government. Department of Health (2019). *National Immunisation Strategy for Australia 2019-2024*https://www.health.gov.au/sites/default/files/national-immunisation-strategy-for-australia-2019-2024_0.pdf
Australian Government Department of Health Australian Health Protection Principal Committee (AHPPC)
Department of Human Resources: National Immunisation Program Schedule: https://beta.health.gov.au/initiatives-and-programs/national-immunisation-program
Early Childhood Australia Code of Ethics. (2016).
Education and Care Services National Law Act 2010. (Amended 2018).
Education and Care Services National Regulations. (2011)
Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).
Guide to the National Quality Framework. (2017). (amended 2020).
Medicare Australia (Department of Human Services): https://www.humanservices.gov.au/individuals/medicare
National Health and Medical Research Council (NHMRC): https://www.nhmrc.gov.au/
National Health and Medical Research Council. (2012). *Staying healthy: Preventing infectious diseases in early childhood education and care services.*
NSW Government Department of Health. Vaccination requirements for child care: https://www.health.nsw.gov.au/immunisation/Pages/childcare_qa.aspx
NSW Public Health Unit: https://www.health.nsw.gov.au/Infectious/Pages/phus.aspx
Public Health Act 2010
Public Health Amendment Act 2017

Public Health Regulation 2012
Public Health and Wellbeing Regulations 2019
Revised National Quality Standard. (2018).
Safe Work Australia

REVIEW

POLICY REVIEWED	SEPTEMBER 2020	NEXT REVIEW DATE	JUNE 2021
MODIFICATIONS	• additional information related to notification to PHU and Regulatory Authorities • additional information related to COVID-19 management added • further guidance for Infection Control Measures added including contacting parents		

POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
MAY 2020	• Additional information from Australian Health Protection Principal Committee and Safe Work Australia re: physical distancing, immunisation for staff, risk minimisation for vulnerable children/adults, additional cleaning • Requirement of a doctor's certificate for suspected cases of infectious disease made editable for individual services to decide upon • Pregnancy in Early Childhood reference and risks of CMV and pregnancy • Inclusion of recommended exclusion periods Poster link- Staying Healthy: Preventing infectious diseases in ECECE	JUNE 2021
MARCH 2020	• Implementation information added regarding infectious illnesses • Added mandatory reporting to public health unit information • Rearranged some content into new headings- Prevention Strategies • deleted repeated items • New sources added	JUNE 2021
JUNE 2019	• Grammar, punctuation and spelling edited. • sentences reworded/refined. • Additional information added to points. • Sources/references added. • Sources/references alphabetised. • Added a Related Policy. • Related policies alphabetised.	JUNE 2020

JUNE 2018	• Updated the opening statement, included the 'Related Policy' section and made general improvements to grammar to support further understanding and implementation.	JUNE 2019
OCTOBER 2017	• Updated to comply with new vaccination regulations in NSW. Effective January 1, 2018	JUNE 2018

43. INCIDENT, INJURY, TRAUMA & ILLNESS POLICY

The health and safety of family day care educators, educator assistants, children, families and visitors to our Family Day Care Service is of the utmost importance. We aim to reduce the likelihood of incidents, illness, accidents and trauma through implementing comprehensive risk management, effective hygiene practices and the ongoing professional development of all staff to respond quickly and effectively to any incident or accident. We acknowledge that in Family Day Care Services, illness and disease can spread easily from one child to another, even when implementing the recommended hygiene and infection control practices. Our FDC Service aims to minimise illnesses by adhering to all recommended guidelines from relevant government authorities regarding the prevention of infectious diseases and adhere to exclusion periods recommended by public health units.

When groups of children play together and are in new surroundings accidents causing injuries and illnesses may occur. Our FDC Service is committed to effectively manage our physical environment to allow children to experience challenging situations whilst preventing serious injuries.

In the event of an incident, illness, injury or trauma, educators will implement the guidelines set out in this policy to adhere to National Law and Regulations and management will inform the regulatory authority as required.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
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.

2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
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.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
12	Meaning of serious incident
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
88	Infectious diseases
89	First aid kits
97	Emergency and evacuation procedures
161	Authorisations to be kept in enrolment record
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
174(2)(a)	Prescribed information to be notified to Regulatory Authority
176(2)(a)	Time to notify certain information to Regulatory Authority

PURPOSE

The Family Day Care Service has a duty of care to respond to and manage illnesses, accidents, incidents, and trauma that may occur at the Service to ensure the safety and wellbeing of children, educators, educator assistants, coordinators and visitors. This policy will guide educators to manage illness and prevent injury and the spread of infectious diseases and provide guidance of the required action to be taken in the event of an incident, injury, trauma or illness occurring when a child is educated and cared for.

SCOPE

This policy applies to the Approved Provider, Coordinator, Educators, Educator Assistants, children, families, and visitors of the Family Day Care Service.

IMPLEMENTATION

Our Service requires FDC educators to implement risk management planning to identify any possible risks and hazards in their learning environments and practices. Where possible, FDC educators have eliminated or minimised these risks as is reasonably practicable by implementing risk management strategies and providing adequate supervision to ensure children are protected from harm or hazards. Educators will follow this policy and procedures to minimise the impact of incidents and injury to children.
In the event of a serious injury or accident, an ambulance will be called immediately, and the educator will follow any instructions provided by emergency services. Educators will ensure parents are contacted as soon as practicable and the principal office of our service will also be contacted.

Kidzone FDC Service will ensure we review and evaluate our policies and procedures and ensure that educators' physiological wellbeing is supported following any serious incident, injury or trauma.

The Approved Provider or Nominated Supervisor must be contactable by the FDC educator at all times education and care is provided.

Coronavirus (COVID-19)

We are committed to minimise the spread of infectious diseases such as coronavirus (COVID-19) by implementing recommendations provided by the Australian Government- Department of Healthand Safe Work Australia.

Our Service ensures educators implement procedures as stated in the Staying healthy: *Preventing infectious diseases in early childhood education and care services (*Fifth Edition) developed by the Australian Government National Health and Medical Research Council as part of our day-to-day operation of the Service.

We are guided by explicit decisions regarding exclusion periods and notification of any infectious disease by the *Australian Government- Department of Health* and local Public Health Units in our jurisdiction under the Public Health Act.

Identifying signs and symptoms of illness

Family Day Care educators are not doctors and are unable to diagnose an illness or infectious disease. To ensure the symptoms are not infectious and to minimise the spread of an infection, medical advice is required to ensure a safe and healthy environment.

Recommendations from the *Australian Health Protection Principal Committee*and Department of Health will be adhered to minimise risk where reasonably practicable.

During a pandemic, such as COVID-19, risk mitigation measures may be implemented within each FDC service to manage the spread of the virus. These measures may include but are not limited to the following:

- exclusion of children and visitors (symptoms may include fever, coughing, sore throat, fatigue or shortness of breath)
- taking children's temperature prior to entry into the FDC service and excluding anyone who has a temperature above 37.5°C

- Temperature reading	Required action
Less than 37.5º	Child able to attend service.
Equal to or greater than 37.5º on first reading	The child should be asked to wait in a separate room and have their temperature re-checked in 15 minutes. If the child is wearing outerwear, the educator should suggest the child remove this once they are indoors.
Equal to or greater than 37.5º on second reading	The child should return home with their parent/carer. If their parent/carer is not present, the child will need to be isolated and the parent/carer contacted to collect them from the service as soon as possible. Families should be encouraged to seek the advice of their healthcare professional who can advise on next steps and coronavirus (COVID-19) testing.

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Source: Victoria State Government Education and Training

- notifying vulnerable people of the risks of the virus/illness including:
    - people with underlying medical needs
    - children with diagnosed asthma or compromised immune systems
    - Aboriginal and Torres Strait Islander people over the age of 50 with chronic medical conditions
- requesting any person visiting our service to sign a Health Declaration form confirming they have not been in close contact with anyone with a positive COVID-19 diagnosis, travelled overseas within the past 14 days or returned from a state or territory that has border restrictions
- restrict the number of visitors entering FDC residences/venues
- requesting parents to drop off and collect children from designated points outside the FDC residence and not enter the home
- enhanced personal hygiene for FDC educators, children and parents (including frequent handwashing)
- full adherence to the NHMRC childcare cleaning guidelines and cleaning and disinfecting high touch surfaces at least twice daily, washing and laundering play items and toys
- avoid any situation when children are required to queue- using the bathroom for handwashing or toileting, waiting their turn to use a piece of equipment etc.

- ensuring cots, mats, cushions, highchairs are positioned at least 1 metre apart
- cancelling excursions to local parks, playgroups, public playgrounds and incursions during a pandemic
- recommending influenza vaccination for children, FDC educators and parents

Children who appear unwell at the FDC Service will be closely monitored and if any symptoms described below are noticed, or the child is not well enough to participate in normal activities, parents or an emergency contact person will be contacted to collect the child as soon as possible. A child who is displaying symptoms of a contagious illness (vomiting, diarrhoea) will be moved away from the rest of the group, where possible and supervised until he/she is collected by a parent or emergency contact person.

Symptoms indicating illness may include:

- behaviour that is unusual for the individual child
- high temperature or fevers
- loose bowels
- faeces that are 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
- pain
- a stiff neck or sensitivity to light
- continuous scratching of scalp or skin
- difficulty in swallowing or complaining of a sore throat
- persistent, prolonged or severe coughing
- difficulty breathing

As per our *Sick Child Policy* we reserve the right to refuse a child into care if they:

- are unwell and unable to participate in normal activities or require additional attention
- have had a temperature/fever, or vomiting in the last 24 hours
- have had diarrhoea in the last 48 hours
- have been given medication for a temperature prior to arriving at the FDC service
- have started a course of anti-biotics in the last 24 hours or,
- if we have reasonable grounds to believe that a child has a contagious or infectious disease (this includes COVID-19)

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. However sometimes a fever will last much longer and might be the sign of an underlying chronic or long-term illness or disease.

Recognised authorities suggest a child's normal temperature will range between 36.0°C and 37.0°C, but this will often depend on the age of the child and the time of day.

Any child with a high fever or temperature reaching 37.5°C or higher will not be permitted to attend the FDC Service until 24 hours after the temperature/fever has subsided.

When a child develops a high temperature or fever at the FDC Service

- FDC educators will closely monitor the child focusing on how the child looks and behaves and be alert to the possibility of vomiting, coughing or convulsions.
- For infants under 3 months old, parents will be notified immediately for any fever over 38°C for immediate medical assistance. If the parent cannot take the child to a GP immediately, permission will be required for the FDC Educator to arrange for medical assistance.
- Educators will notify parents when a child registers a temperature of 37.5°C or higher and requested to collect their child from care.
- The child will need to be collected from the FDC service and will not permitted back for a further 24 hours
- Educators will complete an *Incident, Injury, Trauma and Illness* record and note down any other symptoms that may have developed along with the temperature (for example, a rash, vomiting, etc.).
- Parents must sign and date this record and verify the information stated upon collection of their child.
- A copy of this record must be provided to the Coordinator and Approved Provider
- In the event of any child requiring ambulance transportation and medical intervention, a serious incident will be reported to the regulatory authority (Reg. 12) on behalf of the educator by the Approved Provider.

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.) FDC educators will be mindful of cultural beliefs.
- If requested by a parent or emergency contact person, the FDC educator or educator assistant may administer paracetamol or ibuprofen (Panadol or Nurofen) in an attempt to bring the temperature down. However, a parent or emergency contact person must still collect the child.
- Parental written permission to administer paracetamol or ibuprofen should be provided during enrolment and filed in the child's individual record
- Before giving any medication to children, the medical history of the child must be checked for possible allergies

- The child's temperature, time, medication, dosage, and the educator's name will be recorded in the *Illness Folder*. Parents will be required to sign the Medication Authorisation Form for the administration of Panadol or Nurofen when collecting the child.

DEALING WITH COLDS/FLU (RUNNY NOSE)

It is very difficult to distinguish between the symptoms of COVID-19, influenza and a cold. If any child, or visitor has any infectious or respiratory symptoms (such as sore throat, headache, fever, shortness of breath, muscle aches, cough or runny nose) they are requested to either stay at home or be assessed/tested for COVID-19. If a child, educator, coordinator or any other visitor is tested for COVID-19, they are required to self-isolate until they receive notification from the Public Health Unit of their test results. (see: Australian Government Identifying the symptoms)

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.

As children get older, and as they are exposed to greater numbers of children, they get fewer colds each year because of increased immunity. By 3 years of age, children who have been in group care since infancy have the same number of colds, or fewer, as children who are cared for only at home.

The FDC educator has the right to send children home if they appear unwell due to a cold or general illness. Children can become distressed and lethargic when unwell. Discharge coming from a child's nose and coughing can lead to germs spreading to other children, educators, toys, and equipment. Each individual case will be assessed 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.

However, gastroenteritis can cause dehydration because of the large amount of fluid lost through vomiting and diarrhoea. Therefore, if a child does not receive enough fluids, he/she may require fluids intravenously.

If a child has diarrhoea and/or vomiting whilst at the FDC residence or venue, the educator will notify parents or an emergency contact to collect the child immediately. In the event of an outbreak of viral gastroenteritis, the FDC educator must inform their coordinator/nominated supervisor and they will contact the local public health unit.

Public Health Unit- Local state and territory health departments

The FDC educator and coordinator must document the number of cases, dates of onset, duration of symptoms. An outbreak is when two or more children or staff have a sudden onset of diarrhoea or vomiting in a 2-day period. (NSW Government- Health 2019)

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

An *Incident, Injury, Trauma and Illness* record must be completed as per regulations. Notifications for serious illnesses must be lodged with the Regulatory Authority and Public Health Unit.

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 FDC residence receiving education and care.

Children, educators and any adults/visitors with 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 FDC service, children displaying the symptoms will be excluded until the diarrhoea and/or vomiting has stopped and the family are able to get a medical clearance from their doctor.

PREVENTING THE SPREAD OF ILLNESS

To reduce the transmission of infectious illness, our FDC Service implements effective hygiene and infection control routines and procedures as per the *Australian Health Protection Principal Committee* guidelines.

If a child is unwell or displaying symptoms of a cold or flu virus, parents are requested to keep the child away from the FDC Service. Infectious illnesses can be spread quickly from one person to another usually through respiratory droplets or from a child or person touching their own mouth or nose and then touching an object or surface.

Prevention strategies

Practising effective hygiene helps to minimise the risk of cross infection within our FDC Service.

Signs and posters remind parents and visitors of the risks of infectious diseases, including COVID-19 and the measures necessary to stop the spread.

The educator and/or educator assistant, model good hygiene practices and remind children to cough or sneeze into their elbow or use a disposable tissue and wash their hands with soap and water for at least 20 seconds after touching their mouth, eyes or nose.

Handwashing techniques are practised by the educator, educator assistant and children routinely using soap and water before and after eating and when using the toilet and drying hands thoroughly with paper towel.

After wiping a child's nose with a tissue, the educator will dispose the tissue in a plastic-lined bin and wash their hands thoroughly with soap and water and dry using paper towel. (See Handwashing Policy).

All surfaces including bedding (pillows, mat, cushion) used by a child who is unwell, will be cleaned with soap and water and then disinfected.

Cleaning contractors hygienically clean the service to ensure risk of contamination is removed as per Environmental Cleaning and Disinfection Principles for COVID-19

Parents, families and visitors are requested to wash their hands upon arrival and departure or use an alcohol-based hand sanitizer. (Note: alcohol-based sanitizers must be kept out of reach of children and used only with adult supervision.)

Parent/family Notification

COVID-19

The Public Health Unit (PHU) will notify the Approved Provider of the FDC Service in the event of a positive COVID-19 diagnosis of a child, educator, parent or visitor and conduct contact tracing. Parents will be contacted by phone or email as soon as we are aware of a positive case within our service.

Any decision to close a FDC individual service/residence and other directions will be provided by the PHU and regulatory body. The Approved Provider will notify the Regulatory Authority within 24 hours of any closure due to COVID-19 via the NQA IT System. (Further information regarding COVID-19 is in our COVID-19 Management Policy)

Outbreaks of other infectious illness such as gastroenteritis, whooping cough etc Parents will be notified of any outbreak of an infectious illness (eg: Gastroenteritis) within the service via our notice board, online app or email to assist in reducing the spread of the illness.

Exclusion periods for illness and infectious diseases are provided to parents and families and included in our Parent/Family Handbook and *Sick Children Policy*.

INJURY, INCIDENT OR TRAUMA

In the event of any child, educator, volunteer or contractor having an accident at the FDC service, the educator will:

- attend to the person immediately and administer first aid (see Procedures below)
- call for an ambulance immediately in the event of a serious injury or incident
- contact parents as soon as possible to notify them of the injury or incident and request them to collect their child from the service
- advise parents if an ambulance has been called
- if the parent is unable to be contacted, the educator will contact an emergency person as listed on the enrolment record
- contact the approved provider for support and assistance
- ensure supervision is provided to other children in care at the residence
- provide details for notification to the Regulatory Authority to the Approved Provider if the incident or injury is a notifiable incident
- complete an *Incident, Injury, Trauma and Illness record* and ensure parents have verified the information, signed and dated the record
- keep a copy of all records on file at the FDC residence
- provide any further documentation provide by the paramedics to the principal office
- ensure parents are notified as soon as practicable but no later than 24 hours after the occurrence Regulation 86
- ensure notification is submitted to the Regulatory Authority as required
- The Nominated Supervisor or Coordinator may be requested to assist with contacting parents or emergency contacts if the educator is administering first aid and cannot leave the child to make any phone calls
- If the incident occurs outside normal office hours, an after-hours emergency phone number must be used and/or a message left at the main switchboard of the FDC Service principal office.

The Approved Provider must have up to date emergency phone numbers for all children enrolled in the Service.
The Approved Provider will provide guidance to FDC educators about the reporting requirements needed to be completed in the event of an incident, illness, injury or trauma as per the regulations and the requirements to notify parents and obtain their signature on the report.
The Approved Provider is responsible for monitoring, maintaining and storing all legislative and required records confidentially and securely until the child is 25 years of age- as per regulations.
Following any serious incident, injury or trauma, the Approved Provider and Coordinator will review and evaluate policies and procedures with educators to ensure these were followed and to make any necessary adjustments.

Opportunities will be provided for the FDC educator to de-brief about any incident or injury, seek professional assistance such as counselling or

Definition of serious incident:

Regulations require the Approved Provider or Nominated Supervisor to notify Regulatory Authorities within 24 hoursof any serious incident at the FDC Service through the NQA IT System.

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 or emergency where the attendance of emergency services at the Education and Care Service premises was sought, or ought reasonably to have been sought (eg: severe asthma attack, seizure or anaphylaxis)

(d) 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 in an *Incident, Injury, Trauma and Illness* record as soon as possible and within 24 hours of the incident, with any evidence attached.

Missing or unaccounted for child

At all times, reasonable precautions and adequate supervision is provided to ensure children are protected from harm or hazards. However, if a child appears to be missing or unaccounted for, removed from the service premises that breaches the National Regulations or is mistakenly locked in or locked out of any part of the services, a serious incident notification must be made to the Regulatory Authority.

A child may only leave the Family Day Care Service in the care of a parent, an authorised nominee named in the child's enrolment record or a person authorised by a parent or authorised nominee or because the child requires medical, hospital or ambulance care or other emergency.

Family Day Care educators ensure that

- the attendance record is regularly cross-checked to ensure all children signed into the service are accounted for
- children are supervised at all times
- visitors to the service are not left alone with children at any time
- a headcount of children is conducted as the visitor leaves the residence

Should an incident occur where a child is missing from the Family Day Care service, the educator will:

- attempt to locate the child immediately by conducting a thorough search of the residence and premise (checking any areas that a child could be locked into by accident)
- cross check the attendance record to ensure the child hasn't been collected by an authorised person and signed out by another person – eg: educator assistant or coordinator
- if the child is not located within a 10-minute period, the educator will notify emergency services and notify the parent/s or guardian and the Approved Provider of the Family Day Care Service
- continue to search for the missing child until emergency services arrive whilst providing supervision for other children in care
- provide information to Police such as: child's name, age, appearance, (provide a photograph), details of where the child was last sighted.

The Approved Provider is responsible for notifying the Regulatory Authority of a serious incident within 24 hours of the incident occurring.

Incident, Injury, Trauma and Illness record

An *Incident, Injury, Trauma and Illness* record contains details of any incident, injury, trauma or illness that occurs while the child is being educated and cared for at the service. The record will include:

- name and age of the child
- circumstances leading to the incident, injury, illness
- time and date the incident occurred, the injury was received, or the child was subjected to trauma
- details of any illness which becomes apparent while the child is being cared for including any symptoms, time and date of the onset of the illness
- details of the action taken by the educator including any medication administered, first aid provided or medical professionals contacted

- details of any person who witnessed the incident, injury or trauma
- names of any person the educator notified or attempted to notify, and the time and date of this
- signature of the person making the entry, and the time and date the record was made

Family Day Care educators are required to complete documentation of any incident, injury or trauma that occurs when a child is being educated and cared for by the service. This includes recording incidences of biting, scratching, dental or mouth injury.

Head Injuries

All head injuries will be considered as serious and should be assessed by a doctor or the nearest hospital.
In the event of a head injury, the educator will assess the child, administer any urgent First Aid and either contact the child's parents/guardian to request the child to be collected from the service, or if the child is unconscious or the head injury is causing excessive bleeding, immediately call for an ambulance.
The educator must contact the principal office of the Family Day Care service at the time of the incident and also after the child has been collected or transferred to hospital.
An *Incident, Illness, Injury and Trauma* record must be completed and signed by the parent. The approved provider will notify the regulatory authority on behalf of the Family Day Care educator.

Trauma

Trauma is defined as 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 (bush fires), assault, and threats of violence, domestic violence, neglect or abuse and war or terrorist attacks. Parental or cultural trauma can also have a traumatising effect 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).

COVID-19 has led to higher amounts of traumatic experiences and adversity in households leading many educators to look at trauma-informed practices to help support children.

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.

Behavioural response in babies and toddlers who have experienced trauma may include:

- Avoidance of eye contact
- Loss of physical skills such as rolling over, sitting, crawling, and walking
- Fear of going to sleep, especially when alone
- Nightmares
- Loss of appetite
- Making very few sounds
- Increased crying and general distress
- Unusual aggression
- Constantly on the move with no quiet times
- Sensitivity to noises.

Behavioural responses for pre-school aged children who have experiences trauma may include:

- new or increased clingy behaviour such as constantly following a parent, carer around
- anxiety when separated from parents or carers
- new problems with skills like sleeping, eating, going to the toilet and paying attention
- shutting down and withdrawing from everyday experiences
- difficulties enjoying activities
- being jumpier or easily frightened
- physical complaints with no known cause such as stomach pains and headaches
- blaming themselves and thinking the trauma was their fault.

Children who have experienced traumatic events often need help to adjust to the way they are feeling. When parents, educators and staff take the time to listen, talk, and play they may find children begin to say 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 may take time to understand how to respond to a child's needs and new behaviours before parents, educators and staff are able to work out the best ways to support a child. It is imperative to realise that a child's behaviour may be a response to the traumatic event rather than just 'naughty' or 'difficult' behaviour.

Educators can assist children dealing with trauma by implementing trauma-informed practice including:

- getting children to identify their emotions
- debriefing with children after any incident, illness or trauma to support their understandings of the events
- providing opportunities for children to voice their feelings, ask questions and talk
- supporting children to regulate their emotions and build positive relationships

- observing the behaviours and expressed feelings of a child and documenting responses that were most helpful in these situations
- 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 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 and educators to cope with children's stress or trauma 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 educator 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.
- accessing support resources- BeYou, Emerging Minds, Kids Help Line

Living or working with traumatised children can be demanding so it is important to be aware of your own responses and seek support from management when required.

An *Incident, Injury, Trauma and Illness record* must be completed detailing the trauma the child was subjected to, the time and date and circumstances as per Regulation 87.

THE APPROVED PROVIDER AND EDUCATORS WILL ENSURE:

- FDC policies and procedures are adhered to at all times
- accurate attendance records are kept at all times
- parents or guardians are notified as soon as practicable and no later than 24 hours of the illness, incident, injury or trauma occurring at a family day care residence or whilst in the care of an educator
- parents are advised to keep their child at home until they are feeling well, and they have not had any symptoms for at least 24-48 hours

- an *Incident, Illness, Injury or Trauma record* is completed accurately and in a timely manner as soon after the event as possible (within 24 hours)
- educators and educator assistants hold current First aid qualifications, emergency anaphylaxis and asthma management training
- first aid kits are suitably equipped and checked on a monthly basis (see First Aid Kit Record).
- first aid kits are easily accessible when children are present at the FDC residence and during excursions
- CPR charts are displayed in a prominent position in the indoor and outdoor environment
- adults or children who are ill are excluded for the appropriate period
- educators or other staff who have diarrhoea, or an infectious disease do not prepare food for others
- cold food is kept cold (below 5 °C) and hot food, hot (above 60°C) to discourage the growth of bacteria
- if the incident, situation or event presents imminent or severe risk to the health, safety and wellbeing of any person present at the FDC 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 FDC service within 24 hours of detection
- children are excluded from the FDC service if the educator feels the child is too unwell to attend or is a risk to other children.
- educators, coordinators, visitors and children always practice appropriate hand hygiene and cough and sneezing etiquette
- appropriate cleaning practices are followed
- toys and equipment are cleaned and disinfected on a regular basis which is recorded in the toy cleaning register or immediately if a child who is unwell has mouthed or used these toys or resources
- additional cleaning will be implemented during any outbreak of an infectious illness or virus
- all illnesses are documented in the FDC *Incident, Injury, Trauma and Illness Record*
- support, advice and tools will be provided to assist educators manage their mental health following any traumatic event/experience.

FAMILIES WILL:

- provide up to date medical and contact information in case of an emergency
- provide the FDC Service with all relevant medical information, including Medicare and private health insurance
- provide a copy of their child's Medical Management Plans, Action Plans and update annually or whenever medication/medical needs change
- adhere to recommended periods of exclusion if their child has a virus or infectious illness
- complete documentation as requested by the FDC Educator and/or approved provider- Incident, Injury, Trauma and Illness records and acknowledge that they were made aware of the incident
- inform the service if their child has an infectious disease or illness

- provide evidence as required from doctors or specialists that the child is fit to return to care if required
- provide written consent for the FDC educator to administer first aid and call an ambulance if required.

RESOURCES

beyou Bushfire resource

Emerging Minds Community Trauma Toolkit

Fever in children- (health direct.gov.au)

Staying Healthy: *Preventing infectious diseases in early childhood education and care services*

Recommended exclusion periods- Poster

Stopping the spread of childhood infections (NSW Health)

Minimum periods for exclusion from childcare services (Victoria)

SOURCE

Australian Children's Education & Care Quality Authority. (2014).
Australian Childhood Foundation. (2010). Making space for learning: Trauma informed practice in schools: https://www.theactgroup.com.au/documents/makingspaceforlearning-traumainschools.pdf
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Australian Government Department of Health *Health Topics*https://www.health.gov.au/health-topics
Beyond Blue: https://beyou.edu.au/resources/news/covid-19-supporting-schools
BeYou (2020) *Bushfires response* https://beyou.edu.au/bushfires-response
Early Childhood Australia Code of Ethics. (2016).
Education and Care Services National Law Act 2010. (Amended 2018).
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Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).
Guide to the National Quality Framework. (2017) (amended 2020)
Health Direct https://www.healthdirect.gov.au/
National Health and Medical Research Council. (2012). *Staying healthy: Preventing infectious diseases in early childhood education and care services.* Fifth Edition (updated 2013).
NSW Public Health Unit: https://www.health.nsw.gov.au/Infectious/Pages/phus.aspx
Policy Development in early childhood setting
Raising Children Network: https://raisingchildren.net.au/guides/a-z-health-reference/fever
Revised National Quality Standard. (2018).
The Sydney Children's Hospitals network (2020). https://www.schn.health.nsw.gov.au/search/site?query=fever

PROCEDURE IN THE EVENT OF AN INCIDENT, ILLNESS, INJURY OR TRAUMA

If an incident or injury occurs whilst a child is under the care of a FDC educator, the educator will administer First Aid and seek hospital transportation and treatment if required. In the event of a child

being subjected to trauma, educators will support children following advice from other professional bodies such as Emerging Minds & BeYou.

Emergency Response Procedures

Follow instructions as per the child's ASCIA Action Plans for children who are known to have asthma or allergies including anaphylaxis

- Administer adrenaline autoinjector or reliever inhaler medication (Ventolin) as instructed
- Contact an ambulance **immediately** for any incident involving anaphylaxis
- Contact an ambulance **immediately** for asthma emergencies if the child cannot breathe normally after following their Action Plan for asthma and receiving reliever inhaler medication or if their breathing become worse.

Head Injuries

All head injuries will be considered as serious and should be assessed by a doctor or the nearest hospital. The child must be closely observed until the parent or guardian collects the child from the educator- or they are transferred to hospital.

- if the child has suffered a head injury and is unconscious, they should not be moved unless there is immediate danger
    - Call for an Ambulance immediately
    - Monitor the airway and breathing until the arrival of an ambulance
    - If breathing stops or they have no pulse, begin CPR immediately

Incident or injury management

The educator will:

- ensure the safety of themselves and others- DRSABCD (Danger, Response, Send for Help, Airway, Breathing, CPR, Defibrillation)
- attend to the child immediately
- if the illness or incident involves asthma or anaphylaxis, refer to the child's Medical Management Plan or Action Plan
- administer First Aid procedures
- assess whether further medical attention is required (hospital or other medical assistance)
- call for help- Contact an ambulance and stay with the child
- contact the parent/s or nominated authorised person on the child's enrolment form to inform them an ambulance has been called and request them to either:
    - come immediately to educator's residence or place of incident/injury or

- meet the ambulance at the hospital

- immediately arrange for assistance (contact approved provider to request assistance) to care for children in care whilst you travel with an injured/ill child in an ambulance
- if unable to provide supervision for attending children, sign injured child into paramedic's care to be met at the hospital by the parent or authorised nominee or approved provider
- remain with the child until the ambulance arrives
- reassure the child and other children
- ensure any medical conditions/history is readily available (eg: Emergency Action Plan for Asthma or Anaphylaxis)
- Action Plans should provide guidance of First Aid responses in an emergency as provided by the child's doctor and authorised by the child's parents

Calling an ambulance

Do not hesitate to contact an ambulance if you think emergency services are required.
If a child displays any of the following symptoms or suffers any of the following call 000:

- the child has experienced unconsciousness or an altered state of unconsciousness
- is experiencing difficulty breathing for any reason
- has difficulty breathing and has not responded to reliever inhaler medication (even if they are not diagnosed with Asthma)
- is showing signs of shock
- is experiencing severe bleeding, or is vomiting blood
- has an injury to their head, neck or back
- could have broken bones
- has an extremely high temperature, with or without a rash
- has a temperature above 38°C for an infant under 3 months old

Dial 000 and be prepared to answer the following:

- the address of where the ambulance is required and the closest cross street
- what the problem is
- how many people are injured
- the child/person's age

- the child/person's gender
- if the child/person is conscious and
- if the child/person is breathing

REVIEW

POLICY REVIEWED	SEPTEMBER 2020	NEXT REVIEW DATE	MARCH 2021
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
2017,2018,2019	2020 COVID19 UPDATE		2021

44. MANAGING EXPOSURE TO BLOOD AND BODY FLUIDS POLICY

Policy and procedure number:
Link to NQS: 2.1.3, 2.1.2.
Link to N.reg: 88, 162

POLICY STATEMENT:

Because of the risk of infection, it is important for everyone to avoid contact with blood and body fluids. To prevent risks and exposure to disease, all blood and body fluids should be treated as if they are infectious.

AIM:
To ensure spread of infection is prevented.
IMPLEMENTATION:

Dealing with blood and body fluids

1. Check hands and cover cuts and abrasions with watertight dressings.
2. Wear thick disposable gloves at all times when dealing with blood or body fluid spills
3. If blood or other body fluids contact the skin, immediately wash the area thoroughly with soap and water, preferably running water.
4. If blood or body fluids are splashed into eyes, rinse with plenty of tap water and saline solution
5. If the affected area is the mouth, spit and then repeatedly rinse with freshwater.
6. Wash hands after removing the gloves.
7. Seek medical advice immediately to determine the severity of the exposure and associated risks of developing a blood borne virus from the incident
8. Report the incident to your Support Officer and complete an incident report
9. Cleaning up blood spills
10. Isolate the area where possible
11. Wear thick disposable gloves
12. Place paper towel over the spill. Carefully remove the paper towel and contents. Place the paper towel and gloves in a plastic bag, seal the bag and put in the rubbish bin
13. Put on new gloves and clean the surface with warm water and detergent, and allow to dry
14. Disinfect the area by wiping with diluted bleach (one part bleach to nine parts water) and wipe dry
15. Remove and discard gloves
16. Wash hands with soap and warm water.

Who is affected by this policy?
Children and Families, Educators, coordinators, management.
Related Policies and procedures
Infectious Disease Policy.
Related FDC Documents
N/A
Sources:

- Education and Care Services National Regulations
- Education and Care Services National Law Act 2010.
- Staying Healthy in Child Care 2005

Reviewed: Aug 2017
Reviewed date: May 2018
Reviewed: May 2019
Updated 2020

45. NUTRITION POLICY – ENCOURAGING HEALTHY EATING AND SUPPORTING BREASTFEEDING

Aim:
KIDZONEFDC aims to ensure all children are offered a varied, safe and nutritious meal that is culturally and religiously appropriate and enough to meet the needs of each child. Whether supplied by the educators or parents, food should be stored in a safe and hygienic manner.

Rationale
Early 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 ECEC services partner 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.

Service Commitment
Kidzone Family Day Care 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 (procedure) 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.

Our service is committed to implementing and embedding the healthy eating key messages outlined in the NSW Health's *Munch & Move* program into our curriculumand to support the *National Healthy Eating Guidelines for Early Childhood Settings* outlined in the *Get Up & Grow* resources.

Further, *Kidzone Family Day Care* recognises the importance of supporting families in providing healthy food and drink to their children. It is acknowledged that the ECEC service has an important role in encouraging, supporting and educating families in healthy eating.

Relevant Legislation
National Quality Framework

Early Childhood Education and Care Services National Regulations

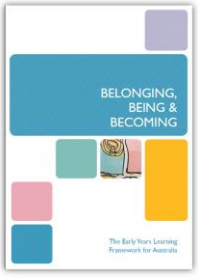
Section 3(2)(a); 167– Protection of children from harm or hazards
Regulation 77 – Health, hygiene and safe food practices
Regulation 78 – Food and beverages
Regulation 79 – Service providing food and beverages
Regulation 80 – Weekly menu
Regulation 90 and 91 – Medical conditions

National Quality Standard

Element 1.1.3
Standard 2.1 – Each child's health and physical activity is supported and promoted
Elements 2.1.1,2.1.2, 2.1.3
Element 2.2.1
Element 3.2.3
Element 4.2.2
Standard 5.1 Respectful and equitable relationships are maintained with each child.
Element 5.1.2
Standard 6.1 – Respectful relationships with families are developed and maintained and families are supported in their parenting role.
Element 6.1.2, 6.1.3
Element 7.1.2
Element 7.2.1

Early Years Learning Framework

Learning Outcome 1 – Children feel safe, secure and supported.
Learning Outcome 3 – Children have a strong sense of wellbeing.
Learning Outcome 4 – Children are confident and involved learners.
Principles – Secure, respectful, reciprocal relationships; Respect for diversity; Partnerships with families; Ongoing learning and reflective practice.



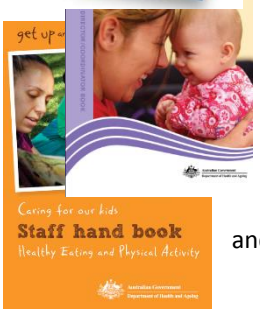
Practice – Holistic approaches; Intentional teaching; Learning environments.

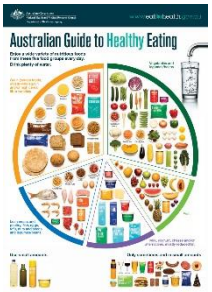
Legal Requirements

Our service recognises that the right to breastfeed is protected under federal and state legislation, and we will meet our legal obligations.

Healthy Eating Guidelines

1. Exclusive breastfeeding is recommended, with positive support, for infants until around six months. Continued breastfeeding is recommended for at least 12 months – and longer if the mother and baby wish.
2. If an infant is not breastfed, is partially breastfed, or if breastfeeding is discontinued, use an infant formula until 12 months of age.
3. Introduce suitable solid foods at around six months.
4. Make sure that food offered to children is appropriate to the child's age and development and includes a wide variety of nutritious foods consistent with the *Australian Dietary Guidelines*.
5. Provide water in addition to age-appropriate milk drinks. Infants under the age of six months who are not exclusively breastfed can be offered cooled boiled water in addition to infant formula.
6. Plan mealtimes to be positive, relaxed and social.
7. Encourage children to try different food types and textures in a positive eating environment.
8. Offer an appropriate amount of food, but allow children to decide themselves how much they will actually eat.
9. Offer meals and snacks at regular and predictable intervals.
10. Ensure that food is safely prepared for children to eat – from the preparation stages to consumption.





Other Relevant Legislation

Food Act 2003 (NSW) – www.legislation.nsw.gov.au/#/view/act/2003/43, accessed 5/12/2016
Food Regulation 2015–www.legislation.nsw.gov.au/#/view/regulation/2015/622, accessed 1/12/2016

Food Standards Codeincluding:
Standard 3.2.2 – Food Safety Practices and General Requirements
Standard 3.2.3 – Food Premises and Equipment
Standard 3.2.1 – Food Safety Programs for Food Service to Vulnerable Persons –
www.foodstandards.gov.au/code/Pages/default.aspx, accessed 5/12/2016

Key Resources

- NSW Health *Munch & Move* program resources available on the Healthy Kids website www.healthykids.nsw.gov.au
- *Caring for Children: Birth to 5 years (Food, Nutrition and Learning Experiences),* NSW Ministry of Health, 2014
- *Infant Feeding Guidelines*, 2012, www.eatforhealth.gov.au
- *Australian Dietary Guidelines*, 2013, www.eatforhealth.gov.au
- *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th edition), 2013.

- NSW Food Authority information for children's services www.foodauthority.nsw.gov.au/retail/childrens-services
- Food Standards Australia, for information on food safety and food handling www.foodstandards.gov.au.
- Anaphylaxis Australia www.allergyfacts.org.au
- *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th edition), 2013.

This policy aims to:

1. Encourage and support breastfeeding and appropriate introduction of solid foods.
2. Promote healthy food and drinks based on the *Australian Dietary Guidelines* and the Australian Guide to Healthy Eating.
3. Provide age appropriate food and drinks to children that have been stored, prepared and served in a safe and hygienic manner and to promote hygienic food practices.
4. Provide a positive eating environment that is relaxed and social and reflects cultural and family values.
5. Promote lifelong learning for children, early childhood educators and families about healthy food and drink choices including trying new healthy foods.
6. Encourage communication with families about the provision of appropriate healthy food and drinks for children while they are attending the service.

Our strategies to implementing this policy (procedure) include:

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

- Encourage and support breastfeeding by:
    - Informing families that the service supports breastfeeding at first contact or at orientation and asking if families would like to continue offering their infant breastmilk while in care.
    - Asking families about breastfeeding at the time of enrolment.
    - Providing a suitable place within the service where mothers can breastfeed their infants or express breastmilk. This place may include an electrical outlet, comfortable chair, a change table and nearby access to hand washing facilities.
    - Providing refrigerator space for breastfeeding mothers to store their expressed breastmilk.
    - Supporting mothers to continue breastfeeding until infants are at least 12 months of age while offering appropriate complementary foods from around six months of age.
    - Developing a documented feeding plan for breastfed infants in consultation with family members. The plan will include arrangements for what the service should do if the service does not have enough expressed breastmilk to meet the infant's needs.
    - Ensuring the safe handling of breastmilk and infant formula during transportation, storage, thawing, warming, preparation and bottle feeding.
    - Offering cooled pre-boiled water as an additional drink from around six months of age, in consultation with families.
    - Supporting the transition to infant formula where breastfeeding is discontinued before 12 months of age.

- Always bottle-feeding infants by holding the infant in a semi-upright position.

- Abide by the current national *Infant Feeding Guidelines*.
- Offer a variety of nutritious foods to infants from all of the food groups in line with the *Australian Dietary Guidelines*.
- Always supervise infants closely while drinking and eating.
- Ensure appropriate foods (type and texture) are introduced around six months of age including iron rich nutritious foods as infant's first foods.
- Adjust the texture of foods offered between six and 12 months of age to match the infant's developmental stage.

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

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 (i.e. *Caring for Children* 'Nutrition Checklist for Menu Planning').
- 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 options.

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 (i.e. *Caring for Children '*Lunchbox Checklist for Food Brought from Home for 2 to 5-year olds').
- Encourage children to eat the more nutritious foods provided in their lunchbox, such as sandwiches, vegetables, 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, high fat savoury crackers.

All services:

- Ensure water is readily available (both indoors and outdoors) for children to consume throughout the day.

- Be aware of children with food allergies, food intolerances and special dietary requirements and consult with families to develop individual management plans.
- Ensure young children do not have access to foods that may cause choking.
- Ensure all children remain seated while eating and drinking.
- Always supervise children while eating and drinking.
- Promote good oral health through learning experiences and daily 'swish and swallow' practice.
- Ensure any fundraising promotes healthy or active lifestyles and advocates for children's wellbeing.

3. Provide age appropriate food and drinks to children that have been stored, prepared and served in a safe and hygienic manner to promote hygienic food practices

- Ensure gloves are worn or tongs are used by all staff handling 'ready to eat' foods.
- Children and staff wash and dry their hands (using soap, warm running water and single use or disposable towels) before handling food or eating meals and snacks.
- Food is stored and served at safe temperatures i.e. below 5^{o}C or above 60^{o}C.
- Use separate cutting boards for raw meat; utensils and hands are washed before touching other foods.
- Children are discouraged from handling other children's food and utensils.
- Ensure staff handling food attend relevant training courses and share knowledge with all educators.

4. Provide a positive eating environment that is relaxed, social and reflects cultural and family values

- 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.
- Recognise, nurture and celebrate the dietary differences of children from culturally and linguistically diverse backgrounds through strong partnerships with families and community.
- 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 preschool-aged children to help set and clear the table and serve their own food and drink – providing opportunities for them to develop independence, confidence 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.

- Never use food as a reward or withhold food from children for behaviour management purposes.

5. Promote lifelong learning for children, early childhood education and care staff and families about healthy food and drink choices, including trying new healthy foods

- Foster awareness and understanding of healthy food and drink choices through daily discussions, displays, and intentionally planned or spontaneous related learning experiences throughout our service curriculum.

- Encourage and provide opportunities for all educators and staff members responsible for providing food and drinks to the children to participate in regular professional development opportunities to broaden their knowledge and understanding of children's nutritional requirements.

- Provide opportunities for families to attend information sessions related to children's nutrition and wellbeing.

6. Encourage communication with families about the provision of appropriate healthy food and drinks for children while they are attending the service

- Provide a copy of the *Nutrition Policy* to all families upon orientation at the service.

- Involve families in the review of this policy (procedure) annually.

- 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 resolution so that children's individual dietary needs are met.

- Communicate regularly with families about food and nutrition related experiences within the service, including related professional development, 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 drinks 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.

Monitoring and Review

- Report on nutrition goals and achievements in the service's Quality Improvement Plan (QIP) where appropriate, annual reports or management meetings.

- Include nutrition as a standing item on the staff meeting agenda.

- Review this policy (procedure) every 2 years.

- Provide families with opportunities to contribute to the review and development of the service policy (procedure).

New Policy Adopted from Munch and Move sample Policy.
updated August 2020

42.PREPARING, HEATING & STORAGE OF INFANT FORMULA & BREAST MILK PROCEDURE

Policy and procedure number:
Link to NQS: 2.1.1, 2.2.1
Link to N.reg: 77, 78, 79

Procedures and practices:

The 4-Hour /2-Hour Rule

The 4-hour/2-hour rule provides guidelines regarding the safety of food when it has not been stored less than 5°C or over 60°C. Ready to eat food that has been at temperatures between 5°C and 60°C:

- For a total of less than 2 hours, must be refrigerated or used immediately (do not reheat milk/formula)
- For a total of longer than 2 hours but less than 4 hours, must be used immediately
- For a total of 4 hours or longer, must be thrown out.

Infant Formula:

Before you use any infant formula, always check the date on the bottom of the tin to ensure it has not passed its expiry date.

When preparing formula:

- Use the infant formula powder within **a month** of opening the tin.
- Always wash your hands thoroughly before preparing infant formula and ensure your preparation area is clean.
- Use cooled boiled water only. Very hot water will destroy many of the nutrients in the infant formula.
- Follow the manufacturer's instructions strictly when making up infant formula; accuracy is important to make sure the child receives the correct nutrition.

Storing prepared infant formula

- You can make up several bottles at a time.
- Once made, infant formula must be kept refrigerated (at the back of fridge is best option).
- Throw away any leftover prepared formula after 24 hours.
- Discard any formula left in the bottle after a feed.

Do not use or give leftover formula from a previous feed!

Discard any leftover infant formula following the feed. Never offer the child leftover infant formula at the next feed. It can grow bacteria (germs) that may make babies unwell.

Breast Milk

Mothers of Breast fed babies should be encouraged to provide expressed breast milk or to visit the educators home to feed their babies.

- Breast milk can be stored in the refrigerator for 48 hours or in a deep freezer for 6 - 12 months, depending upon the deep freeze.
- Frozen breast milk should be thawed quickly—it should not be put in boiling water as it will curdle.
- Place the container under cold running water. Gradually allow the water to get warmer until the milk becomes liquid.
- It is not recommended to use a microwave to thaw or warm expressed breast milk.
- Do not shake the thawed breast milk – roll gently to mix.
- Ensure the temperature is not excessive and there is no danger that the baby could be scalded.
- Ensure breast milk is clearly labelled with the child's name and the time and date the milk was expressed.
- Throw away any milk that is left over.
- Do not re-freeze or re-heat left-over milk.
- Ask mothers to supply breast milk in multiple small quantities to prevent wastage.

Bottle & Breast Milk Warming – Do No Use Microwaves

After taking into account the service's individual circumstances and environments, the following procedure is to be followed to ensure children's bottles are warmed in a safe manner without the use of microwave ovens.

- For the safest and most practical warming of bottles, use a bottle warmer for warming children's bottles, including cow's milk, formula or breast milk.
- Heating bottles in a jug with warmed water is also another suitable option.
- Each educator will take into account, with assistance from families, the time each bottle needs to be warmed, according to each child's individual needs.

Consider these when deciding on the bottle warming methods:

- The number of bottles to be warmed at a time.
- Access to power sources for bottle warmers.
- Inaccessibility of hot water and power sources to children.
- How hot water will be handled to minimise occupational health and safety risks.
- Educator to maintain adequate supervision of children at all times.

Bottle warming procedure:

- Add water to the bottle warmer or jug (which is kept out of reach of children)
- Switch bottle warmer on or place jug out of reach
- Place milk bottle into the warmer or jug and leave to heat for the required time
- Always test heat of milk before feeding to a child

Who is affected by this policy?

Educators and families, coordinators, management.

Related Policies and procedures

Enrolment Policy, Inclusion Policy, Interaction with Children's Policy.

Related FDC Documents

Enrolment form, educator and parent agreement.

Sources:

- Education and Care Services National Regulations 2011
- Early Years Learning Framework
- National Quality Standard
- Food Standards Australia New Zealand
- Safe Food Australia, 2nd Edition. January 2001
  NSW Health
- Caring for Children- Food, Nutrition and Fun Activities, 4th Edition 2006
- Australian Guide for Healthy Eating

- Dietary Guidelines for Children and Adolescents in Australia incorporating the Infant Feeding Guidelines for Health Workers Endorsed 10 April 2003
- National Health and Medical Research Council. (2005). Staying Healthy in Child Care Preventing Infectious Diseases in Child Care (4th Edition).
- Food Safety Standards for Australia 2001
  Food Standards Australia and New Zealand Act 1991
- Food Standards Australia New Zealand Regulations 1994
- Occupational Health and Safety Act 2004
- Occupational Health and Safety Regulations 2007
- Dental Association Australia

Reviewed: Aug 2017
Reviewed date: May 2018
Reviewed: May 2019
Updated 2020

46. WATER SAFETY POLICY

Policy and procedure number:
Link to NQS: 2.1.3, 2.2.1, 2.3.2, 7.3.5,
Link to N.reg: 168 (2) (a) (iii), 101 (2)

POLICY STATEMENT:

KIDZONEFDC believes in ensuring the safety and wellbeing of children by protecting them from the possibility of drowning and/or being scalded/burned by hot water.

AIM:
KIDZONEFDC aims to prevent drowning and burns/scalds by implementing practices and procedures to minimise the risk of incidents in regard to water safety and hot water.

IMPLEMENTATION:

Drowning:
Drowning is the number one cause of death of children under five years of age in Australia. Statistics indicate that bathrooms are high area of risk for children. The most common scenarios leading to bath drowning includes children being left unattended in the bath or left in the care of an older child.

To prevent drowning educators will:

- Turn taps off tightly, use child resistant tap covers and keep the bathroom doors closed when not in use. Refer to home safety checklist for other preventative measures.
- Keep nappy buckets inaccessible to children and check garden after rain or watering and empty water that has collected in holes or containers.
- Do not use baby bath seats as they are not a safety device and are not to be used for FDC children.
- Ensure children are always supervised closely when in the bath. Never leave young children in the bath in the care of an older child or anyone else other than the Educator. Frequently check on a school age child bathing by talking to them etc
- Take the child with you if you have to leave the bathroom, for example, to answer the door or the telephone.
- Ensure their pool/spas undergo an annual inspection by a council inspector ensuring that the current standards are being met. Certificate of currency must be provided to the scheme
- Keep an accessible, current and legible cardiopulmonary resuscitation (CPR) guide near pool

- Follow all regulations according to the Swimming Pools Act 1992 in regards to pools e.g pool fencing and gates
- Remove all objects from around pool or other water hazard that a child could use to climb over fencing, such as logs, trees, bikes, chairs, bins
- Keep pool filters, chemicals and equipment inaccessible to children

- Maintain adult/child ratios for all water orientated activities that involve paddling /swimming / playing in the water, at a beach, pool, river, pond, spa. Participation is dependent upon parents signing a Non-Regular excursion form and a risk assessment is completed.

  1 Adult for each Child **under 3 years of age**

  1 Adult for every two children **over 3 years of age**

  - **This adult to child ratio includes taking the children to local parks that have ponds or water hazards.**
- Report any incidents to the Coordination Unit
- Maintain a current approved First Aid qualification

Burns and Scalds

Burns and scalds pose a significant risk to Australian children each year. The majority of burns and scalds to children aged 0-4 years occur in the home environment. It takes less than a second for a child to be severely scalded with hot water at 65°C – this is the hot-water temperature in most Australian homes. **The maximum safe temperature for a hot-water system is 50°C.** At this temperature, it takes five minutes to severely scald a child.

To prevent burns and scalds educators will:

- Ensure their home has bathing facilities that are safe and appropriate to the ages of the children at the service and must have products and equipment for cleaning the facilities whenever necessary stored safely and plugs made inaccessible to children
- Ensure bathing amenities used by the Family Day Care children are maintained in a clean, hygienic and safe condition at all times
- Consult with individual families on children's bathing requirements
- The bathroom should be accessible and well maintained
- Respect the dignity and need for privacy of each child during bathing
- Legislation requires that all new hot water systems deliver hot water to a bathroom at no more than 50°C. Older hot water systems must have bathroom hot tap water controlled to a maximum of 50°C.or child resistant taps/tap covers.
- Always test the water's temperature before bathing a child.
- The maximum recommended temperature for bathing a baby is 38^0C.
- Child resistant taps/tap covers can help but will not stop a child falling into a bath that is already run.
- Always run the cold water first (and turn it off last) and mix for an even temperature.
- Do not put the child in the bath while the water is running.
- Follow manual handling guidelines (back care) when bathing children
- Conduct bath/shower time outside of busy times, where possible
- Seek immediate medical attention for any burn bigger than a 20-cent piece. Call an ambulance for any burns to the face, airway, hands, neck or genital area, or burns that are larger than a child's hand. Follow First Aid Procedures. This is a serious incident and must be reported as such.
- Keep hot drinks out of reach of children
- Avoid nursing babies when having a hot drink

Families will:

- Work in partnership with educators and the co-ordination unit to ensure the bathing needs of their child are addressed with consistent, safe and respectful practices

To reduce the incidents of falls educators will:

- Mop up spills as they occur
- When renovating, consider non-slip tiles, bath and shower bases

Who is affected by this policy?
Educators and families, coordinators, management.
Related Policies and procedures
N/A
Related FDC Documents
Home Safety Checklist, Risk Assessment of Routine/Non-Routine, Permission form for Excursion Routine/Non-Routine.

Sources:

- Education and Care Services National Regulations
- Education and Care Services National Law Act 2010.
- Guide to the National Quality Framework.
- Early Years Learning Framework
- National Quality Standards

Reviewed: Aug 2017
Reviewed date: May 2018
Reviewed: May 2019
Updated 2020

47. SUN PROTECTION POLICY

Policy and procedure number:
Link to NQS: 2.3, 2.3.2, 7.3.5,
Link to N.reg: 168

POLICY STATEMENT:

A healthy balance between too much and too little ultraviolet (UV) radiation from the sun is important for health. Too much UV from the sun can cause sunburn, skin damage, eye damage and skin cancer. Australia has one of the highest rates of skin cancer in the world. Two in three Australians will develop some form of skin cancer before they reach the age of 70. Overexposure to UV during childhood and adolescence is known to be a major cause of skin cancer.

Too little UV from the sun can lead to vitamin D deficiency. Vitamin D regulates calcium levels in the blood. It is also necessary for the development and maintenance of healthy bones, muscles and teeth.

To ensure a healthy balance between too much and too little UV is maintained, sun protection is used from the 1st of September until the 30th of April and whenever the UV Index level reaches 3 and above. From May until August, sun protection is not used unless the UV Index level reaches 3 and above.

AIM:
KIDZONEFDC aims to ensure that all children and staff maintain a healthy balance between too little and too much ultraviolet (UV) radiations from the sun

IMPLEMENTATION:
Procedures and practices:

- All children, educators and staff members use a combination of sun protection measures whenever UV Index levels reach 3 and above.
- Particular care is taken between 10 am and 2pm (11 am and 3 pm daylight saving time) when UV Index levels reach their peak during the day.
- Sun protection measures are not used from May until August unless the UV Index level reaches 3 and above. (www.sunsmart.com.au Today's UV levels.)
- The scheme's SunSmart practises consider the special needs of infants. Babies under 12 months are kept out of direct sun.

Managing the physical environment:

- The availability of shade is considered when planning excursions and outdoor activities.
- Children are encouraged to use available areas of shade when outside.
- Prams or strollers should have a hood that can be adjusted to block out the direct sun.

Protective behaviours and practices:

Clothing

- When outside, children, educators and staff members are required to wear loose fitting clothing that covers as much skin as possible. Please note that singlet tops do not offer enough protection and are therefore not appropriate.

Hats

- All children and educators are required to wear hats that protect their face, back of the neck, eyes and ears, for example broad-brimmed or bucket hats (baseball caps do not offer enough protection and are therefore not recommended)
- The policy of "No hats/appropriate clothing, no outdoor play" will be enforced by educators.

Sunglasses (suggested)

- Children and educators are encouraged to wear close fitting, wraparound sunglasses that meet the Australian Standard and cover as much of the eye area as possible. Toy and fashion-labelled glasses do not meet the Australian standard.

Sunscreen

- SPF 30+, broad spectrum, water resistant sunscreen is available for educators and children's use.
- Educators will observe strict health and hygiene practices when applying sunscreen to minimise risks to themselves and children.
- Sunscreen is applied at least 20 minutes before going outdoors and reapplied every two hours when outdoors.
- For children with naturally very dark skin, please discuss with your educator about the requirement of sunscreen being applied to your child.

Role modelling

Educators and staff members will act as role models by:

- Wearing sun protective hats / clothing, and sunglasses when outside
- Applying SPF 30+ broad spectrum, water resistant sunscreen
- Seeking shade whenever possible

Maintaining hydration levels

- *Infants and children's body/water ratio mass is significantly different than from adults, therefore the risk for dehydration from outdoor play and hot weather is high and can be dangerous.*
- *Water will be offered to children throughout the day regardless of indoor or outdoor play settings.*
- *Children are able to bring in water bottles from home and are encouraged to access water to drink throughout the day.*
- *Cooled boiled water may be offered to infants and young children after bottle feeds if children show signs of continued thirst.*
- *Educators will monitor and document the input/output of infants and young children's fluids.*

When enrolling their child, families are:

- Informed of the scheme's sun protection policy.
- Asked to provide a suitable hat for their child.
- Asked to provide their child with suitable outdoor clothing that is cool and covers as much skin as possible.
- Asked to provide SPF30+, broad spectrum sunscreen for their child
- Required to give permission for staff to apply sunscreen to their child.

Who is affected by this policy?
Educators and families, coordinators, management.
Related Policies and procedures
Excursion Policy.

Related FDC Documents
Educator and Parent agreement, risk assessment for excursion.

Sources:

- Education and Care Services National Regulations
- Education and Care Services National Law Act 2010.
- Guide to the National Quality Framework.
- Early Years Learning Framework
- National Quality Standards
- www.cancer.org.au/sunsmart

Reviewed: Aug 2017
Reviewed date: May 2018
Reviewed: May 2019
Updated 2020

48. TOBACCO, SMOKE, DRUG AND ALCOHOL FREE ENVIRONMENT POLICY

Policy and procedure number:
Link to NQS: 2.3.2
Link to N.reg: 82, 83

POLICY STATEMENT:

KIDZONEFDC acknowledges the importance of ensuring all children are cared for in an environment free from tobacco, drugs and alcohol. This is in accordance with the Common Law Duty of Care owed by educator to children within their care, and scientific evidence proving that passive smoking is harmful for children to be exposed to residual tobacco smoke that clings to clothing and soft furnishings.

AIM:

KIDZONEFDC aims to ensure that all children placed in care are provided with a smoke, alcohol and drug free environment at all times whilst in care.

IMPLEMENTATION:

- Educators must not consume alcohol or be affected by alcohol or drugs (including prescription medications) that may impair their capacity to provide education and care to children in the service
- The registered FDC home is to be tobacco smoke, alcohol and drug free when a child/children, registered with the service, are in attendance at any hour of the day or night.
- Where tobacco is smoked in the Family Day Care home when children are not in care, educators need to consider issues such as hygiene, ventilation and safe storage of smoking paraphernalia, such as ash trays, cigarettes, lighters and matches
- Educators must, as soon as possible, remove or endeavour to remove children from any vicinity where smoking, alcohol and drug consumption is occurring. This includes any environment which is not under the direct control of educator
- Minimise the risk of children observing people smoking, including images that may be accessed by children through photographs, magazines, television, videos, computer games or the internet.
- All authorised vehicles and vehicles used in transporting children will be tobacco smoke, alcohol and drug free.
- All business, activities and functions undertaken and/or held in the name of FDC must be in tobacco smoke, alcohol and drug free environments.
- The co-ordination unit office will be a smoke, alcohol and drug free environment during hours of operation.
- Educators and staff members are encouraged to work with local health professionals, services and organisations to increase their capacity to deliver and promote tobacco, drug and alcohol education and prevention initiatives.

Who is affected by this policy?
Educators and families, coordinators, management.
Related Policies and procedures
Interaction with Children's Policy.

Related FDC Documents
N/A
Sources:

- Education and Care Services National Regulations
- Education and Care Services National Law Act 2010.
- Guide to the National Quality Framework.
- Early Years Learning Framework
- National Quality Standards
- Occupational Health and Safety Act 2004
- Occupational Health and Safety Regulations 2007

Reviewed: Aug 2017

Reviewed date: May 2018
Reviewed: May 2019
Updated 2020

49. TOY SAFETY POLICY

Policy and procedure number:
Link to NQS: 2.1.3, 2.3.2, 3.1.1, 3.1.2
Link to N.reg: 103, 105

POLICY STATEMENT:

Toys are an important part of childhood as it helps children learn and develop, as well as entertaining them. Unfortunately, some toys can be dangerous. Poorly constructed toys or toys that are inappropriate for a child's age and level of development can lead to tragic results.

AIM:

KIDZONEFDC aims to help educators towards their responsibility to provide safe, age appropriate toys that assist in minimising accidents and supports children's learning, confidence, self-esteem, creativity and imagination.

IMPLEMENTATION:

- Read labelling on new toys. 'Not suitable for children under three' means that there are small parts which could be swallowed; it is not an indication of skill level or intelligence
- Follow the instructions for proper assembly, use and supervision
- Check toys regularly for loose parts, which may cause choking dangers. Anything small enough to fit into a 35mm film canister can choke a child under three years of age
- Check that paints and lacquers are non-toxic. Look for a label on painted toys specifying that the paints are non-toxic
- Check for sharp edges, rough surfaces or brittle plastics as they can cause cuts and splinters.
- Check that there are no gaps or holes, which could trap a child's fingers
- Check for ventilation before buying masks, helmets and tents
- Pull strings on toys must be no longer than 22cm. Strings longer than this can tangle and form a loop or noose, and can be a strangulation hazard
- Ensure that ride-on toys are appropriate to the age of the child and are stable
- Toy bikes should have effective brakes that can be applied by the rider and must be regularly checked and maintained
- Children must wear helmets and pads when riding 2 wheeler bikes, skateboards, scooters, roller skates/blades
- Projectile toys can be very dangerous, also be wary of toys that make loud noises, as they can be harmful to hearing
- Be aware that it is safer to use toy crates without lids or with lightweight removable lids rather than toy boxes, only use toy boxes that are designed not to close on top of children and ensure there are ventilation holes in case a child crawls inside and the lid closes
- Make sure the toy box lid has rubber stoppers so that small fingers cannot be crushed, and to help provide ventilation
- Ensure toy cleanliness, schedule toy washing, toy rotation to allow for washing
- Dispose of plastic bags and film used in packaging carefully to prevent children putting them into their mouth or over their head or face

- Encourage children to pack away their toys after use. Children and adults can fall over toys left lying around the house
- Never give un-inflated balloons to small children and remove burst balloons from their play area as they can cause choking
- Rocking toys must be isolated from infants who are crawling to protect children from crushing hazards.

Who is affected by this policy?
Children and Families, Educators, coordinators, management.
Related Policies and procedures
Interaction with Children's Policy.

Related FDC Documents
N/A
Sources:

- Education and Care Services National Regulations
- Education and Care Services National Law Act 2010.
- Guide to the National Quality Framework.
- Early Years Learning Framework
- National Quality Standards
- Occupational Health and Safety Act 2004
- Occupational Health and Safety Regulations 2007

Reviewed: Aug 2017
Reviewed date: May 2018
Reviewed: May 2019
Updated 2020

50. CAR SAFETY POLICY

Policy and procedure number:
Link to NQS: 2.3.2.
Link to N.reg: 102

POLICY STATEMENT:

All vehicles/cars used for children whilst in care must be safe, appropriate and meet Australian Standards at all times.

AIM:

The safety of each child and all educators is paramount at all times. This includes those children and accompanying educators who travel on the Educators Vehicles or Cars. Proper restraint systems must be used according to current Australian Standards all Educators.

IMPLEMENTATION:
KIDZONEFDC educators using their own car will ensure:

- Both inside and outside of the car is free of dangerous objects
- There are enough child restraints that are suitable for the children in care
- All child restraints are suitable for the age and size of the children, and meet the Australian Standards
- Vehicle child restraints (car seats, harnesses) are provided by the educator and will be checked by the co-ordination unit
- Educators are to ensure the follow the manufacturer instructions to safely assemble child restraints
- Educators must keep the instructions and have a clear understanding of the safe assembly, use and potential hazards
- All vehicles parked in the property must be locked when not in use and the key stored in a secure location
- All motor vehicles to be used for transporting young children in the course of family day care should be registered, roadworthy and appropriately insured
- All people responsible for transporting children in care in a motor vehicle must have a current and appropriate driver's license
- Children must not be left unattended in a motor vehicle at any time

• **Category**	• **Requirements**
• Children under 6 months	• Rearward-facing restraint – • either: • Rearward-facing capsule • convertible restraint – facing rearward
• **Children aged between 6 months and 4 years**	• Rearward-facing or forward-facing restraint. Once the child has outgrown the rearward-facing restraint they can be moved to a forward-facing restraint. Children have outgrown their child restraint when: • their shoulders no longer fit comfortably within the child restraint • their eye level is higher than the back of the child restraint • The top insertion slots for the shoulder straps are below the level of the child's shoulders • The child's shoulders are above the shoulder height markings • • Children under 4 years must not travel in the front seat of a vehicle which has two or more rows.
• Children aged between 4 years and 7 years	• Forward-facing restraint or booster seat used with an adult lap-sash seatbelt. • Booster seats should be used until:

	• the child's shoulders no longer comfortably fit within the booster seat • Their eye-level is higher than the back of the booster seat • The child's shoulders are above the should marking at the highest level of the restraint • Children aged between 4 and 7 years can only be placed in the front seat of a vehicle with 2 or more rows of seats if all other seating positions are occupied by younger children. An approved child restraint must be used. It is recommended that child accessory harnesses only be used with booster seats where there is a lap only seat belt.
• Older children 145cm or taller	• It is strongly recommended that children aged over 7 years stay in their booster seats until they have outgrown them. • Children need to be around 145cms tall before they properly fit into an adult seatbelt.

Who is affected by this policy?
Children and Families, Educators, coordinators, management.
Related Policies and procedures
Interaction with Children's Policy, Excursion Policy

Related FDC Documents
Monthly Checks
Sources:

- Education and Care Services National Regulations 2011
- National Quality Standard
- http://www.rta.nsw.gov.au/roadsafety/children/childrestraints/index.html
- Road Safety Act 1986
- Road Safety Road Rules 2009
- Road Safety (Vehicles) Regulations 2009
- Motor Vehicle Standards Act 1989 Cth
- Vehicle Standard (Australian Design Rule 68/00 – Occupant Impact Protection in Buses) 2006
- Bus Safety Act 2009Cth

Reviewed: Aug 2017
Reviewed date: May 2018
Reviewed: May 2019
updated 2020

51. EXCURSION POLICY

Policy and procedure number:
Link to NQS: 2.3, 2.3.1, 2.3.2
Link to N.reg: 100, 101, 102

POLICY STATEMENT:

KIDZONEFDC believes that children getting out and about can enrich their learning and it is essential for children to have a balance of experiences that will help them to feel both secure and confident to learn more about the world they live in.

AIM:

KIDZONEFDC aims to ensure educators are planning their excursion well, and to work with children, families and the co-ordination unit to consider all areas of children's health, safety and well-being. Care must be taken at all times to ensure the health, safety and well-being of each child in care when going on any type of excursion.

IMPLEMENTATION:
The co-ordination unit will:

- Plan, implement and evaluate appropriate and innovative events and excursions for educators, children and their families
- Develop and distribute a flyer to educators for each excursion/event
- Manage the booking procedure and collect money (if applicable) for each excursion/event
- Undertake a risk assessment for all co-ordination unit planned events/excursions
- Provide forms to assist educators with collecting information and permission from families for excursions
- Inform families during the enrolment process of the regulatory requirements relating to excursions

Educators will:

- Advise all parents of all routine and non-routine excursions that are conducted during care hours
- Ensure that no child leaves the home to participate in an excursion without a permission or consent authorisation from parents/guardians.
- All consent forms will be signed by the parent before the excursion takes place for ongoing routine excursions and non routine excursions.
- All route maps will be attached for individual venues along with the risk assessments.
- Record all routine and non-routine excursions on their appropriate forms. Parents must authorise or consent to the excursion after checking the risk assessments for both routine and non-routine excursions
- Ensure the routine excursion forms are completed by parents/guardians at the commencement of care and updated on a yearly basis or when details change
- Ensure to plan ahead to minimise risks and avoid accidents and injuries on excursions
- Ensure care is taken to recognise potential hazards, take action to eliminate or control hazards and respond appropriately to emergencies
- Ensure to visit the proposed excursion destination and conduct a risk assessment prior to the excursion in accordance with Children's Services 2011 Regulation 101: **A risk assessment must be undertaken before an authorisation is sought to take children outside the Family day Care residence or venue for an excursion.**
- Ensure their carry their ID, completed up to date child emergency contacts details, an operational phone, children's medical action plans and medication (if applicable) and a first aid kit on all outings

- Comply with KIDZONEFDC's Sun Policy regarding time of day
- Take emergency supplies, such as tissues, snacks, nappies, spare clothes, gloves, disposable plastic bags, wipes, water bottles...etc
- Discuss excursion guidelines with children prior to the trip. For example, staying with educator at all times, not speaking to strangers...etc
- Upon arrival, educator to ensure to check for potential hazards such as broken glass, syringes or damaged playground equipment's. This should be done on each visit, regardless of the educator being familiar with the setting or venue
- Ensure safety harness and back packs are only used with parental permission and used strictly as recommended, such as not tied to sides of prams

Prior to the excursion, educators will ensure that the following is taken into consideration and recorded:

- Age appropriateness, time and safety of location
- Meal and snack times and how these will be met. Food safety policy to be followed in relation to food transportation
- Personality, behaviours
- Medical and health needs of each child
- Parents attitudes
- How the children will be transported to and from the venue safely
- Supervision requirements
- Weather, whether there is shade or shelter available
- Other people attending the excursion
- Availabilities of toilets, hand washing, mobile phone coverage and water
- Water hazards
- Animals
- Pedestrian safety, traffic and car parking
- Access for emergency services in the case of an emergency or injuries

Families will:

- Read the excursion risk assessment form prior to giving permission for their child to attend
- Read and sign the excursion permission form before an educator can take a child on a routine or non-routine excursion
- Discuss with and supply to educators with any form of safety harness that they wish an educator to use. Parents must give written permission for harnesses to be used

Who is affected by this policy?

Children and Families, Educators, coordinators, management.

Related Policies and procedures

Interaction with Children's Policy, Child Protection Policy, Privacy, Confidentiality and Record keeping Policy, Children's Enrolment Policy.

Related FDC Documents

Routine/Non-Routine excursion forms, risk assessment forms.

Sources:

- Education and Care Services National Regulations
- Education and Care Services National Law Act 2010.
- Guide to the National Quality Framework.
- Early Years Learning Framework
- National Quality Standards

Reviewed: Aug 2017
Reviewed date: May 2018
Reviewed: May 2019
Updated 2020

52. ANIMAL AND PET POLICY

Policy and procedure number:
Link to NQS: 2.3.2, 3.3.2.
Link to N.reg: 168.

POLICY STATEMENT:

KIDZONEFDC strongly believes in the importance of keeping children safe at all times around animal and domestic pets. Pets and other animals can be a positive inclusion into children's learning and experiences in care as long as extra care is taken as they can pose a risk to children. A child's safety must be maintained at all times.

AIM:

KIDZONE aims to provide a safe and hygienic environment that minimises the risk of a child being harmed by an animal. We also aim to educate educators and children the proper care of animals.

IMPLEMENTATION:
The co-ordination unit will:

- Monitor the compliance of the policy and help educators develop a risk management plan for animals when required
- Provide educators with resources and education on the health and safety practices for pets and other animals.
- Inform families of the service requirements and regulations for managing pet in FDC when required

Educators will:

- Ensure all dogs, cats and birds are isolated from the children in care at all times. Reptiles must be inaccessible in a locked enclosure.
- Inform families of what animals are kept at the day care. Families are to be advised on what measures are put in place for dogs, cats and birds to remain inaccessible to children. This is to be documented on the parent/carer agreement form
- Immediately report to the co-ordination unit and families of any injury caused to a child by an animal or pet.
- Any pet that shows any form of aggression towards a child will required to remain permanently isolated and inaccessible to children
- Supervise children when accessing any animal or pet at the day care
- **Regularly feed, clean, vaccinate, have flea powder applied and regularly check for fleas and worms. Any animal in a cage will have its cage regularly cleaned.**
- **Ensure the medical record for their pet is provided to the co-ordination unit**
- Ensure any animals or pets are not allowed in children's play and resting areas
- Ensure any animals or pets are not taken into the food preparation area nor are they allowed near eating areas
- Ensure anyone the handles the animal or pet immediately wash their hands after they have finished handling the animal or pet

- Ensure that, if a child wants to bring his/her pet to their day care, permission has been granted by the co-ordination unit.
- Ensure the program plan also includes how to properly care for animals and how to treat them properly.
- An initial risk assessment must be conducted before children have access to rabbits, guinea pigs, mice/rat and small reptiles and approved by families
- Keep animal food bowls, beds, toys and litter boxes/trays inaccessible to children at all times
- Where dogs and cats are present in the homes, the environment is to be managed in a hygienic manner. Floors are to be vacuumed and washed daily before the children arrive
- Inform the co-ordination unit and families immediately of any new animals in the premises.

Who is affected by this policy?
Children and Families, Educators, coordinators, management.
Related Policies and procedures
Interaction with Children's Policy, Child Protection Policy, Children's Enrolment Policy.

Related FDC Documents
Routine/Non-Routine excursion forms, risk assessment forms.
Sources:

- Education and Care Services National Regulations
- Education and Care Services National Law Act 2010.
- Guide to the National Quality Framework.
- Early Years Learning Framework
- National Quality Standards

Reviewed: Aug 2017
Reviewed date: May 2018
Reviewed: May 2019
Updated 2020

53. TELEVISION AND OTHER ELECTRONIC MEDIA USAGE BY CHILDREN

Policy and procedure number:
Link to NQS: 1.1.1, 4.2.1
Link to N.reg: 73.

POLICY STATEMENT:

Educators will ensure that children have limited exposure to all electronic media including television, videos, DVDs, internet , computers, iPads, hand held games, and that families are consulted in relation to the amount and content of the television watching and involvement with other electronic media. All exposure to electronic media will be child appropriate, monitored by the Educator, and add value to the children's learning experience. Children should not be exposed to TV or Computers or Ipads for more than 20 to 30 minutes.

AIM:
Television, computers, electronic games or other similar technology used as experiences for children are appropriate when they are child focussed, carefully planned, monitored and evaluated by Educators. By sharing and discussing these experiences with children the Educator is able to ensure that children are not exposed to

violence, stereotypes to adult themes. Television also has the power to deliver messages which may or may not be appropriate for children, especially relating to food, toys and appropriate activity and behaviour.

IMPLEMENTATION:

Television and DVD Player Usage
The T.V will be an additional tool to enhance curriculum activities, not a substitution.
Guidelines for use would be:

- To assist in expanding the content of the daily program and current affairs.
- Be suitable to the needs and development levels of each child watching.
- Chosen programs should hold the interests of the children
- Long Day Care and free activity times can be assisted when inclement weather keeps children indoors.

Programs must be carefully selected with suitable content. Programs depicting violence e.g. graphic news reports should not be shown. Children are to view **'G' rated** videos only.

Educators will sit with the children to monitor and discuss any aspects of the video or television program they are viewing.

Computers and I pad Usage:

- Keep the computer or I Pad in a shared space so you can see what the child is doing and viewing. This also lets you join in the child's enjoyment and help the child get the most out of computer time.

- Avoid computer games that make violence look 'cool', or that show violence as a way to get what you want. If children see heroes being rewarded for violent acts, they might want to copy the violence. Also, it can make them less sensitive to violence in the real world.

Who is affected by this policy?
Children and Families, Educators, coordinators, management.

Related Policies and procedures
Interaction with Children's Policy, Child Protection Policy, Code of conduct policy, Enrolment policy, social networking usage policy.

Related FDC Documents
N/A

Sources:

- Education and Care Services National Regulations
- Education and Care Services National Law Act 2010.
- Guide to the National Quality Framework.
- Early Years Learning Framework
- National Quality Standards

Reviewed: Aug 2017
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Updated 2020

54. SUSTAINABILITY POLICY

Policy and procedure number:
Link to NQS: 3.3.1, 3.3.2
Link to N.reg:

POLICY STATEMENT:

Provide sustainability and environmental information endeavouring to increase the environmental awareness to our children, families and the local community. A focus on environmental education to aid children in forming a connection with, respect for and interest and enjoyment of the natural environment and living things around them.

AIM:

Promote sustainable FDC residences through incorporating environmental education and procedures within the play based educational programs which endeavour to help children to connect with nature. Promote the reduction of energy consumption through better practice.

IMPLEMENTATION:
Potential ideas for promoting environmental practices within FDC;

- Planting a herb or veggie garden, construct a worm farm, compost fruit scraps, install a water tank.
- Provide the educators with water saving, energy saving, green cleaning, recycling and waste minimisation strategies.
- Responsible recycling.
- Swap meet for toys, equipment and various materials - exchange of items
- Use of Toy Libraries.
- Excursions to community gardens, Botanic gardens, nurseries etc.
- Utilising local waste and recycling facilities.
- Keep up to date on the latest research and teachings focusing on environmental education.
- Growing plants, flowers and trees from seeds
- Re-using or recycling waste materials in learning activities
- Efficient use of all natural resources within the FDC residence or venue.
- Inform families about celebrating national, state-wide and local community environmental awareness campaigns e.g., walk to Work Day, Clean Up Australia Day, National Recycling Week, National Tree Planting Day and Environmental Day.

- Promote strategies being adopted and implemented within the coordination unit and council
- Where possible minimise the use of paper by utilising electronic systems for the collection and distribution of information.
- Provision of ongoing training opportunities for staff, educators and families Newsletter coverage of a range of topics, including links to environmental websites, water saving and composting tips, stories and activities, list of green events, recycled activities

Who is affected by this policy?

Children and Families, Educators, coordinators, management.
Related Policies and procedures

Interaction with Children's Policy, Inclusion Policy.
Related FDC Documents
N/A
Sources:

- Education and Care Services National Regulations
- Education and Care Services National Law Act 2010.
- Guide to the National Quality Framework.
- Early Years Learning Framework
- National Quality Standards

Reviewed: Aug 2017
Reviewed date: May 2018
Reviewed: May 2019
Updated 2020

55. EMERGENCY MANAGEMENT AND EVACUATION POLICY

Policy and procedure number:
Link to NQS: 2.3.3,
Link to N.reg: 97; 168(2)(e), 190(g)

POLICY STATEMENT:

KIDZONEFDC defines an 'emergency' as unplanned, sudden or unexpected event or situation that requires immediate action to prevent harm, serious injury or illness to person/persons or damage to the environment. It is something that will be a risk to an individual's health and safety.

AIM:

KIDZONEFDC's aim to educate educators on how to manage and plan for emergencies by conducting a rehearsed evacuation procedure that is done in a timely, calm and safe manner to secure the safety and well-being of all. The safety and well-being of each child, educator and all other members in the premises is paramount above any other consideration in the time of an emergency or evacuation.
An evacuation may be necessary in the event of a fire, chemical spill, bomb scare, earthquake, siege, flood...etc.

IMPLEMENTATION:

The Co-ordination Unit will:

- Provide support and information to educators on compliance requirements for emergency and evacuation procedures
- Provide forms to assist educators in the recording of emergency and evacuation practices
- Monitor compliance on home visits
- Ensure an emergency contacts is available for critical events
- Offer debriefing for educators after an emergency evacuation

Educators will:

- Display emergency evacuation procedures, including floor plans and instructions on or near each exist in the home. Ensure it includes a meeting area.
- Identify potential emergencies, such as fire, floods, common accidents in the home, chemical spills, threatening intruder, medical emergencies, and develop strategies to eliminate, minimise or control each emergency and subsequent risks
- In the event of an emergency situations or an evacuation, contact the co-ordination unit on 02 97878310or (0470507668) if emergency occurs out of office hours
- Practice the evacuation procedure every 3 months at various times of the day and or week. Document it on the evacuation procedure form
- Have a ready to access emergency equipments such as fire extinguishers or fire blankets
- Test smoke detectors and replace batteries every 6 months in line with daylight savings changes. Smoke detectors are also tested during home visits by co-ordinators.

Emergency Procedures

FIRE: Ensure to check the source of the fire

1. Evacuate partially or totally-as per evacuation plan
2. Call the fire brigade-dial 000
3. Await instructions from the officer in charge
4. Keep everyone away from the fire

LOCKDOWN:

1. In the event of a direct danger to educators or children, activate lockdown immediately by locking doors and windows
2. Contact police immediately-dial 000
3. Educator to check all children are accounted for, check outside area and toilets
4. Children are to sit on the floor in the safest room and supervised until further notice
5. Notify co-ordination unit
6. Co-operate and assist police as required

CHEMICAL SPILLS:

1. Call Poisons Information Centre on 13 11 26 for more advice
2. Administer first aid, if required and if safe to do so
3. Safely clean up spills immediately

THREATENING, ARMED OR DANGEROUS INTRUDER:

1. Attempt to keep intruder away from children
2. Meet intruder's demands
3. If any injuries occurs, administer first aid if safe to do so and call an ambulance on 000 if required
4. Contact police when safe to do so on 000
5. Contact the co-ordination unit to notify them of the incident

GAS LEAK IN THE HOME:

1. Evacuate home
2. Dial 1300662778 Tru-Gas Escapes

GAS LEAK OUTSIDE:
1. Remain inside
2. Dial 1300662778 Tru-Gas Escapes

VEHICLE COLLISION:
1. If insight of children, instruct children to come back inside or out of view
2. Dial 000 for an ambulance if required
3. Dial 000 for fire if there is a petrol spill or other possible hazards

LIFE THREATENING SITUATION/INJURED OR COLLAPSED PERSON:
1. Check for any danger and clear area of any children
2. Administer first aid if it is safe to do so
3. Dial 000 for ambulance if required

Who is affected by this policy?
Children and Families, Educators, coordinators, management.
Related Policies and procedures
Incident, Injury, Trauma and Illness Policy
Related FDC Documents
Incident, Injury, Trauma and Illness Report form and Fire Drill Form.
Sources:
- Education and Care Services National Regulations
- Education and Care Services National Law Act 2010.
- Guide to the National Quality Framework.
- Early Years Learning Framework
- National Quality Standards

Reviewed: Aug 2017
Reviewed date: May 2018
Reviewed: May 2019

56. REST AND SLEEP POLICY

Policy and procedure number:
Link to NQS: 2.1.2, 2.3.2, 3.1, 3.1.2
Link to N.Reg: 81, 103,105,110,115

POLICY STATEMENT:

KIDZONEFDC is committed to providing a safe and calm environment for the children.

AIM: To provide effective rest and sleep strategies as they are important factors in ensuring a child feels secure and safe in a family day care environment. This policy and procedure aims to ensure compliance with the regulatory requirement for a policy and procedure on "Sleep and rest for children and infants" and compliments the Kidzone Family Day Care Child Safety procedure. Effective sleep and rest strategies are important factors in ensuring a child feels secure and is safe in an educator's care service.
Approved providers are responsible for ensuring sleep and rest policies and procedures are in place (ACECQA-October 2017) The Approved Provider will provide information to educators from time to time regarding safe sleeping based on current research and recommended evidence-based principles and guidelines. Red Nose

(formally Sides and Kids) is considered the recognised National Authority on safe sleeping practices for infants and toddlers.

Definitions:

Rest is defined as a period of inactivity, solitude, calmness or tranquillity, and can include a child being in a state of sleep. A **baby** is defined as a **child** aged from birth to 24 months.

IMPLEMENTATION:

The primary safe resting and sleeping practices for children under **KIDZONEFDC** are as follows:

- All children are placed on their back when first being settled for a rest. If a child turns onto their side or stomach during sleep, they are allowed to find their own sleeping position
- All children rest with their face uncovered
- Children's rest environments are free from cigarette or tobacco smoke
- The rest environment, equipment and materials are safe and free from hazards
- Educators monitor resting children at regular intervals and supervise the rest environment

Safe resting practices for babies

- Babies are placed on their back to rest, when they are first settled.
- If a medical condition exists that prevents a child from being placed on their back, the alternative resting practice must be directed in writing by a medical practitioner.
- If older babies turn over during their rest, they are allowed to find their own resting position, but are always laid on their back when first being placed to rest
- To prevent a baby from wriggling down under bed linen, they are placed with their feet closest to the bottom end of the cot.
- Babies aged younger than 6 months and who have not been observed to repeatedly roll from back again on their own should be repositioned onto their backs when they roll onto their front or side.

- Quilts are not used as bed linen. Pillows, soft toys, lamb's wool and cot bumpers are not allowed, other than a comfort toy
- Light bedding is the preferred option, which must be tucked in to prevent the baby from pulling bed linen over their head.
- If parents preferred sleeping bags, that should not have a hood and may be provided by the parents for use at FDC home.

Safe resting practices for toddlers

- Toddlers are encouraged to rest on their back.
- If toddlers turn over during their sleep, they are allowed to find their own sleeping position.
- Quilts are not used to cover toddlers in a cot or on a mattress. Pillows, soft toys, lamb's wool and cot bumpers are not allowed, other than a comfort toy
- Light bedding is the preferred option, which must be tucked in to prevent the toddler from pulling bed linen over their face
- If parents preferred sleeping bags, that should not have a hood and may be provided by the parents for use at FDC home
- Quiet experiences are offered to those toddlers who do not fall asleep.

Safe resting practices for preschool children

- Preschool children are encouraged to rest on their back. If they turn over during their sleep, they are allowed to find their own sleeping position.
- At no time is a preschooler's face covered with bed linen when they are sleeping.
- Quiet experiences may be offered to preschoolers who do not fall asleep.

Children of all ages

- Children should sleep and rest with their face uncovered.
- A quiet place should be designated for rest and sleep, away from interactive groups. If designated for rest, the space should allow for a calm play experience.
- Children's sleep and rest environments should be free from cigarette or tobacco smoke.
- Sleep and rest environments and equipment should be safe and free from hazards.
- Supervision planning and the placement of educators across a service should ensure educators are able to adequately supervise sleeping and resting children.
- Educators should closely monitor sleeping and resting children and the sleep and rest environments. This involves checking/inspecting sleeping children at regular intervals, and ensuring they are always within sight and hearing distance of sleeping and resting children so that they can assess a child's breathing and the colour of their skin.

Protective behaviours and practices
Supervision of resting children
• All children who are resting will be supervised by the educator
• All children who have fallen asleep in the service will be monitored regularly with specific attention
• Adults will not rest or sleep in the same environment as a child or group of children. If a child's face is covered, the educator will immediately uncover the child's face
• Settling children for rest ensure that children are in comfortable clothing, that nappies are clean and dry and/or that

- Children have been to the toilet.
- Offer comfort items and soothing music
- Sit and be with children to assist them to sleep if needed

Cots &Portacots:

The following information is directly referenced to SIDS & Kids:
• All new and secondhand cots sold in Australia must meet the **Australian Standards** for Cots and be labelled AS **2172.** Cots that are not labelled with the Australian Standards will not be used by educators under KIDZONEFDC
• Educators will ensure that all cots are placed in an area that is a safe distance from heaters, electrical appliances and hanging cords or string
• Educators will not place an extra mattress or padding under or over the manufacturer's cot mattress

- Cot mattresses should be in good condition, clean, firm, flat and must fit the cot base with no more than a 25mm gap between the mattress and the sides of the cot
- Soft mattresses increase the risk of SIDS as it encourages a baby to roll onto their stomach.
- Babies' cots are cleaned weekly with soupy water spray using paper towel to wipe the surface
- Children's resting mattresses are cleaned weekly with soupy water spray using paper towel to wipe the surface
- Each child has their own bed linen
- Children's bed linen is washed weekly, and immediately if soiled.

- Other resting materials or aids, such as cushions, are to be cleaned every week by the families

Sleepwear

• Educators monitor the temperature of the rest environment and address children's clothing needs
• Children resting in jumpers with hoods and cords are at higher risk of choking and should not be encouraged to wear these garments when resting.

Communicating with different stakeholders

Children

- The children are notified that rest time will be happening with a warning before the period starts
- All children are encouraged to be an active participant where possible to assist in the sleep/rest routine eg. getting comfort items/ cushions from their lockers

Educators

- All educators under KIDZONEFDC must understood and implement the sleep and rest time policy created by KIDZONEFDC
- Consult with the families about their children's rest needs.
- Educators will be sensitive to each child's needs so that rest times are a positive experience.
- Educators must update regular first aid training in resuscitation as defined by licensing regulations/best practice standards

Safe placement

- Ensure a safety check of sleep and rest environments is undertaken on a regular basis.
- If hazards are identified, lodge a report as instructed in the service's policies and procedures for the maintenance of a child safe environment.
- Ensure hanging cords or strings from blinds, curtains, mobiles or electrical devices are away from cots and mattresses.
- Keep heaters and electrical appliances away from cots.
- Do not use electric blankets, hot water bottles and wheat bags in cots.
- Do not place anything (e.g. amber teething necklaces) around the neck of a sleeping child. The use of teething bracelets (e.g. amber teething bracelets) is also not recommended while a child sleeps.

Management/Coordination unit staff

- Management/coordination unit staff receive regular first aid training in resuscitation as defined by licensing regulations/best practice standard
- The Director will ensure staffs are regularly updated on SIDS and Kids on best practices.
- To take reasonable steps to ensure that children's needs are being met but giving them the opportunity to rest, having regard to the ages, developmental stages and individual needs of each child.
- There are adequate numbers of bedding available to children that meet Australian Standards.
- The area for rest is well ventilated and has natural lighting.

Who is affected by this policy?

Management, Co-ordination staff, Educators, Families and Children.

Sources:

- Australian Children's Education & Care Quality Authority
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015,
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- Guidelines for SIDS and Kids Safe Sleeping in Childcare Facilities
- SIDS & Kids Safe Sleeping Kit : https://rednose.org.au/section/safe-sleeping
- Standards Australia – www.standards.org.au

- The Children's Hospital at Westmead – Safety factsheet – Cots and Cot Mattresses, http://kidshealth.schn.health.nsw.gov.au/sites/
- kidshealth.schn.health.nsw.gov.au/files/safetyfactsheets/cots-and-cot-mattresses.pdf
- Australian Competition and Consumer Commission (ACCC) – www.accc.gov.au - Cot safety PDF
- Australian Consumer Law 2011 - Australian Competition and Consumer Commission.
- The NSW Work Health and Safety Act 2011 & the NSW Work Health and Safety Regulation 2011

Reviewed: Aug 2017
Reviewed date: May 2018
Next Review: May 2019
updated May 2020

57. CHILD SAFE ENVIRONMENTS POLICY

Policy Statement:

KIDZONEFamily Day care has a moral, ethical and legal responsibility to ensure that all children are safe in their educators care.

Aim:
Effective safe practices are implemented to ensure safe environments surround children. Educators will be provided with training, resources, information and guidance to support this.
IIMPLEMENTATION:

- The educators ensuring that the health, safety and wellbeing of children at the service is protected at all times while also promoting their learning and development.
- Fulfilling its duty of care obligations under the law by protecting children from any reasonable, foreseeable risk of injury or harm.
- Ensuring that all staff, students and volunteers caring for children at the registered service act in the best interests of the child, and take all reasonable steps to ensure the child/ren's safety and wellbeing at all times.
- Educators implement hygiene practices that reflect current research, best practice and advice from relevant health authorities.
- Implement safe and hygienic storage, handling, preparation and serving of all food and drinks consumed by children, including foods brought from home.
- Supporting the rights of all children to feel safe, and be safe, at all times.
- Developing and maintaining a culture in which children feel valued, respected and cared for.
- Ensuring outdoor and indoor spaces, buildings, furniture, equipment, facilities and resources are suitable for their purpose.
- Ensuring premises, furniture and equipment are safe, clean and well maintained.
- Educators conduct risk assessments before regular outings or excursions.
- Encouraging active participation from parents/guardians and families at the service, and ensuring that best practice is based on a partnership approach with shared responsibility for children's health, safety, wellbeing and development.

Who is affected by this policy?
Co-ordination unit, Educators, Families, children and all stakeholders.
Related Policies and Procedures
Child protection, immunisation and infectious Disease, Food Nutritious and Beverage, toy safety, Vehicle/ car safety, Excursion.
Sources:

- Education and Care services National Regulations
- Education and care Services National Law Act 2010
- Guide to the National Quality Standards 2013

Reviewed: Aug 2017
Reviewed date: May 2018
Reviewed: May 2019
Updated 2020

58. CHILD SAFE POLICY

Introduction
Our policy guides staff, educators and students on how to behave with children in our service. The policy focuses on how we can make our family day care safer for them.

Support for children's participation
Kidzone Family Day Care supports the active participation of children in our service. We listen to children's views and respect what they say.

Support for staff and educators

1. We promote respect, fairness and consideration for all educators, co-ordinators, students and volunteers.
2. All educators have service co-ordinators assigned to support and supervise their work.
3. All new staff, volunteers and students will receive a copy of the Child Safe Policy, Code of Conduct and our Complaints policy.

Recruitment
1. Our service will maintain a rigorous and consistent recruitment, screening and selection process for educators and co-ordinators.
2. We will ensure all educators and service staff have a Working with Children Check, a Police Check and have at least 3 references (personal and or work) who are checked via phone. We will promote our code of conduct and the fact that our service is a Child Safe Service in all of our recruitment material.

Complaints
1. Children, educators and families can raise complaints by approaching any co-ordinator within the service who will then report the issue to the Child Safety Contact person, the Nominated Supervisor and the Approved Provider.
2. Co-ordinators can raise complaints by approaching the Nominated Supervisor, the Child Safety Officer.
3. Our service has a Child Safety Contact Person (Sharmeena Jaweed - 0470507668) appointed to manage all complaints.

Communication

1. We will hold regular information sessions for educators, volunteers and students.
2. Our policy will be discussed during induction sessions for all new educators/co-ordinators/volunteers.
3. All new families will receive a copy of the Policy, Code of Conduct and Dealing with Complaints process.

Review
The policy and guidelines will be reviewed every two years and incorporate comments and suggestions from children,families, educators,co-ordinators, volunteers and students.

59. SAFE TRANSPORTATION POLICY

Educators working within our Family Day Care Service often provide transportation of children as part of our education and care service. This may include transporting children between the Family Day Care residence or venue and other locations to participate in regular outings such as play groups, library visits, walks in the park or collecting children from homes or schools.

Compliance with the Education and Care Services National Law and Regulations is always mandatory to ensure the safety of children and new provisions and amendments to these regulations are reflected in our procedures and policy for transportation and the safe handover of children.

We always acknowledge our ensuring duty of care obligations by adhering to relevant legislation providing adequate supervision of children, maintaining correct educator to child ratios, maintaining accurate attendance records and providing appropriate child restraints for children under our care.

NATIONAL QUALITY STANDARD (NQS)

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.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
4 (1)	Definition regular transportation
85	Incident, injury, trauma and illness policies and procedures
99	Children leaving the education and care service premises
100	Risk assessment must be conducted before excursion

101	Conduct a risk assessment for excursion
102A	Transportation of children other than as part of an excursion
102B	Transport risk assessment must be conducted before service transports child
102C	Conduct of risk assessment for transporting of children by the education and care service
102D	Authorisation for service to transport children
123	Educator to child ratios apply wherever the service is operating
136	First aid qualifications
158	Children's attendance record to be kept by approved provider
161	Authorisations to be kept in enrolment record
168	Education and care service must have policies and procedures
168(2)(ga)	Education and care service must have policies and procedures (transportation)
170	Policies and procedures to be followed

PURPOSE

We aim to ensure that all children being educated and cared for by our Family Day Care Service are adequately supervised at all times. This includes ensuring educator to child ratios are met whenever and wherever the service is operating including providing transportation as part of our service activity.

SCOPE

This policy applies to the Educators, Educator Assistants, children, families, and visitors of the Family Day Care Service.

IMPLEMENTATION

The safety of children enrolled at our service is paramount. Every reasonable precaution is taken to protect children from harm and from any hazard likely to cause injury. Appropriate safety measures have been implemented through our comprehensive risk assessment process to ensure supervision is adequate at all times including transportation. Educator to child ratios are adhered to in addition to ensuring the maximum numbers on the service approval are not breached at any time. Adequate supervision is therefore not static as it is dependent upon a range of considerations documented in risk assessments. (e.g. when FDC educators travel together in a larger vehicle for an excursion).

Definitions (effective 1 October 2020)

Regular outing: in relation to an education and care service, means a walk, drive or trip to and from a destination

(a) that the service visits regularly as part of its educational program; and

(b) 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.

Written authorisation: authorisation given by a parent or other person named in the child's enrolment record as having authority to authorise the child being transported by the service or on transportation arranged by the service. If the transportation is regular transportation, the authorisation is only required to be obtained once in a 12-month period. The authorisation must state:

a) the child's name; and
b) the reason the child is to be transported; and
c) if the authorisation is for a regular outing, a description of when the child is to be taken on the regular outings; and
d) if the authorisation is not for a regular transportation, the date the child is to be transported; and
e) a description of the proposed pick-up location and destination; and
f) the means of transport; and
g) the period of time during which the child is to be transported; and
h) the anticipated number of children likely to be transported; and
i) the anticipated number of staff members and any other adults who will accompany and supervise the children during the transportation; and
j) any requirements for seatbelts or safety restraints under a law of each jurisdiction in which the children are being transported; and
k) that a risk assessment has been prepared and is available at the education and care service; and
l) that written policies and procedures for transporting children are available at the education and care service.

Transport specific risk assessment

As per the Education and Care Services National Law, our FDC Service will '*ensure that every reasonable precaution is taken to protect children…from harm and from any hazard likely to cause injury*' (Section 167). Our FDC Educators will conduct comprehensive transport specific risk assessments to minimize and manage all potential risks for transporting children before authorisation is sought to transport a child from the Approved Provider. [Reg. 102B, 102D (4)].

A risk assessment will be undertaken at least annually for '*regular transportation'* of children. Each time an FDC Educator transports, or arranges, the transport of children as part of an excursion, a new risk assessment will be

conducted. All risk assessments will be regularly assessed and evaluated as to facilitate continuous improvement in our service.

Our risk assessment process is guided by will:

- identify any hazards or potential hazards that transporting the child may pose to the safety, health and wellbeing of the child
- assess the risk of harm or potential harm using a risk matrix
- specify how the identified risks will be managed by eliminating or minimising the impact using control measures
- evaluate the current risk or potential harm by implementing control measures
- review and monitor the risk or potential harm to ensure it continues to be managed as a low risk

source: Risk assessment and management ACECQA (2020)

Our risk assessment will consider:

a) the proposed route and duration of the transportation; and
b) the proposed pick-up location and destination; and
c) the means of transport; and
d) any requirements for seatbelts or safety restraints (as per the law of our jurisdiction); and
e) any water hazards; and
f) the number of adults and children involved in the transportation; and
g) given the risks posed by transportation, the number of educators or other responsible adults to provide supervision and whether any adults with specialized skills are required; and
h) whether any items should be readily available during transportation (mobile phone, list of emergency contact numbers) and;
i) the process for entering and exiting-
    i. the education and care service premises; and
    ii. the pick-up location or destination (as required); and
j) procedures for embarking and disembarking the means of transport, including how each child is to be accounted for on embarking and disembarking.

The Coordinator and FDC Educator will ensure:

- risk assessments are carried out prior to seeking authorisation for transporting children is made with the Approved Provider
- risk assessments for 'regular transportation' are evaluated regularly to ensure potential risks are identified and managed
- risk assessments for 'regular transportation' are reviewed at least annually

- details of the safest route for travel, type of vehicle and required restraints are included in the risk assessment
- every reasonable precaution is taken to protect children from harm and hazards likely to cause injury
- compliance with first aid requirements of Regulation 136 are met at all times
- parents/guardians complete a written authorisation for transportation of their child and a copy of this is filed in the child's enrolment record
- children are instructed on processes for entering and exiting the service premises and are aware of the pick-up and destination locations
- children's attendance is checked against an accurate attendance record showing when children are within the care of the FDC service. The record of attendance must record the time that the child arrives and departs
- children's attendance is checked by the FDC educator before departure from the designated pick up location and marked as present as they disembark from the vehicle
- procedures for the safe handover of children between the Service and other educational site is documented correctly (if applicable)
- educator to child ratio requirements are maintained at all times
- children exit the vehicle using the 'safety door'
- children wear approved seatbelts/restraints whilst the vehicle is in motion
- children are never left unattended in the vehicle
- education on road safety for children is included in the Service's programming (for example Kids and Traffic, Vic Roads Primary School roads information)
- safety rules are developed with children to ensure a clear understanding of appropriate and inappropriate behaviour
- they are aware of appropriate procedures to be followed in the event of a vehicle crash involving children from the service
- a working mobile phone is carried in case of emergency
- a list of emergency contact numbers for the children being transported is available at all times
- every effort will be made to notify parents/carers of delays returning to the Service if applicable
- relevant criminal history requirements and Working with Children Checks are made for any person transporting children. WWCC is recorded in staff records.
- the FDC educator or person driving the vehicle/bus holds a current Australian driver's licence
- any allegation of misconduct of the educator or other adult will be reported immediately as per the Reportable Conduct Scheme detailed in our Child Protection Policy and/or Child Safe Environment Policy.

Safe Maintenance of transportation vehicle

The Coordinator and FDC Educator will ensure:

- the transportation vehicle is fitted with the required child restraints, approved by the Roads and Traffic Authorities (see Rule 266 of the Australian Road Rules)
- the vehicle has enough fuel to transport the children each day as in accordance to schedule
- the vehicle is registered, roadworthy and insured (general legal requirements and best practice standards are adhered to)
- any repairs are completed as soon as possible by a qualified mechanic
- all drivers hold a current Australian driver's licence, licenced to carry the required number of passengers for the vehicle
- in the event of any mechanical or other breakdown, children will be kept safe, comfortable and occupied with suitable activities
- every effort will be made to notify parents/carers of delays returning to the Service if applicable

The Approved Provider, Coordinator and FDC Educators will ensure:

- driver's licence is current, and they are licenced to carry the required number of passengers for the purpose
- every reasonable precaution is taken to protect children from harm and from any hazard likely to cause injury
- they adhere to the road rules and regulations mandated by law within each state/territory
- children remain seated and do not behave in a dangerous or inappropriate manner
- the vehicle is parked in a secure and safe location for children to access
- the number of passengers does not exceed the legal requirement
- a working mobile phone is taken in case of an emergency
- an easily recognised and suitably equipped first aid kit is easily accessible during transportation
- FDC educators and Educator Assistants accompanying children during transportation hold:
  - an approved first aid qualification
  - a current approved anaphylaxis management training qualification and
  - an approved emergency asthma management training qualification.

Picking up children and during transportation

The FDC Educator and/or Educator Assistant will ensure:

- the vehicle/bus will be parked in a safe location where children are not required to cross any roads (if this is unavoidable, a risk assessment and dedicated procedure for crossing the road will be completed)
- the children's attendance record is checked by the educator as children assemble in a predetermined location at the residence or venue prior to embarking the vehicle
- children are continuously supervised during transportation by the educator, ensuring they have clear vision of all children

- children are to remain seated until the vehicle/bus has completely stopped
- the designated driver of the vehicle/bus complies with all appropriate road, safety and transport regulations
- under no circumstances will the driver of the vehicle/bus supervising the children use handheld mobile phones unless safely parked
- under no circumstances will the driver and/or FDC educator supervising children be under the influence of alcohol or drugs
- the designated driver of the vehicle has the right, *if required* to stop in a safe place until the children conform to the safety guidelines. Parents will be notified if their child continues to be challenging and/or behaving in a dangerous manner.

Dropping off children

- children are to remain seated until the vehicle/bus has completely stopped
- the FDC educator/educator assistant will assist children to safely disembark the vehicle/bus
- children will exit the vehicle/bus using the 'safety door' or door located near the kerb or within the driveway of the residence/venue
- the children's attendance record will be checked by the FDC educator as they assemble in a predetermined location at the end of the journey
- the FDC educator will conduct a final sweep of the vehicle/bus, checking on and under seats to ensure there are no children or belongings left behind
- once inside the residence/venue, the children are signed in which will provide an additional attendance check to confirm all are present

Families will:

- adhere to the Service's *Arrival and Departure Policy* and *SafeTransportation Policy*
- communicate any change in transportation requirements for their child with their FDC Educator as soon as they are aware (for example: no transport is required on a particular day as the child has returned home from school due to illness)
- notify the Service if their child is going to be absent on a particular day and not require transport
- ensure written permission for transportation of their child by the Service is granted by either the parent or authorised nominee named in the child's enrolment record
- update emergency contact numbers regularly

Resources

Childcare Centre Desktop

Safe Transportation of Children Module

- Transporting Children Risk Assessment Template
- Safe Transportation Procedure
- Car/Bus Pick Up Drop Off Checklist

SOURCE

Australian Children's Education & Care Quality Authority. (2014).
Australian Government Department of Education Skills and Employment. (2009). *Belonging, Being and Becoming: The Early Years Learning Framework for Australia*. (2009).
Childhood Australia Code of Ethics. (2016).
Education and Care Services National Law Act 2010. (Amended 2018).
Education and Care Services National Regulations. (2011)
Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).
Guide to the National Quality Framework. (2018). (Amended 2020).
Kids and Traffic Early Childhood Road Safety Education Program (NSW)
Revised National Quality Standard. (2018).
Road Transport (Safety & Traffic Management) Act 1999.
Vic Roads- Primary school road safety education resources

REVIEW

POLICY REVIEWED	AUGUST 2020	NEXT REVIEW DATE	JULY 2021

MODIFICATIONS
- New policy created for KIDZONE Family Day Care

60. MULTICULTURAL POLICY

Australia is an increasingly multi-cultural society and as we recognise more cultural and ethnic diversity, it is imperative we lead children in recognising and respecting similarities and differences in cultures. The cultural beliefs, linguistic and religious diversity represented within our Family Day Care Service and wider community helps to form the foundation of the program being implemented to ensure we are promoting an inclusive environment for all children.

There were never in the world two opinions alike, any more than two hairs or two grains. Their most universal quality is diversity.

Michel De Montaigne, 1533–1592

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 1: EDUCATIONAL PROGRAM AND PRACTICE		
1.1.1	Approved learning framework	Curriculum decision-making contributes to each child's learning and development outcomes in relation to their identity, connection with community, wellbeing, confidence as learners and effectiveness as communicators.
1.1.2	Child-centred	Each child's current knowledge, strengths, ideas, culture, abilities and interests are the foundation of the program.
1.1.3	Program learning opportunities	All aspects of the program, including routines, are organised in ways that maximise opportunities for each child's learning.
1.2.2	Responsive teaching and scaffolding	Educators respond to children's ideas and play and extend children's learning through open-ended questions, interactions and feedback.
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 3: PHYSICAL ENVIRONMENT		
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 to support every child's participation and to engage every child in quality experiences in both built and natural environments.
QUALITY AREA 5: RELATIONSHIPS WITH CHILDREN		
5.1	Relationships between educators and children	Respectful and equitable relationships are maintained with each child.
5.1.1	Positive educator to child interactions	Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included.
5.1.2	Dignity and rights of the child	The dignity and rights of every child are maintained.
QUALITY AREA 6: COLLABORATIVE PARTNERSHIP WITH FAMILIES		
6.1	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role.

6.1.1	Engagement with the service	Families are supported from enrolment to be involved in the service and contribute to service decisions.
6.1.3	Families are supported	Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing.
6.2	Collaborative partnerships	Collaborative partnerships enhance children's inclusion, learning and wellbeing.
6.2.2	Access and participation	Effective partnerships support children's access, inclusion and participation in the program.
6.2.3	Community engagement	The service builds relationships and engages with its community

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
155	Interactions with children
156	Relationships in groups

PURPOSE

To develop affirmative attitudes, concepts, and beliefs towards the acceptance of diversity and different cultures. Respect for diversity is a key element of quality care. Recognising, understanding and respecting cultural practices and beliefs are essential for the development of identity and self-esteem. Our cultural diversity in Australia is one of our greatest strengths and part of our national identity. Identity enhances children's sense of belonging and respect for diversity. (EYLF, 2010)

SCOPE

This policy applies to the Approved Provider, Coordinator, and Educators of the Family Day Care Service.

IMPLEMENTATION

Our Service values and celebrates multicultural diversity by building respectful partnerships with families and local communities. We promote and embrace cultural and linguistic differences and provide an inclusive and equitable environment for children to develop their sense of belonging and enhance their learning and well-being.

The Approved Provider/Coordinator/Educators/Educator Assistants will ensure:

- equitable access to the Service is provided to children and families from all cultural and linguistic backgrounds
- all children and families are always respected and treated equally and fairly and with respect.
- the Family Day Care Service communicates, engages and consults with creates and maintains links with local our culturally diverse communities
- a sense of inclusion for all families is embraced within the FDC Service
- specific programming develops cultural awareness activities and experiences, identifying similarities and differences and learning about a variety of cultural celebrations.
- the FDC Service builds and maintains cultural resources to appropriately reflect cultures within the Service and community
- children, families, and staff respect and value others, including those who are different from themselves
- children, staff, and families' cultural backgrounds are reflected in developing routines and programs consistent with best practice and that foster positive outcomes for all stakeholders
- positive community relations are promoted and methods of communication with families ~~can be~~ are translated into their home languages as required
- the capacity of staff to meet the specific learning and wellbeing needs of children from culturally diverse backgrounds is met through professional learning opportunities for educators and educator assistants
- To acknowledge the unique cultural and social perspectives of each family is acknowledged and celebrated
- all children and families have equal access to the FDC Service, and are welcomed and respected regardless of race, culture, colour of skin, socio-economic status, ability, family composition, belief systems or lifestyles
- positive attitudes are role-modelled towards differences in appearance, culture, and lifestyle.
- all staff follow the principles of the Early Childhood Australia Code of Ethics.
- Adherence to the Code of Ethics.

When working with children, Educators and Educator Assistants will:

- create and maintain an inclusive environment that enhances children's development, self-worth and dignity
- act in the best interests of all children at all times
- engage parents and families in planning cultural days, events or celebrations
- seek to protect the integrity of Aboriginal and Torres Strait Islander cultural expressions and language
- encourage children to respect and value others, including those who are different from themselves
- ensure children do not exclude others on the basis of differences such as race, sex, or ability
- ensure that the self-identity of each child is valued and respected
- Encourage children to explore and accept diversity
- challenge bias and stereotypes

- address bias or comments about difference and treat as an opportunity to increase children's understandings
- model inclusive practices
- use unbiased language: Avoid racist, sexist, discriminatory, and/or stereotyped remarks or comments
- ensure own interactions are caring and responsive to all children in the FDC Service
- demonstrate respect for all children and families
- use picture books to explore intercultural understanding
- ensure displays, posters, children's books, and other materials are monitored to ensure they are culturally inclusive ~~of all people.~~
- be sensitive to specific cultural behaviour or dress, which may be different to their own.
- ensure each child's current knowledge, ideas, culture, abilities, and interests are consistently, actively and appropriately incorporated into all aspects of the program
- develop deep understanding in the culture and language of the FDC Service families and in that of the broader community, without compromising their cultural identities.

RESOURCES

- Reconciliation Australia- Reconciliation Action Plans (RAP)
- Victorian Aboriginal Education Association Inc. Early Years Unit
- Aboriginal Early Childhood Cultural Protocols
- Walking Together

SOURCE

Australian Children's Education & Care Quality Authority. (2014).
Australian Government Department of Education, Skills and Employment. (2009) *Belonging, Being and Becoming: The Early Years Learning Framework for Australia.*
Australian Government. Department of Home Affairs. (2019) Harmony Day https://www.harmony.gov.au/about
Early Childhood Australia Code of Ethics. (2016).
Early Childhood Research Hub, ecrh https://www.ecrh.edu.au/professional-learning
Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).
Guide to the National Quality Standard (2020)
Kearns, K. (2017). *The Business of Childcare* (4th Ed.).
Lady Gowrie NSW: https://www.gowriensw.com.au/
Reconciliation Australia, Narragunnawali: Reconciliation in Education, (2019).
https://www.narragunnawali.org.au/about
Revised National Quality Standard. (2018).
Scarlet, R. R. (Ed.). (2016). *The anti-bias approach in early childhood* (3rd ed.). Australia: Multiverse.

REVIEW

POLICY REVIEWED	MARCH 2020	NEXT REVIEW DATE	MARCH 2021
MODIFICATIONS	• Additional information added to points and implementation • Sources/references added updated • related policies added		

POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
MARCH 2019	New policy drafted for Kidzone Family Day Care Services	MARCH 2020

61. SUPERVISION POLICY

Supervision is an integral part of the whole care and education experience. “At its most basic level, supervision helps to protect children from hazards or harm that may arise in their daily experiences in play, interactions with others, and daily routines.” (Victoria Department of Education and Training, 2010, p.1). Effective supervision allows Educators to actively engage in play and leisure opportunities that are meaningful to children and support their wellbeing, development and learning.

NATIONAL QUALITY STANDARD (NQS)

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.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS

100	Risk assessment must be conducted before an excursion
101	Conduct of risk assessment for excursions
102	Authorisation for excursions
116	Assessments of family day care residences and approved family day care venues
119	Family day care educator and family day care educator assistant to be at least 18 years old
121	Application of Division 3

123A	Family day care co-ordinator to educator ratios- family day care service
124	Number of children who can be educated and cared for-family day care
144	Family day care educator assistant
166	Children not to be alone with visitors
168	Education and care service must have policies and procedures
169	Additional policies and procedures- family day care service
176	Time to notify certain circumstances to Regulatory Authorities
CHILDREN (EDUCATION AND CARE SERVICES) NATIONAL LAW	
165	Offence to inadequately supervise children

RELATED POLICIES

Administration of Medication Policy
Arrival and Departure Policy
Code of Conduct Policy
Emergency Evacuation Policy
Handwashing Policy
Incident, Illness, Accident and Trauma Policy
Infant Bottle Safety & Preparation Policy
Nappy Change & Toileting Policy
Physical Environment Policy
Road Safety Policy
Sleep and Rest Policy
Water Safety Policy

PURPOSE

Family Day Care Educators have a duty of care to ensure children are supervised at all times, maintaining a safe and secure environment adhering to Education and Care Services National Law National Regulations. Supervision, together with thoughtful design and arrangement of children's environments, assists in the prevention and severity of injury to children.

FDC Educators will actively supervise children, identifying risks and taking all necessary steps to prevent or minimise injury. Effective supervision of children also provides FDC Educators with the opportunity to support and build on children's play experiences.

SCOPE

This policy applies to the Approved Provider, Coordinator, Educators, and Educator Assistants of the Family Day Care Service.

IMPLEMENTATION

The Family Day Care Educator and/or Family Day Care Educator Assistant must ensure:

- that the Family Day Care residence or venue is organized and maintained to facilitate effective supervision of children while maintaining the rights and dignity of all children
- Regulatory Authorities are notified of any serious incident or complaints alleging the safety, health or wellbeing of children has been compromised within 24hours of the incident or the time that the person becomes aware of the incident or complaint. This includes if an ambulance was call in response (not as a precaution) to the incident, situation or event.
- ensure that parents are notified as soon as practicable but within 24 hours if their child is involved in a serious incident/situation at the Service. Details of the incident/situation are to be recorded on the *Incident, Injury, Trauma and Illness Record*.
- FDC Educators avoid activities or actions that will distract them from supervision, such as speaking on the phone for prolonged periods of time, taking personal phone calls, checking mobile phones or administrative tasks.
- FDC Educators respond to the different levels of supervision required due to children's ages and individual needs- (supervision of infants and toddlers will require children remaining in close proximity to the FDC Educator, where older school aged children may be able to be effectively supervised whilst in the outdoor environment).
- each child will be within sight and/or hearing of the FDC Educator or Educator Assistant.
- children are never left in an unattended vehicle under any circumstances. This applies even if the vehicle remains in sight of the FDC Educator and/or Educator Assistant
- adequate supervision is provided when children are transported in a vehicle at all times (see *Road Safety Policy)*
- FDC Educators hold minimum educator qualifications, or 'actively working towards' an ACECQA approved qualification
- the required educator-to-child ratio and maximum number of preschool age children or under is adhered to at all times-
    - 1:7 educator to child ratio
    - Maximum of 4 children preschool age or under.
    - Ratio includes the educator's own children younger than 13 years of age if there is no other adult to care for them.
- they conduct risk assessments and plan ongoing supervision taking into consideration the layout of the premises and grounds, any higher risk activities, the presence of any animals, the location of activities and the location of bathroom and nappy change facilities. The supervision plan and strategies will be displayed for families in all rooms and in the outdoor area.
- they develop, maintain and regularly review a supervision plan and strategies for both the indoor and outdoor areas, which will support the Educator and Educator Assistant (if in attendance) to position themselves effectively to allow them to observe the maximum area possible.
- actively engage with children to support their learning whilst actively supervising and observing children

- implement vigilant supervision strategies for hygiene requirements including:
    - regular handwashing
    - toileting
    - cough and sneeze routines- using disposable tissues and handwashing

- a Risk Assessment & Management Plan is carried out before an authorization is requested for an excursion. The risk assessment will consider and identify the number of adults required to ensure continuous adequate supervision throughout the excursion.
- they scan the environment whilst interacting with individuals or small groups
- adequately supervise children during rest time in accordance with the *Sleep and Rest Policy* and relevant legislative requirements
- listen closely to children whilst supervising areas that may not be in a direct line of sight noticing changes in volume or tone of voice
- ensure that hazardous equipment and chemicals are inaccessible to children

Consideration will be given to the design and arrangement of children's environments to support active supervision by:

- using supervision skills to recognize areas of risk therefore reducing the potential for injury or incident to children and adults.
- providing direct, constant and proximal monitoring to children undertaking activities that involve some risk (eg: carpentry, water play, climbing)
- making decisions and guiding Educator Assistants to make decisions about when children's play needs to be interrupted and redirected
- supporting Educator Assistants with specific strategies positioning, peripheral vision and monitoring children's arrival and departure from the service.

SOURCE:

Australian Children's Education & Care Quality Authority. (2014).
Australian Children's Education & Care Quality Authority. Children's Health and Safety. *An analysis of Quality Area 2 of the National Quality Standard*. Occasional Paper 2. (2016).
Early Childhood Australia Code of Ethics. (2016).
Frith, J., Kambouris, N., & O'Grady, O. (2003). *Health & safety in children's centres: Model policies & practices* (2nd ed).
Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).
Guide to the National Quality Standard. (~~2017).~~ (2020)
Revised National Quality Standard. (2018).
Tansey, S. (2005). Supervision in children's services [Putting Children First, the Newsletter of the National Childcare Accreditation Council], Issue 15, p. 8-11.

Victoria Department of Education and Training. (2012). *Supervision* [Practice Note 12]: https://www.education.vic.gov.au/Documents/childhood/providers/regulation/pracnotessuperv.pdf

REVIEW

POLICY REVIEWED	April 2020	NEXT REVIEW DATE	April 2021
MODIFICATIONS	• rearranged some points for better flow • amended National Regulations specifically for FDC • additional information added in some sections • supervision for handwashing added		

POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
May 2017	Policy updated to comply with Family Day Care Regulations	TBA
December 2017	Updated policy to comply with current National Quality Standard	April 2018
April 2018	Minor terminology changes made to improve understanding and implementation	April 2019
April 2019	Terminology changed to be specific to FDC services. Introduction changed Additional information added to points. Irrelevant information deleted. Sources/references corrected, updated, and alphabetised.	April 2020

62. ANTI-BIAS AND INCLUSION POLICY

Anti bias is the practice of inclusion and underpins our Family Day Care Service philosophy. It is the acceptance that all children are valued and respected. We believe in the statement of inclusion as advocated by Early Childhood Australia (ECA) that 'Inclusion means every child has access to, participates meaningfully in, and experiences positive outcomes from early childhood education and care programs.' (2016).

Our Family Day Care Service believes that children have the right to be treated equally and our goal is to develop children's identity and self-esteem in a trusting and supportive environment. We embrace diversity in all its forms to help develop positive and accepting attitudes in children, and to help them gain a better understanding of their environment, community, country, and the world.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 5: RELATIONSHIPS WITH CHILDREN

5.1	Relationships between educators and children	Respectful and equitable relationships are maintained with each child.
5.1.1	Positive educator to child interactions	Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included.
5.1.2	Dignity and rights of the child	The dignity and rights of every child are maintained.
5.2	Relationships between children	Each child is supported to build and maintain sensitive and responsive relationships.
5.2.1	Collaborative learning	Children are supported to collaborate, learn from and help each other.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS

155	Interactions with children
156	Relationships in groups
157	Access for parents

RELATED POLICIES

Additional Needs Policy
Behaviour Guidance Policy
Code of Conduct Policy
Educational Program Policy
Gender Equity Policy
Interaction with Children, Family and Staff Policy
Orientation of New Families Policy
Privacy and Confidentiality Policy
Respect for Children Policy

PURPOSE

We aim to provide an inclusive environment for all children, families and educators, acknowledging the uniqueness of everyone regardless of their race, gender, sexuality, religion, culture, physical and mental abilities and socio-economic background. This policy ensures all children, families, and staff are welcome and treated equitably and with respect.

SCOPE

This policy applies to the Approved Provider, Coordinator, Educators, Educator Assistants, children, families, and visitors of the Family Day Care Service.

IMPLEMENTATION

Our *Anti-Bias and Inclusion policy* underpins the philosophy of the Family Day Care Service. The role of educators is to encourage children to share and learn about the individuality of each child and their family and their role in the FDC Service. This policy aims to assist children to form positive social relationships develop their identify and

self-awareness and to learn to accept the diversity of members within and outside of the FDC Service community.

"*Educators who are culturally competent respect multiple cultural ways of knowing, seeing and living, celebrate the benefits of diversity and have an ability to understand and honour differences. This is evident in everyday practice when Educators demonstrate an ongoing commitment to developing their own cultural competence in a two-way process with families and communities*" (EYLF, p.16).

Creating Inclusion

Inclusion supports children's rights, fosters diversity and overcomes bias and barriers that may exist preventing children to participate in experiences within our FDC Service. We will ensure children are provided with access to activities and environments, meaningful participation to foster a sense of belonging and opportunities to experience positive learning outcomes.

Cultural or National Origin and Racial Identity

Our FDC Service values and promotes equity, respect and awareness of different cultures. We ensure a cultural inclusive curriculum that reflects the cultural, linguistic and religious diversity of our society.

The Nominated Supervisor and FDC Educator will:

- access information and professional development/awareness about other cultural and racial identities, especially those relevant within the FDC Service
- ensure our program design and deliver builds on community and cultural strengths
- develop strong partnerships with families and children to extend their individual and communities' cultural competence
- ensure children have opportunities to participate with a wide variety of resources from the daily life of a variety of families and cultures
- where possible, engage educators that reflect a variety of cultural, national origin, and racial identities.
- affirm and foster children's knowledge and pride in cultural identity
- foster children's curiosity, enjoyment and empathetic awareness of cultural differences and similarities
- provide children with tools to respond appropriately to bias- build on children's strengths, interests and individuality
- teach children to overcome any inappropriate responses triggered by cultural differences

- encourage children to ask about differences in physical characteristics
- enable children to feel pride, but not superiority, about their racial identity
- help children to become aware of our shared physical characteristics – what makes us all human
- encourage parent input into the program and to participate on a level that they feel comfortable with, sharing their culture, and, for example, their language
- collect information from each family on enrolment and incorporate it into the program to meet individual family needs regarding ethnicity and home language.
- where possible use both the Educators and children's first language as appropriate within the Service environment
- respect all cultures by presenting photographs, pictures, play equipment, books, posters, music, dramatic play resources, and dolls that will encourage open discussion and exploration of a variety of cultures
- provide resources that include diversity and skin tone to foster respect and understanding for people of all backgrounds
- develop an understanding of the needs, strengths, and attitudes of each culture represented at the Service

Diversity in Family Composition

The Nominated Supervisor and Educators will:

- create an environment that is welcoming to all families
- respect each family, and work in partnership to support the child's emergent identity as an individual, member of their family, our Service, and the community
- engage in simple discussions about families that focus on fact rather than values e.g. "*some children live with their mum or dad, some children live with their mum and dad, some with grandparents, and some with two mums or two dads"*.
- be encouraged to seek awareness and reflect on his/her own feelings, beliefs and background and evaluate the effect these may have on their attitudes and interactions with families.
- respect family lifestyle choices
- treat all families respectfully regardless of socioeconomic background

- discuss how members of the community can support one another and less fortunate people through the provision of resources, donations of goods or time etc.

Aboriginal and Torres Strait Islander Peoples

The Nominated Supervisor and FDC Educators will:

- show respect and a commitment to reconciliation by developing a Reconciliation Action Plan
- reflect on the current level of cultural competence of our staff
- promote the inclusion of children's voices in all decisions that affect them
- build and strengthen our knowledge and understanding of Aboriginal and Torres Strait Islander cultures, histories and contributions
- attend professional development to support our understandings of Aboriginal and Torres Strait Islander cultures and perspectives
- provide opportunities for professional reflection
- identify and challenge our own cultural assumptions, beliefs and commitments to cultural competency
- engage with local Aboriginal families and communities through Aboriginal Education Consultative Groups
- invite Elders and Traditional Owners to speak to children, staff and families about the histories and cultures of the local area
- develop an Acknowledgement of Country in collaboration with Elders, community members, children and families which will be displayed and given during special events and incorporated into the program on a regular basis
- develop awareness and meaningful understanding about Aboriginal and Torres Strait Islander people as part of the cultural heritage of all Australians
- encourage Aboriginal and Torres Strait Islander communities access children services
- show sensitivity and respect to Aboriginal and Torres Strait Islander languages by incorporating verbal and visual languages into the Service environment.

Ability

The Nominated Supervisor and FDC Educators will:

- provide an inclusive educational environment in which all children can succeed

- promote acceptance, respect and appreciation for individual's varying abilities
- consult with all families and other professionals to enable full participation in the program for children with varying abilities.
- evaluate and adjust the environment to provide access and enable all children to develop autonomy, independence, competency, confidence and pride.
- provide children and parents with developmentally appropriate information about varying abilities to foster understandings that we are all similar and different
- empower children in their own learning to ensure that they gain a feeling of self-respect
- treat all children fairly and develop an understanding that everyone has something important to contribute
- find examples in books, movies and tv shows that reflect attitudes about diversity, ability and disability
- observe all children and with family consultation, provide an individualised program to extend each child's interests and abilities
- create an environment where all children can participate in activities and experiences.

Promoting inclusion and diversity into the curriculum

The Nominated Supervisor and FDC Educators will:

- promote positive influences, modelling appropriate communication, non-bias or gender specific language and attitudes
- develop appropriate expectations for each child based on their individual strengths, developmental needs, and interests
- assist Educators with the development of required skills and knowledge for working with all children and families.
- work with Inclusion Support Professionals to assist in the inclusion of children with additional needs (see *Additional Needs Policy*)
- explore the values and uniqueness of the diversity within the FDC Service. These opportunities will form part of the curriculum.
- treat children with respect by answering their questions honestly

- adapt activities, interactions, communication, the environment, and documentation to ensure all children and families are actively included and supported to participate in the curriculum
- provide children with a range of resources, equipment and opportunities to enhance their awareness of diversity
- reflect on the curriculum ensuring inclusive practice and goals set for children are realistic and being met.
- involve families in the planning of learning opportunities reflective of their culture.

Promoting and Supporting Children's Home Languages

The Nominated Supervisor and Educators will:

- acknowledge that the use of children's home language underpins their sense of identity and conceptual development (EYLF)
- promote and support children's home languages in the Service
- present books that reflect different languages and children's first language
- create an environment which supports natural language learning and interaction
- assist parents to understand the value and importance both their home language and English

engage in professional development about cultural diversity and building linguistic capacity.

SOURCE:

Anti-Discrimination Board of NSW: http://www.antidiscrimination.justice.nsw.gov.au/
Australian Children's Education & Care Quality Authority. (2014).
Australian Government Department of Education, Skills and Employment (2009) *Belonging, Being and Becoming: The Early Years Learning Framework for Australia.*
Australian Government Department of Education, Skills and Employment (2011) *My Time, Our Place- Framework for School Aged Care in Australia.*
Early Childhood Australia Code of Ethics. (2016).
Early Childhood Australia (ECA) (2016) *Statement on the Inclusion of every child in early childhood education and care*
Early Childhood Australia (ECA), & Early Childhood Intervention Australia (ECIA). (2012). *Position statement on the inclusion of children with disability in early childhood education and care.*http://www.earlychildhoodaustralia.org.au/wp-content/uploads/2014/06/ECA_Position_statement_Disability_Inclusion_web.pdf
Family Matters Queensland Our Way A generational strategy for Aboriginal and Torres Strait Islander children and families 2017-2037 https://www.communities.qld.gov.au/resources/campaign/supporting-families/our-way.pdf
Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).

Guide to the National Quality Standard. (2020)
Narragunnawali: Reconciliation in Education Welcome to Country
Revised National Quality Standard. (2018).
Victorian Early Years Learning and Development Framework (2011) Melbourne Graduate School of Education
Evidence Paper Practice Principle 4: Equity and Diversity
http://www.resourcingparents.nsw.gov.au/ContentFiles/Files/diversity-in-practice-tipsheet-5.pdf

REVIEW

POLICY REVIEWED	April 2020	NEXT REVIEW DATE	April 2021
MODIFICATIONS	• major restructure of policy • introduction amended • additional points added to content • additional content areas • further sources added		

POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
April 2019	• Anti-bias policy deleted from 'related policies' • Additional needs policy and Gender equity policy added to 'related policies' • Additional information added to points. • Sources checked for currency. • Sources/references corrected, updated, and alphabetised.	April 2019
April 2018	New policy created to comply with National Regulations and National Quality Standard	April 2019

63. PAYMENT OF FEES POLICY

Quality early education and care provides the foundation for children's development and social engagement whilst supporting workforce participation of parents and carers. Our Family Day Care Service is committed to providing quality education and care to all children at an affordable fee for families.

As an approved childcare service, Child Care Subsidy (CCS) is available to reduce fees to eligible families. Our fee structure is based on our ability to provide the requirements of the Education and Care National Law and National Regulations, Family Assistance Law, the Australian Taxation Office and guidelines contained in the Child Care Provider Handbook.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1	Governance	Governance supports the operation of a quality service
7.1.2	Management Systems	Systems are in place to manage risk and enable the effective management and operation of a quality service
7.1.3	Roles and Responsibilities	Roles and responsibilities are clearly defined, and understood and support effective decision making and operation of the service

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
168	Education and care services must have policies and procedures

RELATED POLICIES

Arrival and Departure Policy
Child Care Subsidy (CCS) Governance Policy
Enrolment Policy
Governance Policy
Orientation of New Families Policy
Privacy and Confidentiality Policy
Termination of Enrolment Policy

PURPOSE

For parents to gain a clear understanding of the FDC Service fee structure, payment requirements and Child Care Subsidy benefits prior to enrolment. This policy explains process of fee payment and the necessity of ensuring children's fees are paid on time and consequences for failure to pay fees on time.

SCOPE

This policy applies to the Approved Provider, Coordinator, Educators, and families of the Family Day Care Service.

IMPLEMENTATION

Our FDC Service aims to ensure families understand the fee schedule and payment process required for education and care to be provided for their child. We are committed to meet our obligations to maintain financial integrity and comply with all Child Care Subsidy legislative requirements. We have effective compliance systems in place to ensure childcare funding is administered appropriately. Our Service ensures the confidentiality and privacy of all personal information provided to the Service about the enrolled child and family.

The fee structure of the Family Day Care Service includes:

Enrolment Fee and Bond Payment

- An enrolment fee of $ 20 is charged upon confirmation of enrolment. This fee must be paid prior to commencement at the FDC Service.
- A bond consisting of 2 weeks full fee is to be paid to hold a child's position at the FDC Service.
- The bond payment will be refunded to families when the child leaves the FDC Service. (UPON THE REQUEST OF INDIVIUAL EDUCAOTRS)

General Fees

- Fees are charged [for each session of care] and vary depending upon each family's eligibility for Child Care Subsidy
- CCS is paid directly to the FDC Service and this is used as a fee reduction (visible on a family's statement).
- Families are required to pay the difference between the fee charged and the subsidy amount- the 'gap' amount
- Fees must be kept in advance of a child's attendance.
- A dated receipt will be provided for each payment [via email]
- Fees are to be paid fortnightly through a BANK DEPOSIT system. If families wish to pay fees on a weekly or monthly basis, it is a requirement that the family pay in advance and are not in arrears.
- Fees are payable in advance for every session that a child is enrolled at the FDC Service. This includes pupil free days, sick days, and family holidays but excludes periods when the Service is closed. The Service may be closed due to periods of local emergency such as bushfire or flood or pandemic.
- If a session of care falls on a public holiday, families are required to pay normal fees. CCS will be paid for sessions that fall on public holidays.
- Fees are charged for full ~~days~~ sessions only (regardless of the actual attendance hours any day).
- Casual days may be offered to families if available within the Service's license.

Child Care Subsidy (CCS)

- Parents/guardians are required to register for CCS through their myGOV account linked to Centrelink and provide supporting documentation.
- Basic requirements that must be satisfied for an individual to be eligible to receive Child Care Subsidy: ~~for~~

The child must:

- be a 'Family Tax Benefit child' or 'regular care child' and
- be 13 or under and not attending secondary school and
- meet immunisation requirements

The person claiming the Child Care Subsidy, or their partner must:

- meet residency requirements and
- be liable to pay for care provided under a Complying Written Arrangement (their written agreement) with their childcare provider
- childcare must be provided by an approved provider

- Families level of Child Care Subsidy will be determined by:
  - Combined family income
  - Activity test of parents
  - Type of early learning and childcare Service.
- Child Care Subsidy will be provided directly to the Service and this amount deducted from the parent/family account.
- Families must regularly check their details are correct and report a change in circumstance to Centrelink- (family income, activity levels, relationship changes or any other changes to their circumstances).
- Any disputes with CCS payments is the responsibility of the family.

Payment of fees

- Fees are set up using the FDC Service's Direct Deposit.
- Families will be issued with a fee statement on a fortnightly basis in accordance with the fee payment and Regulatory requirements.

Absences from FDC Service

- Families are requested to contact the FDC Service/ FDC Educator if their child is unable to attend a particular session
- Families must still pay the 'gap' fee to the Service is their child is unable to attend.
- Under the Child Care Subsidy families are allowed 42 absence days per child, per financial year.
- Allowable absences can be taken for any reason, including public holidays and when children are sick.
- Records will be kept by the Service for each absence.
- Families can view their absence count through their Centrelink online account via myGov.

- In a period of local emergency, such as bushfire or pandemic, and our Service is temporarily shut down on public health advice, families may be provided with additional absence days as per Family Assistance Law legislation.

Financial Difficulties

- If a family is experiencing financial difficulties, a suitable payment plan may be arranged with authorisation of Management.
- Families can apply for Additional Child Care Subsidy (ACCS) through Centrelink is they are in temporary financial hardship. ACCS provides extra assistance for up to 13 weeks.

Failure to Pay

- If a family fails to pay the required fees on time, a reminder letter will be issued after one week and then again after two weeks if the fees are still outstanding.
- A child's position will be terminated if payment has not been made after three weeks, for which the family will receive a final letter terminating the child's position. At this time the FDC Service will initiate its debt collection process, following privacy and conditional requirements.

Late Fees

- Our FDC Service is not licensed or insured to have children on the premises after hours. This is a breach in the Education and Care Regulations.
- It is unacceptable to pick children up late from the FDC Service. A late fee will apply where children are not picked up prior to closing time. Currently, a fee of $15.00 per 10 minutes block or part thereof will be incurred by the family.
- A review of the child's enrolment will occur where families are consistently late with fee payment.

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 two weeks written notice of their intention to withdraw a child from the centre.
- If termination from the FDC Service is required without notification, families can lose their Child Care Subsidy, resulting in the payment of requirement for full fees to be charged.

Responsibility of Management

The Nominated Supervisor is responsible for:

- ensuring all families are aware of our *Payment of Fees Policy*
- ensuring enrolment information of includes the parent/guardian's Customer Reference Number (CRN) and date of birth and the child's CRN and date of birth
- providing families with regular statement of fees payable
- notifying families of any overdue fees
- providing families with reminder letters as required
- terminating enrolment of children should fees not be paid
- discussing fee payment with families if required

Resources and information for families

New Child Care Package Information for Families Resources

Child Care Subsidy

Child Care Package Overview

Centrelink Customer Reference Number

Absences from childcare- Australian Government

SOURCE:

Australian Children's Education & Care Quality Authority. (2014).
Australian Government Department of Education Child Care Provider Handbook
https://docs.education.gov.au/system/files/doc/other/child_care_provider_handbook_0.pdf
Australian Government Department of Education, Skills and Employment *Early Childhood and Care*
https://www.education.gov.au/early-childhood-and-child-care-0
Australian Government Department of Education, Skills and Employment *Information for child care providers when a period of local emergency occurs*
Kearns, K. (2017). *The Business of Childcare* (4th Ed.).
Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).
Guide to the National Quality Standard. (2020)
Revised National Quality Standard. (2018)

REVIEW

POLICY REVIEWED	March 2020	NEXT REVIEW DATE	March 2021
MODIFICATIONS	• Policy statement added • Implementation information added • CCS section included • Absences section added • Responsibility for Management expanded • Resources and information section added		

POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
May 2019	- Deleted duplicate 'financial difficulties' section. - Inserted 'late fees' section. - Inserted page breaks for appendices. - Sources/references alphabetised. - Minor formatting for consistency throughout policy. - 'Related policies' alphabetised.	May 2020
March 2018	Changes made to comply with Regulations and changes to Child Care Subsidy	May 2019
December 2017	Modifications made to comply with changes to the National Quality Standard	March 2018
March 2017	Modifications made to adhere to Family Day Care Service.	March 2018

64. WITHDRAWL OF A CHILD POLICY

To enable our Family Day Care Service to fill positions and maintain utilisation, families are required to provide notice when withdrawing their child from the Service.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1	Governance	Governance supports the operation of a quality service.
7.1.1	Service philosophy and purposes	A statement of philosophy guides all aspects of the service's operations.
7.1.2	Management Systems	Systems are in place to manage risk and enable the effective management and operation of a quality service.
7.1.3	Roles and Responsibilities	Roles and responsibilities are clearly defined and understood and support effective decision making and operation of the service.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS

160	Child enrolment records to be kept by approved provider and family day care educator
168	Education and care services must have policies and procedures
177	Prescribed enrolment and other documents to be kept by approved provider
181	Confidentiality of records kept by approved provider
183	Storage of records and other documents

RELATED POLICIES

Enrolment Policy
Orientation of Families Policy
Termination of Enrolment Policy

PURPOSE

We aim to ensure families gain a clear understanding of the Family Day Care Service's requirements when withdrawing their child.

SCOPE

This policy applies to children, families, educators/educator assistants, management and visitors of the Family Day Care Service.

IMPLEMENTATION

Families are to be made aware during the enrolment and orientation process about the Family Day Care Service requirements should they wish to withdraw their child from the Service.

WITHDRAWING FROM THE FAMILY CARE SERVICE

- Families are required to provide management with two weeks written noticewhen withdrawing their child from the Family Day Care Service.
- The letter must state:
  - the date they are writing the withdrawal notice and
  - the child's last day of attendance.
- Written withdrawal notification can be emailed or handed to management.
- This letter will be placed into the child's file and archived once they have left the Family Day Care Service.
- Management will add an end date into the Family Day Care Service software program to ensure compliance with the Family Assistance Office and Centrelink.

- Fees will be charged up to the end of the two weeks from the date at which notice was received in writing, whether or not the child has attended the Family Day Care Service during those two weeks.
- A final account is to be processed by administration and noted on the withdrawal form. The final account is to be issued immediately to the family advising of the balance (payment is due or no payment due as applicable).
- A copy of the final account and withdrawal form is to be kept in child's file.
- Families must ensure the account is paid prior to final attendance.
- If payment has not been received the debt recovery process is to start immediately.
- If the child does not attend during their two weeks of notice, Child Care Subsidy (CCS) will not be paid after their last day of attendance (including if the child does not attend on their last day) and full fees will be applicable (This is a policy of the Family Assistance Office in relation to Child Care Subsidy).
- At the end of the placement and if all criteria regarding fees and notice of withdrawal have been met, then the initial Bond payment made on enrolment will be refunded to the family within two weeks of the child's last day.
- If at any time during the child's enrolment it is felt that it is necessary to discuss the viability of the placement due to a concern regarding the duty of care to the child or other children in our care, the Family Day Care Service will immediately contact the Parent/Authorised Person/s to discuss all options. This may include the termination of the child's position (*See Termination of Enrolment Policy)*.

CONTINUING ENROLMENT IN THE NEW YEAR

- Prior to the end of each year, families will be provided with a letter to confirm their child's continuing enrolment for the New Year.
- Failure to return this letter may result in their child not being considered for a future position.
- Families with children going to school the following year will be required to complete the Re-enrolment form confirming that their child will be going to school the following year, adding an end date to their child's care.
- Families who require care in the New Year until the school year starts, will need to advise management in writing on the re-enrolment form, stating their child's last date of attendance at the Family Day Care Service. Any extensions to the advised date will be assessed by management and subject to availability which will be confirmed in writing for families.
- Families who require changes to their hours of care for school age children must indicate new times, days etc on the re-enrolment form.
- Families eligible for CCS are responsible for ensuring that all information requested by Centrelink is provided to them in order to ensure no interruption to CCS payments.

EDUCATORS/EDUCATOR ASSISTANTS WITH CHILDREN AT THE SERIVCE

Educators/educator assistants are welcome to enrol their child at the Family Day Care Service: However, if an educator/educator assistant is terminated from their position, the Family Day Care Service reserves the right to terminate the child's position due to conflict of interest.

WITHDRAWAL PRIOR TO COMMENCEMENT OF CARE

If a family has accepted the offer of a placement, then decides to withdraw from the Family Day Care Service before the agreed commencement date, the written notice period applies. If less than the written notice period is given prior to the agreed commencement date, full payment of the two weeks holding deposit/bond is payable to the Family Day Care Service and is non-refundable.

SOURCE:

Australia Children's Education & Care Quality Authority. (2018). *Guide to the National Quality Framework.*

Australian Government. Department of Human Services. Child Care Subsidy

https://www.humanservices.gov.au/individuals/services/centrelink/child-care-subsidy

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law and the Education and Care Services National Regulations. (2017).

A Directors Manual – Managing an early education and care service in NSW: http://ccccnsw.org.au/wp-content/uploads/a-directors-manual-sample.pdf

Kearns, Karen. *The Business of Childcare*. (2017)

Revised National Quality Standard. (2018)

REVIEW

POLICY REVIEWED	NOVEMBER 2019	NEXT REVIEW DATE	NOVEMBER 2020
MODIFICATIONS	• National Regulations added • Related policies added • Sources checked for currency and edited		
POLICY REVIEWED	SEPTEMBER 2018	NEXT REVIEW DATE	NOVEMBER 2019
MODIFICATIONS	• Terminology changed (CCB to CCS). • Additional information added to points. • Sources/references alphabetised. • References corrected, added &/or updated. • Incorrect links deleted and replaced with correct ones. • Minor formatting (line spacing & paragraph spacing) for consistency throughout policy.		

65. RELIEF STAFF POLICY

PURPOSE

Our Family Day Care Service aims to maintain continuity of education and care and abide by National Regulations and Standards by engaging quality relief approved Family Day Care Educators to permit permanent educators temporarily close due to annual leave, sick leave or other approved leave.

Whenever possible, the Educator Assistant employed to assist the approved Family Day Care Educator will be engaged to provide relief education and care for children, however on some occasions, alternative care will be offered to families.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1	Governance	Governance supports the operation of a quality service.
7.1.1	Service philosophy and purposes	A statement of philosophy guides all aspects of the service's operations.
7.1.2	Management Systems	Systems are in place to manage risk and enable the effective management and operation of a quality service.
7.1.3	Roles and Responsibilities	Roles and responsibilities are clearly defined and understood and support effective decision making and operation of the service.
7.2.3	Development of professionals	Educators, co-ordinations and staff members'' performance is regularly evaluated, and individual plans are in place to support learning and development.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
120	Educators who are under the age of 18 to be supervised
145	Staff Records
149	Volunteers and Students
168	Policies and Procedures

SCOPE

This policy applies to the Approved Provider, Coordinator, Educators, and Educator Assistants of the Family Day Care Service.

IMPLEMENTATION

Family Day Care Educators may need to temporarily close their service due to annual leave, sick leave or other approved leave.

Our Service aims to ensure minimal disruption to the quality of education and care provided by our Educators and will offer families access to alternative places when necessary.

THE FAMILY DAY CARE EDUCATOR WILL:

- advise the Coordinator/Responsible Person that relief care is required- stating dates, reason and time
- notify the Family Day Care Service by email or writing of the intent to take holiday leave no less than four weeks before commencing a holiday
- notify parents that relief care will be required on the stated dates
- ensure parents complete a Parent Consent to Relief Care form (FAMILY DAY CARE SERVICE TO PROVIDE)
- provide opportunity (if possible) to meet with the relief FDC Educator
- advise parents that relief care must be paid directly to the relief FDC Educator
- ensure the relief FDC Educator is aware of any medical requirements of children in care.

THE COORDINATOR/RESPONSBILE PERSON WILL:

- confirm and approve the required leave of the FDC Educator
- ensure the relief FDC Educator's approval and registration with the Service is current
- ensure the relief FDC Educator has proof of actively working towards at least an approved certificate III level education and care qualification (see: ACECQA qualifications checker)
- verify a current Working with Children Check; Vulnerable Person check or Police/Criminal Check
- ensure any other required qualification is valid - (CPR, First Aid, approved asthma management training, approved anaphylaxis management training, approved child protection training)
- ensure emergency evacuation procedures are current
- check children's medical and/or dietary requirements and conditions
- maintain the Family Day Care Educator register
- ensure maximum numbers of children in care do not exceed regulatory requirements
- documented risk assessment has been completed for the Relief FDC residence
- risk assessment for transportation and/or excursions are completed and current
- provide support and guidance to the relief FDC Educator as required

THE RELIEF FAMILY DAY CARE EDUCATOR WILL:

- confirm bookings with the Family Day Care Educator and directly with families
- provide an opportunity to meet with parents and children as a form of orientation to their residence prior to commencement of relief care
- ensure all required qualifications/training information is up to date and the Service management has relevant copies
- ensure mandatory documentation is on display
- adhere to maximum numbers of children in care as per regulatory requirements
- maintain attendance records on arrival and departure
- submit required documentation to receive Child Care Subsidy
- adhere to Family Day Care Service policies and procedures at all times
- provide quality education and care to children as per National Quality Framework and align to the learning framework- Early Years Learning Framework (EYLF,) My Time Our Place (MTOP)
- document observations of children's learning and programming evidence
- ensure families have signed all required permission notes-
    - Relief Educator permission/consent
    - excursion consent forms
    - transportation consent forms
- not consume alcohol, tobacco or other drugs whilst educating or caring for children

SOURCE:

Australian Children's Education & Care Quality Authority. (2014).
Education and Care National Regulations. (2011).
Fair Work: https://www.fairwork.gov.au/employee-entitlements/types-of-employees/casual-part-time-and-full-time
Guide to the National Quality Standard. (2017).
Karen Kearns. (2017). *The Business of Childcare* (4th Ed.).
Revised National Quality Standard. (2018).

REVIEW

POLICY REVIEWED	DECEMBER 2019	NEXT REVIEW DATE	DECEMBER 2020

MODIFICATIONS New policy drafted for Kidzone FDC services

66. CHILD SAFE POLICY

Introduction

Our policy guides staff, educators and students on how to behave with children in our service. The policy focuses on how we can make our family day care safer for them.

Support for children's participation

Kidzone Family Day Care supports the active participation of children in our service. We listen to children's views and respect what they say.

Support for staff and educators

4. We promote respect, fairness and consideration for all educators, co-ordinators, students and volunteers.
5. All educators have service co-ordinators assigned to support and supervise their work.
6. All new staff, volunteers and students will receive a copy of the Child Safe Policy, Code of Conduct and our Complaints policy.

Recruitment

3. Our service will maintain a rigorous and consistent recruitment, screening and selection process for educators and co-ordinators.
4. We will ensure all educators and service staff have a Working with Children Check, a Police Check and have at least 3 references (personal and or work) who are checked via phone. We will promote our code of conduct and the fact that our service is a Child Safe Service in all of our recruitment material.

Complaints

4. Children, educators and families can raise complaints by approaching any co-ordinator within the service who will then report the issue to the Child Safety Contact person, the Nominated Supervisor and the Approved Provider.
5. Co-ordinators can raise complaints by approaching the Nominated Supervisor, the Child Safety Officer.
6. Our service has a Child Safety Contact Person (Sharmeena Jaweed - 0470507668) appointed to manage all complaints.

Communication

4. We will hold regular information sessions for educators, volunteers and students.
5. Our policy will be discussed during induction sessions for all new educators/co-ordinators/volunteers.
6. All new families will receive a copy of the Policy, Code of Conduct and Dealing with Complaints process.

Review

The policy and guidelines will be reviewed every two years and incorporate comments and suggestions from children, families, educators, co-ordinators, volunteers and students.

NSW FAMILY DAY CARE ASSOCIATION INC.

NSW GOVERNMENT Education

67. OPEN DOOR POLICY

We value and pride ourselves on our partnership with families. We believe families are children's first teachers and therefore we embrace parents, guardians and family involvement within our Family Day Care Service. Participation by parents, guardians and other family members, conveys a positive impression to children. Children feel supported and a sense of belonging and well-being is promoted.

We believe in offering an open-door policy welcoming family to visit our Family Day Care residence when it is convenient for them.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
6.1	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role.
6.1.1	Engagement with the service	Families are supported from enrolment to be involved in their service and contribute to service decisions.
6.1.2	Parent views are respected	The expertise, culture, values and beliefs of families are respected, and families share in decision-making about their child's learning and wellbeing.

6.1.3	Families are supported	Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing.
6.2	Collaborative partnerships	Collaborative partnerships enhance children's inclusion, learning and wellbeing.
6.2.3	Community and engagement	The service builds relationships and engages with its community.

PURPOSE

To ensure the best care for children and families, we believe it is important to provide families with the opportunity to visit their child's Family Day Care residence and participate in the program at a time that is convenient for them. We acknowledge that families provide a wealth of valuable information and understanding about their child and we foster strong, respectful partnerships between our staff and educators and families. We encourage families to join participate in family play sessions and home visits.

SCOPE

This policy applies to children, families, educators/educator assistants, management and visitors of the Family Day Care Service.

IMPLEMENTATION

We operate with an open-door policy, where families are welcome to visit our Family Day Care residence during operating hours. There are many opportunities for family involvement, and we communicate these through regular newsletters. We recognise that time is valuable to all families, which is why we accommodate many forms of participation and contribution.

MANAGEMENT WILL ENSURE:

- Families are always welcome to spend time at their child's FDC residence and share special moments with their children, provided their entry would not pose a risk to the safety of the children at the residence.
- Families are aware of our open-door policy and are welcome to join in learning activities and celebrate events and special days held at the residence or family play sessions.
- Families are provided with information about special days and events they may want to participate in. For example:
    - Disco

  - Easter Hat Parade
  - Mother's Day
  - Father's Day
  - Open Day
  - Grandparents Day
  - Graduation
  - Christmas Celebrations
  - Excursions/Incursions
  - Cultural visits
  - Story Time
  - Cooking Experiences
- Family Day Care educators are flexible and try to accommodate involvement by family members on different times and days of the week.

FAMILIES CAN:

- Visit the FDC residence at all times.
- Participate in our program by sharing their skills with the children. This may include playing an instrument, telling a story, sharing cultural traditions, cooking experiences, workshops etc.
- Make an appointment with the educator or coordinator to discuss their child. This may include evaluating their child's program and providing feedback, raising concerns or setting new goals.
- Donate recyclable material that can be used within our early childhood program.
- Discuss any changes that have occurred in the child's life such as changes in family circumstances, moving to a new house, death of a family member or friend in order for the FDC educator to best support children through difficult times.
- Attend events and celebrations that are organised throughout the year.
- Share feedback, ideas and thoughts about the FDC Service.
- Remain informed about what is happening within the FDC Service through discussions, newsletters, social media etc.

SOURCE:

Australia Children's Education & Care Quality Authority. Australian Government Department of Education, Employment and Workplace Relations. (2009). *Belonging, Being & Becoming: The early years learning framework for Australia.*

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law and the Education and Care Services National Regulations. (2017).

Guide to the National Quality Framework. (2018).

Revised National Quality Standard. (2018).

REVIEW

POLICY REVIEWED	NOVEMBER 2019	NEXT REVIEW DATE	NOVEMBER 2020

MODIFICATIONS

68. **NON-ENGLISH-SPEAKING BACKGROUND POLICY**

Everyone has the right to be treated equally and with respect. By helping children to appreciate and accept differences and similarities, we can help them to learn to make decisions on the basis of individual choice.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 6: COLLABORATIVE PARTNERSHIPS		
6.1	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role.
6.1.1	Engagement with the service	Families are supported from enrolment to be involved in their service and contribute to service decisions.
6.1.2	Parent views are respected	The expertise, culture, values and beliefs of families are respected, and families share in decision-making about their child's learning and wellbeing.
6.1.3	Families are supported	Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing.
6.2	Collaborative partnerships	Collaborative partnerships enhance children's inclusion, learning and wellbeing.
6.2.3	Community and engagement	The service builds relationships and engages with its community.

PURPOSE

Diversity enriches life and culture. We aim to provide and promote a Family Day Care Service where children can realise their full potential regardless of gender, race and cultural background. We believe in honouring diversity, striving to engage in respectful interactions with children, Educators and families. This will be reflected in our relationships with children and their families and in the resources, we provide for the children.

SCOPE

This policy applies to the Educators, and Educator Assistants of the Family Day Care Service.

IMPLEMENTATION

The term '*culturally and linguistically diverse'* (CALD) is commonly used to describe people who have a cultural heritage different from that of the dominant Anglo Australian culture, replacing the previously used term of people from a 'non-English speaking background' (NESB).

EAL/D refers to children whose first language is a language or dialect other than English and who may require additional support to assist them develop proficiency in English.

Our Service recognises the cultural diversity of our community and implements strategies and programs to promote anti-racism, develop intercultural understanding and develop positive relationships between families, children and staff from all cultural backgrounds. We acknowledge that children from language backgrounds other than English, may require additional support to ensure their successful integration to our Service.

To create a welcoming and culturally inclusive environment for all children and families our Family Day Care Service will:

- provide translated copies of our Parent/family handbook to help explain routines and enrolment procedures
- create a space to display community information
- acknowledge the traditional custodians of the land
- contact our local Aboriginal Education Consultancy Group (AECG) for support on cultural awareness
- invite community members and elders to our Service for professional learning and to do storytelling with children
- display a calendar of significant cultural events to share with all families
- discuss appropriate ways of acknowledging and celebrating these events with children and families
- display photos of children engaged in learning and annotate using languages spoken at home and in English
- learn how to pronounce children's names
- learn greeting in the children's language
- provide a welcoming physical environment that reflects diversity both indoors and outdoors

The Approved Provider and Coordinator will ensure:

- Enrolment and Orientation information can be translated into the family's home language.
- If any family of a child enrolled at the Service is not fluent with the English language, policies and other Service information will be provided to that family in a language that is readily understood by the family.

- Support will be provided to the family to assist in completing forms and applications to Government agencies as required.
- An interpreting service is accessible to ensure clear communication between the service and family. Support from interpreting services is available if communication is difficult between staff, children and families.
    - Translating and Interpreting Service 131 450
    - Website: www.tisnational.gov.au
- General information, resources and support is obtained from the Department of Family and/or Community Services as required.
- Families have the opportunity to influence and shape the Service, to review Service policies, and to contribute to Service decisions with language not being a barrier or hindrance in the process.
- All Educators participate in professional learning to build their capacity to help build culturally inclusive environments and learning programs.
- Educators have an understanding of Aboriginal English
- Our Statement of Philosophy is regularly reviewed to ensure it reflects the beliefs and values of all family's culture and language.
- Positive parent partnerships are developed to enrich children's development and wellbeing.
- Communicate effectively with our culturally and linguistically diverse community.

Family Day Care Educators will:

- Provide a program and environment that is inclusive of all children and families, promoting to children the importance of showing acceptance of different and diverse cultural practice including home language.
- Explore different cultures within the Service and encourage children to learn about other cultures as well as their own.
- Display Aboriginal artwork and use Aboriginal resources
- Consider the cultural and linguistic backgrounds of all the children in the program and learn common words to assist the child and family.
- Be aware of interpretations of body language that may vary across cultures.
- Pronounce and spell children's name correctly.
- Find out which festivals and celebrations are important to the children and family to include in the program.
- Use picture books, posters, and resources incorporating various languages to help develop intercultural understanding
- Ensure that toys and resources represent a variety of cultures and are available as part of the every-day program.

- Use everyday routines to extend children's language
- Sing songs- familiar nursery rhymes.
- Learn chants and rhymes in languages other than English.
- Listen and respond to children- use short sentences, allow pause time to encourage response, listen intently.
- Be aware of taking a tokenistic approach when celebrating cultural diversity.
- Embed cultural diversity within the program.
- Support the maintenance of a child's first language according to parent's wishes.
- Actively seek information from parents to ensure experiences are implemented in a respectful manner.
- Provide information, including brochures and factsheets are available to families about Community Services and resources to support parenting and family wellbeing in their chosen language.
- Recognise the expertise of families, encouraging them to participate in decision making about their child's learning and wellbeing that are respectful to the family's cultural background.
- Provide families with opportunities and support them to be involved in the program and in-service activities that are presented in a way that does limit them to English speaking families.

Source

Australian Children's Education & Care Quality Authority. (2014).

Department of Education and Early Childhood Development, Victoria. *Learning English as an Additional Language in the Early Years (birth to six years*. (2011). Victorian Curriculum and Assessment Authority.

Early Childhood Australia Code of Ethics. (2016).

Giugni, M. (n.d.). Exploring multiculturalism, anti bias and social justice in children's services: https://multiverse.com.au/images/downloads/exploring-multiculturalism.pdf

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).

Guide to the National Quality Standard. (2017).

New South Wales Department of Education. Multicultural Education. https://education.nsw.gov.au/teaching-and-learning/curriculum/multicultural-education/english-as-an-additional-language-or-dialect#EAL/D0

New South Wales Department of Education & Communities. *English as an Additional Language or Dialect. Advice for Schools.* (2014). https://policies.education.nsw.gov.au/policy-library/associated-documents/eald_advice.pdf

Revised National Quality Standard. (2018).

SNAICC- National Voice for our Children https://www.snaicc.org.au/policy-and-research/early-childhood/

REVIEW

POLICY REVIEWED	February 2020	NEXT REVIEW DATE	February 2021

POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
February 2019	New Policy created for Family Day Care Service.	February 2020