

Tatura Children's Centre Policy Manual 2021



“Tatura Children’s Centre acknowledges the traditional custodians of the land on which we work and live and recognise their continuing connection to lands, waters and the Community. We pay respect to Elders, past, present and emerging”

Tatura Children’s Centre is a child safe organisation and is committed to the safety of all children and young people. We have zero tolerance for child abuse and aim to provide a safe, supportive and welcoming environment where all children can flourish.



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All TCC Policices highlighted are as per the National Regulations
All TCC Policies highlighted are as per National law Act

TCC

PHILOSOPHY



Our Vision

“High quality care in an educational play based environment”



Our Mission:

To ensure education, care, curriculum, practice and decision making at the Tatura Children's Centre reflects the following fundamentals:

- Reggio Emilia- Inspirations, Practices and Principles
- The National & Victorian Early Years Frameworks- Practices, Principles and Outcomes
- Education and Care Services National Regulations and National Law

We implement an emergent curriculum and provide exceeding quality programs for children from birth through to six years of age. We acknowledge the important role the educators, family, children, environment and Community plays in our service. We are always striving to improve to ultimately facilitate a high standard of early childhood education and care for our Community. We acknowledge the traditional custodians of the land and we pay our respects to the elders, past, present and emerging by embedding Aboriginal, Torres Strait Islander practices, policies and activities within TCC.

The below principles are used to guide our programs and curriculums.

Emergent curriculum & Project work:

An emergent curriculum is one that builds upon the interests of children. Topics for learning experiences are captured from conversations with children, through community, or family events, as well as the known age appropriate interests of children. We view all children as competent, resourceful individuals who are encouraged to direct their own learning. Projects are the emergent, ideas and interests which arise from the children. Projects may last one week or may continue throughout the year. Throughout a project, educators help children make decisions about materials needed and the direction of the experience. Through our emergent curriculum children are learning what they want to learn with the help of their parents, educators and community.

Collaboration:

Collaborative group work, both large and small, is considered valuable and necessary to advance cognitive development. Children are encouraged to talk, compare, negotiate, hypothesize and problem solve through group work. Within the Reggio Emilia approach, different approaches toward the same investigation are all valued, and thus children are given access to many tools and media to express themselves. The relationship and collaboration with home, the Centre and community, we believe, all supports the learning for a child.

Teachers as Researchers:

The role of the teacher is that of a learner alongside the children. Within a teacher-researcher role, educators carefully listen, observe, and document children's work and growth and provoke, co-construct and stimulate thinking and peer collaboration. Educators are also committed to reflection about their own teaching and learning. Each childcare room has an Atelier, which is a common space where children can work on projects involving clay, playdough, beautiful papers, drawing materials or paints. The Ateliersista (the educator) sees these materials as languages that children use to construct many kinds of knowledge, even before they can speak. It is through these discoveries the children's learning is documented in Portfolios.

Children's Portfolios:

Documentation communicates the life of the Centre to those visiting the Centre including family and community stakeholders. It also provides opportunities for children to revisit the experience. Documentation is a process that involves observation, reflection, collaboration, interpretation and analysis. Portfolios include photographs, learning stories, pictures of constructions, interactions, friendships and relationships, developmental milestones and work samples.

While Individual portfolios are one instrument to help us observe a child's learning another is the use of Reflection journals which are visible in all childcare rooms. Documentation is used as an assessment of learning as well as advocacy.

Learning Environments:

Our environments are considered to be the "third teacher". Educators carefully organise space for small and large group projects and small intimate spaces for one, two or three children. Documentation of children's artwork and collections that children have made are displayed both at the children's and adult eye level.

Relationships with Children:

Developing positive relationships with the children is done by responding sensitively and appropriately to their needs. Conversations and positive interactions encourage communication and our environments reflect the cultures of the children. We encourage and promote positive behaviours, social and language skills and work in collaboration with children about their play experiences, routines and learning opportunities.

Summary:

We believe at the Tatura Children's Centre that children must have some control over their learning, be able to learn through experiences, be given the opportunity to learn and explore with other children and have endless opportunities to express themselves. The concept 'children learn through play' is accompanied within the 3 main fundamentals of our philosophy.

Source: (a) Documentation and the Early Years Framework using Reggio Emilia approach book.
Framework Documents

(c) National Quality Standards, Education and Care Services Regulations & National Law

(b) Victorian and National Early Years Learning

(d) TCC's RAP and Reconciliation Australia

Reviewed in Consultation with TCC Community, children, families, educators and Early Childhood Professional sector 13/2/20

SERVICE

MANAGEMENT

BACKGROUND

In 1987, representatives of committees of management from a number of Tatura - based services along with the Council, recognised the limitation of a number of existing facilities. They foresaw that the existing facilities would not be adequately able to meet future need without major expansion and expenditure. It was decided at the time that the concept of a multi-use community facility would be the preferred direction. Since this time there has been much work done on:

- Identifying community needs
- Investigating the feasibility of different sites, building designs and service combination
- Seeking funding.

In 1996, the City of Greater Shepparton provided funding and made available the former Shire of Rodney Office site in Casey Street. Together with a major grant from the State and Federal Governments of \$496,000, a 45 place child care facility was established.

The following services and curriculum were to operate from the complex:

The Children's Centre offering Childcare, Pre-School curriculum and Toy Library
Maternal and Child Health
Community House
Tatura Library
Municipal Service Centre (since moved to Shepparton).

The complex replaced the:

Maternal & Child Health and Tatura & District Preschool facility in Francis Street
Tatura Toy Library in Casey Street
Current Care & Share Community House in Kerferd Street
Tatura Library at the Mechanics Institute in Hogan Street.

Other services may be offered from the complex in the future if the community and service providers believe this would be beneficial.

The Tatura Children's Centre Incorporated was established as a community - based committee responsible for managing the Children's Centre in the complex.

The Committee of Management manages the Centre in accordance with the Standard Rules for Tatura Children's Centre Incorporated.

HOURS OF OPERATION AND SERVICES PROVIDED

The Tatura Children's Centre Inc is a Federally subsidised Centre offering full time and part time care for 103 children. Occasional Care is offered when available and only for families already enrolled at the Centre. The Centre has 4 early childhood rooms catering for children in the following age groups:

Nursery - (8 weeks – 16 months approx)
Toddler - (16 months - 3 years)
3 year old Fun group
4 year old kinder and long day care

The Tatura Children's Centre Inc. is open for approximately 50 weeks of the year closing for approximately 2 weeks during the Christmas / New Year period.

The centre is closed on the following public holidays:

- ◆ New Year's Day
- ◆ Australia Day
- ◆ Labour Day
- ◆ Good Friday
- ◆ Easter Monday
- ◆ ANZAC Day
- ◆ Queen's Birthday
- ◆ AFL Grand final day
- ◆ Melbourne Cup Day
- ◆ Christmas Day
- ◆ Boxing Day

The hours of operation are:

Long Day Care	Monday to Friday	7:30am-6:00pm
Preschool	Tuesday and Thursday	8:30am-4.00pm
	Monday and Wednesday	8:30am-4:00pm

Preschool Teachers: Melissa D'Angelo and Sheree Carver (Bachelor of Early Childhood)

Sessions offered for long day care during operational hours are:

Full Day 7:30am to 6:00pm

Department of Education and training: Updated 11/11/19

QARD- Huma Area- North Eastern Victoria Region

PN: 03 57714471

Email: hume.qar@edumail.vic.gov.au

MEDIA

POLICY:

To ensure media coverage of any occasion or event is within confidentially guidelines and Tatura Children's Centre policies.

PROCEDURE:

1. No comment is to be made to media or any other person in respect to action or non-action taken at the centre as a result of an incident. It is the responsibility of the Licensee in liaison with the Director. Any statement made in a crisis situation may prejudice TCC, its insurer and/or educator.
2. When educators wish to notify media of a Tatura Children's Centre activity, this must be approved by the TCC Committee of Management who must also be notified *before the media is approached*. Educators may be required to provide details of the activity for approval and for media information.
3. Educators must ensure that the wishes of any family who has not given permission for photographs or media coverage of their child/children are respected.

Role of Publicity Officer (in conjunction with TCC Director)

1. The publicity officer will place articles in the Tatura Area Bulletin on a regular basis.
2. Throughout the year the publicity officer will contact the Tatura Guardian and/or the Shepparton News to attend special events at the Centre and publish articles and/or photos of these events.
3. Throughout the year the publicity officer will arrange for advertisements to be run in the Tatura Area Bulletin, Tatura Guardian, Shepparton News, Shepparton Community Billboards, Shepparton Advisor or any other newspaper or newsletter to promote the following things:
 - i. Vacant positions
 - ii. Preschool enrolments
 - iii. Annual general meeting
 - iv. Christmas greetings
4. It is the responsibility of the publicity officer and Director to organise each paid advertisement in line with budget allocations.

Use of Digital Photographs

Technology has a place in learning environments and can be an important way to involve parents in the daily activities of their children. Digital photography can be an efficient way to document and display a child's activities. It is imperative that images of children are not used in ways that could be harmful to a child. All use of technology at the Tatura Children's Centre should be within the boundaries of this policy.

1. We gain permission for parent/guardian to take any photographs of children in our care.
2. We gain permission from parents/guardians to use photographs in publications or for training purposes.
3. Photographs do not contain images of children who are not dressed, or who are toileting or sleeping.
4. Photographs of children may be emailed to the parent/guardian only if the photograph does not include other children.
5. We do not keep copies of digital photographs of children for personal use.
6. Centre digital cameras and memory sticks stay on site, except for centre-related reasons that include excursions, training and professional development.

Source
National Quality Standard
Early Years Learning Framework
The Victorian Information Privacy Act
Tatura Children's Centre Committee of Management, 1/2/18

Revised March 2021

GOVERNANCE- TCC COMMITTEE OF MANAGEMENT

The Centre is managed by a Committee of Management in accordance with the Standard Rules of Incorporation of the Tatura Children's Centre Inc.

PRINCIPLE:

Tatura Children's Centre welcomes the contribution that parents make to the Centre. Parents are a valuable resource and their input is sought in all aspects of Tatura Children's Centre operations through the Committee of Management.

GUIDELINES:

The Committee of Management is open to parents who wish to participate. For more information on the running of the Committee of Management, this can be found in the developed Tatura Children's Centre Committee of Management folder. This is a useful tool for all potential Committee members as it gives all members information on the operational management side of running the Tatura Children's Centre.

This resource is available in TCC's Centre foyer area on the Centre Information board and a copy can be emailed on request.

DETERMINING THE RESPONSIBLE PERSON PRESENT, TCC'S EDUCATIONAL LEADERS & ASSESSMENT OF CRIMINAL HISTORIES

This policy will provide guidelines to assist in determining the Responsible Persons\Nominated Supervisors at Tatura Children's Centre Inc

Tatura Children's Centre is committed to:

- meeting its duty of care obligations under the law
- ensuring staffing arrangements contribute to the health, safety, wellbeing, learning and development of all children at the service
- meeting legislative requirements for a Responsible Person to be on the service premises at all times.

Background

Under the Education and Care Services National Law Act, it is an offence to operate an approved centre-based education and care service unless a Responsible Person is present.

Legislation requires that a Responsible Person is physically in attendance at all times the service is educating and caring for children. The Responsible Person is either the Approved Provider (or the person in management or control of the service), the Nominated Supervisor of the service, or a Certified Supervisor who has been placed in day-to-day charge of the service.

An Approved Provider must not operate a service unless there is a Nominated Supervisor appointed for that service. The Nominated Supervisor does not have to be in attendance at the service at all times, but in their absence, a person with a Supervisor Certificate (a Certified Supervisor) is to be placed in charge, ensuring there is always someone on the service premises who has been assessed as fit and proper by the Regulatory Authority. It is important to note that a Certified Supervisor placed in day-to-day charge of a service **does not** have the same responsibilities under the National Law as the Nominated Supervisor.

Legislation

Education and Care Services National Law Act 2010: Sections 5, 44, 56, 106–109, 114, 115, 118, 161, 162, 172, 291(5)

Education and Care Services National Regulations 2011: Regulations 35, 46–49, 146, 168(2)(i)(ii), 173, 176(2)(c)

National Quality Standard, Quality Area 4: Staffing Arrangements

Standard 4.1: Staffing arrangements enhance children's learning and development and ensure their safety and wellbeing

National Quality Standard, Quality Area 7: Leadership and Service Management

Standard 7.1: Effective leadership promotes a positive organisational culture and builds a professional learning community

Element 7.1.5: Adults working with children and those engaged in management of the service or residing on the premises are fit and proper

DEFINITIONS

Approved Provider: An individual or organisation that has completed an application form and been approved by the Regulatory Authority as fit and proper (in accordance with Sections 10-13 of the National Law) to operate one or more education and care services.

Approved Service: An education and care service for which a service approval exists. A request for service approval must be made in writing to the Regulatory Authority and include prescribed information including details of the Nominated Supervisor and their written consent to be nominated as such.

Nominated Supervisor: A person who is a Certified Supervisor and has been nominated by the Approved Provider of the service under Part 3 (56) of the Act to be the Nominated Supervisor of that service, and who has consented to that nomination. The Nominated Supervisor has day-to-day responsibility for the service in accordance with the National Regulations. All services must have a Nominated Supervisor.

Responsible Person's: An educator approved as being a Responsible person's (in accordance with the National Regulations) who may consent to being placed in day-to-day charge of the education and care service. The designation must be made by the Approved Provider or the Nominated Supervisor and accepted in writing by signing TCC's Responsible Person's form. A Responsible Person's may be placed in day-to-day charge of a service **does not** have the same responsibilities under the National Law as the Nominated Supervisor. Applications for Responsible Person's are done by TCC's Nominated Supervisors

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

TCC's ECT's: TCC will delegate who TCC's ECT's are and maintain a record of their details on file.

TCC's Educational Leader's: TCC's Nominated Supervisor's will assign TCC's Educational Leader's and have these approved at a TCC's Committee Management meeting.

Strategies, Practices and Procedures

The Approved Provider is responsible for:

- ensuring there is a Responsible Person on the premises at all times TCC is delivering education and care
- ensuring that a person eligible to be nominated as a Responsible Person does so in writing by signing TCC's Job description and has appropriate skill level, experience, qualifications and approval to work with children, as required under the National Law and National Regulations
- ensuring that the name and position of the Responsible Person in charge of TCC is displayed and easily visible from the main entrance of the service¹ (National Law: Section 172)
- ensuring that TCC does not operate without a Nominated Supervisor, and that this person has given written consent and holds a Responsible Person's clearance ensuring that the name of the Nominated Supervisor is displayed prominently at TCC.
- ensuring that information about the Nominated Supervisor, including name, address, date of birth, evidence of qualifications and approved training, and a Working with Children Check is kept on the staff record (Regulation 146)
- notifying the Regulatory Authority in writing if there is a change of person in the role of Nominated Supervisor (Section 56, Regulation 35)
- ensuring that, in the absence from the service premises of a Nominated Supervisor, another person, Responsible delegated person, is placed in day-to-day charge of the service
- ensuring that the Nominated Supervisor and Responsible Person's have a sound understanding of the role of Responsible Person
- ensuring there are sufficient educators nominated to be Responsible Person's to meet the legislative requirement for a Responsible Person at TCC during periods of leave or illness
- ensuring details of Responsible persons are recorded in the DET Staff Training folders
- notifying the Regulatory Authority in writing if there any changes to:
 - the name of the Approved Provider
 - the appointment or removal of a person with management or control of the service operated by the Approved Provider
 - the status of the Approved Provider as fit and proper
 - notifying the Regulatory Authority if a Nominated Supervisor or Responsible person' has their Working with Children Check card or teacher registration suspended or cancelled, or if they are subject to any disciplinary proceedings under the law.

The Nominated Supervisor is responsible for:

- providing written consent to accept the role of Nominated Supervisor
- ensuring that, in their absence from the service premises, another person with a Responsible Person is placed in day-to-day charge of the service
- ensuring they have a sound understanding of the role of Responsible Person
- ensuring that the name and position of the Responsible Person in charge of the service is displayed and easily visible from the main entrance of the service
- developing rosters in accordance with the availability of Responsible Persons, hours of operations and the attendance patterns of children
- notifying the Approved Provider and the Regulatory Authority within 7 days of any changes to their personal situation, including a change in mailing address, circumstances that affect their status as fit and proper, such as the suspension or cancellation of a Working with Children Check card or teacher registration, or if they are subject to disciplinary proceedings
- notifying the Approved Provider if the Regulatory Authority cancels their Nominated Supervisor for any reason

Responsible Persons are responsible for:

- providing written consent to accept the role of Responsible Person by signing TCC's Responsible Person's form
- checking that the name and position of the Responsible Person in charge of TCC is displayed and easily visible from the main entrance of TCC
- informing the Approved Provider and/or Nominated Supervisor in the event of absence from the service due to leave or illness so they can be replaced by another Responsible Person
- ensuring they have a sound understanding of the role of Responsible Person
- abiding by any conditions placed on the Responsible Person
- understanding that a Responsible Person placed in day-to-day charge of an approved service **does not** have the same responsibilities under the National Law as the Nominated Supervisor
- notifying the Approved Provider and the Regulatory Authority within 7 days of any changes to their personal situation, including a change in mailing address, circumstances that affect their status as fit and proper, such as the suspension or cancellation of a Working with Children Check card or teacher registration, or if they are subject to disciplinary proceedings
- notifying the Approved Provider if the Regulatory Authority cancels their Responsible Person for any reason.

TCC Educational Leaders are Responsible for:

Leading the development and implementation of educational program in TCC. The approved educational Leader\ of TCC are designated in writing and a copy of this agreement is maintained in TCC's DET Folder.

Educators are responsible for:

- meeting the qualifications, experience and management requirements if they wish to gain a Supervisor Certificate, as defined in the National Regulations (Regulations 46–49)
- applying to the Regulatory Authority and obtaining a Responsible Person if they wish to accept nomination as a Responsible Person
- ensuring they have a sound understanding of the role of Responsible Person
- providing written consent if accepting the nomination to be a Responsible Person

Parents/guardians are responsible for:

- reading and understanding this policy
- being aware of the Responsible Person at the service on a daily basis.

Sources and further reading:

- Australian Children's Education and Care Quality Authority (ACECQA), Information Sheets: www.acecqa.gov.au/national-quality-framework/information-sheets/
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011: www.acecqa.gov.au
- Guide to the National Quality Standard: www.acecqa.gov.au

EDUCATIONAL PROGRAM & PRACTICE REQUIRMENTS

NATIONAL QUALITY FRAMEWORK OVERVIEW- Q.I.P

On 1st January 2012 the National Quality Framework was established for all long day services and pre-schools. This framework aims to raise quality and drive continuous improvement and consistency in education and care through services.

National Quality Framework

The National Quality Framework aims to raise quality and drive continuous improvement and consistency in education and care. This will be done through:

1. A National Legislative Framework
2. A National Quality Standard
3. A National Quality rating and assessment process
4. A new national body called ACECQA

National Legislative Framework

The National Framework commenced on 1st January 2012. This framework is established through an applied law system and consists of:

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

TCC acknowledges and supports these legislative documents as well as the framework documents encouraging more consistent practices and policies.

National Quality Standard

The National Quality standard is divided into seven Quality Areas

1. Educational program and practice
2. Children's Health and safety
3. Physical environment
4. Staffing arrangements
5. Relationships with children
6. Collaborative partnerships with families and communities
7. Leadership and service management

TCC's Q.I.P

TCC acknowledges these quality standards as a valuable resource in implementing change and working towards continuous improvements by using a Quality Improvement Plan (Q.I.P). When our services becomes assessed against these quality standards by ACECQA we will endeavour to achieve a high standard rating and aim to improve on all areas as recommended by this regulatory authority. The Department of Education and Training will be the Regulatory Authority for Victoria, with TCC being linked to the Shepparton office. Department of Education and Care is our local authority who will ultimately deem an employee to be fit and proper to manage TCC in the absence of the Director. Department of Education and Training will work in conjunction with TCC's Director when approving employees as **nominated and certified supervisors**, with the decision ultimately being with the Department and Education and Training. Information resources for education and care services are available from the Australian Children's Education and Care Quality Authority website www.acecqa.gov.au.

Information resources with specific information for Victorian education and care services are available from the Department of Education and Early Childhood Development website <http://www.education.vic.gov.au/earlylearning/nqa.htm>

Source: <https://www.acecqa.gov.au/> 1/2/18

TCC'S EARLY CHILDHOOD CURRICULUM (EARLY YEARS FRAMEWORKS)

The Early Years Frameworks have been designed to assist families and early childhood educators to guide children's learning and development in the first eight years of life. TCC is committed to implementing all elements of the Frameworks within our early childhood rooms.

The [Curriculum](#) consists of the below elements

1. [Practice Principles for Learning and development](#)
2. [Family](#)
3. [Child](#)
4. [Community](#)
5. [Victorian Early Years Outcomes](#)

The Early Childhood period is described in the National Early Years Learning Framework of Australia as a [Children's time](#) of:

1. [Belonging](#)
2. [Being](#)
3. [Becoming](#)

The framework uses five [Outcomes](#) to describe the key elements of children's learning and development. These are:

1. [Children have a strong sense of- Identity](#)
2. [Children are connected with and contribute to their world- Community](#)
3. [Children have a strong sense of- Wellbeing](#)
4. [Children are confident and involved learners- Learning](#)
5. [Children are effective communicators- Communication](#)

The Victorian Early Years Framework encourages long Day care Centre's and Preschools to work together and assist children with their learning and development to become successful learners. TCC supports this curriculum and incorporates it into all practices within our play based learning environment. TCC educators and management will always support educators in learning and understanding the frameworks to ensure we are ultimately giving every child the best start to their early childhood education.

TCC will incorporate all aspects of the VEYF and NEYF into our planning practices. This can be seen in TCC's Curriculum Resource guide for 2018 and TCC's developed 'Planning template folder'. This guide has been developed to support TCC educators with learning the EYLF and provides a variety of opportunities for educators to document children's learning. This book can be viewed in TCC's foyer area on the Centre Information board and copy can be printed or emailed if requested by a family.

Routines- Each Early Childhood room has a Routine which is only ever used as a guide. Educators will meet the children's needs and interests on any given day to guide their practices and use all routines as learning opportunities. Therefore, routines will vary to accommodate daily happening.

Source: <https://www.acecqa.gov.au/>
<https://www.acecqa.gov.au/nqf/national-law-regulations/1/2/18>

ACCESS OF CARE

CONFIDENTIALITY, PRIVACY AND RECORDS

POLICY:

TCC will ensure “the information kept in a record under these regulations is not divulged or communicated, directly or indirectly, to another person other than:

1. To the extent necessary for the education and care or medical treatment of the child to whom the information relates
2. A parent of the child to whom the information relates, except in the case of information kept in a staff record
3. The Regulatory Authority or Authorised Officer
4. As expressly authorised, permitted or required to be given by or under any Act or law; or
5. With the written consent of the person who provided the information

RECORDS TO BE KEPT:

Attendance

1. Attendance records must be kept listing the name (including surname), time of arrival and time of departure of each child. The person dropping off and picking the child up must sign the attendance record where applicable. (See delivery and collection policy).

Accident, Illness or Medication

- a. accidents or injuries received by a child or any illness which becomes apparent while attending the centre.
- b. all action undertaken by educators in relation to the accident, injury, illness or medication.
- c. parent/guardian's signature.
- d. date and time.

The above records are to be held until the child is twenty four (24) years old.

2. Enrolment records will be reviewed on an annual basis and records will be destroyed if a child has not attended for a period of one year.
3. Developmental records will be given to parent/guardian in person when educators are notified of a child leaving the service. No records will be posted. If parent/guardians are unable to collect records in person, those records will be destroyed after the child has not attended the service for one year.
4. Excursion forms are to be kept and reviewed on an annual basis. Excursion forms shall be destroyed if they are over 12 months old.
5. CCMS and all relevant documentation eg. Parent statements, records for allowable absences etc. are required to be kept for a period of 3 years as per the requirements of the Family Assistance Office and DEEWR

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6. Curriculum records (room reflections and individual developmental information where appropriate) are to be kept for up to 2 years, therefore enabling assessment for the ACECQA process.
 7. Records will only be available to:
 - a. parents (those pertaining to their own child).
 - b. Children's Services advisor (Department of Education and Training).
 - c. child Protection (after consultation with Children's Services Advisor and Family and Children's Services management).
 - d. police upon issue of a warrant form.
 - e. solicitors and/or court upon issue of subpoena of records.
 - f. early childhood professionals (eg: Special Children's Services) to whom the child has been referred with parental permission.
 - g. Licensee.
 8. Disposal/destruction of records will be in accordance with the requirements of the Victorian Public Records Office 2007. The current disposal method used at Tatura Children's Centre Inc. is shredding of documents, in accordance with the above Act.
 9. All records will be stored in a secure, lockable place. Records for archiving are to be filed in archive boxes with details of:
 - a. Service
 - b. Content
 - c. Year of archiving
 - d. Year of expiry

These records will be stored in the designated area within the Centre.

Regulations

All state regulations referring to the storage of records can be found in the Education and Care Regulations 2011. This is in reference to Reg 182, 183, 184, 177-178, 74, 87, 92, 159 and 160

Source: Victorian Consolidated Legislation, Information Privacy Act, 2000

www.austlii.edu.au/au/legis/vic/consol_act/ipa2000231/sch1.html 1/2/18

Education and Care Services Regulations 2011, Reg 182, 183, 184, 177-178, 74, 87, 92, 159 and 160

www.privacy.gov.au 1/2/18

PRIORITY OF ACCESS

POLICY:

Tatura Children's Centre Inc will be accessible to all families, regardless of income, cultural background or disability. TCC is committed to adhering to the Commonwealth Guidelines priority of access for long day care.

PROCEDURE: Priority of Care Access

Priority 1 a child at risk of serious abuse or neglect.

Priority 2 a child of a single parent who satisfies, or of parents who both satisfy, the work, training, study test.

Priority 3 any other child.

PROCEDURE:

In line with the Commonwealth Guidelines Priority of Access for long day care centres, existing families of TCC already in attendance will also receive priority of care. TCC will however, endeavour to accommodate all preferences. Any person not receiving a place will be placed on a waiting list. (Refer Waiting List policy)

PRIORITY OF ACCESS FOR PRESCHOOL

1. Children at risk of abuse or neglect
2. Aboriginal and/or Torres Strait Islanders, Asylum seeker and refugee children
3. Children eligible for the Kindergarten fee subsidy
4. Children with special needs and/or have been approved for second year of funding.

Source:

[https://docs.education.gov.au/system/files/doc/other/instruction_sheet_10 -
_priority_of_access_guidelines_for_child_care_services_0.pdf](https://docs.education.gov.au/system/files/doc/other/instruction_sheet_10_-_priority_of_access_guidelines_for_child_care_services_0.pdf) 1/2/18

SOCIAL JUSTICE, INCLUSION\EQUITY\REDUCING DISCRIMINATION

POLICY:

Tatura Children's Centre Inc is committed to providing all children with the opportunity to access childcare regardless of income, additional needs, cultural background or disability. We will review our practices and policies regularly to ensure discrimination is never evident in TCC and that all children and families using our service feel valued, respected and included.

PROCEDURE:

1. Educators will offer curriculums that are based on individual needs and in consideration of gender, cultural background, religion, additional needs and/or disability.
2. Educators will recognise that all families are different and therefore the curriculum will reflect this ensuring that children do not feel excluded from activities based on their individuality, culture, religion.
3. Educators will encourage the participation of parents/guardians. Both educators and families are encouraged to observe and reflect on the child's progress and develop strategies for the child on a continuing basis to ensure they are inclusive.
4. Educators will liaise with appropriate agencies to ensure positive outcomes for each child.
5. Additional needs should be identified by a recognised professional in the early childhood area. (e.g. SCOPE - inclusion support facilitator or any related Early Childhood Intervention Services (ECIS)).
6. Where additional support/funding is required to ensure inclusion at TCC, every effort will be made to seek such support/funding prior to the child commencing childcare.
7. For children with additional needs, TCC will ensure all stakeholders involved with the care and education of the child ie parent(s), educators, child concerned and appropriate specialist support are all supported and well informed.
8. Designated educators will be encouraged to attend training on anti-bias, cross-cultural and affirmative-action issues and seek out any relevant community information ie: handouts, child rearing on the child's family history, culture or beliefs to ensure TCC provides inclusive practices and environments at all times
9. All activities at TCC are monitored to ensure the avoidance of negative discriminating images on typical cultures, gender and minority groups.
10. TCC educators will always refer to TCC's approved RAP (12/2/20) to ensure Aboriginal and Torres Strait Islander people's are respected, included and the traditional custodians of the land are celebrated and acknowledged and we are at all times inclusive and are an advocate for Inclusiveness.

Source: www.education.vic.gov.au/Documents/childhood/providers/.../evidpaperequity.docx1/2/18

<http://www.earlychildhoodaustralia.org.au/our-publications/every-child-magazine/every-child-index/every-child-vol-17-2-2011/editorial-free-article/12/2/20>

TCC's approved Reconciliation Action Plan (RAP) 12/2/20

ENROLMENT PROCESS FOR FAMILIES

POLICY:

To ensure all of the children enrolled at TCC are done so in a professional manner. All children enrolling into TCC are to provide an up to date Immunisation Certificate (refer to Immunisation policy for more information) and continue to provide these updates as immunisations occur. TCC abides by the CCS guidelines as set by the Department of Family and Community Services. All families will need to complete a CCS assessment online to check eligibility and entitlements to CCS which needs to be done through myGov.

PROCEDURE:

Early Childhood

1. All children aged 8 weeks to 6 years are eligible for enrolment in early childhood services.
2. Enrolments can be made by contacting Tatura Children's Centre Inc. Parents shall be asked to complete a waiting list form, providing details of care required.
3. Childcare places will be allocated according to:
 - a. the date of application when the waiting list form was submitted.
 - b. priority of access guidelines policy.
4. Parents of a child not allocated a place will receive advice that their child is to be placed on a waiting list. (refer Waiting List policy)
5. Parents are requested to complete an additional form notifying the Centre of any medical conditions or allergies (other than food) that require special attention or action to be taken by educators.
6. All enrolled children who book in for an extra casual day of care will be charged for care regardless if they attend. Families are to make sure they definitely want an extra day before they book their child in to ensure other families aren't denied care if they want an extra day\position.

Pre-school

1. Children who will have their 4th birthday by the 30th April in the year of attendance at kindergarten are eligible for enrolment.
2. Applications for the initial allocation of places close on the 31st July each year prior to the year of attendance at kindergarten. Applications are to be lodged at the City of Greater Shepparton (central enrolment).
3. As per the City of Greater Shepparton's central enrolment criteria, kindergarten places will be allocated according to birth date, with older children given preference. Parents of children not allocated a place will receive advice that their child/ren has been placed on a waiting list.
4. Applications received after the closing date will be placed on a waiting list and considered after those received by 31st July.
5. Enrolments will be advised by September each year for the following year.
6. Children transferring from another pre-school will be placed on a waiting list if there are no available places. Places will be given according to birth date with older children given preference.
7. Extra permanent community kindergarten positions will be given if vacancies exist in the 3-5 Long Day Care room after the 31st October. The City of Greater Shepparton's waiting list will be considered before TCC's waiting list is reviewed.
8. Due to State Government funding policy, the Centre is unable to guarantee more than one year of funded preschool, unless exceptional circumstances exist, and approval is granted by the Department Education Training.

Source: Source:

http://www.education.vic.gov.au/childhood/providers/regulation/Pages/enrolment_records.aspx 30/3/20

Revised March 2021

WAITING LIST

POLICY:

TCC will use a waiting list process to ensure that all enrolments are treated equally and that families are kept informed regarding their place on the waiting list.

PROCEDURE:

1. If no place is available upon enrolment then the family will be placed on the waiting list.
2. Parents are to receive a letter confirming that their child is on the waiting list or contacted by telephone\Kidsoft text message and that the parent will be contacted should a vacancy become available. All correspondence made with the family is to be recorded on the families waiting list form ie: date and noted communication.
3. Waiting lists shall be reviewed on a quarterly basis or earlier if needed. Parents shall be contacted in writing or by phone, requesting that they confirm by a certain date that care is still required. Should the parent fail to contact TCC and confirm that care is still required by the date requested and then their child/ren shall be removed from the waiting list.
4. When a vacancy occurs at the Centre a place will be offered to the first child on the waiting list according to:
 - Priority of access guidelines.
 - The date of application when the waiting list form was submitted.
5. If a parent does not wish to take up the offer of a place for their child it shall be offered to the next person on the list.
7. A parent may elect to use an offered place by starting their child earlier or have it held for a short period. If a parent chooses not to take up the place it shall be offered to the next person on the list.
8. Consideration for places will always be given to TCC existing families before Management reflects on the TCC Community waiting list. This is to ensure existing family's siblings are enrolled into TCC to meet current existing family needs.

Source: Tatura Children's Centre Committee of Management Manual 2019- 9/7/1

REVIEW OF CARE - NON WORKING PARENTS

POLICY:

To ensure that access to child care for all families follows the Commonwealth guidelines on Priority of Access, TCC will review all childcare places on a quarterly basis.

PROCEDURE:

1. TCC will review all child care places on a quarterly basis or earlier if needed. Parents may be asked to provide reasons and evidence for accessing long day care.
2. Places for the child/ren of a non-working parent will be reviewed throughout the year should there be excessive demand for care from parents who fit in the higher categories of priority of access.
3. Non-working parents may be asked to swap days and/or reduce the hours/days of care. Care will not be removed from a child entirely.
4. A period of two weeks notice in accordance with Commonwealth guidelines on Priority of Access will be given should the above instance occur.

Source: Department of Education Employment and Workplace Relations, Priority of Access Guidelines for child care services, (www.dest.gov.au/NR/rdonlyres/99DA4603-11CC-405C-8413-4216D296EFDB/24655/CCMS_InstructionSheet_10.pdf) 1/2/18

ORIENTATION PROCESS FOR NEW FAMILIES

POLICY:

TCC believes that orientation at the centre is an integral part of meeting the child/ren's needs. It is an opportunity to establish open communication and for educators to understand the needs of the child/ren and family.

PROCEDURE:

1. Parents are encouraged to visit TCC to meet with the Director and discuss relevant issues prior to application for a place.
2. A parent information booklet and enrolment form containing details regarding TCC will be given to the family. The enrolment form will detail the type of care being used (routine or casual), TCC's start/end times (opening hours) and require families to sign the agreement regarding Fee information.
3. Once a position has been confirmed, an orientation plan will be discussed and implemented to meet the needs of the child and family.
4. The Director will inform educators of new children commencing at TCC before their start date.
5. Educators will encourage family members to stay with their child at TCC for as long as it takes for both the family and child to comfortably settle in. Settling in is tailored to meet the family's and child's needs.
6. Educators will work with the family to plan positive and new experiences for the child.
7. Parents will be given regular information and updates regarding the child's progress in settling at TCC.
8. Parents are encouraged to contact the centre at any time to check on their child's progress. Parents may be encouraged to pick up their child at an earlier time during the settling in process if their child is having difficulties adjusting.

Source: http://ncac.acecqa.gov.au/educator-resources/pcf-articles/Communicating_with%20_new_families.pdf 1/2/18

National Quality Standard Area 7.2.1 – 1/2/18

Revised March 2021

To be Reviewed March 2022 or as needed

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FEE- SERVICE MANAGEMENT

COLLECTION OF FEES

POLICY:

Fees are established according to the need for TCC financial viability and within the limits approved by TCC's Committee of Management.

PROCEDURE:

1. Childcare fees are set by the Tatura Children's Centre Committee of Management and reviewed twice yearly.
2. Payment for childcare will be invoiced fortnightly after the service has been provided. Invoices with details of the amount owing will be available at the centre. These accounts include the following details:
 - a. Centre provider number,
 - b. debtor number,
 - c. child's name,
 - d. fortnight date ending,
 - e. date payment is due,
 - f. amount outstanding (if applicable) and,
 - g. the total amount owing.
3. Parents/guardians can make payments via the internet, at the Commonwealth Bank Tatura branch or at the centre.
4. Fees are required to be paid within 14 days issue of invoice.
5. Payment for occasional care must be made on the day care is provided.
6. Parents/guardians are encouraged to inform the Director of issues they are encountering with the payment of fees. The Director will endeavor to establish a suitable arrangement for payment of fees. (Refer Outstanding Fees Policy).
7. Tatura Children's Centre Inc retains the right to withdraw the child/ren from the service if the account remains unpaid.

Please refer to our Termination of childcare Place Policy-cease of care

Source: Tatura Children's Centre Committee of Management, 5/3/20

CHILD CARE SUBSIDY (CCS)

The Department of education and training (DET) requires some basic requirements to be satisfied for an individual to be eligible to receive Child Care Subsidy for a child. These include:

- the age of the child (must be 13 or under and not attending secondary school)
- the child meeting immunisation requirements
- the individual, or their partner, meets the residency requirements.

In addition, to be eligible for Child Care Subsidy the individual must be liable to pay for care provided, the care must be delivered in Australia by an approved child care provider, and not be part of a compulsory education program.

How does it work

There are three factors that will determine a family's level of Child Care Subsidy. These are:

- Combined Family Income
- Activity Test – the activity level of both parents
- Service Type – type of child care service

The Child Care Subsidy will be paid directly to TCC to be passed on to families as a fee reduction. Families will make a co-contribution to their child care fees and pay to the provider the difference between the fee charged and the subsidy amount.

The New Child Care Package will also provide targeted additional fee assistance for vulnerable families through the Child Care Safety Net.

FEES DURING ABSENCES

POLICY:

TCC child care fees apply every day of the child's attendance, regardless of non-attendance, inclusive of sick days and annual leave. Fees are not payable on public holidays (refer Hours of Operation section) or professional development days where the centre is closed or during the TCC closure over the Christmas/New Year break.

Parents should note that Child Care Subsidy is only payable on absences of up to 42 days per financial year.

LATE DEPARTURE FEES

A late fee of \$2.00 per minute per child will be charged to parents who arrive to collect their child/ren after the end of the booked session or closing time.

The late fee will be applied at the Director's discretion. This determination will be decided on a case by case basis, as deemed by the Director. In the case of dispute, the matter is to be referred to the TCC Committee of Management.

If it becomes a reoccurring issue, management reserves the right to double the late departure fee from \$2 to \$4 per minute per child. This determination will be decided on a case by case basis, as deemed by the director. It is at this time managements concerns will be discussed with the family with management reserving the right to put in a long term individual management plan for the future to ensure there are no reoccurring late pickups beyond our closing time of 6:00pm

Payment of the late fee will be required within fourteen days. Nonpayment will incur the same penalty as outstanding fees.

Refer to the Late Collection of children policy located in TCC's Policy manual in the foyer for procedures in the instance of consistent late collection of children.

Source: Tatura Children's Centre Committee of Management 5/3/20

OUTSTANDING FEES AND DEBT COLLECTION

POLICY:

To ensure appropriate cash flow is generated to enable the ongoing and future viability of TCC.

PROCEDURE:

1. All debtors exceeding 14 days will be sent a message through TCC's Kidsoft Management system
2. If no payment is received or arrangements are not made within a further 14 days (debt is now effectively four weeks outstanding), a **further text will be sent** stating amount owing and the date payment is due
3. If payment is not made by the cease of care date, TCC will make contact with the customer and inform them that their account has now defaulted. The **total amount outstanding** on their account will then need to be paid before the child\children concerned can attend their next scheduled day of care. If payment is defaulted again, care will be withdrawn and the child\children will be withdrawn from care and placed onto TCC's waiting list (refer to Waiting List Policy) until the debt is paid.
4. If a debtor cannot make a payment, but is willing to develop a payment plan in writing that is acceptable to management, then the matter will go no further.
5. If the debt is referred to TCC's debt Collection agency (Prushka) for collection the original outstanding debt plus any costs associated with this procedure will be forwarded to them.
6. In the instance where payment is made by cheque that is subsequently dishonored, parents/guardians are required to pay the outstanding debt including any additional administrative costs associated with this process.

Source: Tatura Children's Centre Committee of Management, 5/3/20

FINANCIAL HARDSHIP

Where a family is experiencing financial hardship it is requested that the Director be contacted to discuss the situation and ascertain whether any special arrangements or assistance may be available.

The Committee of Management will be notified and reserves the right to make decisions regarding any special / appropriate arrangements.

Source: Tatura Children's Centre Committee of Management, 1/2/18

COLLABORATIVE PARTNERSHIPS WITH FAMILIES

ACCEPTANCE AND REFUSAL OF AUTHORISATIONS

POLICY:

Outlines what is correct authorisation under the Education and Care National Regulations, and what is not correct. It details the options available to the service when deciding to accept or refuse an authorisation.

Background:

The Education and Care Services National Regulations require early education and care services to obtain written consent from parents, or person named in the enrolment form as authorised, in matter relating to the administration of medication, medical treatment including transportation by an ambulance service and excursion (including regular outings).

PROCEDURE:

Where activities require authorisation, either to comply with National Regulations, or to comply with TCC service policies, our service requires that the authorisation is provided in writing and is dated. These activities include:

1. Administration of medication
2. Administration of medical treatment, general first aid products and ambulance transportation
3. Excursions including regular outings
4. Incursions
5. Taking photographs by people who aren't educators
6. Water based activities
7. Enrolment of children including naming of authorised nominees and persons authorised to consent to medical treatment or trips outside the service premises.

TCC does not accept verbal authorisation in any circumstances except in situations requiring. Emergency administration of medication, including emergencies involving anaphylaxis or asthma.

The above information requested is to be documented on TCC enrolment form before child begins care. All authorisation forms received (other than the initial enrolment form) from parents or guardian are to be checked for completion and checked that the authorizer (name and signature) is the nominated parent or guardian on the enrolment form. If incomplete or inappropriately signed, the authorisation form should be returned to the parent or guardian for correction.

Source:

Education and Care services national Regulations 2011 1/2/18

CHANGE OF DETAILS

POLICY:

Ensure that all records are kept up to date with accurate medical and contact details.

PROCEDURE:

It is the responsibility of the parent/guardian to provide TCC with accurate details and to keep TCC informed of any changes to these especially in regards to children's Immunisation status.

Any other details required on the enrolment form e.g. details of emergency contacts, which have been changed, must also be provided.

Details of a change in the child's medical status, including medical conditions and allergies, that may have been discovered since the time of enrolment should be provided to the Director. An individual health management plan should be completed as necessary.

TERMINATION OF CHILDCARE PLACE- CEASE OF CARE

POLICY:

Ensure correct notification is given to TCC when care is no longer required.

PRODECURE:

1. A minimum of two weeks written notice is required when a childcare place is no longer required.
2. Once 2 weeks' notice has been given, the customer is required to finalise the balance of their account on the 1st day of care of their final week. Therefore their childcare account must be paid in full at the commencement of the child's last week of care before attendance can commence for the child's final week.
3. Where notice is not given, full fees (including Childcare Subsidy benefits) will be charged for this time.

DELIVERY AND COLLECTION OF CHILDREN

POLICY:

TCC will ensure that all documentation relating to a child's attendance at TCC is accurate and completed by an authorised person. **Only authorised persons over the age of 18 years can sign a child in and out.**

PROCEDURE:

1. Parents must sign in and out each day using TCC's approved Kidsoft iPad.
2. Parents will notify educators of any change to the normal collection arrangements for their child by:
 - a. verbal or written notification, or
 - b. a phone call from a nominated authorised person.
3. Parents will provide the centre with a list of persons authorised to deliver and/or collect their child and will inform the educator of any changes to this list, as specified in the child's enrolment form. All changes in details must be noted on the child's enrolment form.
4. No child will be allowed to leave the centre unless collected by an authorised person. All authorised persons must show proof of identity when requested by any educator.
5. Educators will check the attendance ipads throughout the day to ensure information is accurate.
6. Parents shall make contact with an educator upon arrival and prior to departure to ensure educators are aware of a child's arrival and departure and to allow for exchange of any relevant information.
7. Persons bringing or delivering a child (other than the parents/guardian of the child) must be 18 years or over of age.
8. If the authorised person is unable to collect a child then the centre is to be contacted by an authorised person and given details of the person collecting the child. The latter person must provide proof of identity. Educators are to record any phone authorisation with time and date.
9. If an unauthorised person delivers or comes to collect a child, the educator /Director will ring parent/guardian for authorisation. The educator is to record phone authorisation with time and date.
10. Educators delivering their child must sign the child in prior to signing in for work and can only collect a child after they have signed off from duty.
11. If an educator has concerns for the health and safety and wellbeing of a child leaving the service ie: the person who has collected them appears to be effected but drugs or the person collecting the child isn't an authorised collector, the educators responsibility is to every step possible to not release the child into their care. However, if this is impossible an educator must contact management ASAP and if required the Department of Education and Training, in Wangarratta or Benalla.
12. Under no circumstances can a TCC employee be an authorised person to collect a child in regards to taking a child home on the conclusion of their shift if they are **not** related to the child.

Source: <http://files.acecqa.gov.au/files/National-Quality-Framework-Resources-Kit/NQF-Resource-02-Guide-to-ECS-Law-Regs.pdf> 30/3/20

LATE COLLECTION OF CHILDREN

POLICY:

TCC will ensure that they are responsible for children while they are in our care-from the time that the children are signed into the Centre until they are signed out.

A fee will be charged if children are collected **after** the normal closing hours of the centre of 6:00pm.

PROCEDURE:

1. It can be upsetting for children who are not collected at the appropriate time. If unforeseen circumstances prevent prompt collection of any child, educators should be notified in advance or, as soon as possible.
2. If educators have not been notified that the parent/guardian will be late, they will ring all contact numbers 15 minutes after the booked time and will continue ringing at regular intervals if no answer is received.
3. As a Centre needs to cover the costs of remaining open after closing time or extending a booked time, the parent/guardian will be charged \$2 for every minute late per child, unless exceptional circumstances apply, as determined by the Director on a case by case basis.
4. After 15 minutes of the booked time, if no contact has been made, the educators are to notify TCC Committee of Management and they will be directed to try for a further 15 minutes.
5. If after a further 15 minutes of telephoning (30 minutes after TCC normal closure or booked time), contact cannot be made, the TCC Committee of Management is to be notified again.
6. The TCC Committee of Management may request the Director to inform the police regarding the child's situation. If educators at any time have genuine concerns regarding the welfare of a child who is not collected, then they are to ring Child Protection located with Department of Education and Training at Shepparton.
7. Where a child has not been collected after closure time, two educators will stay with the child and shall follow the above procedure.
8. Where a child is taken off the premises of the Centre and the Centre has closed, educators must leave a notice on the centre door advising the parents to contact: **Police.**

CONSISTENT LATE PICK UP OF CHILDREN

1. Where a child is collected up to 15 minutes late on more than 5 occasions, the Director should provide formal notification to the parent/guardian that this situation is unsatisfactory. The Director shall inform the parent/guardian of the number of late pick-ups accrued and explain the TCC's legal responsibilities in regard to caring for children out of operating hours.
2. If late pick- ups continue to occur, a meeting shall be arranged between the Licensee, Director and the parent to discuss the situation and determine further action.

Source: Tatura Children's Centre Committee of Management 1/2/18

TRANSITION OF CHILDREN BETWEEN ROOMS

POLICY:

To ensure that an organised and gradual transition process tailored to each child's developmental needs exists and that is sensitive to the wishes of the parent/guardian.

PROCEDURE:

1. At monthly educator meetings or earlier if needed the room leaders will discuss the children who are approaching the age at which they will move to the next room when vacancies become available. The child's developmental progress and readiness will be discussed. The child's parents will be approached regarding their thoughts and wishes on the child's transition.
2. In the time leading up to their birthday, the child will be taken into the new room (as space and developmental progress of the child permits), with a familiar educator for orientation where possible.
3. During the orientation process a "Transition between rooms" form will be completed by the child's current educator. This form will give the educators relevant to the child's transition information on the child's interests, include observations of the transition process and include any other relevant information to aid in the child having a smooth transition.
4. The educator will then communicate with the child's parent and with fellow educators on how the orientation visits have gone and whether they believe the child is ready to move up.
5. There will be continual discussions with the parents\guardian during the orientation\transition process with families being given a copy of their child's "Transition between room".

Source: Tatura Children's Centre Committee of Management, 29/9/20

FAMILY LAW\CUSTODY RIGHTS

POLICY:

To ensure the safety, care and protection of children attending the service at all times.

PROCEDURE:

1. Educators will undertake training (as available) for high risk situations.
2. Parents/Guardians are required to inform TCC of any Orders under the Family Law Act, in relation to children attending the service.
3. Parents/Guardians must provide the service with a current copy of Orders, to ensure that the educator can legally abide by these Orders.
4. Parents/Guardians should provide a list of people who are allowed contact with the child.
5. Parents/Guardians should inform the service immediately they believe a court Order may be violated.
6. If a person not entitled under any Family Law Act Orders arrives to collect the child (and the educator have a copy of the order), he/she will advise the person that they have a legal obligation to refuse to hand over the child to that person.
7. If that person insists on taking the child, the staff member should:
 - Discourage the person and explain the service's policy and legal obligations.
 - Refer the person to other services for advice if appropriate.
 - Make every effort to contact the police for attendance before the child is removed.
 - If the person is still insistent on removing the child and the educator considers that their safety and/or the safety of children are at risk:
 - The educator should allow the child to depart with that person.
 - Telephone the police and the parent who has parental responsibility immediately or any emergency contacts if parent is unavailable.
 - Record full details of the person, incident, including a description of any vehicle used, registration number of the vehicle, etc.
 - Notify the TCC Director and Licensee with all relevant details as soon as circumstances allow.

In extreme circumstances, educators may need to consider emergency procedures such as those for evacuation/hostage situations etc. (refer: Accident\Illness\Emergency Situations Policies).

COMMUNICATION

POLICY:

To ensure good communication and information sharing practices between parents and educators. This enables TCC to provide the best possible environment and curriculum to meet all children's needs.

PROCEDURE:

1. The room reflective folders and weekly menus are displayed.
2. Room and Office newsletters will be printed regularly. This newsletter along with any other centre publications can be translated if requested.
3. We encourage parents to approach Tatura Children's Centre Inc educators with suggestions, opinions or ideas. We believe that families are a wonderful resource and welcome their contributions. Educators will encourage families to become involved in the Centre's planning and operations.
4. If parents wish to discuss a particular matter with staff, an appointment should be made. The Director has an office that is separate from the childcare rooms so that privacy can be maintained. It is also essential that children are not exposed to conversations that should only be conducted between adults.
5. The TCC Director shall meet with families upon enrolment to establish specific communication channels – this may be a communication book for parents of babies who require detailed information regarding feeding and sleeping.
6. We require families to inform us immediately if personal details change, especially phone contact numbers.
7. The centre will adopt different communication methods to ensure information is being provided to the family. These may include the use of newsletters, notice boards, posters, face to face meetings and information nights. An interpreter can be organised as required.
8. Daily updates on the child's day will be provided to families, and educators will encourage families to discuss activities and events that the child is participating in outside the centre.
9. All early childhood rooms will make available to educators only an 'educator communication book' which will be used on a daily basis to translate messages between educators. This is to ensure family's needs and communications can be transmitted in a written manner to meet the needs of the rooms' perm part time educators.

Source: ACECQA regulations and principles, Quality area 5 Relationships with children,
Quality area 6 Collaborative Partnerships with Families and Communities, 1/2/18

ENGAGING TCC IN OUR ABORIGINAL & TORRES STRAIGHT ISLANDER CULTURES (RAP)

Tatura Children's Centre is committed to providing comprehensive early learning experiences that teaches children about the importance of compassion, understanding and cultural awareness.

One way that TCC does this is through its reconciliation initiatives. These have been designed to inspire a greater understanding of, and deeper respect for, the country's Aboriginal, Torres Strait Islander and South Sea Islander cultures.

These initiatives allow Aboriginal, Torres Strait Islander and South Sea Islander families and children to experience respectful relationships, and to participate in experiences that authentically consider the histories and cultures of our Traditional Custodians.

The cornerstone of TCC's commitment is the Reconciliation Action Plan (RAP), which aims to improve cross-cultural awareness through appropriate and relevant resources. This has been designed to help TCC develop plans that are specific to our local community.

Through the RAP process, TCC educators are encouraged to engage with the histories, cultures and contributions of our Traditional Custodians, as outlined in the Early Years Learning Framework.

Programs that promote understanding

To underline the importance of reconciliation, TCC educators have incorporated Aboriginal and Torres Strait Islander learnings into her centre programs. To facilitate this, educators have and will continue to have opportunities to engage in training sessions to better equipped to build awareness of Aboriginal culture, not only within the centre but in the wider community as well.

This focus is then sustained throughout the year through activities and excursions, such as visits to our local library where children enjoy storytelling sessions.

Having an understanding of and respect for Indigenous and other cultures helps children learn many important values. It also helps them understand the story of their country and enables them to develop a sense of being and belonging.

In summary, TCC has a strong commitment in maintaining TCC's RAP which has been approved by Reconciliation Australia and is a document forever evolving, changing and improving.

Source:

<https://www.reconciliation.org.au/> 13/2/20

TCC's approved RAP and EYF Australia 13/2/20

PARENTAL CONCERNS AND GRIEVANCES

POLICY:

Ensure that attempt is made to satisfy a parent's concerns promptly and courteously, by reference to the appropriate source.

PROCEDURE:

TCC is committed to fairness in resolving disputes and complaints whatever their source. We believe that both the complainant and the complained against should be treated with respect.

We believe that both parties to a dispute have the right to confidentiality against which should be balanced the right of a person to know who is complaining against them.

We believe that openness by the Committee of Management to hearing and dealing with complaints will lead to an improved service for both parents and children as the causes of complaints are addressed.

1. In the first instance, parents will be encouraged to discuss any concerns with their child's educator.
2. If issues cannot be resolved, parents can then discuss concerns with the Director.
3. Where the parent is not satisfied with the outcome of these discussions, they will be advised to approach the staffing convener. In the instance where the educator in question is in direct care of the staffing convener's child/ren, the staffing convener may refer the issue to another member of the Committee of Management as they deem appropriate. The parent may also provide a written complaint and either place in a Committee of Management's pigeon hole or request that an educator pass the written note on to a member of the Committee of Management.
4. The staffing convener or Committee of Management representative will then call parties together to attempt to resolve the concern or complaint.
5. If a satisfactory solution is not obtained, the parent may then appeal, in writing, to the Manager, Family and Children's Services, Department of Education and Training, phone 5832 1588. Either party shall refer to and call on any expert for information as appropriate in his/her determination on a dispute.
6. For matters concerning adherence to the Children's Services Regulations or Children's Act 1996, parents may also contact the:
- 7.

TCC's Representative for complaints can be addressed to:

Nominated Supervisor\Educational Leader\Bachelor Early Childhood: Sheree Carver on 0358241415, Po Box, Tatura, 3616

Department of Education & Training:

Authorised Officer- Hume Area- North Eastern Victoria Region

Quality Assessment and Regulation Division (QARD)

150 Bridge St East, Benalla, 3672 T: 03 57714471

E: hume.qar@edumail.vic.gov.au

Education and Care Services National Regulations, National Quality Standard, Code of Ethics- Early Childhood Australia 27/4/20

NOT IN CARE CHILDREN – SIBLINGS AND TODDLERS

POLICY:

To ensure TCC is not held responsible for siblings/toddlers/visitors present at the centre but not booked in for care. Conditions of Public Liability Insurance will apply.

PROCEDURE:

1. Any children (eg siblings/toddlers/visitors) present in the centre but not booked in for care are the sole responsibility of the parent/guardian/carer and TCC educators have no responsibility for their care and/or supervision.
2. Tatura Children's Centre Inc will accept no liability.
3. The only exception to the above will be where members of the Committee of Management are attending the Centre on business relating to the Centre, and their child is placed into care for a period of time while they attend to business.

RELATIONSHIPS WITH CHILDREN AND ENVIRONMENTS

INTERACTIONS WITH CHILDREN

POLICY:

TCC will ensure that relationships and interactions with children are responsive, respectful and promote children's sense of security and belonging, leaving them free to explore the environment and engage in play and learning. Educators will support children to build and maintain sensitive and responsive relationships with other children and adults.

PROCEDURE:

Educators perform a significant role in modelling relationships with children. They will help children to feel secure, safe and to always have a sense of belonging. Educators contribute to children's sense of Identity and offer opportunities to learn about how to interact with others, about respect, be appropriately assertive, caring and supportive to be caring and supportive. Educators will always assist and support children to age appropriately resolve conflicts with positive communication techniques and guidance. At TCC we believe children's relationships build and grow stronger over time and through their everyday encounters. The practices which promote these relationships always include:

1. Educator's showing children respectful and equitable relationships, which are responsive and show warmth that the children are welcome and that they are happy to see them and share humour with them.
2. Respecting children's uniqueness and communicating that respect to them through interactions.
3. Educators actively looking for each child's strengths and sharing those with the children, their families and other educator's to support the acquisition of skills for life and learning.
4. Educator's know the children well by being able to offer children the needed help and support to deal with and identify their feelings.
5. Educator's creating and taking full advantage of one on one times with the children.
6. Educator's understand and respond appropriately to both verbal and non- verbal communication from children. Respond respectfully and authentically to encourage children's own language and to share thoughts and ask questions.
7. Educator's support children to manage their own behaviour, to respond appropriately to the behaviours of other's and communicate effectively with them to resolve conflicts. The children are supported to understand how their own actions affect others.
8. Educators are accessible, available and interested in the children and their play, they encourage independence while communicating that they are available to help.
9. Educator's help children to form relationships with children and other educator's .
10. Educator's will preserve the dignity and the rights of the child at all times.
11. Educator's will always research their own pedagogy to improve their practices and perspectives in maintaining and establishing relationships with children. They will investigate and research current Early Childhood literature to ensure children are always supported in their Learning.

Source: <http://files.acecqa.gov.au/files/National-Quality-Framework-Resources-Kit/NQF-Resource-02-Guide-to-ECS-Law-Regs.pdf> 1/2/18

INCLUSION SUPPORT

POLICY:

Educators will provide each child, regardless of their additional needs and abilities with a supportive and inclusive environment that allows each child to fully participate in their education and care at the service. Educators will ensure that all children are treated equally and fairly and that each child will have the opportunity to grow and develop to their individual potential.

PROCEDURE:

1. Ensure the indoor and the outdoor environment will be suitable for children with additional needs. The physical environment will be arranged so it is suitable for all persons regardless of mobility to minimise barriers to participation.
2. Ensure the program and curriculum meets the needs of all children, including children with additional needs.
3. Encourage families to meet with the Educators who will be working with the child before the child commences care, allowing the Educators to discuss and understand the child's needs and ensure the appropriate resources and support are provided to both the family and the child.
4. Access professional development for educators to help the service meet the needs of each child with additional needs.
- 5.
6. Seek assistance, training and where possible, financial funding from inclusive support agencies to promote the development of skills in children with identified additional needs.
7. Ensure no information regarding a child will be given out to a person who is not that child's parent or guardian, without the parent/guardians permission.

The Educator's will:

1. Educators will treat all children equally and fairly regardless of perceived differences and ensure each child is supported to participate in the program.
2. Educators will act as advocates for all children's rights.
3. Ensure the environment and equipment used by Educators will be flexible and be able to adapt to each child's needs within the service to support the inclusion of children with additional needs.
4. Educators will program experiences for each child to suit individual abilities, strengths and interests also considering any professional support plans for the child.
5. Educators will support children to treat all peers equally and fairly, with programming experiences that allow children to explore emotions such as compromise and empathy. Educators will listen carefully to children's concerns and discussing diverse perspectives on issues of inclusion and exclusion and fair and unfair behaviour.

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6. Educators recognise families as having expert knowledge about their child's needs, abilities and interests and will consult with them regularly to collaborate and create a continuity of learning in conjunction with professional support plans and cohesive practices from home.
 7. Educators will work with other professionals who play a role in supporting the child's development. Educators will seek specific professional intervention and training to support a within the service.
 8. Information documented about the individual child with additional needs may be used to develop an individual support plan that will kept on file at the service and shared with families, the child's medical practitioners and/or professional support services.
 9. Educators will act as role models by displaying appropriate behaviour and language, being consistently aware of and responsive to children who may require additional support, attention or assistance.
 10. Educators will discuss a wide range of emotions, thoughts and views constructively with the children within a supportive environment.
 11. Educators will not judge or compare one child's development with another

Source: <http://files.acecqa.gov.au/files/National-Quality-Framework-Resources-Kit/NQF-Resource-02-Guide-to-ECS-Law-Regs.pdf> 1/8/18
<https://www.mychild.gov.au/news/new-inclusion-support-programme> 1/2/18

INDIGENOUS, TORRES STRAIT ISLANDER AND CULTURAL

ACKNOWLEDGMENT OF COUNTRY:

“The Tatura Children’s Centre’s Community acknowledges the Traditional Custodians of the Land on which we work and live and recognise their continuing connection to the lands, waters and the Community. We pay respect to Elders, past, present and emerging” (TCC’s approved RAP)

POLICY:

We share the Early Childhood Australia’s vision for Reconciliation that begins with our acknowledgement of the Aboriginal and Torres Strait Islander people as the original custodians of and recognizes that their cultures shape the cultural heritage of all Australians. (Refer to TCC’s RAP approved plan). We provide early childhood education that is culturally relevant, gender inclusive, includes routines and meets the needs of any children with special needs will be planned by qualified educators on a developmentally appropriate basis and in consideration of individual and group needs. Furthermore, this means children in our service will learn about different backgrounds, represent different cultures and communities and learn to enjoy and appreciate the world in which we live.

PROCEDURE:

1. The curriculum will incorporate activities and experiences which take into account the children’s changing needs in the areas of physical, cognitive, creative, language, social and emotional development and will incorporate elements of the Victorian and National Early Years Frameworks, while also being mindful of the Early Childhood Code of Ethics.
2. The curriculum and TCC’s ‘Cycle of planning’ will foster an environment which promotes equal rights and provides equal opportunities for all children including those with additional needs.
3. The curriculum will reflect cultural diversity and promote understanding and acceptance of different cultures, including the Aboriginal and Torres Strait Islander culture.
4. Parental and community involvement will be encouraged in the development of the curriculum through input and use of available skills and resources.
5. The curriculum will be implemented through the use of professional skills and by coordinating the efforts of educators and parents. Educators will collaborate when establishing the aims and requirements of the curriculum and will delegate duties as required. All rooms have displayed a room routine with a Centre routine also being displayed in the Centre’s foyer area.
6. An outline of the curriculum though reflective Programming will be on display in the Centre with additional information being provided to parents through educator/parent interaction (such as verbal discussion, parent involvement in activities) and newsletters. Information will be translated into another language (as used at home) if requested.
7. Individual Portfolios/Child Learning will be kept on each child and will be available to parents on request as this is used to guide a Child’s Assessment for Learning. The information from these individual records will be treated within the guidelines of the “Privacy/Records” policy in a confidential manner.
8. Evaluation of the curriculum will be an on-going process and strategies and to aid future planning. The Centre will provide opportunities for confidential discussions between families and educators if required.
9. TCC acknowledges the importance of using natural and recycled materials within our early childhood rooms and very much sees the importance of engaging in both formal and spontaneous experiences which intentionally teach the children about flora, fauna and the world in which we live.

Source:

Reconciliation Australia website\ victoria 10/10/20

Early Childhood News, www.earlychildhoodnews.com/earlychildhoodarticle, 1/2/18

TCC’s approved RAP 10/10/20

TCC ROUTINE AND TRANSITION FOR LEARNING

POLICY:

TCC educators plan the day around extended play periods indoors and out. Therefore we have routines and transitions throughout the day which allow the children to anticipate what is happening next and can be used as a valuable learning opportunity for the children to develop self-control, independence and decision making. All our routines support active learning and meet individual children's needs and challenges.

Routines and Transitions throughout the day can include: Arrival time, self-selected activities, meal breaks, rest time and group times.

Routines support each child to develop a strong sense of identity, security, wellbeing and belonging. (Winderlisch 2016 .p.5)

PROCEDURE:

- Involve children in the transition/routine with an intention to assist them to build self-help skills, confidence and/or to work towards achieving outcomes within the Early Years Learning Framework.
- Consider each routine and transition in terms of what children are learning.
- Use songs, sensory cues for moving around the room during transitions
- Ensure Educators are aware of what happens during routines and transitions
- During routines and transitions times minimise the waiting times for children as it can be stressful
- Routines and transitions provide ample opportunities for social development including turn taking, empathy and respect for others
- Reflect on the culture backgrounds of children and families when developing routines to be consistent with best practice and positive outcomes for all stakeholders, which are sensitive to culture traditions.
- Educators will form relationships with children so they understand the signs and cues of the child, knowing when they are ready for a nap or bottle
- Routines are to be used to encourage children to be confident and involved.

Meal Time Routines:

To provide a meal time environment that promotes culturally appropriate social, communication and self –help skills.

- Educators are to promote socially acceptable meal time behaviours by role modelling and setting simple rules i.e sitting at the table while eating
- Educators model positive attitudes towards healthy foods and encourage children to try new foods.
- Educators will sit with the children at the table and encourage independent skills such as serving own foods, scraping of their own bowls, washing their own hands before meals and/or using face washers if deemed appropriate. This process is flexible according to children's needs.
- Tables and chairs will be arranged in small groups and educators will sit with the children, use language to promote positive conversations and to role model using utensils and be available for assistance when needed.
- Morning Tea will be progressive and again will be adjusted according to needs of children

Source: Karen Winderlisch, Early Childhood Australia: Everyday Learning series Volume 14 Number2 2016, Rethinking routines: Opportunities for learning

Revised March 2021

NATURAL ENVIRONMENTS AND SUSTAINABILITY

POLICY:

An environmental curriculum is provided to give the children the knowledge, skills and attitudes to assist them to be environmentally responsible, especially within their natural environments. Children are encouraged to participate in environmentally sustainable activities to encourage the children's sense of empowerment and to provide opportunities for them to connect with and embrace the natural world. TCC has an appointed Sustainability Officer and she works in collaboration with fellow educators in the delivery of our programs to ensure they are embedded across TCC.

PROCEDURE:

1. Provide a setting that includes a variety of fauna and flora both indoors and outdoors ie indoor\outdoor plants and animals that occur naturally in TCC's environment.
2. Use natural materials to set up play areas ie pebbles, logs, twigs and large rocks rather than manufactured barriers.
3. Use recycled and homemade equipment ie plastic bottles for sand scoops, old pots and pans to extend on the children's creativity.
4. Use natural materials within other aspects of the curriculum ie seed pods, pebbles, leaves and sticks for collage or sorting, matching and counting games, painting with natural implements ie sticks, leaves, pebbles and bark.
5. Encourage and maintain environmental sustainability projects ie vegetable\herb garden, utilize the water tanks provided to maintain gardens, maintain the TCC worm farm, encourage recycling projects and limiting the usage of power where possible.
6. Children are encouraged to be involved in environmental issues\events within the Community that occur; ie national recycling week and are encouraged to be involved in the research of these issues\events through television, media, papers and internet.
7. Where possible encourage families to be a part of TCC's environmental curriculum ie; nature walks, treasure hunts, utilizing and encouraging recycled materials from the home environment.
8. Initiate and support children's, educators and families interest within the environment by enhancing their learning through DVD resources, books, videos, posters, puzzles and games
9. Ensure all educators, children, families and local Community organizations are involved in TCC's implemented environmental curriculum to ensure we form a collaborative approach.
10. Tcc will ensure our outdoor environments especially enable the children to explore and experience the natural environment while also inviting open ended interactions, spontaneity, risk taking, exploration, discovery and connection with nature.
11. TCC acknowledges the Early Years Frameworks and the outcome 'Children are connected to and contribute to their world' and endeavors to ensure children and families have this connection. TCC's natural environments are the arena in which children learn about the world in which we live.
12. TCC follows a "Nude Food" initiative. This is where we encourage all families to bring all food items into TCC in a plastic container. We discourage foil and plastic wrappings as a way of educating our attending children at an early age about sustainability practices and of good recycling habits for years to come

Source: <https://wehearyou.acecqa.gov.au/2014/06/12/taking-an-active-role-in-the-environment-and-promoting-a-sustainable-future/>1/2/18

Revised March 2021

PHYSICAL ACTIVE PLAY, OUTDOOR ENVIRONMENTS, LEARNING SPACES

To prioritise safe active play for children while also encouraging them to take risks and be challenged. TCC encourages educators, children and families to be aware of the benefits of daily active play by incorporating physically challenging experiences within our early childhood curriculums.

TCC believes being active every day is important for the health and growth and development of infants, toddler and preschoolers.

PROCEDURE:

1. Equipment and play spaces are varied, safe, creative and well-maintained. These spaces are designed to challenge and encourage children explore, extend and test limits.
2. Children are given opportunities to learn about the importance of active play/physical activity.
3. A caring and positive play environment is planned, with involvement from children, families and educators.
4. Educators and parents act as role models for positive physical activity behaviors.
5. Active play and movement opportunities, including outdoor active play, are frequent throughout the day.
6. The active play curriculum is appropriate for children of all abilities.
7. Parents are provided with information located in our foyer area on how to encourage and provide active play opportunities for their children.
8. Play areas offer a variety of play spaces and equipment.
9. Educators act as role models for appropriate active behavior, and minimise their own inactivity.
10. Road safety education is incorporated into the curriculum
11. Walking excursions within the local community promoting physical activity and safe active travel are encouraged as part of the curriculum
12. Active transport such as walking and riding to the service is promoted and encouraged with space provided at the service for children to leave their bikes.
13. Televisions are not placed in children's play spaces and computers are only to be used when educational activities are provided.
14. An appropriate balance between inactive and active time is maintained each day.
15. Parents are provided with information on how to avoid sedentary behavior at home, and advice on showing their children how to be active.
16. Educators access resources, tools and professional learning to enhance their knowledge and capacity to engage in adult guided active play/physical activity with children.
17. The Centre staff work with local health professionals, services and other organisations to increase their capacity to deliver and promote active play/physical activity initiatives.

Source: <https://wehearyou.acecqa.gov.au/2014/06/12/taking-an-active-role-in-the-environment-and-promoting-a-sustainable-future/>1/2/18

Revised March 2021

ANIMALS

POLICY:

The educators will take all necessary precautions to ensure the safety of children in the centre when pets/domestic animals are resident or visiting. It is recognised that animals can provide a positive experience for children. Over the years, TCC has had a variety of animals residing within the rooms for the children to enjoy, which have included:

Rabbits, Birds and Guinea pigs: resided in the Toddler room

Chickens: originally located in fungroup yard, now residing in preschool yard so both rooms have access to.

Fish Tank: This was placed in the foyer area in 2020 after discussions between educators and children resulted in a Universal pet area where all children could enjoy access to variety of Gold fish.

PROCEDURE:

1. All animals in the centre (whether visiting or permanent) will be kept clean and healthy with regular worming and vaccination where appropriate.
2. Educators must ensure that play areas within the centre are free from animal hair.
3. Animals must be kept in a separate area from children, whether inside the centre or in the yard. A protected run, whether inside or out, must be maintained to separate the animal and the children securely. All fencing must restrict penetration by small fingers.
4. Any direct contact with animals must be closely supervised by the educators and be under their control eg. Holding rabbit or guinea pig etc.
5. Educators are to ensure that children wash their hands thoroughly after touching the animals. On the occasion that animals are in the children's rooms, educators must also ensure that tables are disinfected before any meal sitting.
6. Educators must ensure that garden areas, including sandpit, are kept free from animal excrement.
7. Educators must ensure that animal food, bowls and litter trays etc. are inaccessible to children and are kept in a hygienic condition.
8. Only animals appropriate for small children will be allowed at the centre.
9. Birdcages are not to be kept in food preparation areas. Feathers, droppings and seeds are to be cleared away at regular intervals. Cages are not to be cleaned while children are at TCC and should be wet down before cleaning.

Source:

<http://files.acecqa.gov.au/files/QualityInformationSheets/QualityArea3/KeepingPetsAndAnimalsInEducationAndCareServices.pdf> 29/9/20

Revised March 2021

To be Reviewed March 2022 or as needed

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EXCURSIONS & INCURSIONS

POLICY:

Excursions/Incursions are seen to be broadening children's awareness and enriching the child care experience through activities not available at TCC. Excursion is defined as any trip, journey or activity authorised in accordance with this policy where children attending TCC are taken outside or beyond the registered premises. Excursions provide the opportunity for children to learn and practice about traffic safety, being a safe pedestrian and transport safety. (Excursions will be authorised at a prior Committee of Management meeting in order to satisfy public liability requirements). Incursion is defined as special guests or groups visiting TCC.

TCC EXCURSION RATIO REQUIREMENTS:

TCC has approved 'Regular' excursions. Ratios will be determined on the day according to the needs and requirements of the attending children and after the Supervising Educator for the excursion has reviewed the Risk Assessment.

PROCEDURE:

The TCC Committee of Management is responsible for approving an excursion. Items to be considered may include:

- The cost of the excursion to the centre and or families. If other siblings are able to attend, will there be a charge for them?
- The number of children to participate in the excursion, also factoring in potential numbers of toddlers and other children.
- Supervision elements: Deciding on the number of educator/adults required to attend. This may be influenced by such things as the need to cross a major road or to access public transport on the excursion.
- Ensuring the requirements of the Children's Services Regulations 2011 and the Children's Services Act 1996 can be met for all children remaining at the centre. What impact the disruption to normal curriculum times could have on the users of the centre.
- Any changes to the usual working arrangements of educators due to the excursion, in accordance with the appropriate awards or agreements.
- The provision of facilities at the proposed destination, including toileting, access to water, shade, safety considerations such as proximity to water, roads, bush or crowds.
- The educators are responsible for submitting a written request for an excursion to the TCC Committee of Management detailing:
 - a. Date, time and destination
 - b. How the excursion relates to the program provided for the children
 - c. Objectives, proposed activities, and desired outcomes of the excursion
 - d. Method of transport
 - e. Proposed educators and adult/child ratio for the excursion
 - f. Cost
 - g. Effects, if any, on the children's current attendance times
 - h. If any children with additional needs attend the curriculum whether additional resources be required to ensure their participation in the excursion.

RISK ASSESSMENT

(Preparation Time For The Excursion)

The Director, in consultation with the qualified educator, is responsible for:

1. Assessing the requirements for the excursion.
2. Booking the transport and venue(s).
3. Informing parents/guardians, at least two weeks prior, of the details of the planned excursion and the cost if it is outside a regular excursion.
4. Requesting adult participation in the excursion, clearly stating if it is appropriate for other siblings to attend.
5. Collecting completed permission forms and excursion fee (if outside regular excursion), if required, for each child participating in the excursion.
6. Arranging for a suitably equipped first aid kit, mobile phone and sunscreen (if required) to be taken on the excursion.
7. Notifying parents/guardians immediately of any change, or delay to the proposed excursion.
8. Ensuring child/educator ratios, as per the regulatory requirements are met for children not participating in the excursion.
9. If the excursion is an approved regular excursion, making sure the families have all signed an excursion form and the enrolment form.
10. Making sure all Risk Assessments are completed and include Transportation information as apart of the assessment

The qualified educator is responsible for:

1. Providing adults who have volunteered to participate in the excursion with the aims and objectives of the excursion and any other information necessary for its smooth operation.
2. Arranging for the details of the telephone number of any person who is to be notified of any accident, injury, trauma or illness involving the child and the child's medical details to be taken on the excursion. Information is to be carried by a qualified educator at all times.
3. Ensuring that the educator/child ratio approved by the Nominated Supervisor is in place before the children depart TCC.
4. Canceling the excursion if the educator/child ratio is not met and notifying the committee and parents/guardians.
5. Arranging for an educator, parents/guardians or a committee member to be available, if the excursion is late returning, to advise parents/guardians collecting children at the centre of the estimated time of arrival back at the centre.
6. Ensuring that only those children whose parents/guardians have completed and returned the permission form attend the excursion.
7. Ensuring the route of travel is assessed for potential hazards using the Risk assessment form as a tool.

All educators

1. Discussing with the children the aims and objectives of the excursion, and items of special interest to them.
2. Informing parent/guardians of any items the children require for the excursion e.g. hat, coat and snack.

PRIOR TO AND DURING THE EXCURSION

The educator responsible for the excursion will ensure that:

1. Parents/guardians/volunteers are provided with a written outline of the excursion\risk assessment to be carried with them at all times. This may include a

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- list of children in attendance, a list of the names of educators in attendance, a telephone number to be used if they become separated from the group, timetable for the excursion, and any other information identified by the centre as relevant to the excursion.
2. A list of those participating in the excursion is cross-referenced against the Booking sheet\Excursion forms etc
 3. Ensuring a qualified educator is nominated to carry the first aid kit, emergency contact details for each child, mobile phone, sunscreen (if required), and medications for children (if required).
 4. Parents/guardians/volunteers assisting with supervision on the excursion who do not have a Working With Children's check are under the immediate supervision of a qualified educator.
 5. The number of children and adults participating is monitored at regular intervals, by checking children and adults against the list of those participating in the excursion.
 6. The educator, parent/guardian, or committee member, delegated to notify parents/guardians if the excursion has been delayed, is notified if this occurs.

All educators

1. Children are provided with the opportunity to use toileting facilities/or nappies changed by an educator prior to departure.
2. All children are signed out of the centre at the start of the excursion and are signed back in when they return.
3. Parents/guardians/volunteers are informed prior to commencing the excursion that if a child indicates the need to use toilet facilities or needs a nappy change that they are to notify an educator. The educator will attend to the toileting/nappy changing needs.
4. Ensuring parents/guardians/volunteers participating in the program are aware of persons who are staff members, for example, staff members to wear name tags.
5. All children are to be clearly identifiable and supervised at all times during the excursion, for example, centre labels, red hats etc. It is not recommended to use the child's name as an identifier as it informs strangers of their name.
6. Parents/guardians/volunteers with other children who are not enrolled in the centre are informed that they are responsible for supervising and caring for their other child/ren at all times.

The parents/guardians/volunteers are responsible for:

1. Reading the excursion details provided by the centre and asking for additional information if required.
2. Ensuring they remain under the immediate supervision of a qualified educator or Licensee representative if they do not have a current Working with Children's card recorded at the Centre.
3. Informing an educator immediately if a child appears to be missing from the group.
4. Informing an educator if a child needs to use toilet facilities or needs a nappy change. The educator will attend to the toileting/nappy changing needs.
5. Supervising and caring for other children in their care who are not enrolled in the curriculum, for example siblings.

Source: <http://files.acecqa.gov.au/files/National-Quality-Framework-Resources-Kit/NQF-Resource-02-Guide-to-ECS-Law-Regs.pdf>
1/2/18 National regulations regarding Excursions for Regular excursions 26/8/20/ACEQUA Fact sheet Oct 1st 2020

SPECIAL ITEMS FROM HOME

POLICY:

TCC recognises that:

1. toys and/or items from home can be a comfort for children attending TCC,
2. that violent toys are inappropriate for constructive play,
3. some toys can contribute to the centre curriculum, and
4. educators cannot take responsibility for toys that are lost or broken while brought to TCC.

PROCEDURE:

1. Comfort toys e.g. dummies, security blanket etc. may be brought into the centre according to the individual child's needs. Recognition shall be given that individual child's needs can vary greatly in regard to their dependence on these items. The length of time that a child requires these comfort items is to be determined by a joint discussion between parent and educators and be guided by the child's needs.
2. Comfort toys are to be labeled clearly.
3. Violent toys e.g. guns, swords etc. are to be discouraged at the centre. Parents will be asked to remove them from the centre or they will remain in the child's bag for the day.
4. Children are welcome to bring other toys that would be relevant to the curriculum and can be shared by the children. These could include tapes, CDs, books, games, puppets, musical instruments, items from other cultures. A discussion with educators may clarify the suitability of the item. Items are to be labeled clearly.
5. Centre educators cannot accept responsibility for toys or play equipment that the child has brought into the Centre.

Source: Tatura Children's Centre Committee of Management, 21/5/20

SAFE TRANSPORTATION POLICY

Transportation of children is sometimes provided as part of our education and care service. Compliance with the Education and Care Services National Law and Regulations is mandatory to ensure the safety of children at all times and new provisions and amendments to these regulations are reflected in our procedures and policy for transportation and the safe handover of children.

We acknowledge our ensuring duty of care obligations by adhering to relevant legislation providing adequate supervision of children at all times, maintaining correct educator to child ratios, maintaining accurate attendance records and providing appropriate child restraints for children under our care.

PURPOSE

We aim to ensure that all children being educated and cared for by our 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 for Excursions.

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.

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

Transport specific risk assessment

As per the Education and Care Services National Law, our 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 Service 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. [Reg. 102B, 102D(4)].

Revised March 2021

A risk assessment will be undertaken for all Excursions where transport is involved. All of TCC's approved Regular excursions use the method of walking and therefore do not require transportation. 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

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.

Management/ Nominated Supervisor will ensure:

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- risk assessments are carried out prior to seeking authorisation for transporting children is made with the Approved Provider
 - 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 Room's Reflection Folders when the excursion occurred.
 - 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 service. The record of attendance must record the time that the child arrives and departs the service and signed by the nominated supervisor or educator
 - children's attendance is checked by the supervising educator/staff before departure from the designated pick up location and marked as present as they disembark from the vehicle
 - 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
 - staff are aware of appropriate procedures to be followed in the event of a vehicle crash involving staff and children from the service
 - a working mobile phone is provided in case of emergency
 - a list of emergency contact numbers for the children being transported is available
 - every effort will be made to notify parents/carers of delays returning to the Service if applicable

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- relevant criminal history requirements and Working with Children Checks are made for any person transporting children. WWCC is recorded in staff records
 - the person driving the vehicle/bus holds a current Australian driver's licence
 - any allegation of misconduct of the educator or staff member 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

Management/Nominated Supervisor 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
- 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

Management/Nominated Supervisor will ensure:

- an easily recognised and suitably equipped first aid kit is easily accessible during transportation
- at least one staff member accompanying children during transportation holds:
 - 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 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 supervising educator/staff member as children assemble in a predetermined location prior to boarding

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- children are continuously supervised during transportation by a designated educator/staff member sitting in a location that provides 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 and educators supervising the children use handheld mobile phones unless safely parked
 - under no circumstances will the driver and educators/employees 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
- a designated educator/staff member 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
- the children’s attendance record will be checked by the supervising educator/staff as they assemble in a predetermined location at the end of the journey and verified by a witness
- educators/staff 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 (or on location) the children are signed in which will provide an additional attendance check to confirm all are present
- educators will record the time when children are signed in to the service or other venue

Educator/driver 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

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- 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
 - a fully equipped first aid kit is easily accessible
 - once all children have exited the vehicle/bus, a final sweep of the vehicle will be made checking that there are no children or belongings left behind

Families will:

- adhere to the Service's *Arrival and Departure Policy* and *Safe Transportation Policy*
- 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

SOURCE

Childcare Centre Desktop\Safe transportation Policies

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).

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2020).4 (1), 85, 99, 100, 101, 102A, 102B, 102C, 102D, 123, 136, 158, 161, 168, 168 (2)(ga), 170

Kids and Traffic Early Childhood Road Safety Education Program (NSW)

Revised National Quality Standard. (2018) (Quality Area 2).

Road Transport (Safety & Traffic Management) Act 1999.

Vic Roads- Primary school road safety education resources

WATER PLAY AND SAFETY (inc safety around water activities)

POLICY:

To ensure safety of any play involving water play at TCC. Direct and constant supervision is required at all times when children are near water.

PROCEDURE:

1. Water play helps children to learn and explore new skills and promotes sensory development and scientific and mathematical concepts including volume and space.
2. When water troughs are in use, will be directly supervised, regardless of the volume of water. Water troughs must not be filled until an educator is available to supervise the activity at all times. If, for any reason it cannot be supervised, the water needs to be tipped out immediately.
3. Water play activities must only be offered in a water trough that is in a stand, or on a table. Troughs will not be used on the ground.
4. Children should be discouraged from drinking the water from the trough. If the water becomes contaminated from children drinking or spitting in it, it needs to be tipped out, and the trough disinfected before refilling.
5. At the end of each water play activity the trough must be emptied and cleaned immediately. It must never be left full in the outdoor yards – always empty before going inside.
6. When tipping water troughs out, manual handling procedures must be adhered to.
7. Educators will undertake a **Risk Assessment** looking at potential risks associated with proposed water play activities including:
 - i. Identifying potential hazard and harms
 - j. Assessing the likelihood and consequences of each
 - k. Risk assessment and subsequence controls will take into account the age, ability, interests and experiences of children likely to be involved in the experience or activity.
8. Educators will ensure all Excursions planned have assessed the potential of managing risks around water.

Source: Kidsafe Victoria

NQS 2.3.1, 2.3.2 & 7: ACEQUA Excursions ACEQUA fact sheet “Excursions” 1st Oct 2020

<http://files.acecqa.gov.au/files/National-Quality-Framework-Resources-Kit/NQF-Resource-02-Guide-to-ECS-Law-Regs.pdf> 3/3/30

Revised March 2021

CHILDREN'S SAFETY HEALTH AND WELLBEING

POLICY:

This Policy promotes healthy\‘everyday’ food options and discourages ‘sometimes food’(food high in fat, salt, sugar). TCC will ensure that meal times will provide positive learning experiences for children whilst encouraging the development of healthy eating choices. The food provided will be nutritious, safe and developmentally appropriate to children’s age, cultural background or medical needs. TCC educators aims to promote the health of staff, educators, family and children by creating an environment that supports healthy eating. All members of TCC, including educators, staff, families and children will be supported in implementing this policy.

BACKGROUND

Healthy eating and good nutrition have a major influence on children’s health and wellbeing and a direct impact on their growth and development. The important social and cultural role of food, and the wide range of attitudes to it, is acknowledged within the service.

Children in long day care must receive 50% - 70% of their food intake whilst in care. Therefore, TCC is committed to educating children and their families about nutritious food and healthy eating habits so that adequate nutrition is provided to children in proportion to their time spent in care. A flexible approach is adopted in serving nutritious food for children attending the service in accordance with the *Education and Care Services National Regulations 2011*, *Nutrition Australia recommendations* and the *Healthy Together Achievement Program Victoria recommendations* and *Get up and Grow: Healthy Eating and Physical Activity for Early Childhood* and *Australian Dietary Guidelines (2.1.3)*

Definitions

Healthy eating: Eating a wide variety of foods from the five food groups each day.

These are:

Fruit, vegetables and legumes/beans, grain (cereal) foods, mostly wholegrain, milk, yoghurt, cheese, and alternatives, lean meat, poultry, fish, eggs, tofu, nuts and seeds and legumes/beans.

Healthy eating also means eating in a way that is socially and culturally appropriate, having regular meals and snacks and eating food to satisfy hunger, appetite and energy needs.¹

Nutrition: The process of providing or obtaining the food necessary for health and growth.²

‘Sometimes’ foods and drink: Sometimes foods are high in fat, sugar and salt or a combination of these.³ They typically have very little nutritional value and are often processed and packaged.

‘Everyday’ foods and drink: food that is suitable for everyday consumption, such as grains, vegetables, fruit and yoghurt.

¹ Nutrition Australia Victorian Division, www.nutritionaustralia.org

² <http://oxforddictionaries.com/definition/english/nutrition>

³ Get Up and Grow Healthy Eating and Physical Activity for Early Childhood. Australian Government, 2009

Revised March 2021

PROCEDURE:

1. The nutritional needs of children will be catered for while they are attending the centre. A well balanced midday meal as well as nutritious morning and afternoon snacks will be provided at regular times. Appropriate amounts of fruit and vegetables will be provided each day as a part of menu planning. Foods high in fat, salt and sugar are not included in the menu. Fruit and vegetable consumption will be promoted on a daily basis, as well as other foods in line with the Australian Dietary Guidelines.
2. If children are required to provide food from home as part of the curriculum, they will be asked to bring healthy food that is in keeping with the centre's policies. A list of such foods will be clearly displayed in the Centre, foods high in fat, salt and sugar are discouraged.
3. Safe drinking water (including tap water) will be available to the children throughout the day and is the preferred drink along with plain milk. Sweetened drinks such as fruit juices, cordials and soft drinks are not provided. Ensure children have an adequate fluid intake during their care. Children under 12 months will only consume boiled water on premises.
4. Cooking and food experiences provided in the service focus on healthy food options and promote fruit and vegetables. Educators will sit with children to encourage and role model good eating habits and an appreciation of a variety of foods.
5. Foods are provided which are culturally appropriate, varied and meet the children's developmental needs.
6. Staff and educators are supported by having healthy food options in the staff room, for staff meetings and for professional learning.
7. The service seeks to ensure any sponsorship, advertisements or marketing of food and drinks are consistent with the service's healthy eating policy. Fundraising activities reflect the healthy eating policy and promote healthy lifestyle messages.
8. Meal times will be treated as social occasions. Educators will sit with and interact with the children to encourage good eating habits and an appreciation of a variety of foods. TCC will encourage children to broaden their knowledge of different foods by offering a variety of colours, textures, flavours and aromas. The curriculum will include the promotion of healthy food choices and behaviours. Children will be assisted where required but will be encourage to be independent and to help themselves wherever appropriate in the serving and clearing of food and drink and in managing utensils, pouring, drinking and eating.
9. Children will be offered all of TCC's nutritionally sound and accredited menu. TCC's accredited menus meet regulatory requirements for children attending Early Childhood settings. Educators will then encourage all attending children to try a variety of foods through positive encouragement.
10. Food will not be used as a reward, incentive or comforter. Nor will it be used as a method of behaviour management. Instead children are provided with positive feedback and encouragement.
11. Educators and families recognise they are role models and are encouraged to bring foods and drinks in line with the service's healthy eating policy.
12. Healthy body image and an enjoyment of eating are encouraged by the service.
13. Food practices from diverse cultural backgrounds and traditional beliefs are respected
14. Educators and staff involve children in healthy food experiences through growing, cooking and shopping.

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15. Opportunities to learn about food and healthy eating are embedded in the educational program.
 16. Educators are supported to access a range of resources to increase their capacity to promote healthy eating initiatives for children.
 17. Educators, staff, children and families are seen as key partners in promoting and supporting healthy eating initiatives at TCC.
 18. Information will be provided to parents to improve their knowledge of nutritional issues. Menus will be planned with input from the Director, Healthy Eating program Victoria, TCC Cook, parents and children and educators and displayed in a prominent position visible to parents.
 19. A healthy, nutritious breakfast that provides your children with adequate energy is a great way to start the day. Breakfast can be offered to children who arrive early at the centre, **strictly between 7.30 and 8.00**. Breakfast must be supplied by the families and must meet the Nutrition Australian recommendations of cereals containing ‘museli, bran or wholegrain’ ie: Weetbix, Sultana bran, Cornflakes, Uncle Toby’s oats, Vita brix, Weetbix.
 20. Educators, staff, families and children are active participants in the development and implementation of the whole service healthy eating policy and are provided with information about policy requirements.
 21. The service works with local health professionals, services and other organisations to support educators and staff to deliver and promote healthy eating initiatives
 22. The Nutrition Policy will be reviewed by staff, educators and families, and reviewed as part of the policy schedule- (with a review date of 12 months if not earlier)
 23. Safe drinking water (preferably tap) will be available to children throughout the day. Only plain milk and water are provided. Sweetened drinks such as fruit juices, cordial, and soft drinks are not permitted and are discouraged from being sent home.
 24. The Services’ Menu is assessed by the Healthy Eating Advisory Service and meets the criteria determined.
 25. Families and children from culturally and religiously diverse backgrounds are consulted with to ensure beliefs around food and eating are respected.
 26. Educators are supported to access a range of resources to increase their capacity to promote healthy eating and oral health initiatives to children.
 27. TCC works with local health professionals and staff to deliver and promote healthy eating initiatives.

Source:

www.nutritionaustralia.org (Healthy Eating Advisory Service) 1/2/18
Education Care & Services Regulations, “Children’s Health & Safety” 1/2/18
Australian Dietary Guidelines 1/2/18
www.achievementprogram.healthytogether.vic.gov.au/early-childhood- 1/2/18
www.heas.healthytogether.vic.gov.au/early-childhood-services/early-childhood-services
Related TCC Policies- Oral health, Breast feeding, Healthy Achievement program 1/2/18
Legislation- Education and Care Services National Regulations (2011) Children’s health and Safety. Pages 93-105
1/2/18
GV Health\Community Health Officer 25/2/20

FOOD SAFETY INFORMATION (storage and heating food\drink)

POLICY:

To ensure TCC has appropriate procedures in place to secure safe food handling and hygiene practices that meet *The Victorian Food Safety Act 1984, Educational and Carer Services Regulations 2011, National Quality Standards Area 2. Achievement Program (Nutrition Australia)* and *The Healthy Eating and Physical Activity Guidelines for Early Childhood settings*.

Kitchen environment

1. Food will be prepared and stored hygienically. All educators involved in food handling and preparation will be food safe accredited (refer Food Handling and Safety Policy).
2. Cold food will be kept cold (below 5 degrees C) and hot food will be kept hot (above 60 degrees C).
3. Food will be cooked thoroughly to a temperature of 75 degrees C or above.
4. Raw food will be kept separate from cooked and ready to eat food to prevent any possible cross contamination.
5. Different knives, chopping boards or other equipment will be used for raw and cooked or ready to eat food. If this is not possible, the equipment will be thoroughly washed in hot soapy water between uses.
6. Fruit and vegetables will be thoroughly rinsed in clean water.
7. Clean sanitised utensils will be used to serve cooked or ready to eat food.
8. If food needs to be stored, it will be stored in a container that is clean, non toxic and strong enough to hold the contents.
9. Food and beverages will be served with tableware that is in good condition and not chipped, broken or cracked.
10. Guidance on safe food handling will be provided to families that provide food from home. If food is provided from home, once it arrives at TCC, it is the responsibility of the educators to handle and store it hygienically and safely.
11. Educators will comply with policies on handwashing, cleaning and sanitising.
12. High risk products, i.e. meat, poultry, eggs and dairy products will not be left out in the “temperature danger zone” (between 5 degrees C and 60 degrees C) to ensure there is no risk of bacterial growth occurring.

Food Preparation and Serving

1. Adequate facilities and equipment will be provided including hot and cold running water, waste disposal, light ventilation, refrigeration, storage space and personal hygiene facilities.
2. No live animals will be allowed in food preparation, serving or eating areas.

Children Involvement

Educators will encourage children to adopt hygienic and safe food practices by discussing:

1. Not sharing utensils or food handled by another child,
2. Washing hands before preparing or eating food
3. Handling kitchen utensils with care
4. Sitting down when eating to prevent choking.

Safe Food Practices (Heating of food and drink)

1. Cooked foods that are potentially hazardous, such as meat, poultry, eggs and dairy products, should not be left out for longer than one hour. Once cooled, the food should be immediately placed in the refrigerator and cooled to below 5 degrees C.
2. When reheating these foods, a heat process should be used that rapidly heats the food to a temperature of 75 degrees C.
3. Food will never be stored with chemicals and cleaning equipment, clothing or the personal belongings of educators.
4. Canned food will be stored in a sealed container once it has been opened.
5. Children are allowed to take food items off premises as long as they are a dried item it: biscuit. It is then the parents responsibility to supervise consumption once they have been signed out and have left tcc premises.

Cleaning and Sanitising (storage area)

1. Food preparation areas will be cleaned daily as well as before and after food preparation.
2. Drinking and eating utensils will be cleaned and sanitized between uses.

TCC's "Nude Food" program

In 2013 TCC adapted a "Nude Food" initiative. This means we are encouraging all food products brought into TCC to be in a plastic container. By reducing the amount of foil and plastic wrapping we are aiming to further educate children about looking after the world in which we live and on sustainability practices. Refer to our sustainability policy for more information on TCC sustainability initiatives.

General

1. No hot drinks will be taken into the rooms by educators. Educators will only have cold water whilst in the children's rooms.
2. Educators will maintain a professional and respectful approach to consuming and serving food while on the centre's premises.
3. The Director will be responsible for the implementation and review of all policies, and their modification where necessary, to comply with statutory requirements and the Food Safety Standards.
4. The Director will ensure that regular monitoring of the food safety curriculum takes place so as to maintain food safety.
5. It is TCC's responsibility to ensure all employees who enter the kitchen maintain a relevant current Food Safety Handlers' Certificate.

TCC is committed to ensuring each educator has adequate training and knowledge of allergies, anaphylaxis and emergency procedures (refer to Anaphylaxis\Asthma Policies).

Source: www.nutritionaustralia.org (Healthy Eating Advisory Service) 1/2/18
Education Care & Services Regulations 2011, "Children's Health & Safety" 1/2/18
Australian Dietary Guidelines 1/2/18
<https://www.achievementprogram.health.vic.gov.au/> - 11/02/20
GV Health\Community Health Officer 25/2/20

Allergies, Intolerances and Special Diets

1. Children with food allergies, cultural, religious and personal food differences are respected and are offered appropriate food to consume whilst at TCC.
2. Educators at the centre will cater for children with specific dietary needs.
3. A list of children with special dietary requirements will be displayed in the kitchen and in the rooms. This list will specify all foods to which a child is known to be allergic and must be made known to everyone responsible for preparing and/or serving foods.
4. In the case of severe allergies, educators may request that all parents refrain from sending specific foods to the centre.
5. Nuts, peanut butter, Nutella and other nut products (spreads, bars, dips etc) are *not* permitted at the Tatura Children's Centre Inc. If a child brings these products into the centre, they will be removed and appropriate food will be supplied by the centre at breaks and lunch time. Parents will be notified by the Director when this occurs.

NOTE: Educators cannot check all food items brought into the centre by children and will not remove items labelled as "may contain traces of nuts" or "made on equipment where traces of nuts may be" etc.

Special Occasions and Birthday Treats

1. Food may be provided by parents/guardians for celebrations such as birthdays in line with this section of the nutrition policy and our Food Safety program.
2. Healthy everyday options are promoted to families as options for celebrations. This may include but not limited to fruit, vegetable sticks or small portioned items.
3. Should parents wish to supply birthday cakes, slices or biscuits:
 - a. They must not contain cream and must **not contain nuts**
4. All food products must be purchased from a registered business in the original container and include the list of ingredients and use by date.
5. The products should be delivered to an educator who shall ensure that they are covered and stored in the refrigerator. Upon being received, the product is labelled and stored according to Section 4.2 Food Safety Act
6. Cakes, slices and biscuits made at home are not permitted.
7. The product must be approved by the Food Safety Supervisor/Cook before being given to the children. Products involving meat, poultry or seafood are not permitted.
8. Educators are to remind the children that these are '*sometimes*' foods. Children will be encouraged to drink water after eating sweets (swishing the water around their teeth).

Source: Food Safety Program Accredited by Ben Carroll, Shire of Campaspe July 2011
www.nutritionaustralia.org (Healthy Eating Advisory Service) 1/2/18
Education Care & Services Regulations, "Children's Health & Safety" 1/2/18
Australian Dietary Guidelines 1/2/18
www.achievementprogram.healthytogether.vic.gov.au/early-childhood- 1/2/18
GV Health\Community Health Officer 25/2/20

THE ACHIEVEMENT PROGRAM

POLICY:

The Tatura Children's Centre ensures it provides children with the essential foods they need to function at their best and grow and develop to their full potential.

The Achievement Program aims to improve people's health in early childhood services, schools and workplaces and focuses on creating health promoting settings.

The Achievement Program supports TCC to create healthy environments for learning, working and living. The initiative recognises the achievements of members who are leading the way in improving health and wellbeing in their community. TCC's receives guidelines, resources and support to help meet statewide benchmarks for health promotion.

TCC actively works with the program to ensure our menus are nutritionally sound and that we are always actively working towards achieving Industry benchmarks to ensure TCC operates at a high standard. TCC's menu will be reviewed by the Healthy Eating Advisory Service to ensure it meets the recommendations under the Achievement Program. The bench marks for the program are displayed below.



There are six Healthy priority areas in the Achievement program, which are:

1. Safe environments
2. Sun protection
3. Tobacco control
4. Mental health and wellbeing
5. Physical Activity
6. Healthy eating and oral health

TCC actively works towards meeting the benchmarks for each health priority area which based around upon:

1. Healthy policies
2. Healthy physical environments
3. Healthy social environments
4. Learning and skills
5. Engaging children, young people and families, Community partnership

Source: <https://www.achievementprogram.health.vic.gov.au/>- 1/2/18
GV Health\Community Health Officer 25/2/20

BOTTLE FEEDING

POLICY:

To meet a child's emotional needs, wherever possible a child is to be held when given/having a bottle.

Educators are to respect and attempt to accommodate parent's specific wishes to the child's normal routine when having their bottle – subject to safety procedures, age and developmental abilities of a child.

PROCEDURE:

1. There are times when educators have numerous bottles to give. Again where a decision is being made to allow a child to hold their own bottle safety, age and developmental abilities of that child must be taken into account.
2. Where a child is having a bottle itself steps are to be taken to ensure adequate supervision of the child during this time:
3. An educator may need to sit beside the child.
4. Educators are to be within safe hearing and visual distance of the child.
5. Due to the inability to maintain safe supervision of a child holding a bottle in the busy and/or noisy periods of the room e.g. while children are moving from lunch to bed, nappies are being done etc. children are not to be given bottles to hold at this time. In these circumstances the baby/child is to be held, at the educators side or wait until the room settles down and the noise level subsides where the child is within a safe hearing and visual distance to educator.

Formula

1. **Bottles of formula milk** must be clearly labeled with the infants name, today's date and a lid and stored in the Nursery refrigerator.
1. When heating **bottles**, warm only the amount needed.
2. When heating bottles of milk (formula) in microwave it will be shaken and temperature will be checked by the educator on the inside of hand (wrist).
3. Discard bottle content that has been of room temperature for longer than one hour.
4. Educators will discard unused formula after feed. **(Do not reheat any bottles).**

Breast Milk

1. **Bottles of breast milk** must be clearly labeled with the infants name and the date of which the breast milk was expressed and stored in the Nursery refrigerator.
5. When heating **bottles**, warm only the amount needed.
6. Breast milk given via bottle will be heated by placing the bottle in the TCC bottle warmer **(Breast milk not to be heated in microwave)**
7. Educators will discard unused formula after feed. **(Do not reheat any bottles).**
8. Parents should provide adequate milk for the child's attendance.

Please note: Educators will offer infants cooled boiled water throughout the day if still breast milk fed and cold filtered water from the Kitchen for all other children

Source: Nutrition Australia (www.nutritionaustralia.org) 1/2/18, Go For Your Life (www.goforyourlife.vic.gov.au/hav/articles.nsf/web1/families?open1/2/18)
Australian Breastfeeding Association (www.breastfeeding.asn.au/bfinfo/index.html), 1/2/18
Food Standard Australia ([https://www.achievementprogram.health.vic.gov.au/-GV Health\Community Health Officer 25/2/20](https://www.achievementprogram.health.vic.gov.au/-GV%20Health%20Community%20Health%20Officer%2025/2/20))

BREASTFEEDING AND BREAST MILK

POLICY:

The Tatura Children's Centre Inc recognises the importance of breast feeding and encourages mothers to breast feed. Breast feeding mothers will be supported and a comfortable area for this will be available. Parents are welcome to come to the centre to breast feed their child/ren.

PROCEDURE:

1. Mothers need to inform staff of their breast feeding requirements.
2. Educators will contact the parent if the child/ren requires feeding at an earlier than expected time.
3. Bottles of expressed breast milk must be clearly labeled with:
 - a. The infant's name
 - b. The date expressed (this can be stored in the refrigerator for 5 days from the date expressed)
 - c. and must be stored in the Nursery refrigerator.
4. Expressed milk needs to be heated only to room temperature and heated in a bowl of warm water **NOT** heated in microwave. Test how warm the milk is by dropping a little on your wrist. It is right when it feels warm. Be careful not to overheat the milk as it will evaporate all of the good nutrients from the milk.
5. Discard any unused breast milk after feed.
6. Educators will offer cooled boiled water to infants as an alternative fluid. If a child's breast milk has ran out, please ask the child's parents if water is ok to be given. Although this is a recommend alternative, the parent may choose to come to TCC and give us some more.
7. Proper sterilization procedures are followed for bottles, teats and other utensils.

TCC acknowledges that the following needs to be managed when feeding babies:

- Bottles must be properly sterilised and prepared
- Correct formula, as per instructions must be used
- Formula or breast milk must be refrigerated at the correct temperature
- The temperature of the milk and ways of warming the bottle must be safe
- Not putting babies to sleep while drinking from a bottle

Source: www.betterhealth.vic.gov.au
https://raisingchildren.net.au/articles/how_to_bottle-feed.html
www.sidsandkids.org
www.kidsafe.com.au. 24/2/20
GV Health\Community Health Officer 25/2/20

DENTAL AND ORAL HEALTH CARE

POLICY:

This Policy promotes healthy\‘everyday’ food options and discourages ‘sometimes Food’ (food high in fat, salt, sugar). Also, TCC will promote the importance of oral health to staff, educators, family and children through creating healthy physical and social environments, learning and skills, and developing Community links and partnerships. All members of TCC, including educators, staff, families and children will be supported in implementing this policy.

Background:

Oral health behaviours have a major influence on children’s health and wellbeing and a direct impact on their growth and development. Early childhood education and care services play an important role in promoting young children’s oral health. This is a time when lifelong oral health behaviours are being formed.

Oral health is essential for children’s overall health and wellbeing. Oral diseases can negatively affect individuals through pain, discomfort, general health and quality of life. The main oral health condition experienced by children is tooth decay, affecting over half of all Australian children, making it five times more prevalent than asthma.⁴ Tooth decay is Australia’s most prevalent health problem despite being preventable.⁵

Definitions

Oral health: Eating, speaking and socialising without discomfort or embarrassment.⁶

PROCEDURE:

TCC systematically incorporates information on dental health practices into the children’s curriculum, including talking to the children about tooth brushing and why that is important, ‘tooth friendly’ snacks, and visiting the dentist.

Healthy policies

Educators, staff, families and children are active participants in the development and implementation of the whole service oral health policy.

Educators, staff and families are provided with information about policy requirements

Healthy physical environment

The service menu promotes the consumption of fruit and vegetables on a daily basis and healthy food options in line with Australian Guidelines.^{7,8}

Sometimes foods and sweetened drinks (juices, cordial and soft drinks) are not provided by the service and are discouraged from being sent from home.

The service seeks to ensure any sponsorship, advertisements or marketing of food and drinks are consistent with the service’s healthy eating and oral health policies.

Fundraising activities

Reflect the oral health policy and promote healthy lifestyle messages, for example, fundraising using toothpaste and toothbrushes, fruit and vegetable boxes direct from growers, etc. Children undertake oral hygiene practices in the service where appropriate.

Healthy social environment

As role models, educators, staff and families are encouraged to bring foods and drinks that are in line with the service's healthy eating and oral health policies.

TCC Educators role model good dental health practices by not having sweets on premises at any times. Oral health practices from diverse cultural practices and traditional beliefs are respected and valued within this service.

Teaching and learning at TCC systemically incorporates information on dental health practices into the children's curriculum, including 'tooth friendly' snacks, visits to local Dentists and participation in the national accredited program Smiles 4 Miles.

Safe drinking water (preferably tap) will be available to children throughout the day. Only plain milk and water are provided. Sweetened drinks such as fruit juices, cordial, and soft drinks are not permitted and are discouraged from being sent home.

Staff talk to children about age appropriate tooth brushing and why this is important. Educators are supported to access a range of resources to increase their capacity to promote oral health initiatives for children.

TCC encourages healthy eating habits and drinking water at all times. This is reflect in our menus. Small amounts of milk are given to the children after their lunch to clean their teeth and water is available all day. Children will be encouraged to rinse their mouths with water to remove food debris after every meal or snack.

Engaging children, educators, staff and families

Educators, staff, children and families are key partners in developing and supporting oral health initiatives.

TCC will provide information to families on dental health principles relating to different age groups of children, as recommended by the Australian Dental Association (ADA). Wherever possible this information will be provided in families' home languages. Families and children from culturally diverse backgrounds are consulted to ensure cultural values and expectations about oral health are respected.

1. Report to the family any sign of tooth caries, any accident, injury or suspected injury to teeth and gums, gum swelling, infection in the mouth, or problems, pain or discomfort the child has with chewing, eating or swallowing.

When feeding young infants Breast Milk or Formula milk, TCC uses the Supporting Nutrition for Australian Childcare (SNAC) recommendations. This information is also provided to families in the foyer area in booklets.

Oral health information is provided as part of orientation of new staff including provision of the oral health policy.

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2. TCC will continue to work in collaboration with families and nationally recognised authorities regarding dental and oral health practices for children between the ages of 0-6 years.

Community and educator partnerships

The service works with local health professionals, services and other organisations to support educators and staff to deliver and promote oral health initiatives.

Families and children from culturally and religiously diverse backgrounds are consulted with to ensure beliefs around oral health are respected. Educators are supported to access a range of resources to increase their capacity to promote healthy eating and oral health initiatives to children.

TCC will provide families with information on how and where to access local dental services, promoting the use of local public dental services. TCC works with local health professionals and staff to deliver and promote oral health initiatives.

Source:

Supporting Nutrition for Australian childcare www.snacwa.com.au, 1/2/18

Australian Dental Association www.ada.org.au, 1/2/18

Smiles for Miles Program www.dhsv.org.au/oral-health-programs/smiles4miles 1/2/18

Healthy Together Achievement Program www.achievementprogram.healthytogether.vic.gov.au/early-childhood 1/2/18

Related TCC Policies- Nutrition, Breast feeding, Healthy Achievement program 1/2/18

Legislation- Education and Care Services National Regulations (2012) Children's health and Safety. Pages 93-105. 1/2/18

Relevant legislation and policy documents:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011:
 - PART 4.2—CHILDREN'S HEALTH AND SAFETY 97 Division 1—Health, safety and wellbeing of children — Regulations 77, 78, 79, 80
 - PART 4.7—LEADERSHIP AND SERVICE MANAGEMENT Division 2—Policies and procedures — Regulation 168 (2) (a) (i)
- ACECQA National Quality Standard 2018 – Quality Area 2
- Quality Area 6- Collaborative Partnerships with families and communities
- Quality Area 7- Governance and Leadership
- Get Up and Grow. Healthy Eating and Physical Activity for Early Childhood. Australian Government, 2009
- Belonging, Being and Becoming. The Early Years Learning Framework for Australia. Commonwealth of Australia, 2009
- Victorian Early Years Learning and Development Framework For all Children from Birth to Eight Years. Department of Education and Training, 2016
- Australian Dietary Guidelines. National Health and Medical Research Council, 2013
- Infant Feeding Guidelines, National Health and Medical Research Council, 2012
 - 8.4.2 Good bottle feeding practice, pg.79
 - 8.4.4 Using a feeding cup, pg.80

Source: All the above Nutrition policies have been reviewed and endorsed by Health promotion officer, GV Health\Lucy Stephens\Feb 18\2020 GV Health\Community Health Officer 25/2/20

Revised March 2021

To be Reviewed March 2022 or as needed

BEHAVIOUR GUIDANCE MANAGEMENT AND BITING

POLICY:

TCC will ensure that a positive approach to guidance and discipline is adopted with children attending the centre, with the aim of children developing self- discipline, or behaviour based on control of self and understanding, and appreciation of other people's needs, rights and feelings.

PROCEDURE:

Adults perform a significant role as a model for the behavioural education of children. Children learn to behave in a socially acceptable way through the role modeling and positive reinforcement of adults. Children learn from observing.

Behaviour Guidance teaches children to be self- disciplined and to have an understanding of how their actions affect themselves and more importantly, others around them. When expectations are clear and understood, self-esteem is improved resulting in happy, confident children.

1. Educators will recognise that for discipline to be effective, children need:
 - A genuine sense of loving care
 - A non-judgmental and secure atmosphere
 - A positive sense of self
 - A sense of trust in educators
 - Empathic understanding
2. Educators will consult with parents regularly on disciplinary matters and will seek constructive solutions to any difference in values.
3. External professional help may be sought with parental permission and the parent/child referred as appropriate.
4. Educators expectations of children's behaviour will be developmentally appropriate and realistic for the situation.
5. Discipline will be seen as helping a child to know what to do in a positive way (e.g. "the blocks are for building, balls are for throwing"). Adults will only say NO when prohibition is required quickly e.g. to prevent hurt, danger or damage.
6. No child will be subjected to any form of physical punishment, immobilization or any other humiliating or frightening techniques. Educators will not use competition, comparison, blackmail or criticism.
7. If physical restraint is necessary, educators should be as gentle as possible but firm enough that the child cannot slip away. Parents will be notified if physical restraint is/has been required. DEECD are to be informed of the situation.
8. Educators will acknowledge and accept a child's feeling of anger, frustration or jealousy. Educators shall distinguish the feeling from the behaviour so that it is the behaviour that is unacceptable rather than the feeling e.g. "I can see you are angry, but people are gentle here, as I am gentle with you".

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9. Educators will work with children in a helpful and supportive way rather than seeing non-conforming behaviour as an attack upon the educator's authority (i.e. avoid power struggles).
 10. While older children may be moved across to the younger room as a form of distraction/or diversion, it shall not be used as a form of punishment.
 11. Educators will help children develop empathy for others rather than forcing them to apologise (a fairly meaningless thing for younger children).
 12. Educators will use differential attention:
 - a) To reinforce acceptable behavior
 - Educators will acknowledge children behaving in a desirable way and give attention that is rewarding for that child (e.g: cuddle, encouragement, special job, sticker, attention)
 - The attention given should be immediate, obvious, consistent and frequent (especially in the early stages).
 - b) To deal with unacceptable behaviour:
 - Educators will, whenever possible, ignore undesirable behaviour as attention given may reinforce the poor behaviour.
 - Ignoring is not appropriate if any person's welfare is threatened or if there is the likelihood of damage to property.
 - Ignoring will be a total withholding of attention (educators will be aware of body language) and should be immediate, obvious and consistent.
 - Educators must not allow undesirable behaviour to be the best way to gain attention.
 13. Educators will recognise that testing limits and expressing opposition to adults is part of developing a healthy sense of self.
 14. Other methods of guidance will include:
 - Redirection to keep a disruptive child occupied,
 - Anticipating and eliminating potential problems,
 - Encouragement using actions and words to guide a child,
 - Adapting the environment to eliminate the misbehaviour,
 - Giving choices, but only when it is appropriate and when the child truly has a choice,
 - Using natural/logical consequences (e.g. if a child doesn't come for story, the child misses out).

Redirection (cool down period)

Where educators find a child is displaying continual inappropriate behaviours (i.e. a pattern is emerging in relation to bullying, harassment, hitting, smacking, kicking or swearing):

- A meeting shall be arranged between the educator and the parent(s) where behaviour management strategies shall be discussed with the parent.

If after a reasonable period the behaviour still has not changed (i.e. the emerging pattern has continued):

- Then another meeting shall be arranged with the parent, Director (and educators – if appropriate).
- Further behaviour management strategies will be discussed.

A follow up meeting:

- Shall take place in 2-4 weeks time involving the parent, Director (and educators – if appropriate) to assess how the behaviour management strategies are going and what further action is needed.

Redirection Guidelines

Where 'redirection' is being implemented:

- The child is to be separated from other activities, in a 'solitary activity' with an educator sitting with the child or very nearby.
- The child is not to be isolated with nothing to do i.e. in a corner, on a mat etc.
- There is not to be a designated redirection location, either inside or outside.

Biting

1. Where a child has been bitten, the circumstances are to be written up in the accident/illness book (as per regulation requirements) and the parent of the child bitten will then be notified.
2. Where the skin is broken and/or blood is drawn the parents of both the bitten and biting child shall be notified.
3. The names of children and parents of either party will remain confidential.

If the above measures are unsuccessful in limiting behaviour which is inappropriate, or endangers the safety of other children and/or educator, a meeting will be held between educators and parents. As a final option, Tatura Children's Centre Inc reserves the right to withdraw service for a set period of time.

Behaviour problems, consultations and referrals will be treated within guidelines of the "Privacy" policy.

Source:

- http://www.earlychildhoodaustralia.org.au/code_of_ethics/early_childhood_australias_code_of_et_hics.html 5/3/20

NAPPY CHANGING/TOILET TRAINING

TOILET TRAINING

PROCEDURE:

1. Parents are to inform the Room educators if they are commencing toilet training in the home so that TCC educators can support the process. Parents will develop a plan with TCC educators that we can support the process.

NAPPY CHANGING

PROCEDURE:

All educators are to talk respectfully towards each child before each nappy change and toileting procedure. We respect each child as individuals and will always make these processes enjoyable, calming and respectful.

1. No comforters or toys are to be taken into the bathroom.
2. Any child requiring nappies need to bring their own to the centre. At the beginning of each day educators write the name of the child on the front of each nappy and these are placed on the shelf or in a sealed box to be used throughout the day. The remaining nappies are kept at the centre on the child's shelf or in their tub.
3. Educators are to assist each child on to the change area using stairs
4. Educator puts on a pair of disposable gloves.
5. Educator removes the nappy and uses baby wipes to clean the child.
6. Wipes are to be used once only and in a front to back motion.
7. Gloves are then disposed of with the nappy and used wipes.
8. Place soiled nappies into a nappy bag before disposing in bin in locked cupboard.
9. If child requires nappy rash cream apply using clean gloves.
10. A new nappy is put on.
11. Educators then assist the child down from the nappy change area and encourage the child to wash their hands with soap.
12. Educators must then spray the nappy change mat with approved sanitizer and wipe the area down with disposable towels.
13. Towels are discarded and educator washes their hands following each nappy change.
14. All nappy changing\Toilet routines are to be recorded on the Room's Clipboard chart located in the bathroom
15. All individual children's creams and the TCC approved creams, are to be placed in the basket between the change mats.
16. Educators will use this chart as a way of conveying information to families about their child's daily nappies and toileting routines.
17. All nappy charts are to be kept for a 2 week before disposing of

For any further information, educators are to refer to TCC's Policy manual located in the foyer area.

Source:

<http://files.acecqa.gov.au/files/QualityInformationSheets/QualityArea2/EffectiveToiletingandNappyChangingProcedure.pdf> 19/2/20. Updated 25/2/20

SAFE COMFORTABLE SLEEP/REST/RELAXATION/SIDS

POLICY:

TCC will ensure that all children have a period of rest as we believe sleep and rest time are important components in a child's growth and development. We also believe SIDS is a serious condition and we will continue to practice the preventative guidelines which are in line with Red Nose recommendations.

PROCEDURE:

1. Educators endeavor to ensure **sleep** and **rest** routines are positive experiences. This is achieved by soft music. Educator interactions also facilitate a positive atmosphere.
2. No child will be made to sleep during organised sleep times.
3. Children that are not sleeping will be given activities to complete in quiet time allowing the sleeping children to rest without interruption.
4. Parents are to be asked if they have any requests for sleep times (e.g. child not to have a sleep time or child to stay in a cot where possible).
5. Wherever possible educators are to accommodate parent requests in regard to comfort toys, use of bottles or particular routines at sleep time.
6. TCC follows 'SIDS and KIDS' recommendations to reduce the risk of SIDS at all times. The following procedures are in place at TCC according to SIDS and KIDS recommendations. These are the following and are adhered to at all times:
 - Baby will be placed on their back, feet to the bottom of cot with blankets tucked in firmly
 - Babies head will be kept uncovered
 - Babies will always be cared for in a smoke free environment
 - Babies dummies will not be attached to a child's clothing with a cord device
 - Dummies will be checked regularly for wear and tear and discarded if considered unsafe
 - Dummies are regularly sterilised and/or washed in soapy water, rinsed and air dried
 - Children under 7 months will not be permitted to have soft teddies or large teddy blankets in their cots (comfort items) while sleeping.
7. Cots must meet the Australian Standard for Cots (AS2172). Cot sides must be secured safely when placing child in cot.
8. Mattresses are firm and flat and meet the new Voluntary Australian Standard (AS/NZS 8811.1)
9. Cots/beds must be away from any cords hanging from blinds, curtains or electrical appliances. Mobiles must be out of reach.
10. Heaters or any electrical appliances must be well away from cots and/or children's beds to avoid the risk of overheating, burns and electrocution.
11. Educators will ensure they check on children, young babies under 3, regularly to ensure children are safely sleeping and record their check on the room Daily Sleep Register (NQS 21.1.)

Source: <https://www.acecqa.gov.au/resources/information-sheets/safe-sleep-and-rest-practices> 19/2/20
SIDS and Kids, (www.sidsandkids.org/safe_sleeping.html). SIDS Safe sleeping Child Care Kit 22/7/20
Royal Children's Hospital www.rch.org.au
Kidsafe Victoria www.kidsafevic.com.au
www.achievementprogram.healthytogether.vic.gov.au/early-childhood- 19/2/20

ASTHMA

POLICY:

TCC is committed to providing a safe and healthy environment for all children enrolled at TCC, in which children with asthma can participate, in order to realise their full potential.

The aim of this policy is to ensure that all children at TCC who have asthma receive appropriate attention as required, and that educators are able to respond to the needs of children who have not been diagnosed with asthma and who may have an initial attack at the service.

PROCEDURE:

1. TCC will, where appropriate, organise Emergency Asthma Management training for educators every 3 years. At least one educator who has accredited training will be immediately available at all times when the children attend TCC.
2. All parents/guardians, as part of the enrolment procedure prior to their child's attendance at TCC, will be asked whether the child has diagnosed asthma and to document this information on the child's enrolment record. Parents/guardians are responsible for ensuring that TCC has current written information regarding their child's asthma. Open communication will be encouraged between parents/guardians and educators regarding the status and impact of a child's asthma, including consultation in relation to health and safety of their child and the supervised management of the child's asthma.
3. Families whose child has asthma will be provided with an 'Asthma Action Plan' Form to complete. This form will include an Action Plan developed through consultation between parents/guardians and educators and signed by the child's doctor. This plan will include action to be taken where the parent/guardian has provided asthma medication, and in situations where this may not be available. This record will be attached to the child's enrolment record and stored in the child's room behind their medication pocket.
4. A list of children with Asthma will be compiled and placed in an appropriate and readily accessible location that is known to all educators, together with the location of reliever medication. A child's Asthma medication must be taken on all excursions with a copy of their Asthma Plan.
5. An Asthma Foundation of Victoria poster "4 Step Asthma First Aid Plan" will be displayed in key locations, for example, the kitchen, children's bathroom, and playroom.
6. Asthma triggers will be identified and where possible minimised through the use of an 'Asthma risk assessment minimisation form'.
7. Educators will promptly communicate any concerns to parents if it is considered that a child's asthma is limiting his/her ability to participate fully in all activities.
8. Where necessary any possible activities will be modified for the child with asthma in accordance with their current needs.
9. All regularly prescribed asthma medication will be administered in accordance with the child's written Asthma Action Plan. If this is not available, educators will use the nationally recognised "4 step Asthma First Aid Plan".

10. Parents/guardians will communicate all relevant information and concerns to educators as the need arises (e.g. if asthma symptoms were present the previous night).
11. Provide parents/carers with a copy of TCCs asthma policy upon enrolment
12. Ensure educators are aware of TCCs asthma policy upon employment and what their responsibilities are in regards to managing a child in their care with asthma.
13. Ensure staff can identify children in their care with asthma and know the location of their medication/spacer and asthma action plan.
14. Risk minimisation plans must be completed for every child with asthma in consultation with the parent/carer. These must be updated every year.
15. Ensure parents and carers of all children with asthma provide reliever medication and a spacer (including a child's face mask if required) at all times their child is attending the service.
16. Ensure adequate provision and maintenance of asthma first aid kits.
17. Ensure that each asthma first aid kit contains reliever medication (a blue/grey metered dose inhaler containing salbutamol), two small volume spacer devices, two children's face masks, instructions for the first aid procedure, and a record form
18. Ensure that reliever medications within the asthma first aid kits are regularly replaced and have not expired, and that spacers and face masks are replaced after each use

Asthma plans: The educators must have a recent copy of the child's Asthma Plan signed by the child's doctor. Asthma plans are advised to be reviewed every 12 months or upon notification of a change in the child's condition by the parent/doctor.

Action to be taken if a child suddenly collapses or has difficulty breathing with a possible asthma attack

Asthma First Aid

Follow the written first aid instructions on the child's Asthma Action/Care Plan.

If no specific and signed instructions are available, the instructions are unclear, or the child does not have an Asthma Action/Care Plan, begin the first aid procedure immediately (as authorised by the Education and Care Services National Regulations 2011).

Call emergency assistance to attend (000) if:

- the child's asthma symptoms are severe or life threatening
- the child suddenly stops breathing
- the child's asthma symptoms continue to worsen
- there is no Asthma Action/Care Plan for the child
- blue/grey reliever medication is not available
- you are unsure what is causing the breathing difficulty

Children with known asthma condition:

- An ambulance will be called for a severe or life threatening attack. For a mild to moderate attack, the child's Asthma action plan will be followed.
- Educators will follow the agreed plan of action for the child for the emergency treatment of an asthma attack
- The parent/guardian will be contacted.

When educators are not aware of a child's pre-existing asthma:

Educators will sit child down and remain calm to reassure them.

- Educators will call an ambulance immediately by calling 000 (state clearly that the child is "having difficulty breathing")
- Educators with Emergency Asthma Management Accreditation will administer medication and follow the steps set out below
 1. Without delay shake a blue reliever puffer and give 4 separate puffs through spacer. Use one puff at a time and ask the child to take 4 breaths from the spacer after each puff. Shake the puffer before each puff.
 2. Wait 4 minutes. If there is no improvement repeat step 1
 3. If still no improvement after a further 4 minutes repeat steps 1 and 2 until ambulance arrives.
 4. This treatment could be lifesaving for a child whose asthma has not been previously recognised and it will not be harmful if the collapse was not due to asthma. Reliever puffers are extremely safe, even if the child does not have asthma.
 5. The parent/guardian will be contacted.

Cleaning of spacers

Spacers from the first aid kit are single person use and should not be washed and re-used. The spacer should be disposed of or given to the child it was used on.

Source: <https://www.asthmaaustralia.org.au/> 3/3/20

ANAPHYLAXIS AND ALLERGY MANAGEMENT

POLICY:

TCC believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility. TCC is committed to:

- providing, as far as practicable, a safe and healthy environment in which children at risk of anaphylaxis can participate equally in all aspects of the children's program and experiences
- raising awareness about allergies and anaphylaxis amongst the service community and children in attendance
- actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for their child
- ensuring each educator and other relevant adults have adequate knowledge of allergies, anaphylaxis and emergency procedures
- facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis

Purpose

The aim of this policy is to:

- minimise the risk of an anaphylactic reaction occurring while the child is in the care of the children's service
- ensure that educators respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenaline auto-injection device
- raise the service community's awareness of anaphylaxis and its management through education and policy implementation

1. Scope

The *Education and Care Services Regulation 2012* requires proprietors of licensed children's services to have an anaphylaxis management policy in place. This policy will be required whether or not there is a child diagnosed at risk of anaphylaxis enrolled at the service. It will apply to children enrolled at the service, their parents/guardians, educators and licensee as well as to other relevant members of the service community, such as volunteers and visiting specialists. The Children's Services Regulations 2012 include the matters to be included in the policy, practices and procedures related to anaphylaxis management and educator training.

2. Background and legislation

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

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

A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline auto-injection device.

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

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

Legislation

Education and Care services Regulations 2011

Health Act 1958

Health Records Act 2001

Occupational Health and Safety Act 2004

3. Definitions

Allergen: A substance that can cause an allergic reaction.

Allergy: An immune system response to something that the body has identified as an allergen. People genetically programmed to make an allergic response will make antibodies to particular allergens.

Allergic reaction: A reaction to an allergen. Common signs and symptoms include one or more of the following: hives, tingling feeling around the mouth, abdominal pain, vomiting and/or diarrhoea, facial swelling, cough or wheeze, difficulty swallowing or breathing, loss of consciousness or collapse (child pale or floppy), or cessation of breathing.

Ambulance contact card: A card that the service has completed, which contains all the information that the Ambulance Service will request when phoned on 000. An example of this is the card that can be obtained from the Metropolitan Ambulance Service and once completed by the service it should be kept by the telephone from which the 000 phone call will be made.

Anaphylaxis: A severe, rapid and potentially fatal allergic reaction that involves the major body systems, particularly breathing or circulation systems.

Anaphylaxis medical management action plan: a medical management plan prepared and signed by a Registered Medical Practitioner providing the child's name and allergies, a photograph of the child and clear instructions on treating an anaphylactic episode. An example of this is the Australian Society of Clinical Immunology and Allergy (ASCIA) Action Plan.

Anaphylaxis management training: Anaphylaxis management training that has been recognised by ACECQA and includes strategies for anaphylaxis management, recognition of allergic reactions, risk minimisation strategies, emergency treatment and practice using a trainer adrenaline auto-injection device. Current courses that are accredited and recognised by the Secretary are:

- 10313NAT Course in Anaphylaxis Awareness
- 22099VIC Course in First Aid Management of Anaphylaxis

There are a number of qualifications which meet the requirements. They are published on www.acecqa.gov.au/qualifications

Adrenaline auto-injection device: A device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered.

EpiPen®: This is one form of an auto-injection device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered. Two strengths are available, an EpiPen® and an EpiPen Jr®, and are prescribed according to the child's weight. The EpiPen Jr® is recommended for a child weighing 10-20kg. An EpiPen® is recommended for use when a child is in excess of 20kg.

Anapen®. Is another adrenaline auto injection device containing a single dose of adrenaline, recently introduced to the Australian market.

NB: The mechanism for delivery of the adrenaline in Anapen® is different to EpiPen®.

Adrenaline auto-injection device training: training in the administration of adrenaline via an auto-injection device provided by allergy nurse educators or other qualified professionals such as doctors, first aid trainers, through accredited training or through the use of the self- paced trainer CD ROM and trainer auto-injection device.

Children at risk of anaphylaxis: those children whose allergies have been medically diagnosed and who are at risk of anaphylaxis.

Auto-injection device kit: An insulated container, for example an insulated lunch pack containing a current adrenaline auto-injection device, a copy of the child's anaphylaxis medical management action plan, and telephone contact details for the child's parents/guardians, the doctor/medical service and the person to be notified in the event of a reaction if the parent/guardian cannot be contacted. If prescribed an antihistamine may be included in the kit. Auto-injection devices are stored away from direct heat.

Intolerance: Often confused with allergy, intolerance is a reproducible reaction to a substance that is not due to the immune system.

No food sharing: The practice where the child at risk of anaphylaxis eats only that food that is supplied or permitted by the parent/guardian, and does not share food with, or accept other food from any other person.

Nominated staff member: A staff member nominated to be the liaison between parents/guardians of a child at risk of anaphylaxis and the licensee. This person also checks the adrenaline auto-injection device is current, the auto-injection device kit is complete and leads staff practice sessions after all staff have undertaken anaphylaxis management training.

Communication plan: A plan that forms part of the policy outlining how the service will communicate with parents and staff in relation to the policy and how parents and staff

will be informed about risk minimisation plans and emergency procedures when a child diagnosed at risk of anaphylaxis is enrolled in the service.

Risk minimisation: The implementation of a range of strategies to reduce the risk of an allergic reaction including removing, as far as is practicable, the major sources of the allergen from the service, educating parents and children about food allergies and washing hands after meals.

Risk minimisation plan: A plan specific to the service that specifies each child's allergies, the ways that each child at risk of anaphylaxis could be accidentally exposed to the allergen while in the care of the service, practical strategies to minimise those risks, and who is responsible for implementing the strategies. The risk minimisation plan should be developed by families of children at risk of anaphylaxis and staff at the service and should be reviewed at least annually, but always upon the enrolment or diagnosis of each child who is at risk of anaphylaxis. A sample risk minimisation plan is outlined in Schedule 3 of this document.

Service community: all adults who are connected to the children's service.

Treat box: A container provided by the parent/guardian that contains treats, for example, foods which are safe for the child at risk of anaphylaxis and used at parties when other children are having their treats. Non-food rewards, for example stickers, stamps and so on are to be encouraged for all children as one strategy to help reduce the risk of an allergic reaction.

4. Procedures

TCC shall:

- ensure that all educators have completed accredited and nationally recognised first aid\asthma and anaphylaxis management training.
 - ensure there is an anaphylaxis management policy in place containing the matters prescribed in the Education and Care Services Regulations 2012.
 - ensure that the policy is provided to a parent or guardian of each child diagnosed at risk of anaphylaxis at the service
 - ensure that all educators in all services whether or not they have a child diagnosed at risk of anaphylaxis undertakes training in the administration of the adrenaline auto-injection device and cardio- pulmonary resuscitation every 12 months recording this in the staff records It is recommended by DEECD that is best practice to undertake training regularly, such as quarterly.
1. In services where a child diagnosed at risk of anaphylaxis is enrolled the proprietor shall also:
 - conduct an assessment of the potential for accidental exposure to allergens while child/ren at risk of anaphylaxis are in the care of the service and develop a risk minimisation plan for the service in consultation with educators and the families of the child/ren
 - ensure a trained educator is always on duty whenever a child diagnosed at risk of anaphylaxis is being cared for or educated have completed training approved by the Secretary in the administration of anaphylaxis management and that practice of the adrenaline auto-injection device is undertaken on a regular basis, preferably quarterly, and recorded.

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- ensure that all relief educators in a service have completed training on the administration of anaphylaxis management including the administration of an adrenaline auto-injection device, awareness of the symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, the individual anaphylaxis medical management action plan and the location of the auto-injection device kit
 - ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service, without the device.
 - implement the communication strategy and encourage ongoing communication between parents/guardians and educators regarding the current status of the child's allergies, this policy and its implementation
 - display an Australasian Society of Clinical Immunology and Allergy inc (ASCIA) generic poster called *Action Plan for Anaphylaxis* in a key location at the service, for example, in the children's room, the staff room or near the medication cabinet.
 - ensure that a child's individual anaphylaxis medical management action plan is signed by a Registered Medical Practitioner and attached to the enrolment record for each child. This will outline the allergies and describe the prescribed medication for that child and the circumstances in which the medication should be used.
 - ensure that all educators at TCC know the location of a child's anaphylaxis medical management plan and that it is kept with the auto-injection device Kit
 - ensure that the educator accompanying children outside the service carries the anaphylaxis medication and a copy of the anaphylaxis medical management action plan with the auto-injection device kit

Educators responsible for the child at risk of anaphylaxis shall:

- ensure a copy of the child's anaphylaxis medical management action plan is visible and known to staff in a service
- follow the child's anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to anaphylaxis
- in the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:
 - Call an ambulance immediately by dialing 000 if there is not an auto injector for general use in the first aid kit. Under the new NQF educators can immediately begin treatment if there is one available.
 - Commence first aid measures
 - Contact the parent/guardian
 - Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.
- practice the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and "anaphylaxis scenarios" on a regular basis, preferably quarterly
- ask all parents/guardians as part of the enrolment procedure, prior to their child's attendance at the service, whether the child has allergies and document this information on the child's enrolment record. If the child has severe allergies, ask

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- the parents/guardians to provide a medical management action plan signed by a Registered Medical Practitioner
- ensure that an anaphylaxis medical management action plan signed by the child's Registered Medical Practitioner and a complete auto-injection device kit (which must contain a copy the child's anaphylaxis medical management action plan) is provided by the parent/guardian for the child while at the service
 - ensure that the auto-injection device kit is stored in a location that is known to all educators, including relief educators; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat
 - ensure that the auto-injection device kit containing a copy of the anaphylaxis medical management action plan for each child at risk of anaphylaxis is carried by a staff member or family day carer accompanying the child when the child is removed from the service or the home e.g. on excursions that this child attends
 - regularly check the adrenaline auto-injection device expiry date. (The manufacturer will only guarantee the effectiveness of the adrenaline auto-injection device to the end of the nominated expiry month)
 - provide information to the service community about resources and support for managing allergies and anaphylaxis

Parents/guardians of children shall:

- inform educators at the children's service, either on enrolment or on diagnosis, of their child's allergies
- develop an anaphylaxis risk minimisation plan with service educators
- provide educators with an anaphylaxis medical management action plan signed by the Registered Medical Practitioner giving written consent to use the auto-injection device in line with this action plan
- provide educators with a complete auto-injection device kit
- regularly check the adrenaline auto-injection device expiry date
- assist educators by offering information and answering any questions regarding their child's allergies
- notify the educators 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 educators, for example, any matter relating to the health of the child
- comply with the service's policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service or its programs without that
- comply with the procedures outlined in Schedule 1 of the model policy.

5. Related documents

Related documents at the service:

- Enrolment checklist for children at risk of anaphylaxis
- Sample Risk Minimisation Plan
- Brochure titled “Anaphylaxis – a life threatening reaction”, available through the Royal Children’s Hospital, Department of Allergy
- Relevant service policies such as:
 - Enrolment
 - Illness and Emergency Care
 - Nutrition
 - Hygiene and Food Safety
 - Asthma
 - Inclusion
 - Communication.

Contact details for resources and support

- Australasian Society of Clinical Immunology and Allergy (ASCIA), at www.allergy.org.au, provides information on allergies. Their sample Anaphylaxis Action Plan can be downloaded from this site. Contact details for Allergists may also be provided.
- Anaphylaxis Australia Inc, at www.allergyfacts.org.au, is a non-profit support organisation for families with food anaphylactic children. Items such as storybooks, tapes, auto-injection device trainers and so on are available for sale from the Product Catalogue on this site. Anaphylaxis Australia Inc provides a telephone support line for information and support to help manage anaphylaxis. Telephone 1300 728 000.
- Royal Children’s Hospital, Department of Allergy, at www.rch.org.au, provides information about allergies and the services provided by the hospital. Contact may be made with the Department of Allergy to evaluate a child’s allergies and if necessary, provide an adrenaline auto-injection device prescription, as well as to purchase auto-injection device trainers. Telephone (03) 9345 5701.
- Royal Children’s Hospital Anaphylaxis Advisory Support Line provides information and support about anaphylaxis to school and licensed children’s services staff and parents. Telephone 1300 725 911 or Email: Wilma.Grant@rch.org.au
- Department of Education and Early Childhood Development website at www.education.vic.gov.au/anaphylaxis provides information related to anaphylaxis, including frequently asked questions related to anaphylaxis training.

Training

- Access the Department of Education and Early Childhood Development website for information about training for staff members in services where there is a child diagnosed at risk of anaphylaxis enrolled at: www.education.vic.gov.au/anaphylaxis .

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- There are a range of providers offering anaphylaxis training, including Royal Children's Hospital Department of Allergy, first aid providers and Registered Training Organisations. Ensure that where there is a child diagnosed at risk of anaphylaxis enrolled in the service the anaphylaxis management training undertaken is accredited.

6. Authorisation

This policy was adopted by the Tatura Children's Centre on 27/7/2011

7. Evaluation

The licensee shall:

- discuss with educators their knowledge of issues following educator participation in anaphylaxis management training
- selectively audit enrolment checklists (e.g. annually) to ensure that documentation is current and complete
- discuss this policy and its implementation with parents/guardians of children at risk of anaphylaxis to gauge their satisfaction with both the policy and its implementation in relation to their child
- respond to complaints and notify the Department within 48 hours.
- review the adequacy of the response of the service if a child has an anaphylactic reaction and consider the need for additional training and other corrective action.

The educators shall nominate a tcc educator member to:

- conduct 'anaphylaxis scenarios' and supervise practise sessions in adrenaline auto-injection device administration procedures to determine the levels of educators competence and confidence in locating and using the auto-injection device kit. This shall be done in staff meetings regularly.
- routinely (e.g. monthly) review each child's auto-injection device kit to ensure that it is complete and the auto-injection device is not expired
- liaise with the licensee and parents of children at risk of anaphylaxis.

Parents/guardians shall:

- read and be familiar with the policy
- identify and liaise with the nominated staff member
- bring relevant issues to the attention of both staff and approved provider.

Schedule 1 Risk minimisation plan

The following procedures should be developed in consultation with the parent or guardian and implemented to help protect the child diagnosed at risk of anaphylaxis from accidental exposure to food allergens:

In relation to the child at risk:

- This child should only eat food that has been specifically prepared for him/her

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- Where the service is preparing food for the child, ensure that it has been prepared according to the parent's instructions
 - Some parents will choose to provide all food for their child
 - All food for this child should be checked and approved by the child's parent/guardian and be in accordance with the risk minimisation plan
 - Bottles, other drinks and lunch boxes, including any treats, provided by the parents/guardians for this child should be clearly labeled with the child's name
 - There should be no trading or sharing of food, food utensils and containers with this child
 - In some circumstances it may be appropriate that a highly allergic child does not sit at the same table when others consume food or drink containing or potentially containing the allergen. However, children with allergies should not be separated from all children and should be socially included in all activities
 - Parents/guardians should provide a safe treat box for their child
 - Where this child is very young, provide his/her own high chair to minimise the risk of cross-contamination
 - When the child diagnosed at risk of anaphylaxis is allergic to milk, ensure non-allergic babies are held when they drink formula/milk
 - Increase supervision of this child on special occasions such as excursions, incursions or family days

In relation to other practices at the service:

- Ensure tables, high chairs and bench tops are washed down after eating
- Ensure hand washing for all children before and after eating and, if the requirement is included in a particular child's anaphylaxis medical management action plan, on arrival at the children's service
- Restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies of particular children
- Educators should discuss the use of foods in activities with the parent/guardian of a child at risk of anaphylaxis and these foods should be consistent with the risk minimisation plan
- All children need to be closely supervised at meal and snack times and consume food in specified areas. To minimise risk children should not 'wander around' the centre with food
- Educators should use non-food rewards, for example stickers, for all children
- The risk minimisation plan will inform the children's service's food purchases and menu planning
- Food preparation personnel (educator and volunteers) should be instructed about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food – such as careful cleaning of food preparation areas and utensils

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- Where food is brought from home to the service, all parents/guardians will be asked not to send food containing specified allergens or ingredients as determined in the risk minimisation plan.

Schedule 2 Enrolment Check list for Children at Risk of Anaphylaxis

- A risk minimisation plan is completed in consultation with the parent/guardian, which includes strategies to address the particular needs of each child at risk of anaphylaxis, and this plan is implemented.
- Parents/guardians of a child diagnosed at risk of anaphylaxis have been provided a copy of the service's Anaphylaxis management policy.
- All parents/guardians are made aware of the Anaphylaxis management policy.
- Anaphylaxis medical management action plan for the child is signed by the child's Registered Medical Practitioner and is visible to all educators. A copy of the anaphylaxis medical management action plan is included in the child's auto-injection device kit.
- Adrenaline auto-injection device (within expiry date) is available for use at any time the child is in the care of the service.
- Adrenaline auto-injection device is stored in an insulated container (auto-injection device Kit), in a location easily accessible to adults (not locked away), inaccessible to children and away from direct sources of heat.
- All educators, including relief educators, are aware of each auto-injection device kit location and the location of the anaphylaxis medical management action plan.
- Educators who are responsible for the child/ren diagnosed at risk of anaphylaxis undertake accredited anaphylaxis management training, which includes strategies for anaphylaxis management, risk minimisation, recognition of allergic reactions, emergency treatment and practice with an auto-injection device trainer, and is reinforced at quarterly intervals and recorded annually.
- The service's emergency action plan for the management of anaphylaxis is in place and all educators understand the plan.
- A treat box is available for special occasions (if relevant) and is clearly marked as belonging to the child at risk of anaphylaxis.
- Parent/guardian's current contact details are available.
- Information regarding any other medications or medical conditions (for example asthma) is available to educators.
- If food is prepared at the service, measures are in place to prevent contamination of the food given to the child at risk of anaphylaxis.

Schedule 3 Sample Risk Minimisation Plan for Anaphylaxis

The following suggestions may be considered when developing or reviewing a child's risk minimisation plan in consultation with the parent/guardian.

How well has the children's service planned for meeting the needs of children with allergies who are at risk of anaphylaxis?	
1. Who are the children?	<ul style="list-style-type: none">• List names and room locations of each of the at risk children
2. What are they allergic to?	<ul style="list-style-type: none">• List all of the known allergens for each of the at risk children• List potential sources of exposure to each known allergen and strategies to minimise the risk of exposure. This will include requesting that certain foods/items not be brought to the service
3. Does everyone recognise the at risk children?	<ul style="list-style-type: none">• List the strategies for ensuring that all staff, including relief staff and cooks, recognise each of the at risk children• Confirm where each child's Action Plan (including the child's photograph) will be displayed
Do families and educators know how the service manages the risk of anaphylaxis?	
<ul style="list-style-type: none">• Record when each family of an at risk child is provided a copy of the service's Anaphylaxis management policy.• Record when each family member provides a complete auto-injection device kit.• Test that all staff, including relief educators, know where the auto-injection device kit is kept for each at risk child.• Regular checks of the expiry date of each adrenaline auto-injection device are undertaken by a nominated educator and the families of each at risk child.• Service writes to all families requesting that specific procedures be followed to minimise the risk of exposure to a known allergen. This may include requesting the following are not sent to the service:<ul style="list-style-type: none">○ Food containing the major sources of allergens, or foods where transfer from one child to another is likely, for example peanut, nut products, whole egg, chocolate, sesame.○ Food packaging of risk foods (see known allergens at point 2), for example cereal boxes, egg cartons and so on.• A new written request is sent to families if the food allergens change.• Ensure all families are aware of the policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service without that device.• The service displays the ASCIA generic poster, an action plan for anaphylaxis, in a key location and locates a completed emergency contact card by the telephone/s.• The auto-injection device kit including a copy of the anaphylaxis medical management action plan is carried by an educator when a child is removed from the service eg excursions.	

Do all educators know how the children's service aims to minimise the risk of a child being exposed to an allergen?

- Think about times when the child could potentially be exposed to allergens and develop appropriate strategies, including who is responsible for implementing them (See following section for possible exposure scenarios and strategies).
- Menus are planned in conjunction with parents/guardians of at risk children:
 - Food for the at risk child is prepared according to their parents'/guardians' instructions to avoid the inclusion of food allergens
 - As far as practical the food on the menu for all children should not contain ingredients such as milk, egg and peanut/nut or sesame products to which the child is at risk
 - The at risk child should not be given food if the label for the food states that the food may contain traces of a known allergen.
- Hygiene procedures and practices are used to minimise the risk of contamination of surfaces, food utensils and containers by food allergens.
- Consider the safest place for the at risk child to be served and consume food, while ensuring they are socially included in all activities, and ensure this location is used by the child.
- Service develops procedures for ensuring that each at risk child only consumes food prepared specifically for him/her.
- NO FOOD is introduced to a baby if the parent/guardian has not previously given this food to the baby.
- Ensure each child enrolled at the service washes his/her hands before and after eating and on arrival if required as part of a particular child's medical management plan.
- Teaching strategies are used to raise awareness of all children about anaphylaxis and no food sharing with the at risk child/ren and the reasons for this.
- Bottles, other drinks and lunch boxes provided by the family of the at risk child should be clearly labeled with the child's name.
- A safe 'treat box' is provided by the family of each at risk child and used by the service to provide 'treats' to the at risk child, as appropriate.

Do relevant people know what action to take if a child has an anaphylactic reaction?

- Know what each child's anaphylaxis medical management action plan says and implement it.
- Know who will administer the auto-injection device and stay with the child; who will telephone the ambulance and the parents; who will ensure the supervision of the other children; who will let the ambulance officers into the service and take them to the child.
- All educators with responsibilities for at risk children have undertaken anaphylaxis management training and undertake regular practice sessions for the administration of the auto-injection device.

How effective is the service's risk minimisation plan?

- Review the risk minimisation plan with families of at risk children at least annually, but always upon enrolment of each at risk child and after any incident or accidental exposure.

Possible exposure scenarios and strategies

Scenario	Strategy	Who
Food is provided by the children's service and a food allergen is unable to be removed from the service's menu (for example milk)	Menus are planned in conjunction with parents of at risk child/ren and food is prepared according to parents instructions. Alternatively the parent provides all of the food for the at risk child.	Cook, Primary Nominee, Parent
	Ensure separate storage of foods containing allergen	Proprietor & Cook,
	Cook and staff observe food handling, preparation and serving practices to minimise the risk of cross contamination. This includes hygiene of surfaces in kitchen and children's eating area, food utensils and containers.	Cook & educators
	There is a system in place to ensure the at risk child is served only the food prepared for him/her.	Cook, educators
	An at risk child is served and consumes their food at a place considered to pose a low risk of contamination from allergens from another child's food. This place is not separate from all children and allows social inclusion at mealtimes.	Educators
	Children are regularly reminded of the importance of no food sharing with the at risk child.	Educators
	Children are supervised during eating.	Educators
Party or celebration	Give plenty of notice to families about the event.	Proprietor/ Educators
	Ensure a safe treat box is provided for the at risk child.	Parent/ Educators
	Ensure the at risk child only has the food approved by his/her parent/guardian.	Educators
	Specify a range of foods that families may send for the party and note particular foods and ingredients that should not be sent.	Proprietor

Protection from insect sting allergies	Specify play areas that are lowest risk to the at risk child and encourage him/her and peers to play in the area.	Educators
	Decrease the number of plants that attract bees.	Proprietor
	Ensure the at risk child wears shoes at all times outdoors.	Educators
	Quickly manage any instance of insect infestation. It may be appropriate to request exclusion of the at risk child during the period required to eradicate the insects.	Proprietor
Latex allergies	Avoid the use of party balloons or contact with latex gloves.	Educators
Cooking with children	Ensure parents/ guardians of the at risk child are advised well in advance and included in the planning process. Parents may prefer to provide the ingredients themselves.	Educators

Source: <https://allergyfacts.org.au/> 3/3/20

DEALING WITH MEDICAL CONDITIONS & MANAGEMENT

POLICY:

To ensure that all children at TCC are administered medication appropriate for their age and that it is administered with the written permission of the parent/guardian.

PROCEDURE:

1. All medication must be in the original container, bearing the original label. All medication must be prescribed for the child and must state on the label the date of prescription, child's name, dosage and intervals to be administered.
2. Storage of Medication: This is **not** to be kept in children's bags. All medication is to be handed to an educator and kept out of reach of children at all times. If medication needs to be refrigerated it must be placed in a zip lock bag with child's name on. All medical cold packs also need to be stored in a storage container in freezer or fridge.
3. The dosage and times must be strictly adhered to e.g. before or after food. Where label states "take as directed", the parent must obtain written information about the medication from the doctor or the pharmacist and record on the child's individual medication form.
4. TCC is not to administer the first dose of any medication in case of severe reaction.
5. Antibiotics: These must state on the label the child's name, dosage and intervals to be administered. A child who has been prescribed antibiotics for an illness should be kept at home for at least 24 hours after the commencement of antibiotics. TCC is not to administer the first dose of antibiotics in case of severe reaction. **All prescribed medications that state administration is to occur for example every 3 hourly are to be spaced out across a 12 hr period ie every 4 hrs.**
6. Parent's/Guardian's permission must be given for all medication administered. Details must be recorded on the Child's Medication form. Parents are to use **one line** for every dose or type and/or time of medication. Parents are to indicate the appropriate time that the medication is required and the form is to include the signature of the person who administered the medication, and the signature of the witness.
7. For non-prescribed medications the child's name must be on the container. Dosage, times and length of period to be administered must be within the recommended use procedure. These need to be recorded on the Child's Medication form. All Creams and/or ointments (including over the counter and homeopathic) are to be written up. Any nappy rash creams that are applied needs to be written on the nappy chart sheet and kept for 2 weeks. The child's name must be on the tube/bottle. The amount and time of application must also be stated on the tube or bottle or with an accompanying note. Educators are to write on the child's room white board the time of medication needed to be given to the child.
8. Written permission must be obtained from the child's doctor (as relevant) for all ongoing medication, and all long term medication must be reviewed regularly by the child's doctor at a period of time set by the doctor. Ongoing medical conditions and medication must be recorded on a Child's medication form or in the instance of asthma on an "Asthma Action Plan".
9. Medication must not be administered if the expiry date has elapsed (this particularly includes eye drops). Educators must adhere to the Hygiene policy especially in regards to hand washing. The educators must document time and dose following administration of all medication, in the above Record Book.

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10. If educators believe it is necessary to apply bandaids, or any other items commonly found in TCC First Aid Kit, this will be recorded in the Medication/Illness/Accident Records. The person collecting the child from TCC must be informed and is required to sign the Medication/Illness/Accident Record entry.

Asthma\Anapen\Anaphylaxis Plans:

The educators must have a recent copy of the child's Asthma\Anapen or Anaphylaxis Plan signed by the child's doctor. Asthma and anaphylaxis plans are advised to be reviewed every 12 months or upon notification of a change in the child's condition by the parent/doctor. Refer Asthma and Anaphylaxis policies for more information.

Asthma plans are kept with the child's individual Medical form pocket in their room. Their name is also located on each room's "Allergy list".

Anaphylaxis and Anapen plans are kept within the child's individual Medical form pocket in their room and is on display at a set designated wall area in each room. Their name is also located on each room's "Allergy list"

Basic principles for Administration of medication:

- child
- medication
- dose
- method
- date and time; and
- expiry date of the medication

Medication can only be administered when the TCC medication form has been completed and signed by the child's parent/guardian.

Source: https://www.det.nsw.edu.au/media/downloads/what-we-offer/regulation-and-accreditation/early-childhood-education-care/anaphylaxis_guide.pdf 19/2/20
<http://www.education.vic.gov.au/childhood/providers/regulation/Pages/medicalconditions.aspx> 19/2/20

CHILDREN'S SAFETY CHILD PROTECTION

CHILD PROTECTION & REPORTABLE CONDUCT SCHEME

Tatura Children's Centre is committed to providing a child safe environment where children's safety and wellbeing is supported and children feel respected, valued and encouraged to reach their full potential. We will ensure all employees and volunteers understand the meaning, importance and benefits of providing a child safe environment and critically, understand their obligations and requirements as Mandatory Reporters.

At all times, management, staff and volunteers will treat children with the utmost respect and understanding. Our Service believes that:

- Children are capable of the same range of emotions as adults
- Children's emotions are real and need to be accepted by adults
- A reaction given to a child from an adult in a child's early stages of emotional development can be positive or detrimental depending on the adult's behaviour
- Children who enhance their understanding of their body's response to a situation are more able to predict the outcome and ask for help or evade a negative situation.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is respected.
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		
84	Awareness of child protection law	
155	Interactions with children	
S162 (A)	Persons in day to day charge and nominated supervisors to have child protection training	

PURPOSE

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

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

SCOPE

This policy applies to management, staff, families, visitors (including contractors) and children of the Service.

WHAT IS CHILD ABUSE?

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

In VIC there are eight types of abuse, some of which are further divided into more specific categories:

1. Physical abuse
2. Neglect, incorporates;
 - a. Supervision
 - b. Shelter/environment
 - c. Food
 - d. Hygiene/clothing
 - e. Medical care
 - f. Mental health care
 - g. Education – not enrolled / habitual absence
3. Sexual abuse, incorporates;
 - a. Abuse of a child
 - b. Abuse of a young person
 - c. Problematic sexual behaviour toward others
4. Psychological harm
5. Danger to self or others
6. Relinquishing care

7. Carer concern, incorporates:

- a. Substance abuse
- b. Mental health
- c. Domestic violence

8. Unborn child

DEFINITIONS

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

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

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

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

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

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

Mandatory reporting is the legislative requirement for selected classes of people to report suspected child abuse and neglect to government authorities. Mandatory reporting laws are not the same across all jurisdictions.

In VIC, mandatory reporting is regulated by the Youth Families Act 2005.

Mandatory reporters

Legislation across all jurisdictions, describes a list of particular occupations that are mandated to report suspected child abuse and neglect to the relevant government authorities. Each jurisdiction may include different groups of people who are mandated to report and differences in the types of abuse to be reported. Please check with your state or territory jurisdiction. Mandatory reporters in VIC, are people who deliver the following services, wholly or partly, to children as part of their paid or professional work:

- Health care (e.g. registered medical practitioners, specialists, general practice nurses, midwives, occupational therapists, speech therapists, psychologists, dentists and other allied health professionals working in sole practice or in public or private health practices)
- Welfare (e.g. social workers, caseworkers and youth workers)
- Education (e.g. teachers, counsellors, principals)
- Children's services (e.g. childcare workers, family day carers and home-based carers)
- Residential services (e.g. refuge workers)
- Law enforcement (e.g. police)
- Registered psychologists providing a professional service as a psychologist
- A person in religious ministry or a person providing religious-based activities to children

All staff have a responsibility to recognise and respond to concerns for safety, welfare and the wellbeing of children and young people, and to report these concerns to management.

According to the *Children and Young Persons (Care and Protection) Act 1998*, mandated reporters (including people employed in children's services and unpaid managers of these services) must make reports if they suspect on *reasonable grounds* a child is at risk of significant harm because:

- the child's basic physical or psychological needs are not being met or are at risk of not being met
- the parents or other caregivers have not arranged and are unable or unwilling to arrange for the child to receive necessary medical care
- the parents or other caregivers have not arranged and are unable or unwilling to arrange for a school age child to receive an education
- the child has been, or is at risk of being physically or sexually abused or ill-treated

-
- the child is living in a household where there have been incidents of domestic violence and they are at risk of serious physical or psychological harm
 - the parent's or other caregiver's behaviour means the child has suffered or is at risk of suffering serious psychological harm

INDICATORS OF ABUSE

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

General indicators of abuse and neglect may include:

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

NEGLECT

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

- Inability to respond emotionally to the child
- Child abandonment
- Depriving or withholding physical contact

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- Failure to provide psychological nurturing
 - Treating one child differently to the others

Indicators of Neglect in children

- Poor standard of hygiene leading to social isolation
- Scavenging or stealing food
- Extreme longing for adult affection
- Lacking a sense of genuine interaction with others
- Acute separation anxiety
- Self-comforting behaviours, e.g. rocking, sucking
- Delay in development milestones
- Untreated physical problems

PHYSICAL ABUSE

Physical abuse is when a child has suffered, or is at risk of suffering, non-accidental trauma or injury, caused by a parent, caregiver or other person. Educators will be particularly aware of looking for possible physical abuse if parents or caregivers:

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

Indicators of Physical Abuse

- Facial, head and neck bruising
- Lacerations and welts
- Explanations are not consistent with injury
- Bruising or marks that may show the shape of an object
- Bite marks or scratches
- Multiple injuries or bruises
- Ingestion of poisonous substances, alcohol or drugs
- Sprains, twists, dislocations
- Bone fractures
- Burns and scalds

PSYCHOLOGICAL ABUSE

Psychological harm occurs where the behaviour of the parent or caregiver damages the confidence and self-esteem of the child, resulting in serious emotional deficiency or trauma. In general, it is the frequency and duration of this behaviour that causes harm.

Some examples are:

- Constant or excessive criticism, condescending, teasing of a child or ignoring or withholding admiration and affection
- Excessive or unreasonable demands
- Persistent hostility, severe verbal abuse, and rejection
- Belief that a specific child is bad or 'evil'
- Using inappropriate physical or social isolation as punishment
- Exposure to domestic violence
- Intimidating or threatening behaviour.

Indicators of psychological abuse

- Feeling of worthlessness about them
- Inability to value others
- Lack of trust in people and expectations
- Lack of 'people skills' necessary for daily functioning
- Extreme attention seeking behaviours
- Extremely eager to please or obey adults
- May take extreme risks, is markedly disruptive, bullying, or aggressive
- Other behavioural disorders (disruptiveness, aggressiveness, bullying)
- Suicide threats (in young people)
- Running away from home.

SEXUAL ABUSE

Sexual abuse is when someone involves a child in a sexual activity by using their authority over them or takes advantage of their trust. Children are often bribed or threatened physically and psychologically to make them participate in the activity. Sexual abuse includes:

- Exposing the child to the sexual behaviours of others

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- Coercing the child to engage in sexual behaviour with other children or adults
 - Verbal threats of sexual abuse
 - Exposing the child to pornography

Indicators of Sexual Abuse

- The child describes sexual acts
- Direct or indirect disclosures
- Age inappropriate behaviour and/or persistent sexual behaviour
- Self-destructive behaviour
- Regression in developmental achievements
- Child being in contact with a suspected or known perpetrator of sexual assault
- Bleeding from the vagina or anus
- Injuries such as tears to the genitalia

DOMESTIC VIOLENCE

Domestic violence, or intimate partner violence, is a violation of human rights. It involves violent, abusive or intimidating behaviour carried out by an adult against a partner or former partner to control and dominate that person.

Domestic violence causes fear, physical, and/or psychological harm. It is most often violent, abusive, or intimidating behaviour by a man against a woman, but can also be these behaviours by a woman against a man. Living with domestic violence has a profound effect upon children and young people and therefore constitutes a form of child abuse. (*The NSW Domestic and Family Violence Action Plan*, June 2010)

Indicators of Domestic Violence

The child may:

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

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- Have physical complaints

NOTE THAT ONLY THE FREQUENTLY REQUIRED CATEGORIES HAVE BEEN INCLUDED HERE. FOR FURTHER INFORMATION ON INDICATORS PLEASE REFER TO THE *RESOURCES FOR INDICATORS OF ABUSE AND NEGLECT* SECTION OF THIS POLICY.

IMPLEMENTATION

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

The Approved Provider/ Nominated Supervisor will ensure:

- any person in day-to-day charge of the Service has successfully completed a course in child protection approved by the Regulatory Authority
- all educators', staff, and volunteers' Working with Children Checks are validated unless the person meets the criteria for exemption from a WWCC.
- all employees and volunteers are:
 - provided with a copy of the current Child Protection policy as part of the induction process at the Service
 - aware of their mandatory reporting obligations and responsibilities to report suspected risk or significant risk of harm to the VIC East Division Child Protection Helpline **on 1300360391**
 - aware of indicators showing a child may be at risk of harm or significant risk of harm.
- training and development are provided for all educators, staff, and volunteers in child protection on an annual basis
- educators are provided with a reporting procedure and professional standards to safeguard children and protect the integrity of educators, staff and volunteers.

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- access is provided to all staff regarding relevant legislations, regulations, standards and other resources to help educators, staff, and volunteers meet their obligations.
 - records of abuse or suspected abuse are kept in line with our Privacy and Confidentiality Policy.
 - to notify the regulatory authority through the NQA-ITS (within 7 days) of any incident where it is reasonably believed that physical and/or sexual abuse of a child has occurred or is occurring while the child is being educated and cared for by the Service.
 - to notify the regulatory authority through the NQA-ITS (within 7 days) of any allegation that sexual or physical abuse of a child has occurred or is occurring while the child is being educated and cared for by the Service.
 - the Commission within 3 business days if you believe under reasonable doubt that reportable conduct has taken place by an employee, student, volunteer or contractor.

Educators will:

- contact the police on 000 if there is an immediate danger to a child and intervene if it is safe to do so
- be able to recognise indicators of abuse
- respect what a child discloses, taking it seriously and follow up on their concerns through the appropriate channels
- comprehend their obligations as mandatory reporters and their requirement to report any situation where they believe, on reasonable grounds, that a child is at risk of significant harm to the Child Protection Helpline on **1300360391** (and after hours 131278)
- have completed online training to understand the child protection reporting process
- refer families to appropriate agencies where concerns of harm do not meet the threshold of significant harm.
- promote the welfare, safety, and wellbeing of children at the Service
- allow children to be part of decision-making processes where appropriate
- prepare accurate records recording exactly what happened, conversations that took place and what was observed to pass on to the relevant authorities to assist with any investigation.

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- understand that allegations of abuse or suspected abuse against them are treated in the same way as allegations of abuse against other people
 - NOT investigate suspicion of abuse or neglect but collect only enough information to substantiate concerns and pass on to the Child Protection Helpline or appropriate authority.

DOCUMENTING A SUSPICION OF HARM

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

- record their concerns in a non-judgmental and accurate manner as soon as possible
- record their own observations as well as precise details of any discussion with a parent (who may for example explain a noticeable mark on a child).
- not endeavour to conduct their own investigation
- document as soon as possible so the details are accurate including:
 - child's personal details (name, address, DOB, details of siblings)
 - time, date and place of the suspicion
 - full details of the suspected abuse
 - date of report and signature

DOCUMENTING A DISCLOSURE

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

When receiving a disclosure of harm, the Service will:

- remain calm and find a private place to talk
- not promise to keep a secret
- tell the child/person they have done the right thing in revealing the information but that they'll need to tell someone who can help keep the child safe

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- only ask enough questions to confirm the need to report the matter because probing questions could cause distress, confusion and interfere with any later enquiries
 - not attempt to conduct their own investigation or mediate an outcome between the parties involved.
 - document as soon as possible so the details are accurately captured including:
 - time, date and place of the disclosure
 - ‘*word for word*’ what happened and what was said, including anything they (the staff member/educator) said and any actions that have been taken
 - date of report and signature.

In addition, an educator receiving a disclosure from a child will:

- give the child or young person their full attention
- maintain a calm appearance
- reassure the child or young person it is right to tell
- accept the child or young person will disclose only what is comfortable and recognise the bravery/strength of the child for talking about something that is difficult
- let the child or young person take his or her time
- let the child or young person use his or her own words
- don't make promises that can't be kept. For example, never promise that you will not tell anyone else
- honestly tell the child or young person what you plan to do next
- do not confront the perpetrator.

CONFIDENTIALITY

It is important that any notification remains confidential, as it is vitally important to remember that no confirmation of any allegation can be made until the matter is investigated. The individual who makes the notification should not inform the suspected perpetrator (if known). This ensures the matter can be investigated without contamination of evidence or pre-rehearsed statements. It also minimises the risk of retaliation on the child for disclosing.

Protection for reporters

All reporters are protected against retribution for making or proposing to make a report under amendments to the Children and Young Persons (Care and Protection) Act 1998 effective 1 March 2020. The identity of the reporter is protected by law from being disclosed, except in certain exceptional circumstances. Provided the report is made in good faith:

- The report will not breach standards of professional conduct
- The report cannot lead to defamation and civil and criminal liability
- The report is not admissible in any proceedings as evidence against the person who made the report
- A person cannot be compelled by a court to provide the report or disclose its contents
- The identity of the person making the report is protected.

A report is also an exempt document under the *Freedom of Information Act* 1989.

BREACH OF CHILD PROTECTION POLICY

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

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

MANAGING A BREACH IN CHILD PROTECTION POLICY

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

- discussing the breach with all people concerned and advising all parties of the process
- giving the educator/staff member the opportunity to provide their version of events
- documenting the details of the breach, including the versions of all parties
- recording the outcome clearly and without bias
- ensuring the matters in relation to the breach are kept confidential
- reach a decision based on discussion and consideration of all evidence.

OUTCOME OF A BREACH IN CHILD PROTECTION POLICY

Depending on the nature of the breach outcomes may include:

- emphasising the relevant element of the child protection policy and procedure
- providing closer supervision
- further education and training
- providing mediation between those involved in the incident (where appropriate)
- disciplinary procedures if required
- reviewing current policies and procedures and developing new policies and procedures if necessary

REPORTABLE CONDUCT SCHEME-ALLEGATIONS AGAINST EMPLOYEES, VOLUNTEERS or STUDENTS (or contractors)

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

The Commission, effective 1 March 2020, defines the head of an organisation as a ‘**relevant entity**’. An approved education and care service is listed at Schedule 1 of the Act as an ‘entity’.

The Approved Provider must notify the Commission within three (3) business days and TCC will wait for clearance from Victoria Police before commencing an internal investigations.

The Approved Provider must ensure an appropriate level of confidentiality of information relating to the reportable allegations as per the Act or other legislation.

The Commission defines reportable conduct as:

- a sexual offence has been committed against, with or in the presence of a child
- sexual misconduct with, towards or in the presence of a child
- ill-treatment of a child
- neglect of a child
- an assault against a child
- behaviour that cause significant emotional or psychological harm to the child

-EDUCATING CHILDREN ABOUT PROTECTIVE BEHAVIOUR

Our program will educate children:

- about acceptable and unacceptable behaviour, and what is appropriate and inappropriate contact at an age appropriate level and understanding
- about their right to feel safe at all times
- to say 'no' to anything that makes them feel unsafe or uncomfortable
- about how to use their own knowledge and understanding to feel safe
- to identify feelings that they do not feel safe
- the difference between 'good' and 'bad' secrets
- that there is no secret or story that cannot be shared with someone they trust
- that educators are available for them if they have any concerns
- to tell educators of any suspicious activities or people
- to recognise and express their feelings verbally and non-verbally
- that they can choose to change the way they are feeling.

VICTORIA SPECIFICATIONS

In Victoria, under the Children, Youth and Families Act 2005 (Vic.) types of child abuse include:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect
- Medical neglect
- Family violence
- Human trafficking (including forced marriage)
- Sexual exploitation (including pornography and prostitution)

The Children Youth and Families Act 2005 section 182 (1) and 184 states that where the following mandated reporters form the belief on reasonable grounds that a child has suffered, or is likely to suffer, significant harm as a result of physical injury or sexual abuse and the child's parents have not protected, or are unlikely to protect, the child from harm of that type must make a report to Child Protection Services as soon as practicable. Mandatory reporters include:

- registered teachers and early childhood teachers
- early childhood workers
- registered medical practitioners
- nurses
- midwives

- school principals
- school counsellors
- police officers
- out of home care workers (excluding voluntary foster and kinship carers)
- youth justice workers
- registered psychologist
- people in religious ministry

In addition, any person who believes on reasonable grounds that a child needs protection, can make a report the Department of Health and Human Services (DHHS). It is the Child Protection worker's job to assess and, where necessary, further investigate if a child or young person is at risk of harm ensuring a child safe environment is maintained.

All early childhood services and schools operating in Victoria are required to comply with the Child Safe Standards. The focus is to raise awareness and build capacity for organisations to create and maintain a child safe environment. The Child Safe Standards have been introduced to keep children safe from harm and abuse. The Standards are designed to drive cultural change in organisations, so that protecting children from abuse is embedded in the everyday thinking and practice of leaders, staff and volunteers.

This will assist organisations to:

- Promote the safety of children
- Prevent child abuse
- Ensure effective processes are in place to respond to and report allegations of child abuse.
- Create and maintain a child safe environment under the standards

Services working to embed or improve the culture of child safety in their organisation should ensure leaders, staff and volunteers know and understand the organisation's commitment to child safety, and can raise and respond to allegations of abuse.

Services in Victoria must have:

- a code of conduct which outlines clear expectations for how all staff and volunteers interact with children
- a policy or statement of commitment to child safety
- processes for responding to and reporting allegations of child abuse.

All Services should review recruitment, screening and induction processes to ensure staff and volunteers are aware of relevant policies and are trained to minimise the risk of child abuse. Simple and accessible processes will assist Services to promote the participation and empowerment of all children, especially aboriginal children, children from culturally and or linguistically diverse backgrounds and children with a disability. All staff and volunteers need to have an awareness of children's rights and adults' responsibilities regarding child abuse.

To create and maintain a child safe environment, Services must implement 7 standards.

Standard 1: Strategies to embed a culture of child safety through effective leadership arrangements

Standard 2: A Child safe policy or statement of commitment to child safety highlighting the services' zero tolerance of child abuse.

Standards 3: A code of conduct that establishes clear expectations for appropriate behaviour with children

Standard 4: Screening, supervision, training and other human resources practices that reduce the risk of child abuse by new and existing staff

Standard 5: Processes for responding to and reporting suspected child abuse

Standard 6: Strategies to identify and reduce or remove risks of child abuse

Standard 7: Strategies to promote the participation and empowerment of children

In applying each standard, Services must reflect and embed the following 3 key principles

- [Cultural safety of Aboriginal children](#)
- [Cultural safety of children from culturally and linguistically diverse backgrounds](#)
- [Safety of children with disabilities](#)

Reportable conduct scheme

The Reportable Conduct Scheme seeks to improve organisations' responses to allegations of child abuse and neglect by their workers and volunteers. An allegation of 'reportable conduct' could include: sexual abuse; grooming; sexting; inappropriate physical contact or sexualised behaviour with a child. Approved education and care services and children's services including Family Day Care and Out of School Hours Care services are identified organisations under this scheme.

Commission for Children and Young People (CCYP) <https://ccyp.vic.gov.au>

Working with Children Check Victoria

All adults engaged in paid or voluntary child-related work require a Working with Children Check. This includes: childcare services, family day care, occasional care and outside school hours care.

Teachers and volunteers currently registered as teachers with the Victorian Institute of Teaching (VIT), they are exempt from the Working with Children Check (unless they have been given a Negative Notice). If they have suspended or cancelled their registration, the exemption no longer applies.

REPORTING AUTHORITY	CONTACT DETAILS
Department of Health and Human Services North Division Intake- 1300 664 977 South Division Intake- 1300 655 795 East Division Intake- 1300 360 391 West Division Intake- 1300 664 977	Child Protection Emergency Service (After Hours) Ph. 13 12 78 National Child Abuse Helpline: Ph. 1800 99 10 99 (9am-5pm AEST)

RESOURCES FOR INDICATORS OF ABUSE OR NEGLECT

<https://www.childprotection.sa.gov.au/reporting-child-abuse/indicators-abuse-or-neglect>

<https://www.communities.qld.gov.au/disability/preventing-responding-abuse-neglect-exploitation/identifying-abuse-neglect-exploitation/indicators-signs>

<http://det.wa.edu.au/childprotection/detcms/inclusiveeducation/child-protection/public/recognising-abuse/indicators-of-abuse.en?cat-id=1337568>

<https://education.nsw.gov.au/student-wellbeing/child-protection/child-protection-policy-guidelines/resources>

https://www.dhhs.tas.gov.au/children/child_protection_services/information_sheets/resources

<https://www.vit.vic.edu.au/news/news/2017/the-child-safe-standards-and-mandatory-reporting>

NAPCAN- <https://www.napcan.org.au/napcan-brochures/>

CHILD SAFE ORGANISATIONS- <https://childsafe.humanrights.gov.au>

[Child Protection Reporting: Overview of legislative amendments \(NSW\) 2020](#)

Source Australian Children's Education & Care Quality Authority. (2014).

Australian Government Australian Institute of Family Studies. (2005). National comparison of child protection systems: <https://aifs.gov.au/cfca/publications/national-comparison-child-protection-systems>

Australian Government Australian Institute of Family Studies. (2018). Australian child protection legislation: <https://aifs.gov.au/cfca/publications/australian-child-protection-legislation>

Australian Government: Australian Institute of Family Studies. (2017). Mandatory reporting of child abuse and neglect: <https://aifs.gov.au/cfca/publications/mandatory-reporting-child-abuse-and-neglect>

Belonging, Being and Becoming: The Early Years Learning Framework for Australia. (2009).

Child Protection (Working with Children) Act 2012

Children and Young Persons (Care and Protection) Act 1998

ChildStory Reporter: <https://reporter.childstory.nsw.gov.au/s/>

Early Childhood Australia Code of Ethics. (2016).

Government of Western Australia Department of Communities, Child Protection and Family Support. (2019). About mandatory reporting legislation:

<https://mandatoryreporting.dcp.wa.gov.au/Pages/Aboutmandatoryreportinglegislation.aspx>
[x](#)

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).

NSW Government Family & Community Services. (2019). Mandatory reporters: What to report and when: <https://www.facs.nsw.gov.au/families/Protecting-kids/mandatory-reporters/what-when-to-report/chapters/mandatory-reporter-guide>

NSW Government Legislation *Children's Guardian Act*
2019: <https://legislation.nsw.gov.au/#/view/act/2019/25/full>

NSW Office of the Children's Guardian: [https://www.kidsguardian.nsw.gov.au/Ombudsman Act 2001](https://www.kidsguardian.nsw.gov.au/Ombudsman-Act-2001).

Revised National Quality Standard. (2018).

The Commission for Children and Young People Act 1998

Victoria State Government Education and Training: (2018). Obligations to protect children in early childhood services:

<https://www.education.vic.gov.au/childhood/providers/regulation/Pages/protectionprotocol.aspx>

Victoria State Government Health and Human Services. Child safe standards:

<https://providers.dhhs.vic.gov.au/child-safe-standards>

Victoria State Government Health and Human Services. Creating child safe organisations: <https://providers.dhhs.vic.gov.au/creating-child-safe-organisations>

CHILD SAFE ENVIRONMENT AND CHILD SAFE STANDARDS

Tatura Children's Centre is committed to the safety, wellbeing and support of all children and young people. Management, staff and volunteers take every reasonable precaution to protect children in our care and treat all children with the utmost respect and understanding at all times. To protect children from abuse, our Service embeds strategies to ensure a culture of child safety by providing a safe environment for the children in our care. We acknowledge that staff within an early childhood service are in a unique position to monitor behavioural and emotional changes, physical injuries, and the general wellbeing of a child due to the development of safe environments and trusting relationships with children and families. Our staff are trained to identify signs and behaviours that may indicate child abuse and thoroughly understand their obligations and responsibilities to respond to incidents, disclosures or suspicions of child abuse as mandated reporters.

We are dedicated in promoting cultural safety for Aboriginal children, cultural safety for children from culturally and/or linguistically diverse backgrounds and to providing a safe environment for children with a disability. Our Service takes every reasonable effort to accommodate the diversity of all children in implementing the Child Safe Standards.

Our Service takes a 'zero' tolerance approach to child abuse and are committed to raise awareness about the importance of child safety in our environment and the community.

'Keeping children safe is everyone's responsibility.'

Victoria State Government- Education and Training (2019).

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is respected
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.

QUALITY AREA 5: RELATIONSHIPS WITH CHILDREN		
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.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS and NATIONAL LAW	
84	Awareness of child protection law
155	Interactions with children
S162(A)	Persons in day to day charge and nominated supervisors to have child protection training
358	Working with children check to be read

OTHER RELEVANT LAWS

Education and Training Reform Act 2006- Child safe standards- Managing the risk of child abuse in schools. Ministerial Order No. 870
The Commission for Children and Young People Act 2012
Failure to Disclose 2014
Failure to Protect 2015
The Charter of Human Rights and Responsibilities Act 2006 (Vic)
Working with Children Act 2005 (Vic)
Child Wellbeing and Safety Act 2005 (Vic)
Family Law Act 1975

PURPOSE

The Child Safe Environment policy requires all staff within our Service to create and maintain a child safe organisation where children are safe and feel safe. Our policy framework incorporates the seven Child Safe Standards. We are committed to identify possible and significant risks of harm to children and young people within our Service. We understand our duty of care to protect children from all types of abuse and adhere to our legislative obligations at all times. We aim to implement effective strategies to assist in ensuring the safety and wellbeing of all children. Our Service will act in the best

interest of the child, assisting them to develop to their full potential in a secure and safe environment.

SCOPE

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

OUR COMMITMENT TO CHILD SAFETY

Our Service is committed to safety and wellbeing of all children and young people. In our planning, development and implementation of our Child Safe Environment Policy we will:

- create and maintain a child safe environment and comply with the Ministerial Order No. 870- Child Safe Standards and Child Wellbeing and Safety Amendment (Child Safe Standards) Act 2015
- complete regular audits to assess our progress in meeting the requirements of the Child Safe Standards (see Further information and support)
- develop a Child Safety Code of Conduct specific to TCC, which all employees have acknowledged and signed.
- include child safety as a regular agenda item at staff meetings
- adhere to a zero tolerance for child abuse
- value the input of and communicate regularly with families and carers regarding our Child Safe policies
- embed the seven Child Safety Standards into our policy and procedures
- promote the safety of children at all times
- foster a culture of openness and respect where children and adults feel safe to disclose risk of harm to children
- listen to and act decisively on any child safety concerns or allegations of abuse that are made
- recognise, respect and foster children's rights where their voices and views are listened to and valued
- assess and manage the risk of abuse to children as part of our daily practice
- recognise the vulnerability of particular groups of children including Aboriginal and Torres Strait Islander children, children with a disability, children in out of home care (OOHC) and children from a culturally and/or linguistically diverse background

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- ensure effective processes are in place to respond to and report allegations of child abuse to the appropriate authorities
 - read and ensure that the approved provider or nominated supervisor, or person in day-to-day charge of the service has read a person's Working with Children Check before the person is engaged as an educator, volunteer or staff member at the Service.
 - the approved provider has read a person's Working with Children Check before nominating that person as a nominated supervisor or person in day-to-day charge of the service. (This does not apply to a person who is a registered teacher under the Education and Training Reform Act 2006 and has current registration).
 - Ensure visitors to our Service implementing professional development are suitable and approved to work with children.

IMPLEMENTATION

Our Service strongly opposes any type of abuse against a child and endorses high quality practices in relation to protecting children. All staff understand their roles and responsibilities in protecting children from abuse and neglect and maintain up-to-date knowledge of child protection law (Reg 84). Staff will undertake child protection awareness training every 12-24 months, and whenever significant changes are made to the child protection law or reporting requirements. Staff will comply with our Code of Conduct at all times.

Management/ Nominated Supervisor will ensure that:

- staff have completed approved child protection training
- they have read each person's Working with Children Check before engaging educators, staff or volunteers in the Service
- all staff members at the Service maintain up-to-date knowledge of child protection law and any obligations that they may have under that law
- human resource procedures within our Service ensure all employees and volunteers recruited display the right personal qualities, skills and experience to provide high quality supervision and care to children in addition to holding a validated Working with Children Check (WWCC)
- all staff members who work with children:
 - understand and are confident implementing our Child Safe Environment Policy

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- know how to identify, assess and minimise risks of child abuse
 - are aware of their role as mandated reporters to immediately report cases where they believe a child is at risk of significant harm
 - promote the cultural safety of Aboriginal children, the cultural safety of children from culturally and/or linguistically diverse backgrounds and safety for children with a disability
 - educators understand the reporting procedures and professional standards to safeguard children and protect the integrity of educators, staff and volunteers.
 - access to relevant acts, regulations, standards and other resources are provided to help educators, staff and volunteers meet their obligations
 - **Child Protection** is contacted as soon as practicable of any incident reasonably believed that physical and/or sexual abuse of a child has occurred or is occurring while the child is being educated and cared for by the Service.
 - **Child Protection** is notified as soon as practicable of any allegation that sexual or physical abuse of a child has occurred or is occurring while the child is being educated and cared for by the Service.
 - the Quality Assessment and Regulation Division (QARD) are notified of any serious incidents or concerns about the wellbeing of a child within our Service
 - clear and comprehensive documentation related to actions taken in response to incidents, disclosures and allegations of child abuse are kept securely and confidentially in line with our Privacy and Confidentiality policy.

Educators will:

- comprehend their legal obligation as mandated reporters under the legislation (effective March 2019)
- report any situation where they believe on reasonable grounds a child is at risk of significant harm to Child Protection and/or local Child Protection office
- contact the Victorian Police on 000 if there is an immediate danger to a child and intervene instantly if it is safe to do so.
- understand their duty of care to take reasonable steps to protect children at all times
- be able to recognise indicators of abuse
- be aware of the **Four Critical Actions** for responding to Incidents, Disclosures and suspicions of child abuse

https://www.education.vic.gov.au/Documents/about/programs/health/protect/EarlyChildhood_FourCriticalActions.pdf

- respect a child's disclosure, taking it seriously and respond to their disclosure immediately
- document any incident, disclosure or suspicion that a child has been, or is at risk of being abused using the PROTECT template
https://www.education.vic.gov.au/Documents/about/programs/health/protect/PROTECT_Responding_TemplateSchools.pdf
- understand that allegations of abuse or suspected abuse against them are treated in the same way as allegations of abuse against other people
- associate families with referral agencies where concerns of harm do not meet the threshold of significant harm. These services may be located through Child FIRST. Family consent will be sought before making referrals.

Mandatory Reporting is the legislative requirement for selected classes of people to report suspected child abuse and neglect to government authorities. In Victoria, mandatory reporting is regulated by the *Children, Youth and Families Act 2005* (Vic) ss. 162, 182, 184 (CYFA). Effective from March 1, 2019 all early childhood educators and other persons employed or engaged in an education and care service or a children's service are mandatory reporters. This also includes all proprietors, nominees of a children's service, approved providers and nominated supervisors of an education and care service.

Mandated reporters must respond to an emergency **immediately** if the child is at immediate risk of harm or has just been abused. Mandated reporters must respond to an incident, disclosure or suspicion of child abuse as soon as they witness or form a belief based on *reasonable grounds* that a child is in need of protection because:

- the child's basic physical or psychological needs are not being met or are at risk of not being met
- the parents or other caregivers have not arranged and are unable or unwilling to arrange for the child to receive necessary medical care
- the parents or other caregivers have not arranged and are unable or unwilling to arrange for a school age child to receive an education
- the child has been or is at risk of being physically or sexually abused or ill-treated

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- the child is living in a household where there have been incidents of domestic violence and they are at risk of serious physical or psychological harm
 - the parent's or other caregiver's behaviour means the child has suffered or is at risk of suffering serious psychological harm
 - the child has stated they have been abused
 - the child has evidence of abuse

To form a belief on reasonable grounds, the reporter may have witnessed behaviour, have a suspicion or received a disclosure of child abuse.

Responding to a parent, carer or guardian of a child

If a parent, carer or guardian says their child has been abused in our Service or raises concern we will:

- ensure all abuse allegations are taken very seriously
- explain our procedures as mandatory reporters
- allow the parent, carer or guardian to talk through the incident in their own words
- ask about the safety and wellbeing of the child
- explain that an educator will be taking notes during the discussion to capture all details.
- provide them with any incident reports
- explain our Service's reporting processes which include informing Victoria Police, Child Protection office
- report and provide ongoing support as per our procedure of child abuse allegations

Child Safe Standards

[Standard 1: Governance and leadership](#)

[Standard 2: Clear commitment to child safety](#)

[Standard 3: Code of conduct](#)

[Standard 4: Human resource practices](#)

[Standard 5: Responding and reporting](#)

[Standard 6: Risk management and mitigation](#)

[Standard 7: Empowering children](#)

DEFINITIONS

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

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

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

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

- first hand observation of the child or family
- what the child, parent, or other person has disclosed
- what can reasonably be inferred based on observation, professional training and/or experience that causes the mandated reporter to believe the child has been abused or is likely to be abused or,
- signs of physical or sexual abuse leading to the belief that the child has been abused.

Failure to disclose refers to the failure of a mandated reporter who has reasonable belief that a child under 16 has had a sexual offence committed to them by an adult to make a report to the police.

Failure to protect refers to a person of authority in the organisation who has the power or responsibility, but who negligently fails to reduce or remove the threat of substantial risk of child sexual abuse.

RELEVANT AUTHORITIES	CONTACT DETAILS
Department of Health and Human Services (DHHS)	Child Protection Crisis Line (after hours)
Victoria Police	Ph. 13 12 78
Sexual offences and child abuse Investigation Team	000
National Child Abuse Helpline:	1800 99 10 99 (9am-5pm AEST)
DET Quality Assessment and Regulation Division (QARD)	1300 307 415
East Division	1300360391

Source

Australian Children's Education & Care Quality Authority. (2014).

Belonging, Being and Becoming: The Early Years Learning Framework for Australia. (2009).

Child Protection (Working with Children) Act 2012

Child safe standards page of the Department of Health and Human Services' Service

Providers: <http://providers.dhhs.vic.gov.au/child-safe-standards>

Child Wellbeing and Safety Act 2005 (Vic)

Children and Young Persons (Care and Protection) Act 1998

Children, Youth and Families Act 2005 (as amended 2014) (Vic)

Commission for children and young people *Being a child safe organisation*

<https://ccyp.vic.gov.au/child-safety/being-a-child-safe-organisation/>

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

Creating child safe organisations page of the Department of Health and Human Services'

Service Providers: <http://providers.dhhs.vic.gov.au/creating-child-safe-organisations>

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Regulations. (2011).

Failure to Disclose 2014

Failure to Protect 2015

Family Law Act 1975

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).

Mandatory Reporting: <https://aifs.gov.au/publications/families-policy-and-law/14-mandatory-reporting-laws>

National Comparison of Child Protection Systems:

<https://aifs.gov.au/cfca/publications/national-comparison-child-protection-systems>

Reporting abuse and neglect: <https://aifs.gov.au/cfca/publications/reporting-abuse-and-neglect>

Revised National Quality Standard. (2018).

State of Victoria (Department of Education and Training). (2017). Early childhood guidance: Identifying signs of child abuse: www.education.vic.gov.au

The Charter of Human Rights and Responsibilities Act 2006 (Vic)

The Commission for Children and Young People Act 1998

The Commission for Children and Young People Act 2012

Working with Children Act 2005 (Vic)

TCC CODE OF CONDUCT

TCC is committed to the safety and wellbeing of children and young people. Our TCC community recognises the importance of, and a responsibility for, ensuring our Centre is a safe, supportive and enriching environment which respects and fosters the dignity and self-esteem of children and young people, and enables them to thrive in their learning and development.

This Code of Conduct aims to protect children and reduce any opportunities for child abuse or harm to occur. It also assists in understanding how to avoid or better manage risky behaviours and situations. It is intended to complement child protection legislation, Department policy, TCC policies and procedures and professional standards, codes or ethics as these apply to staff and other personnel.

The Directors of TCC will support implementation and monitoring of the Code of Conduct, and will plan, implement and monitor arrangements to provide inclusive and safe learning environments. The Directors of TCC will also provide information and support to enable the Code of Conduct to operate effectively and will ensure all educators of TCC sign TCC's code of conduct statement on employment.

All staff, contractors, volunteers and any other member of the TCC community involved in child-related work are required to comply with the Code of Conduct by observing expectations for appropriate behaviour below. The Code of Conduct applies in all TCC situations, including excursions and in the use of digital technology and social media.

Acceptable behaviours

As staff, volunteers, contractors, and any other member of TCC involved in child-related work individually, we are responsible for supporting and promoting the safety of children by:

- upholding TCC's Child Safe statement commitment to child safety at all times
- treating students and families in the TCC community with respect both within TCC environment and outside the TCC environment as part of normal community activities i.e. excursions.
- listening and responding to the views and concerns of students, particularly if they are telling you that they or another child has been abused or that they are worried about their safety/the safety of another child
- promoting the cultural safety, participation and empowerment of Aboriginal and Torres Strait Islander students

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- promoting the cultural safety, participation and empowerment of students with culturally and/or linguistically diverse backgrounds
 - promoting the safety, participation and empowerment of students with a disability
 - reporting any allegations of child abuse or other child safety concerns to TCC's Nominated Supervisors and/or TCC's Nominated Child Safety Officers
 - understanding and complying with all reporting or disclosure obligations (including mandatory reporting) as they relate to protecting children from harm or abuse.
 - if child abuse is suspected, ensuring as quickly as possible that the student(s) are safe and protected from harm.

Unacceptable behaviours

As staff, volunteers, contractors, and any other member of the school community involved in child-related work we must not:

- ignore or disregard any concerns, suspicions or disclosures of child abuse
- develop a relationship with any student that could be seen as favouritism or amount to 'grooming' behaviour (for example, offering gifts)
- exhibit behaviours or engage in activities with students which may be interpreted as abusive and not justified by the educational, therapeutic, or service delivery context
- ignore behaviours by other adults towards students when they appear to be overly familiar or inappropriate
- discuss content of an intimate nature or use sexual innuendo with students, except where it occurs relevantly in the context of parental guidance, delivering the education curriculum or a therapeutic setting
- treat a child unfavourably because of their disability, age, gender, race, culture, vulnerability, sexuality or ethnicity.
- photograph or video a child in TCC's environments except in accordance with TCC's curriculum guidelines for documenting children's learning or where required for duty of care purposes.

Source: PROTECT | The Department of Education and Training\Tatura Children's Centre Code of Conduct March 2020

TCC CHILD SAFETY STATEMENT

Tatura Children's Centre is committed to safety and wellbeing of all children and young people. This will be the primary focus of our care and decision-making. TCC has zero tolerance for child abuse.

TCC is committed to providing a child safe environment where children and young people are safe and feel safe, and their voices are heard about decisions that affect their lives. Particular attention will be paid to the cultural safety of Aboriginal children and children from culturally and/or linguistically diverse backgrounds, as well as the safety of children with a disability. Every person involved in TCC has a responsibility to understand the important and specific role he/she plays individually and collectively to ensure that the wellbeing and safety of all children and young people is at the forefront of all they do and every decision they make.

In addition, this Statement of Commitment describe TCC's principles for child safety. In its planning, decision-making and operations TCC will:

1. Take a preventative, proactive and participatory approach to child safety
2. Value and empower children to participate in decisions which affect their lives;
3. Foster a culture of openness that supports all persons to safely disclose risks of harm to children
4. Respect diversity in cultures and child rearing practices while keeping child safety paramount;
5. Provide written guidance on appropriate conduct and behaviour towards children;
6. Engage only the most suitable people to work with children and have high quality staff and volunteer supervision and professional development;
7. Ensure children know who to talk with if they are worried or are feeling unsafe, and that they are comfortable and encouraged to raise such concerns.
8. Report suspected abuse, neglect or mistreatment promptly to the appropriate authorities;
9. Share information appropriately and lawfully with other organisations where the safety and wellbeing of children is at risk; and
10. Value the input of and communicate regularly with families and carers.

Source:

https://www.education.vic.gov.au/Documents/about/programs/health/protect/ChildSafeStandard2_ExampleStatement.pdf 15\3\20

CHILDREN'S HEALTH AND SAFETY

HEALTH & HYGIENE-CLEANING OF TOYS, FURNITURE, EQUIPMENT, CHANGE MATS, HAND WASHING, AND BEFORE MEAL TIMES

POLICY:

To ensure that children are cared for in a manner that supports safe, clean and hygienic health management and reduces the risk of cross infection.

PROCEDURE:

1. Educators will attend to basic hygiene needs of children as soon as they occur.
2. Educators will adhere to hygiene procedures and encourage other adults in TCC to do likewise.
3. Notices in regard to hygiene procedures will be on display in TCC, which are from a recognized authority, Staying Healthy in Childcare- Cleaning toys, clothing and the centre
4. Children will be encouraged to follow simple hygiene procedure as modeled by educators and other adults in TCC, e.g.
 - Wash hands after toilet.
 - Wash hands before handling/eating food.
 - Wash hands after handling animals.
 - Wipe running noses. Educators wash hands or if outside use Hand Sanitizer.
 - Flush toilet.
 - Not eating food items which have fallen on the floor or been otherwise contaminated.
 - Not sharing drink or eating utensils.
 - Not sharing hairbrushes, combs, clips, etc.
5. Children will have access to soap and disposable paper towels at all times.
6. A supply of paper towels will be available in TCC at all times for general or emergency use.
7. A supply of facial tissues will be easily accessible to educators and children in TCC at all times.
8. A supply of disposable gloves will be easily accessible to educators at all times for use under the conditions in the “Infectious Diseases and Control” policy.
9. Educators will ensure that the building, equipment and furnishings are maintained in a clean, hygienic condition at all times. Toilets will be kept clean and checked regularly throughout the day.
10. Soiled clothes will be rinsed and placed in plastic bags and stored in the child’s bag and if appropriate, will be soaked prior according to TCC’s soaking procedure of soiled items.
11. If the child has used all of their spare clothes for the day, the child will be dressed in TCC’s clothes. These clothes must be laundered before being returned to TCC.

Food Handling

All people will wash their hands as per the food handling guidelines outlined below. TCC’s Food Safety program will be followed at all times.

Meal times- children eating and cleanliness of tables

Educators will:

- Encourage children at all times to learn to eat with food in ways, which minimise the risk of illness.

Revised March 2021

- Educators will ensure that children are offered water /or milk after each meal/snack. Milk is offered which is line with dairy count, and eater is offered in line with our Dental Care program.
- Check that children's hands are washed before they eat or drink.
- Teach children to turn away from food when they cough or sneeze.
- Discourage walking around with food.
- Ensure that dropped food is not eaten.
- Ensure that dropped utensils are not used until they have been washed
- Discourage children from sharing food they have begun to eat
- Discourage children from sharing utensils
- Encourage children to wash their hands and face after eating (especially where hands are used instead of utensils)
- Ensure the tables are cleaned before meal times using an approved white king dilution. This spray is to be applied to the tables after they have been wiped down with warm soapy water (NQS 2.1.1)

Children contact with one another

Educators will encourage children to:

- Cover their mouth and nose or turn away from each other if they cough or sneeze.
- Wipe or blow noses and wash hands afterwards or if outside use Hand Sanitizer gel or similar product.
- Any dummies that have had contact with the ground or any other child's mouth, needs to be cleaned appropriate with sanitizer (SNOBS)
- Not to touch each other where they are cut or bleeding.
- Not to spit.
- To dispose of used tissues promptly and appropriately and not to lend them to each other and educators will explain to the children the reasons why to ensure we role model best practice and language to educate children on hygiene and manners.

Educators will encourage parents to:

- Keep unwell children at home to prevent the spread of infection.

Toileting of Children

Educators will encourage children to:

- Learn behaviours to manage toileting including appropriate bottom wiping.
- Wash hands after using the toilet.
- Flush the toilet after using it.
- Report "accidents" to educators.

Indoor and Outdoor Environment

- Indoor and outdoor environments will be kept as clean as possible.
- Dropped food or food rubbish and/or dropped drink, indoors or outdoors will be promptly disposed of in the bin.
- Food serving implements will be cleared away as soon as possible.
- Blood, urine and faeces, either indoors/out, will be promptly removed using the appropriate disposal procedures as outlined in the Infectious Diseases and Control policy.
- Outdoors, the sandpit will be covered when not in use to prevent animals from contaminating it. If not covered, the appropriate maintenance check will be completed daily before outdoor play.

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- Any animal faeces will be promptly removed.
 - Dead creatures will be disposed of.
 - Outdoors – sand, tan bark, paths and lawns will be regularly maintained as a preventative measure i.e. raking, sweeping, mowing.
 - Indoor floors and surfaces will be regularly cleaned.

Hand Washing

- How to wash hands
- Use liquid soap and running water.
- Wash your hands thoroughly
- Rinse your hands slowly
- Dry hands well with new paper towel.

When to wash hands

- Before handling food, including a baby's bottle.
- Before eating.
- Before and after changing a nappy.
- After removing gloves.
- After going to the toilet.
- After cleaning up blood, faeces or vomit.
- After wiping a nose or sneezing.
- Before giving medication.
- After handling garbage.

Cleaning of toys, equipment and furniture.

All Children's toys are to be washed before returning to the storeroom. Any mouth able toys such as babies teething rings or rattles are to be washed daily. Toys are to be washed using warm soapy water, rinsed and then use sunlight to air dry. They can also be sprayed with Snobs TCC approved sanitizer when cleaning toys. All equipment is to be cleaned as needed or at minimum weekly with SNOBS and a green cloth to reduce the risk of cross infection. All toys are to be cleaned at the end of each week before returning to store rooms.

Cleaning of change mats in Nursery, Toddler, Fungroup room

To be wiped down after every change using Pink Country fresh which is a hospital grade cleaning agent.

Source:

http://www.northcliffefamily.org/Karri_Kids/Policies/Health,%20Hygiene%20and%20Safe%20Food%20Policy%20NFCC.pdf 1/2/18

www.achievementprogram.healthytogether.vic.gov.au/early-childhood- 1/2/18

[Staying Healthy in Childcare Edition 5-](#) 19/2/20

DANGEROUS PRODUCTS

POLICY:

TCC attempts to minimise the use of toxic products and other potentially dangerous products used within the building. Where chemicals are required, safe storage will be enforced in the centre to protect all children from access to these products without jeopardising hygiene.

PROCEDURE:

1. Correct measurements of all products shall be used as per manufacturer's directions.
2. All spray bottles must be clearly and correctly labelled.
3. Safety data sheets are to be available and displayed in chemical storage areas.
4. Chemicals and potentially dangerous products are kept up high and out of reach of children, or kept in a locked cupboard at all times.
5. Washing detergents will be used on a daily basis to clean toys and equipment.
6. Disinfectants will be used fortnightly to disinfect curriculum toys and equipment.
7. Sanitisers will not be sprayed on surfaces while children are close (within 1 metre) of the item to be sprayed.
8. Appropriate signage will be placed on all doors/cupboards where chemicals are stored.
9. Any changes in procedures need to be approved by the Committee of Management. Decisions will be based on the manufacturer's guidelines and centre policy before changes are implemented.
10. Educators will be provided with updated information and undergo relevant training in the use of chemicals at the centre as required (i.e. change in practice).
11. New educators, volunteers and students are instructed on the use of all chemicals used within the centre during their orientation process.
12. Storage facilities which are secure and inaccessible to children will house the following items:
 - a. All cleaning materials, including detergents,
 - b. Poisonous and other dangerous substances,
 - c. Dangerous tools and equipment,
 - d. Toiletries,
 - e. Medications,
 - f. First aid equipment,
 - g. Emergency medical equipment and drugs
 - h. Jagged or sharp objects that pose a hazard to children.

If any of the above items need to be refrigerated, they will be stored in a labelled child resistant container in a part of the refrigerator inaccessible to children.

If bulk chemicals or non-domestic products and quantities are used or stored, have a Hazardous Substances Register and Risk Assessment in accordance with the OHS Act and Regulation. This should record product name, application, whether the product is labelled, whether a MSDS (Material Safety Data Sheet) is available, what class risk the chemical is, the controls for prevention of exposure that are required and what first aid, medical or safety action should be taken if a person is exposed.

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- Follow the manufacturer's instructions for use, storage and first aid instructions and where possible, obtain a MSDS to keep with the substance or where educators can have immediate access to the information in an emergency, and ensure all educators are aware of the safety and first aid information in the MSDS.
 - When disposing of unwanted hazardous chemicals, substances or equipment, do so safely or in accordance with manufacturer's instructions, OHS Regulation, local council regulation. Do not flush chemicals or medications down the drain, sink, toilet, sewer or gutter.
 - Wear appropriate personal protective clothing (e.g. gloves, aprons, mask, goggles) in accordance with manufacturer's instructions when using or disposing of hazardous chemicals or substances.
 - Seek medical advice immediately if poisoning or potentially hazardous ingestion, inhaled, skin or eye exposure has occurred, or call the Poisons Information Line on 131126, or call an ambulance, dial 000.

Please refer to Material Safety Data sheets located in TCC Staff room within the OHS green folders for more information

Source:
<https://www.cela.org.au/wp-content/uploads/Resources/safe-storage-of-dangerous-goods.pdf> 1/2/18

DEALING WITH INFECTIOUS DISEASES AND CONTROL

POLICY:

Effective infection control procedures will be in place within the centre to prevent the spread of infectious diseases.

PROCEDURE:

1. The centre will at all times follow proper infection control procedures, as outlined below, to minimize the risk of transmission of infectious diseases.
2. TCC will ensure that First Aid equipment is available and up to date at all times.
3. All educators will receive basic education on infectious diseases and preventative strategies and will have access to further information and support service as required.
4. Parent/guardians must notify the Director of any infectious disease nominated on the Victorian Department of Education and Staying Healthy in Childcare Exclusion Chart.
5. Educators must inform all parents/guardians of the occurrence of such an infectious disease. A note will be placed at the front of the building outlining which group the child is in and some details about the signs/symptoms and the incubation period of the disease (*HIV/Aids is precluded – see HIV/Aids policy).
6. Babies, children and adults suffering from any of the infectious diseases listed on the infectious disease chart, must not attend the centre for the period specified under the heading “Exclusion of Cases”. Contacts (those who have had contact with the infected person) will be excluded only if required/specified under the “Exclusion of Contacts” column on the infectious diseases chart.
7. Where an outbreak of an infectious disease occurs within the centre, the Licensee(s) is to be contacted. The Licensee shall contact Department of Health at Council and/or Communicable Diseases, Department of Education and Training in Benalla. The Licensee shall then take direction from these departments as to further action.
8. Children found to be sick during the day will be isolated from other children, kitchen, food storage area and food preparation areas to prevent air borne bacteria/viruses from coming into contact with any of the above. Parents will be notified to pick up the child in question. All details will be recorded on the illness record that must be signed, timed and dated when the child is collected.
9. Children with HIV/AIDS will not be excluded (see HIV/AIDS policy).
10. Parents are requested not to send their child if he/she has any of the following illnesses (parents may be required to provide a medical certificate at the Director’s discretion, before that child returns to the centre):

Fever and associated symptoms: A child with a high fever of more than 38°C or a low fever less than 35°C must be kept at home (or will be sent home). **It is advised that the child stay home fever free for at least 24 hours.** His/her activity level and appetite should be back to normal as well.

Hospitalisation: Where a child has been hospitalised and is attending the centre within 24 hours of discharge, it is advisable for the child’s condition to be discussed with the Director. It is preferred that the child remains at home until they are fully recovered. Individual circumstances will vary; hence decisions may be made on a case by case basis by the Director after consultation with a medical practitioner.

Prescribed antibiotics: A child who has been prescribed antibiotics for an illness should be kept at home for at least 24 hours after the commencement of antibiotics. The centre is not to administer the first dose of any medication in case of severe reaction.

Diarrhoea: A child who has watery stools should not return to the centre until he or she has been free of the diarrhoea for 24 hours. All loose bowel actions will be treated as potentially infectious. If the child has a condition which regularly causes diarrhoea, please alert staff to this when you enroll your child.
If a child has three consecutive 'excessive evacuations' of fluid faeces whether in nappies or not, their parent/guardian will be contacted as they will need to go home.

Vomiting: A child who is vomiting should be kept home until the vomiting has ceased for at least 24 hours. Micro- organisms that cause vomiting and diarrhoea are highly contagious and will spread through the centre very rapidly.

Conjunctivitis: This is an infection of the eyes, characterised by redness, a yellow discharge and watering of the eye. This condition requires specific medical treatment and children may not return to the centre until medication has been commenced and discharge from eyes has ceased. A doctor's certificate is required if the condition is believed NOT to be infectious.

Impetigo (school sores): This is a contagious skin infection characterized by crusted sores, which usually first appear on the face. The condition requires specific medical attention and the child should be kept at home until the sores have dried up, or treatment has started and the sores are covered.

Pediculosis (head lice): The child should be excluded until treatment has been commenced. Other members of the family will also need to be checked.

Cold Sores (herpes simplex): These are painful sores usually around the mouth and possibly with an associated fever. The condition requires medical attention if the infection is severe or if the sores become secondarily infected. The child should be excluded until the sores have dried up, particularly where there is a risk of the infected child coming into contact with young babies.

Hand-foot-mouth disease: This is a highly contagious infection that needs medical treatment. It consists of small lesions which tend to spread quickly on the tongue or inside the mouth around the cheek region. It also appears on hands, feet and legs and occasionally they may appear on the buttocks. Parents are asked to keep children away from the centre until blisters have dried and they have recovered from the infection. All other communicable disease will be treated in accordance with Department of Health's exclusion table recommendations.

INFECTIOUS CONTROL RIK ASSESSMENT PROCEDURES:

1. Disposable gloves will be worn at all times when contact with body fluids is unavoidable e.g. dealing with blood and other bodily fluids such as vomit, pus, discharge etc.
2. Disposable gloves are for single use only and new gloves need to be used for each child.

3. To remove gloves - peel back from wrists and drop into waste bag. Do not reuse disposable gloves. Wash hands thoroughly after removing gloves.
4. Blood stained clothing should be secured in a plastic bag and sent home with the child only after Soaking Procedures are followed which are located in TCC's Laundry area or in TCC's Preschool bathroom.
5. Cleaning and disinfecting
 - a. Cleaning is important in order to prevent the spread of infection. This can be achieved by using hot water and detergent or a suitable commercial cleaner. In some instances disinfectant is recommended – *after the area has been cleaned.*
 - b. Toilets must be checked after use and cleaned twice daily (second time done by cleaners on cleaning night) and at other times if necessary.
6. Sand Pits
 - a. Must be kept cleaned, a daily maintenance check completed and action taken accordingly if any hazard items are found.

TCC'S LEGAL OBLIGATION TO REPORT

In Victoria, children services centres, such as childcare centres and kindergartens, Family Day Care and Out of School Hours Care, have a responsibility under the Public Health and Wellbeing Regulations 2008 to notify the public health unit about any of the following diseases:

- Whooping cough (pertussis)
- Polio & Measles
- Mumps & Rubella (German measles) & Meningococcal disease
- Coronavirus19

Management must contact the Department for Health and Human Services immediately if a child is suspected of having one of the six infectious diseases above. Management must follow directions from the department regarding alerting parents, excluding unwell children or displaying signage.

Contact details: 1300 651 160. (24/7) Email: www.health.vic.gov.au/notify

Source: Source: Staying Healthy in Childcare 5th edition <https://www.nhmrc.gov.au/guidelines-publications/ch55> 19/2/20

'No Jap No Play' resource kit- <https://www2.health.vic.gov.au/public-health/immunisation/vaccination-children-adolescents/no-jab-no-play> 19/2/20

CORONOA VIRUS (covid-19) MANAGEMENT

POLICY:

COVID-19 is a new strain of coronavirus that was originally identified in Wuhan, Hubei Province, China in December 2019. The World Health Organization (WHO), has declared that COVID-19 outbreak as a 'pandemic' - a Public Health Emergency of International Concern (effective 11 March 2020). This is mainly due to the speed and scale of transmission of the virus in countries around the world, including Australia. COVID-19 is transmitted from someone who is infected with the virus to others in close contact through contaminated droplets spread by coughing or sneezing or by contact with contaminated hands or surfaces. According to Department of Health, the time of exposure to the virus and when symptoms first occur is anywhere from 2-14 days. Symptoms can range from a mild illness, similar to a cold or flu, to pneumonia. People with COVID-19 may experience:

1. fever
2. flu-like symptoms such as coughing, sore throat and fatigue
3. shortness of breath

The [Australian Government](#) is constantly updating the current status of COVID-19 including health recommendations, travel restrictions, and a vast collection of resources and information to help people make informed decisions. As this information is changing rapidly, TCC is constantly monitoring health alerts and implementing measures suggested by key health experts to minimise the transmission of COVID-19.

TCC has a range of comprehensive policies/practices in place to guide best practice in relation to health and safety, dealing with infectious diseases and maintaining a child safe environment. Our duty of care and responsibilities to children, parents, families and all staff to provide a safe environment is of utmost importance.

The evolving nature of COVID-19 and the unprecedented steps required to protect our community as recommended by the Australian Government, has resulted in the development of a specific policy to assist TCC manage this pandemic.

This policy will change as required to ensure the protective measures against COVID-19 as advised by our government are implemented by TCC.

PURPOSE

TCC will minimise children's exposure to COVID-19 by adhering to all recommended guidelines from the Australian Government- Department of Health and local Public Health Units to slow the spread of the virus. We will implement practices that help to reduce the transmission of the virus including the exclusion of any person (child, educator, staff, parent, visitor or volunteer) that is suspected or has tested positive to having COVID-19. TCC will implement effective hygiene practices as per our existing policies and procedures.

TCC will provide up-to-date information and advice to parents, families and educators sourced from the Australian Government, Department of Health and state Ministry of Health about COVID-19 as it becomes available. Recommendations and health measures mandated by the Health Department will be strictly adhered to at all times.

IMPLEMENTATION

TCC is committed to minimise the spread of the COVID-19 virus by implementing recommendations provided by the [Australian Government- Department of Health](#).

TCC implements 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 TCC.

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. COVID-19 is a notifiable condition in all states and territories of Australia. In the event of any child, educator, staff member or visitor attending TCC who is suspected or confirmed to have the infection, the Approved Provider will contact their Public Health Unit.

National Coronavirus (COVID-19) Health Information Line
1800 020 080 Call 131 450 for translating and interpreting service
Public Health Unit- Local state and territory health departments

This policy can be read in conjunction with our other TCC policies:

- Dealing with medical Conditions and Management
- First Aid Administration
- Medical Conditions Policy
- Health & Hygiene Policy
- Health and Safety Policies
- Fess Service Management Policies

Minimising the transmission of COVID-19

Effective 15 March 2020, the Australian Health Protection Principal Committee has made recommendations to the general public to help manage the spread of COVID-19. These measures include implementing good hygiene, self-isolation and social distancing.

TCC will ensure hand hygiene posters and procedures (including alcohol-based hand santiser) and information about COVID-19 is clearly displayed at the front entry and communicated to families through email, TCC's closed facebook page and our KIDSOFT mobile communication system. Alcohol-based hand santiser will be kept out of reach of young children and only available for adults to use, however, we encourage all adults to apply this to their child as they enter and exit TCC and assist them so none reaches their eyes.

Information provided to families may include:

- symptoms of COVID-19
- transmission of the virus
- self-isolation and exclusion
- prevention strategies- including hygiene and self-isolation
- contact details for health assistance
- payment of fees

The Approved Provider, Nominated Supervisor, educators, staff, families and visitors will comply with the following:

- Exclusion/ Self-isolation/ Self-quarantine
- Any person employed or visiting TCC must confirm that they have not returned from overseas travel in the past 14 days prior to entering TCC.
- Effective 16 March 2020, any person entering Australia from any destination, will be required to self-isolate for 14 days

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- any person who has been in close contact with someone who has a positive diagnosis, or suspected diagnosis of the virus, must self-isolate for 14 days
- household members of a person (including children) who has a confirmed case of COVID-19 must also be isolated from TCC and general public
 - the Public Health Unit will provide further information on a case-by-case basis as to the length and place of isolation. (see: [COVID-19 home isolation](#))
 - families must immediately advise TCC if they, or anyone in their family, develops any symptoms of the virus or receives a positive result of the virus whilst in isolation
 - any person (employee, enrolled child, parent, caregiver, visitor or contractor) who is displaying symptoms such as: fever, coughing, sore throat, fatigue and shortness of breath, must seek urgent medical attention to determine if they need to be tested for COVID-19 and not attend TCC **under any circumstance**
 - a medical certificate may be required to return to care following the 14 days of isolation.

Implement effective hygiene measures

The Government has emphasised that effective handwashing is a vital strategy to help reduce the spread of the COVID-19 virus. Handwashing with soap and water for at least 20 seconds whenever you cough, sneeze or blow your nose, prepare food or eat, touch your face or use the toilet is recommended.

TCC will adhere to National Regulation requirements, and Government guidelines to ensure all educators, children, families and visitors to TCC implement best practice.

TCC will ensure:

- all employees, parents, children and visitors must wash their hands with soap and water or use the alcohol-based hand sanitiser provided upon arrival to TCC.
- hands must be thoroughly dried using disposal paper and disposed of in the bin provided
- disposable tissues must be used to wipe noses, eyes or mouths and disposed of in the bin provided immediately after use
- hands must be washed following the use of tissues

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- hands must be washed thoroughly using soap and water before and after using the toilet
 - cough and sneeze etiquette must be used- cover your cough and sneeze into a tissue or elbow
 - educators and staff must adhere to our *Handwashing Policies* at all times
 - children are supervised when washing hands
 - educators and staff must adhere to effective food preparation and food handling procedures
 - educators will wash their hands or use alcohol based sanitiser, before wearing gloves and wash their hands after wearing gloves
 - educators and staff must adhere to our *Health and Safety Policy* for cleaning and disinfecting surfaces and equipment (such as toys, puzzles, outdoor toys, bedding, playdough etc) as per *Staying healthy: Preventing infectious diseases in early childhood education and care services* recommendations
 - equipment, resources and surfaces including taps, door handles etc will be cleaned daily (or more frequently as required) using detergent and water followed by disinfectant
 - cleaning contractors hygienically clean TCC at night every day to ensure risk of contamination is removed. Note: According to the World Health Organisation, COVID-19 may survive on surfaces for a few hours or up to several days. (March 14, 2020)

Social distancing in childcare

- Social distancing is important because COVID-19 is most likely spread from person-to-person through close contact with a person while they are infectious, close contact with a person with a confirmed infection who coughs or sneezes or from touching objects or surfaces (such as door handles or tables) contaminated from a cough or sneeze from a person with a confirmed infection and then touching your nose or mouth. (source: Australian Government Department of Health. Coronavirus disease)

To reduce the spread of germs:

- if your child is sick, do not send them to TCC
- do not visit TCC if you or another family member is unwell

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- sanitise your hands at regular intervals throughout the day and when entering TCC
 - avoid physical contact with other people who may be sick- such as older people and people with existing health conditions
 - clean and disinfect high touch surfaces regularly (door handles, car seats, mobile phone, toys, dummies)
 - promote strictest hygiene measures when preparing food at home and at TCC.
 - where possible, outdoor play will be promoted within TCC to provide children with additional personal space
 - large groups will be monitored to provide flexible learning to ensure groups are smaller in both the indoor and outdoor environment
 - ventilation within TCC will be increased
 - contact parents of children who have chronic medical conditions or immunosuppression as they may be at an increased risk of disease and require additional support/care
 - TCC will cancel all group outings to public places (excursions to local shops, schools, libraries, aged care facilities)
 - TCC will cancel large group celebrations (Easter, Grandparent's Day, special day celebrations) if advised by the Health Department or we deem this as best practice.

Suspected cases of COVID-19 at TCC

- As per our *Sick Child Policy* we reserve the right to refuse a child into care if they:
 - we have reasonable grounds to believe that a child has a contagious or infectious disease (this includes COVID-19)
 - 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 TCC
 - have started a course of anti-biotics in the last 24 hours
- If your child becomes ill whilst at TCC, educators/staff will respond to their individual symptoms of illness and provide comfort and care.

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- Educators will take your child's temperature. If the temperature is above **38°C** you will be contacted immediately and required to collect your child within 30 minutes. If you are unable to collect your child, an emergency contact person will be contacted, and they must collect your child within 30 minutes.
 - Educators will attempt to lower your child's temperature by:
 - removing excessive clothing (shoes, socks, jumpers)
 - encourage your child to take small sips of water
 - move your child to a quiet area where they can rest whilst being supervised
 - Educators will wear disposable gloves to avoid possible contamination.
 - Educators will keep accurate records of the child's temperature, time taken, time parent/s were contacted, staff member's name and time of collection.
 - All information will be recorded in our *Incident, Illness, Accident and Trauma* Record. Parents will be required to sign this record upon collection of their child.
 - Parents are reminded to ensure their contact details are current and emergency contact details are updated if required.
 - TCC also reserves the right to prevent employees, parents, family members or visitors to enter our premises if the Approved Provider or Nominated Supervisor suspects instances of COVID-19.

Notification

- The Approved Provider or Nominated Supervisor is mandated by law to notify the Public Health Unit or [Health Information hotline](#) on 1800 020 080 of any confirmed or suspected cases of COVID-19. In addition, the Approved Provider must also notify the [Regulatory Authority](#) in their state or territory within 24 hours.
- Management reserves the right to request employees to self-isolate if they suspect they have come into contact with someone who has a confirmed COVID-19 infection.

Talking to children about COVID-19

- As per our *Interactions with Children, Families and Staff Policy*, TCC is committed to maintaining positive interactions and relationships with children and their families. Information provided to children about COVID-19 will be age appropriate and sensitive to their emotional wellbeing. Educators will both acknowledge children's concerns and be open to discussions about COVID-19.

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- Educators will inform children about the virus and emphasise preventative measures such as handwashing, use of tissues, cough and sneeze techniques and limiting touching other children's faces through play based experiences and routines.
 - Posters to demonstrate correct handwashing methods will be referred to and educators will model techniques.
 - Children's emotional well-being will be closely monitored by all educators and staff and any concerns communicated with parents and families.
 - Children's questions will be respected and supported.
 - In the event of TCC being closed as a precaution to limit the spread of the virus, information will be provided to parents/families to help explain the situation to young children.

Payment of Fees

Fees are payable to TCC for all enrolled children including pupil free days, sick days and family holidays. Child Care Subsidy can only be paid where services are open and providing care. The only exclusion is for public holidays or when a period of local emergency has been declared (eg: bushfire). If a child does not attend TCC as a precautionary measure, payment of fees is still required.

Absences from childcare – Child Care Subsidy

- Whether a child is ill or not and does not attend care as part of the family's own precautionary measure against potential contact with COVID-19, Child Care Subsidy (CCS) can be paid for up to 42 absence days per child, per financial year without the need for families to provide documentation.
- Once a child's 42 initial absences have been used, CCS can be paid for additional absences for a reason including illness from COVID-19 or where self-isolation is supported by a medical certificate.
- If a child is not ill, and does not attend care, due to the family's own precautionary measure against contracting COVID-19, some medical practitioners (GP) may support families by providing a medical certificate if required. Fees will still be payable if the child does not attend TCC.
- If a child is not ill and does not attend care for a longer period, the family may wish to follow the established advice around longer absences (families are to

Contact Centrelink for more Information, noting that an enrolment automatically ceases when a child does not attend care for 14 weeks).

- Families who are unsure about sending their child to child care for possible COVID-19 related reasons, should contact the National Coronavirus Health Hotline on 1800 020 080 for advice.

What happens if TCC is forced to close?

- The decision to close TCC will be made, and advised, by relevant state and territory governments or the Regulatory Authority. This may be due to a confirmed case of COVID-19 in our Community or be done as a preventative measure to ‘slow down’ the virus.
- Should this occur, all families will be notified immediately via email, KIDSOFT texting system and/or TCC’s Facebook page
- The Approved Provider will notify the [Regulatory Authority](#) within 24 hours of any closure via the [NQA IT System](#)
- As childcare cannot be offered if TCC is forced to close, fees cannot be charged as per Family Assistance Law.
- Under workplace health and safety laws, TCC must ensure the health and safety of all employees.

Confirmed COVID-19

- If an educator or staff member is confirmed to have COVID-19, they are unable to attend the workplace and cannot return unless they have a clearance from a General Practitioner of Public Health Unit.
- Full and part-time employees who cannot attend work due to illness can take paid sick leave.

Caring for a family member or emergency

- If an employee cannot attend work due to caring for a family member due to COVID-19, they are entitled to take paid carer’s leave. Casual employees are eligible to have 2 days unpaid carer’s leave per occasion. See Fair Work Act for entitlements for casual, part time and full-time employees.

Self-isolation due to travel

- As per Australian Government's new measures for COVID-19 effective 16 March 2020, any person returning from overseas must self-isolate for at least 14 days. The employee is not entitled to be paid (unless they use paid leave entitlements).

Self-Isolation directed by TCC Management

Self-isolation as a precaution

- If an employee wants to stay home as a precaution of contracting COVID-19 they may negotiate to take unpaid leave, annual leave or long service leave with Management.

Employees who are stuck overseas or in quarantine

- If an employee cannot return to Australia due to the COVID-19 virus, they must contact the Approved Provider immediately. Management will negotiate payment considering accrued sick leave, annual leave or unpaid leave.

Waivers

- In the event of staff members requiring to self-isolate due to possible infection of COVID-19, the Approved Provider will apply to the Regulatory Authority for waivers for qualifications and/or ratios to minimise disruptions to our provision of care.

Community Child Care Fund Special Circumstance Grant Opportunity

- To ensure services impacted by COVID-19 can continue to operate and provide continuity of care, in communities, Services can access funding to help cover business costs, including wages. The amount of funding will be determined on a case-by-case basis and includes Family Day Care educators. Further information is available through the [CCCCF Special Circumstances Grant Opportunity](#) webpage.

Communicating with families

- Due to the fluid nature of COVID-19 and the necessity of self-isolation for some staff members, TCC will endeavor to inform parents and families of any staff changes on a daily basis.

- Staff who have approved leave will be replaced with casual staff and families will be informed as per our usual practices to ensure continuity of care where possible.

Caring for our community

- We understand that the outbreak of COVID-19 and the constant amount of information received through the media may be very stressful to young children and parents. The anxiety about this disease may be overwhelming and cause fear and anxiety to some people, especially children.
- TCC is committed to continue to provide quality education and care to all children and support families responsibly during this unprecedented challenge with the COVID-19 outbreak. Knowing how to look after yourself, and others is very important during this crisis. We will promote a safe and supportive environment by:
 - acknowledging and listening to children's questions
 - promoting and implementing hygiene routines for handwashing and cough and sneezing
 - keeping regular and familiar routines within TCC
 - ensuring children eat well throughout the day
 - engaging children in play, games and other physical activities
 - being alert to children's level of anxiety and provide quiet and relaxing activities
 - ensuring children are provided with rest and sleep when needed
 - providing information to families and support services as required
 - reassuring children are safe

Source

Australian Children's Education & Care Quality Authority. (2014).

Australian Government Department of Health *Health Topics* [Health Topics Coronavirus COVID-19](#)

Australian Government Fair Work Ombudsman *Coronavirus and Australian workplace laws* (updated 13 March 2020) <https://www.fairwork.gov.au/about-us/news-and-media-releases/website-news/coronavirus-and-australian-workplace-laws>

Australian Government Department of Education, Skills and Employment *Information for child care providers and services* <https://docs-edu.govcms.gov.au/node/53362>

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

National Regulations. (2017). Guide to the National Quality Standard. (2020)

National Health and Medical Research Council. (2012). *Staying healthy: Preventing infectious diseases in early childhood education and care services.*

Public Health Act 2010 *Public Health Amendment Act 2017* Public Health and Wellbeing Regulations 2019

Victoria *Revised National Quality Standard.* (2018).

Food Safety Act\TCC's Food Safety Policies and practices

Revised March 2021

HIV/AIDS & HEPATITIS

DEFINITIONS:

A.I.D.S: means Acquired Immune Deficiency Syndrome

HIV: the virus which causes AIDS, known as Human Immune Deficiency Virus.

INFECTIOUS CONTROL: name given to a combination of basic hygiene measures to prevent the spread of infection.

HEPATITIS: The word "hepatitis" means inflammation of the liver. This can be caused by a number of things, such as chemicals, alcohol, drugs and infection by viruses. The viral hepatitis are a group comprising of several different viral hepatitis infections, which may have similar clinical presentations but which differ in their epidemiology, etiology, immunology, and pathology. The symptoms of acute viral hepatitis include fever, headache, lethargy, nausea, dark urine, pale stools and jaundice. The most commonly encountered viral hepatitis are type A, type B and type C.

Hepatitis A

Commonly referred to as infectious hepatitis, hepatitis A is caused by an enterovirus. Infection, particularly in children, may be asymptomatic, or symptoms may be mild, thus the incidence of hepatitis A is difficult to determine.

Symptoms, when present, may include abdominal discomfort, loss of appetite, nausea, low-grade fever and tiredness, sometimes followed by jaundice, dark urine and pale faeces. The infectious period is from two weeks before jaundice occurs, then during the first week of jaundice. There is no specific treatment for hepatitis A. Most patients are told to rest for one to four weeks after diagnosis is made, and to avoid intimate contact with other people.

Transmission

Transmission of infection is by the faecal-oral route, usually by ingesting water or food that has been contaminated with faecal matter containing the virus. Recent significant outbreaks in Australia have been associated with contaminated foods such as oysters.

Prevention

Control of the spread of the infection includes:

Good hygiene, including adequate hand washing and cleaning procedures,

Excluding employees from work or children from care centres, for seven days after the onset of jaundice or illness, and

Vaccination of groups at risk.

Hepatitis A vaccination is recommended for all children at age 1. Details of Hepatitis A vaccine and vaccination recommendations are available in the Staying Healthy in Childcare 5th edition.

Surveillance and reporting

Hepatitis A is a notifiable disease. Notifications are reported to State and Territory health departments, and then collated nationally in the National Notifiable Diseases Surveillance System (NNDSS). NNDSS data are published in Communicable Diseases Intelligence (CDI) and can be accessed on the department's website.

Hepatitis B

Hepatitis B virus (HBV) belongs to the hepadnavirus family. Most people infected with the virus do not develop clinically recognised illness. It is estimated that less than 10 per cent of children and 30-50 per cent of adults who experience an acute hepatitis B infection will have jaundice. Of those that develop clinical disease, the severity varies considerably, some cases detectable only by liver function tests and others developing into liver failure. Some individuals, who are carriers of the virus for many years, have a very high risk of developing chronic hepatitis and hepatocellular carcinoma later in life. HBV may cause as many as 80 per cent of all cases of hepatocellular carcinoma worldwide.

Transmission

Transmission occurs by exposure to infective body fluids. After inoculation with the virus, there is an incubation period usually between 45 and 180 days. In infected individuals, hepatitis surface antigen (HBsAg) has been found in most body secretions. Transmission usually occurs from

inoculation or mucosal contact with blood or sexual secretions from a person with active infection (HBsAg positive). Known modes of infection include blood transfusion, sharing of needles and syringes, sexual contact and mother to baby during birth. Unlike HIV, HBV is stable in the environment (eg. on surfaces) for several days, posing the risk of indirect inoculation.

About 2-4 per cent of those infected as adults and most infants, who are infected, will remain so for many years, becoming virus carriers and a potential source of infection to others. All people who are HBsAg positive are potentially infectious. Chronically infected patients who are HBcAg positive may also be infectious.

Prevention

Control of the spread of infection includes:

Avoiding sharing of injecting equipment such as needles and syringes;

Precautions when handling blood-contaminated items;

Good hand washing, cleaning and disinfecting practices;

Covering open sores, cuts and abrasions;

Prevention of aggressive behaviour such as biting and scratching; and.

Vaccination of groups at risk.

There is currently no cure for hepatitis B. Hepatitis B vaccination is available and recommended for all infants, older children and adolescents who were not vaccinated previously, and adults at risk for HBV infection. The vaccine is safe and effective (see page [NHMRC Immunisation Handbook, 8th Edition](#)) and vaccination has recently been added to the NHMRC Standard vaccination schedule. Hepatitis B is a notifiable disease. Notifications are reported to State and Territory health departments, and then collated nationally in the [National Notifiable Diseases Surveillance System \(NNDSS\)](#). NNDSS data are published in [Communicable Diseases Intelligence \(CDI\)](#) and can be accessed on the department's website. Carrier rates are likely to be about 0.1 to 0.2 per cent amongst Caucasians in Australia. Higher carriage rates often occur in Mediterranean and Asian population groups, and can be as high as 10 per cent in some Aboriginal communities.

Hepatitis C

Hepatitis C (HCV) is caused by an enveloped RNA virus which belongs to the family Flaviviridae. While the virus is frequently asymptomatic, infection may result in chronic carriage of the virus in at least 50 per cent of cases. About 20 per cent of these patients develop cirrhosis of the liver within approximately 20 years and 5-10 per cent of these will develop liver cancer within 5-10 years. Symptoms of hepatitis C may include abdominal discomfort, loss of appetite, nausea, fever, tiredness, joint pain, dark urine, and jaundice.

Transmission

Hepatitis C is essentially a blood-borne disease, and the current data suggest that it is spread mainly through the sharing of needles and syringes by injecting drug users. It accounted for up to 90 per cent of all transfusion-related cases of non-A, non-B hepatitis before the screening of blood donations. Mother-to-child transmission may also occur. In Australia, injecting drug use is currently the most frequent route of transmission. The incubation period ranges from two to six months, commonly 6-9 weeks. Hepatitis C is infectious from one or more weeks before the onset of symptoms to indefinitely in most infected persons.

Prevention

Control of the spread of the infection includes:

Avoiding sharing of injecting equipment such as needles and syringes;

Precautions when handling blood-contaminated items;

Good hand washing, cleaning and disinfecting practices;

Covering open sores, cuts and abrasions;

Prevention of aggressive behaviour such as biting and scratching

Recent evidence indicates over 50 per cent of people who are infected and who undergo treatment will be cured with available therapies. People who successfully complete treatment no longer experience hepatitis C related symptoms or progression of severe liver disease.

There is currently no vaccine for hepatitis C.

Surveillance and reporting

Hepatitis C is a notifiable disease. Notifications are reported to State and Territory health departments, and then collated nationally in the [National Notifiable Diseases Surveillance System](#) (NNDSS). NNDSS data are published in [Communicable Diseases Intelligence](#) (CDI) and can be accessed on the department's website. For further information about the Hepatitis C Virus (HCV) please refer to the [National Hepatitis C Resource Manual](#). It covers essential information on the hepatitis C virus, other hepatides, reducing transmission, testing, health maintenance, care and support, treatments, preventing discrimination, education and training, and a summary of jurisdictional responses to hepatitis C.

Anti Discrimination

No educator, prospective educator or child will be discriminated against on the grounds of having, or being assumed to have, HIV/AIDS infection.

Being infected with HIV/AIDS is not grounds for exclusion of a child, parent, or educator.

Confidentiality

Information regarding the HIV/AIDS status of any child, parent or educator will remain confidential and all reasonable steps will be taken to develop and implement systems to protect the privacy of that person.

Occupational Health & Safety

Management will ensure that all educators are aware of their responsibilities towards service users, educators, and all people in their care.

The service shall at all times follow proper infection control procedures to prevent the risk of transmission of communicable diseases.

No child, parent or staff member will be denied First Aid at any time.

The centre will ensure that First Aid equipment for protection against risk of infection from HIV/AIDS/Hepatitis will be available at all times.

Information and Education

Management will ensure that all educators have access to educational material about the basic facts on HIV/AIDS/Hepatitis and to further information and support services.

Grievance Procedure

Management will develop a procedure for the protection of educators, parents and users of the service, in the event of a grievance related to the HIV/AIDS policy.

PROCEDURES:

For Infection Control

The following statements are based on the principles that *all people are potentially infectious* and that infection control will be universally practiced.

- All educators will receive education about infection control at induction.
- Educators will have access to in-service training on an annual basis.
- Educators and users will have access to materials that will enable them to implement infection control procedures. (This will include bleach, disposable gloves etc). This First Aid cabinet will be equipped at all times with rubber gloves.
-

For Responding to Exposure

- Full details of the incident must be reported.
- Any incidents, which an educator believes may have resulted in exposure to HIV/AIDS, must be reported to the Licensee(s) with appropriate confidentiality controls.
- The educator/user should be told to consult a qualified medical practitioner or an accredited counsellor immediately, to assess need for testing.

For Confidentiality

- There is no obligation, legal or otherwise for anyone to inform employer, service provider, or service of their HIV status, consequently:
- Such information must not be disclosed without informed consent of the individual (or guardian for a person under the age of 18 years). The appropriate consent form must be used and a pro forma is attached to this policy.
- All such information must be kept securely (under lock and key) within the centre, and access to this information must only be available to the person who has been informed.
- No routine or mandatory HIV testing may be carried out on the service users or educator.
- No testing may be carried out without the informed consent of the individual, and provision of pre and post test counselling, by an accredited counsellor, or qualified medical practitioner.
-

Grievance Procedure

The Licensee (s) is responsible for receiving any grievances in relation to HIV/AIDS issues or policy. Grievances must be made in writing to the Licensee(s) at the centre.
All grievances must be dealt with in a manner that complies with the legislation.

TCC RECOMMENDATIONS

TCC recommend that parents inform the Director immediately if their child is infected with any of the above diseases (these are all notifiable diseases under the Health Act, refer list below) so that appropriate measures can be taken.

- The child does need to be excluded if they are displaying the active symptoms of the disease.
- Counselling information and education programs/sessions may be made available on request/as required.
-

Some Australian national notifiable diseases

Acquired immunodeficiency syndrome (AIDS)

Hepatitis B (newly acquired)

Hepatitis B (unspecified)

Hepatitis C (newly acquired)

Hepatitis C (unspecified)

Hepatitis D

Hepatitis (not elsewhere classified)

Human immunodeficiency virus (HIV) - child aged less than 18 months at the time of blood sample collection

Human immunodeficiency virus (HIV) - newly acquired

Human immunodeficiency virus (HIV) - unspecified

Source:

<https://www.nhmrc.gov.au/guidelines-publications/ch55https://www2.health.vic.gov.au/public-health/immunisation/vaccination-children-adolescents/no-jab-no-play> 19/2/20

IMMUNISATION, 'No Jab No Play' (educator and children)

POLICY:

Under the New 'No Jab, No Play' legislation, before enrolling a child, TCC will first have to obtain evidence that the child is:

1. Fully immunised for their age OR
2. On a vaccination catch-up program (16 week grace period)
or
3. Unable to be fully immunised due to medical reasons

The Health Department Victoria and Department of Education and Training recommends that all children and educators be immunised for:

Disease\vaccine
Whooping cough (pertussis) vaccine
Measles, mumps, rubella (MMR) vaccine
Chicken pox (varicella) vaccine
Hepatitis A Vaccine
Seasonal Influenza Vaccine

TCC endeavours to prevent the spread of illness and disease by implementing the following strategies (refer Hygiene policy):

1. Promote handwashing and other hygienic practices,
2. Identify and exclude children and educators with symptoms' of an excludable infectious illness or disease,
3. Maintain clean and hygienic environments
4. Encouraging child and adult immunisation

PROCEDURE:

1. Parents will be asked of their child's immunisation status and/or details upon enrolment. Educators need to sight the child's immunisation records or book. Educators will continue to ask parents throughout the year to update their immunisation status. This will be done using TCC's Facebook page, and SMS Kidsoft system (19\2\20)
2. If a child has not been fully immunised, it is the parent's responsibility to have the immunisations up-to-date before they commence childcare.
3. If the child cannot be immunised due to medical considerations, they will not be enrolled until discussions are had with the child's doctor, the family and TCC Committee of Management.
4. If the child is not immunised, parents will be informed of any outbreak of any of the above diseases in the centre and offered the option of withdrawing the child from care for the period of the outbreak.
5. A list of non-immunised children must be kept on record by educators within the guidelines of confidentiality.
6. The centre refers to current recommendations from recognised health authorities to update centre policies.
7. Educators are encouraged to maintain their immunisation status against diseases.
8. TCC maintains a list of immunised educators on record which is maintained (in the office) and monitored regularly.
9. Educators are encouraged to be vigilant in sighting any symptoms of excludable infectious illness or disease (refer to Infectious Diseases and Control policies)

Source:

<https://www2.health.vic.gov.au/public-health/immunisation/vaccination-children/no-jab-no-play> 19/2/20

SUN PROTECTION

POLICY:

TCC's Sun Smart Policy has been developed to protect all children and educators from the harmful effects of ultraviolet (UV) radiation from the sun, especially since there is a high risk of unprotected sun exposure in the first fifteen years of life significantly increasing a child's risk of developing skin cancer later in life. The educators will endeavor to protect children from excessive exposure to the sun during peak UV radiation periods whenever **UV levels reach three and above, typically from mid-August to the end of April in Victoria.**

Educators and children are encouraged to access the daily local sun protection times Sunsmart.com.au or on the free SunSmart app to assist with the implementation of this policy. The sun protection times are a forecast from the Bureau of Meteorology for the time of day UV levels are forecast to reach 3 or higher. At these levels, sun protection is recommended for all skin types. In Victoria, UV levels regularly reach 3 or higher from mid-August to the end of April. SunSmart practices consider the special needs of infants. All babies under 12 months are kept out of direct sun when UV levels are three and above. Physical protection such as shade, clothing and broad-brimmed hats are the best sun protection measures. If babies are kept out of the sun or well protected from UV radiation by clothing, hats and shade, then sunscreen need only be used occasionally on very small areas of a baby's skin. The widespread use of sunscreen on babies under 6 months old is not recommended.

STRATEGIES AND PRACTISES:

When UV levels are three and above, TCC will require children and educators to wear a broadbrimmed (minimum 6cm brim), legionnaire or bucket hat which protects the face, neck and ears whenever they are outside. Parents will be encouraged to have winter hats available during the rest of the year. Children will also be required to wear sun protective clothing that covers as much skin as possible (loose fitted shirts/dresses with sleeves and collars or covered necklines, longer style skirts, shorts or trousers) when playing outside from mid-August to the end of April, no midriff, crop or singlet tops will be allowed.

1. If a child does not have covering clothing or refuses to wear a hat, or no hat is made available from the family, where possible educators will organize that play equipment be placed in/under shade and children will be encouraged to make use of shaded areas. However, children will ideally be encouraged to remain indoors for indoor play.
2. TCC will make available bucket hats to TCC families which can be purchased at cost price. Educators will encourage families to leave their child's hat at TCC at all times to meet the family's needs.
3. SPF 30 or higher, broad spectrum, water-resistant sunscreen will be provided for educators and children's use as necessary. With parent's permission, educators will apply sunscreen to children at **least 20 minutes** before outdoor play from mid-August

to 30th April and it will be reapplied every 2 hours when outdoors. Sunscreen is stored in a cool place, out of the sun and the expiry date is monitored.

Older children will be encouraged to apply sunscreen to their own arms and legs and where unable (ie 0-24 months) educators will assist using a clean tissue per child and following correct hygiene practices. Advice from the National Health and Medical Research Council (NHMRC) states that for children unable to apply their own sunscreen, it is recommended that if an educator is doing 'mass sunscreen applying' they should wash their hands before and after the task. They can use a different tissue for each child when applying the sunscreen, however, unless the child (or the carer) has a visible skin disease or a cold / virus, it is not really an infection-control issue. If a child does have a visible skin disease e.g. eczema or open skin wound, or a cold / virus their sunscreen should be applied last washing hands before and after the task or using gloves or a tissue if preferred.

4. Educators will role model and assist children to apply their own sunscreen in an effective independent manner.
5. If a new brand of sunscreen is being used for the first time, a small amount will be tested on the child's arm in case of allergic reaction or parents may supply their own sunscreen if they know their child has problems with certain brands.
6. Tatura Children's Centre Inc will ensure there are a sufficient number of shelters and trees providing shade in the Centre's grounds. .
7. Excursions and all other outdoor activities will be scheduled to ensure there is shade whenever possible. The availability of shade will be considered when planning excursions and outdoor activities.
8. Educators and parents will act as role models by:
 - i. Wearing appropriate hats and clothing outdoors;
 - ii. Using SPF 30 or higher sunscreen for skin protection;
 - iii. Seeking shade whenever possible.
 - iv. Learning about the sun and how to protect skin from the sun will be incorporated into programmed activities.
9. TCC has spare hats, however, will promote for families to bring their own broad brimmed hat.
10. The Sun Smart policy will be reinforced in a positive way through parent newsletters, notice boards and meetings.
11. Educators and parents will be provided with educational material on sun protection.
12. When enrolling their child, parents will be:
 - i. Informed of the Sun Smart policy.
 - ii. Asked to provide a suitable hat for their child's use
 - iii. Required to give authority for educators to administer sunscreen.
 - iv. Encouraged to practice Sun Smart behavior themselves.

13. Management and educators will monitor and review the effectiveness of the sun protection policy regularly. Refer to the Cancer Council’s guidelines and website sunsmart.com.au for further information.

14. TCC will display the daily sun protection times in the foyer for all families and educators can see so they can see when sun protection is needed each day. An educator will write on this chart daily using the recommendations from the Sunsmart app.

Source:

<http://www.sunsmart.com.au/communities/early-childhood-primary-schools> 3/3/20

Education and Care Services National Regulations 2011

Part 4.3: Physical Environment	
Reg 113	Outdoor space: natural environment
Reg 114	Outdoor space: shade
Part 4.7: Leadership and service management	
Reg 168 (2)(a)(ii)	Policies and procedures: Sun protection

ARPANSA [Radiation Protection Standard for Occupational Exposure to Ultraviolet Radiation](#) (2006)

Safe Work Australia: [Guidance Note – Sun protection for outdoor workers](#) (2016)

AS 4174:2018 Knitted and woven shade fabrics

AS/NZS 1067.1:2016, Eye and face protection - Sunglasses and fashion spectacles

AS/NZS 4399:2017, Sun protective clothing - Evaluation and classification

AS/NZS 2604:2012 Sunscreen products - Evaluation and classification

Australian Government Therapeutics Goods Administration (TGA) – Australian regulatory guidelines for sunscreens:
[4. Labelling and advertising – directions for use of the product](#)

AS/NZS 4685.0:2017, Playground equipment and surfacing - Development, installation, inspection, maintenance and operation.6.2.1 *General considerations*, 6.3.9 *Shade and sun protection*, Appendix A *Shade and sun protection*

Source: Sunsmart Australia\Justine Osborne\Cancer Council Victoria 7\1\2020

CLOTHING, COMFORT AND SPARE CLOTHES

POLICY:

TCC will ensure that effective clothing, footwear and comfort strategies are implemented for both children and educators, including sun protection clothing (refer Sun Protection policy); to assist children's comfort, security and safety whilst at the children's centre. Children are more at ease, reassured, satisfied and less anxious when they are: dressed for warmth during winter or not over-dressed during summer, or wearing safe footwear when climbing outdoor play equipment.

Consideration and consultation will be provided to families regarding their child's individual needs including: age, different values, cultures or parenting beliefs which are associated with clothing and footwear.

At TCC, the term 'clothing and footwear' encompasses:

- Safe sleepwear,
- Sun protective clothing (refer Sun Protection policy),
- Clothing for messy play,
- Appropriate clothing for changing weather conditions and temperature of play environments,
- Clothing to facilitate self- help - including role play props,
- Safe footwear for play experiences such as climbing and running.

PROCEDURE:

1. Children's sleepwear will meet Australian Standards (refer Safe Comfortable Sleep/Rest policy).
2. Protective clothing for 'messy play' will be provided eg. a smock will be provided for painting.
3. Safe footwear for play experiences such as climbing and running include:
 - Closed toe sandals, shoes and sneakers.
4. Appropriate dress will be modeled by educators adhering to both the Sun Protection and Occupational, Health and Safety policies and the Code of Conduct. If educators arrive for work wearing inappropriate attire, they will be directed to change their clothing. The time taken by the educators to meet these requirements will be made up at TCC's convenience.
5. Appreciation for children's individuality will be shown by educators in respect of building opportunities for them to make choices in relation to getting dressed and the clothing they wear.
6. If children's clothing is soiled, educators whilst wearing disposable gloves will rinse the clothing, then place in a plastic bag to be sent home at pick up time. Replacement clothes will be provided if a spare set is not available.
7. TCC has a variety of spare clothes available to all ages if needed. These can be accessed by the children, educators or families as needed and we support families to ensure children are adequately supported with spare clothes as required

Source:

http://ncac.acecqa.gov.au/educator-resources/factsheets/qias_factsheet_15_children's_clothing%20.pdf
19/2/20(NQS 2.1.1)

OCCUPATIONAL HEALTH & SAFETY POLICY

POLICY:

This policy affirms Tatura Children Centre's commitment to occupational health and safety. This policy is ongoing and applies to all committee, educators, parents/guardians, children, contractors, visitors, volunteers and students attending the service.

POLICY STATEMENT

Tatura Children's Centre commits to provide a safe and healthy environment for employees, parents/guardians, children, contractors, visitors and volunteers.

This policy reflects the value Tatura Children's Centre places on its employees, children, parents/guardians and visitors by endeavouring to protect the health, safety and welfare of all members of its community. The commitment to occupational health and safety will be evidenced by the integration of that commitment into all organisational activities.

Tatura Children's centre will ensure that the management group, employees and volunteers are aware of their health and safety responsibilities as employers/employees/volunteers of Tatura Children's Centre.

Systematic identification, assessment and control of hazards will be undertaken. Effective communication and consultation form a fundamental part of the management process, encouraging innovative means of reducing risk in the work environment.

Training will be provided to assist educators to identify health and safety hazards, leading to safe work practices within the service.

Tatura Children's centre specifically recognises the need to ensure that:

- statutory requirements are fulfilled. In particular, the provisions of the Occupational Health and Safety Act 2004 and its successors, and that all relevant codes of practice are adopted and accepted as the minimum standard
- there is a systematic risk management approach to the management of workplace hazards
- hazards and risks to health and safety are identified, assessed and, where they cannot be eliminated, are controlled effectively
- measures to control hazards and risks to health and safety are monitored and evaluated regularly
- adequate instruction is given to employees in safe working procedures and that they are informed of any hazard to their well-being and health which may be known to be associated with the work in which they are involved
- consultation and cooperation between the management and employees is important for effective translation of objectives into action
- plant and equipment are maintained in a safe condition
- procedures are established and control is maintained in the workplace over harmful substances
- OHS accountability is included in all position descriptions
- adequate resources are allocated to fulfil the aims of this policy
- this policy will be displayed in a prominent workplace area.

BACKGROUND AND LEGISLATION

Occupational Health and Safety Act 2004

OHS Regulations 2007

Industry Regulations

WIRC Act 2014

DEFINITIONS

Hazard: Hazard means the potential to cause injury, illness or disease.

Hazard identification: Involves finding all of the foreseeable hazards in the workplace and understanding the possible harm that the hazards may cause.

Hazard management: Describes a structured process of hazard identification, risk assessment and control aimed at providing safe and healthy conditions for employees, contractors and visitors whilst on Tatura Children's Centre premises or whilst engaged in Tatura Children's Centre endorsed activities.

Harm: Harm is death, injury, illness (including psychological illness) or disease that may be suffered by a person as a consequence of exposure to a hazard.

Risk: Risk is the chance (or likelihood) that a hazard will cause harm to people.

Risk assessment: Is a process for developing knowledge and understanding about hazards and risks so that sound decisions can be taken about the control of hazards. Risk assessments assist in determining;

- what levels of harm can occur
- how harm can occur
- the likelihood that harm will occur.

Risk control: Is a thing, work process or system of work that eliminates an OHS hazard or risk, or if this is not reasonably practicable, reduces the risk so far as is reasonably practicable.

Evaluation: In order to assess whether the policy has achieved the values and purpose the committee will:

- consider feedback from staff, parents/guardians, volunteers regarding the policy and procedures and ensure that procedures are evaluated and if necessary revised following any incidents
- evaluate the awareness of educators and other relevant people of the procedures
- review the Occupational Health and Safety Policy on an annual basis.

Source: www.worksafe.vic.gov.au, Kindergartens Parents Victoria 1/2/18

SAFETY CHECKS AND MAINTENANCE OF BUILDINGS AND EQUIPMENT

POLICY:

TCC will conduct regular safety checks of the child care environment, maintain buildings and equipment effectively to minimise the risk of accidents, injuries and unexpected exposure to safety hazards.

PROCEDURE:

Safety of Grounds

1. A daily inspection of the grounds will be undertaken prior to the children being permitted to go outside. This inspection will include perimeters, fences, gates, paths and fixed equipment to preclude any dangerous or inappropriate object including dangerous insects or vegetation.
2. The yard (including the sandpit) will be inspected and maintained on a daily basis prior to being made available to children. In the event of foreign objects being found, educators will wear gloves and use a shovel/tongs (whatever is appropriate) and place in the rubbish to be disposed of.
3. Trees in the grounds will be checked regularly for dead or overhanging branches.
4. Equipment set up in the grounds will be placed no more than one metre high and will not obstruct the sight lines of supervisory educators.
5. It is the responsibility of the Director/authorised supervisor to ensure that educator child ratios are maintained outdoors, and outdoor educators are appropriately situated and actively supervising.

Safety of Buildings

1. It is the responsibility of the Director to develop a prioritised curriculum of required maintenance of the building early each calendar year.
2. This policy will be implemented through a variety of individual service procedures designed to ensure educators will inspect and maintain health and safety standards in each room of their service, including: child-proof locks on cupboards and gates; regular inspection and maintenance of electrical apparatus and power points; installation of circuit breakers at all buildings; floors being cleared and cleaned to prevent ripping and slipping; and, proper storage of equipment, including hazardous chemicals, medication and utensils to prevent injuries.
3. All air conditioning, fans and heating equipment will be checked for safety regularly and units stored out of reach of children.
4. The Director will complete a Building Safety Checklist of premises each bi-annually and ensure any maintenance requirements identified are undertaken.
5. Local Government & BCA regulations in regard to fire ventilation, natural and artificial lighting and safety glass will be adhered to.
6. Where possible wet weather facilities will be developed to allow both indoor and outdoor activities in all weather.
7. Grounds will be maintained to discourage any infestations of snakes, spiders and insects.

Procedures, Discussion, Planning and Professional Development

The centre will ensure:

1. The centre has a systematic procedure for daily safety checks
2. The centre has a systematic procedure for identifying and undertaking maintenance of buildings and equipment
3. Educators identify hazards and immediately remove the hazard or secure the area.
4. Toys and equipment are made available to children only in areas where they may be used safely
5. Toys and other play material for young children are chosen to minimise risk of swallowing or choking
6. All unused power points that are accessible to children have secure protective caps.
7. All electrical cords are out of reach of children or secured.
8. Double adaptors and power boards are not accessible to children.
9. Climbing equipment, swings and large pieces of furniture have stable bases and/or are securely anchored.
10. Climbing equipment, swings and other large pieces of equipment are located over areas with softfall surfaces recommended by recognised safety authorities.
11. The centre regularly obtains updated information from recognised safety authorities about selecting, installing and maintaining equipment and furniture and maintaining buildings.
12. Educators discuss safety issues with children and, where appropriate, involve them in setting safety rules.
13. Educators will actively supervise children to identify risks and therefore minimise injury. Educators will be particularly diligent in attending to areas that pose high risk to children such as fixed playground equipment.
14. The centre has a plan for playground improvements that is based on current information from recognised child safety authorities and which reflects sound early childhood learning practices.
15. Educators regularly review and evaluate the centre's policies and procedures relating to safety of building and equipment based on current information from recognised authorities.
16. The centre actively seeks advice from families about their views on the safety of buildings and equipment.
17. The centre communicates effectively with families about safety issues that relate to their use of the centre.
18. The centre provides families with information from recognised safety authorities about equipment and furniture for children.
19. The centre maintains detailed records of equipment and building maintenance and repairs.
20. The centre encourages educators to acquire professional development in the areas relating to children's safety.

Checklist: Outdoor

1. Building maintenance – regularly maintain and check for hazards, check building is in a safe, clean and hygienic condition.
2. Doors – hinge protectors.
3. Fence off securely and effectively all sides of outdoor play areas from roads, water hazards and driveways. Maintain fence, correct height and install childproof self-locking devices on gates.
4. Garbage – safe and prompt disposal. Use lidded secure bins that prevent child access and maintain in a clean and safe condition.
5. Garden and debris removed, regularly trim branches and bushes.
6. Garages and sheds keep locked or sliding door closed
7. Heating, cooling, ventilation and lighting – comfortable, safe, maintained and guarded.
8. Hygienic, regularly cleaned, maintained conditions protect against vermin, bacteria, mildew, lead, asbestos and other dust allergens.
9. Non-slip floors, stairs, steps, grounds, nonporous indoor floors for easy cleaning.
10. Renovation dangers e.g. lead, asbestos, holes, excavations – reduce risks.
11. Pesticide residue - dangerous chemicals should not be used to remove vermin.
12. Safety glass installed according to the Regulation and Australian Standards on all glass doors and windows accessible to children.
13. Security - minimising unauthorised access with appropriate fencing and locks.
14. Spills – clean away as they occur.
15. Window fly screens securely fitted, maintained, permanent.

Checklist – Indoor

1. Access for children and adults with disability - ensure safe access into, within and out of the centre, security, toilet and washing facilities, and check for hazards for wheelchairs and people with impaired sight, hearing or mobility.
2. Barriers - age appropriate, child proof, kitchen, bathroom, laundry, garden.
3. Children at risk – maintain extra security and supervision for children at special risk.
4. Choking hazards e.g. small toy parts, beads, nuts, blind and curtain cords, plastic bags, sandwich bags, balloons.
5. Decorations and children's artwork – do not place near fans, air conditioners or heaters.
6. Dust mites, pet allergens – regular dusting and vacuuming.
7. Doors – use hinge protectors.
8. Emergency evacuation – develop an evacuation plan and emergency contact numbers display, inform families, and practice evacuation procedures.
9. Fire – fire blanket, extinguisher, fire exits, smoke detectors, electrical safety switch.
10. First aid kits with approved contents, maintained and accessible.
11. Furniture and nursery equipment - stable, maintained, meets safety standards.
12. Guard and make inaccessible to children heaters, coolers, stoves, microwaves, power points, and office equipment.
13. Hazardous indoor and outdoor plants identify, remove or make inaccessible to children.
14. Heaters – ensure that children cannot come in contact with hot surfaces.
15. Hot water - ensure the hot water supply is regulated so as to keep it below the temperature at which a child can be scalded (the current Kidsafe recommendation is below 43.5°C).

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16. Machinery, tools and equipment – ensure all engine operated or other hazardous equipment, tool or machinery are stored securely and are inaccessible to children.
 17. Noise – reduce excessive exposure.
 18. Non-slip, non-porous floors.
 19. Pets and animals – inform families of pets being kept on premises and plans to obtain new pets. Keep pet accessories such as pet food, pet toys away from children. Exclude dogs from children's play areas. Keep children-pet interactions minimal and supervise interaction times.
 20. Ramps, corridors, hallways, must be enclosed to keep children secure.
 21. Record details and notify parents of any child accident.
 22. Safe play rules and adequate play spaces, discourage running indoors and safe furniture layout to avoid collisions.
 23. Safety glass used and installed according to the current Regulation, Australian Standards, and Australian Building Codes on all glass doors and windows accessible to children.
 24. Smoke free, alcohol and drugs free environment in all areas.
 25. Educator personal items – ensure educators personal items such as bags, sharp instruments, toiletries and medicines are kept secure and are inaccessible to children and are located in staff lockers in staff room
 26. **Supervision and visibility of children** – ensure children are visible and supervised at all times. High risk areas are children in high chairs, playpens and play areas, on change tables, and in nappy change and toilet areas. Have at least two educators on premises at all times with vision of each other and the children.
 27. Toys – meet safety standards, age appropriate, maintained, and non-toxic.
 28. Unsafe items stored in child inaccessible places e.g. chemicals, medicines, knives, electrical equipment.

DRUGS, ALCOHOL, ILLEGAL SUBSTANCES

POLICY:

All educators and/or adults in the centre must be free from the influence of drugs/alcohol/controlled substances while the service is being provided.

PROCEDURE:

1. The Tatura Children's Centre Inc is an alcohol/illegal substances free zone.
2. Any controlled substances must be out of reach of children at all times.
3. No illegal substances should be used/taken while children are in session.
4. Personal prescribed drugs must only be taken in accordance with doctor's instructions.
5. Long term medication, which may affect the quality of care provided by an educator, must be discussed with the Licensee/s and Tatura Children's Centre Director on a case-by-case basis.
6. No person adversely affected by drugs, alcohol or illegal substances shall supervise or remain in the presence of any child/ren in the centre.
7. Where educators believe that an authorised person collecting a child is under the influence of drugs/alcohol/illegal substances educator should:
 - Suggest an alternative person be contacted to collect the child.
 - Release the child if the authorised person insists on taking the child.
 - Contact police if they believe the child's safety may be at risk.
 - Document the incident.
 - In the event of such an occurrence the Licensee/s must be immediately notified.
8. TCC advocates for a drug/alcohol and smoke free environment and does this through policies and signs visible around TCC.

Source: <http://www.education.vic.gov.au/school/principals/spag/governance/Pages/smokingban.aspx>
30/3/20

FIRST AID ADMINISTRATION: situations, accident & illness

POLICY:

To ensure that in the event of any accident, illness or critical incident occurring on the premises, appropriate emergency procedures will be followed which are displayed in the Centre.

PROCEDURE:

1. **All educators employed at TCC will have Level 2 First Aid** and are required to administer first aid when needed.
2. The Committee of Management will provide educators with appropriate training on the use of relevant emergency equipment provided in the centre on an annual basis.
3. Evacuation plans will be displayed in the centre.
4. Regular practices of the listed emergencies will be conducted and evaluated. Practices will be conducted once a month and both the type and location of the practice will vary. These practices will be called by the Director in conjunction with the health and safety educator representative. A notice will be displayed in the foyer to notify parents of a drill occurring and of the drills evaluation.

In the event of fire:

1. Don't panic stay calm
2. Rescue any persons in the immediate danger
3. Notify others of the fire by 3 loud whistles
4. Call Fire brigade 000
5. Turn off electricity and gas if safe to do so
6. Collect children and evacuate to a designated evacuation point as deemed safe.
7. A list of the roles of TCC educators specific to each room is prominently displayed on each rooms Health and Safety board, in the Kitchen and staff room for viewing.

Medical Emergency- In the event of a child injury\accident including Asthma attack or Anaphylaxis

1. If necessary, doctor and/or ambulance will be called.
2. Parent/guardian will be contacted by phone immediately, either at home or at work. Emergency contacts will be called if parent/guardian cannot be contacted.
3. The child will be kept warm and comfortable and under observation at all times until parent/guardian/doctor/ambulance arrives. Regular checks will be made for deterioration of the child's condition.
4. Details of the incident will be entered in the accident register and signed and dated by the parent/guardian upon collection of the child, or as soon as possible after the event. All accident register will be kept securely for a period of 7 years.
 - Register details of the injury
 - Full name of person involved in accident or injured
 - Full name of all educators in supervision or witness to the accident or injury
 - Concise details of the nature of the accident or injury
 - Concise details of first aid applied
 - Signature of Educator
5. Parent/Guardian will be contacted by phone for any injury or bump to the child's head as we believe this is best practice and is a duty of care.

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6. In the case of a serious accident or injury, where an ambulance has been called or medical treatment has been sought from a medical practitioner or hospital, our regulatory authority must be notified online through the ACEQUA IT system the Regulatory Authority must be notified as soon as possible. Educators will be required to complete an incident form.

Medical Emergency- In the event of an illness of a child

1. If a child becomes ill at TCC please ensure a Child illness form is completed to ensure the adequate information is reordereed to inform families when they pick up their child.
2. Educators are to complete the form in detail and families are to sign the form. It can then be placed in the child's individual Medication file.

Medical Emergency- In the event of critical injury or death of a child

1. It is essential to commence resuscitation IMMEDIATELY.
2. Call an ambulance. Resuscitation to continue until ambulance arrives.
3. Phone police and notify them of emergency. Negotiate with police as to who shall contact parent/guardian.
4. Phone parent/guardian and advise emergency regarding their child if requested by emergency services to do so.
5. Contact Licensee(s) immediately and notify of details.
6. If possible, an educator should take other children to another part of the building.
7. Police will arrive and question educators and other adults present. This is a necessary routine procedure.
8. Educators and other adults present must respect the confidentiality regarding the death of a child and they are not to make public the fact of a child's death. THIS IS THE FAMILY'S RIGHT.
9. Educators must complete a record of details and action taken during emergency.
10. This is classified as a serious incident and our regulatory authority must be contacted within 24hrs of death occurring (Section 174(2)(a) and Regulation 176(2)(a).Details of Regulatory in our area located in foyer area board on 'Operational Information' flyer.

In the event of a bomb threat:

1. Evacuation procedures will be followed as per Code Red emergency steps.
2. Educators must contact 000 as soon as possible and give details of the situation.
3. If a suspicious article is discovered, keep the area clear, contact 000 and follow emergency evacuation procedures if necessary.

Natural Disasters- TCC Evacuation:

1. Where complete evacuation of the centre is necessary, e.g. natural disasters, bomb threat or major structural damage to buildings has occurred, an appropriate venue near the centre should be available where toilets and running water are provided and safety of the children can be ensured.
2. This is until parents/guardians can be contacted to take their children home.
3. Emergency situations may be significant and result in post trauma distress for those involved. It is imperative that action is prompt and steps are taken to assist the emotional adjustment of those affected by the event.
4. Depending on the nature of the incident, it may be appropriate to arrange debriefing and/or counseling for those affected/involved (refer “Debriefing” policy).

TCC OFF SITE EVACUATION POINTS (See map)

Sacred Heart Primary School

Tree Lopping Facility- Kerferd Street- keys located in Main office

Keys to exit colourbond gates are located in the rooms near Emergency evacuation boards and main office.

TCC HAS 2 ONSITE EVACUATION POINTS. TODDLER YARD AND PRESCHOOL YARD EXTERIOR FENCES (See map)

In the event of Lockdown\kidnapping/Hostage/Siege situation:

“Go get blacky”

1. Educators should attempt to engage the person’s attention by keeping up a conversation if possible.
2. Educators need to keep moving casually, if possible and not stopping physically, unless it is necessary.
3. Educators need to get the attention of another educator and alert them to the situation (using an emergency code if appropriate).
4. If alerted, the other educator/adult must contact 000 and give details of the situation.
5. Educators should try to the best of their ability to not hand over a child or defy a direct request/order from the person/offender if it may endanger personal safety and/or safety of others.
6. Educators must consider their own safety and that of all children and other adults in the Centre.
7. The Licensee/s must be contacted as soon as possible with details of the situation.
8. Parents should be contacted as soon as possible.

In the event of a Chemical Hazard:

1. Keep all children and staff inside the building or exit if appropriate
2. Close all windows, seal with blankets, curtains etc
3. Turn off all air con units, possible ignition sources, radio
4. Do not use telephone
5. Await advice from appropriate Health Department
6. Evacuate if advised by Police and evacuate as per Code Red procedures

Source: <https://www.acecqa.gov.au/resources/applications/reporting> 30/3/2020

<https://www.echr.edu.au/docs/default-source/resources/ipsp/managingn-emergency-situations-in-education-and-care-services.pdf?sfvrsn=8> 2/3/21

National Quality Standards Guide Jan 2020(Element 2.2.2) 2/3/21

Updated Evacuation May 2/3/21 (altered off site emergency point)

Revised March 2021

STAFF

Medical Emergency- In the event of accident or illness of staff, volunteer, student:

1. Medical assistance will be sought, as appropriate.
 - a. Ensure appropriate First Aid is applied to patient
 - b. Do not leave the patient
 - c. Send another staff member to call 000
 - d. Do not remove patient unless it is req due to their safety
 - e. If a patient is conscious reassure them
2. Replacement of the educator shall be organised as appropriate.
3. Emergency contact for the person shall be notified. THIs is located on the employees personnel file. Contact Licensee(s) immediately and Workcover procedures should be initiated, as relevant.
4. Details of the incident will be recorded on the Centre's appropriate Worksafe forms as located in the Centre's staff room area.

STAFF

Medical Emergency- In the event of the critical injury or death of an educator or other adult in the Centre

1. It is essential to commence resuscitation IMMEDIATELY.
2. Call an ambulance. Resuscitation to continue until ambulance arrives.
3. Phone police and notify them of emergency. Negotiate with police as to who shall contact next of kin or emergency contact if information available.
4. Phone next of kin or emergency contact if information available and advise emergency if requested by emergency services to do so.
5. Contact Licensee (s) and notify of details.
6. If possible, an educator should take children to another part of the building.
7. Police will arrive and question educators and other adults present. This is a necessary routine procedure.
8. Educators and other adults present must respect the confidentiality regarding the death of any person, and they are not to make public the fact of any person's death. THIS IS THE FAMILY'S RIGHT.

Source:

<https://www.worksafe.vic.gov.au/report-incident> 4/3/2020

<https://www.worksafe.vic.gov.au/what-expect-after-work-related-death> 4/3/2020

Revised March 2021

DEBRIEFING AFTER EMERGENCIES

POLICY:

Tatura Children's Centre Inc will ensure an appropriate process for debriefing and supporting educators, children and others present in the Centre following an emergency or critical incident.

DEFINITION:

Critical incidents may include:

- ◆ Serious injury to a child
- ◆ The serious illness of a child
- ◆ An abusive/aggressive adult in the centre
- ◆ An emergency evacuation
- ◆ The reporting of child abuse
- ◆ Injury to many children and adults
- ◆ A hostage situation
- ◆ The death of a child

These situations may be significant and result in post trauma distress for those involved. It is imperative that action is prompt and steps are taken to assist the emotional adjustment of those affected by the event.

PROCEDURE:

1. The Director will consult with the Licensee/s whenever an emergency or incident occurs.
2. In the case of children and/or adults (other than educator) involved in the incident, the Licensees in consultation with the Committee of Management may access external resources which will provide appropriate debriefing. Associated costs will be negotiated as necessary.
3. Individual and/or group debriefing may be offered and all those involved will be encouraged to participate.
4. TCC's Nominated Supervisor and OHS Supervisor will devise a report if needed and place it on TCC's Collaboration page for all educators to reflect upon. It will include recommendations for improvements.
5. TCC's Committee and delegated OHS Officer and President will be briefed accordingly and also officially at the upcoming Committee meeting in the Director's report.

Source: <http://www.education.vic.gov.au/Documents/childhood/providers/support/SampleCSEMPPlan.pdf>
1/2/18 Reviewed: 2/3/21

VISITORS WITHIN THE CENTRE

POLICY:

To assist in ensuring the health and safety of children and educators at TCC.

PROCEDURE:

1. All visitors to the centre are required to enter the premises through the front door and report to the office upon arrival.
2. Educators are required to gather identification and WWC to ensure that the identification presented matches the company they are working for.
3. Educators are to assist and supervise the visitor as he/she completes the visitors' log using the Kidsoft electronic 'Visitor Log'. This is located on the ipads located in the foyer or Preschool room.
4. Upon completion the visitor will be directed to the area where they will be working, and educators will be informed of their movements
5. When their work is completed the visitor is to return to the Ipad and sign out accordingly. Educators can assist with this process.
6. A TCC Visitors badge will be available for them to wear while they remain on TCC premises if they are unknown to educators.

Source: National Law Act and Education and Care Services Regulations 3/3/20, updated 1/9/20
Kidsoft\Visitor Log feature

Revised March 2021

ACTIVE SUPERVISION

POLICY:

TCC has a duty of care to provide all persons with a safe and healthy environment.

TCC is committed to:

- Complying with the National Services Regulations 2011 and the National Quality Standards.
- Ensuring that children are supervised at all times
- Ensuring the potential for accidents and injury to children is reduced.
- Consider the design and arrangement of children's environments to support active supervision.
- Using supervision skills to reduce or prevent injury or incident to children and adults
- Evaluating supervisory practices
- Ensuring safety for children when participating in excursions (see excursion policy)

It is understood that there is a shared legal responsibility and accountability between and a commitment by all persons to implement the services Supervision Policy, procedures and practices.

TCC also complies with OHS National Standards, code of practices, Australian Standards and best practice recommendations from recognised authorities.

Procedure:

Parents will:

- Hand children over to an educator on arrivals and ensure an educator is informed when departing
- Inform an educator if someone other than those who are authorised will be collecting the child.
- Ensure the 'authorised person to collect' information is up to date.
- Inform educators of any current or pending court orders affecting the child and provide the centre with a photocopy of the court order to be kept with the child's enrolment form.
- Adhere to correct sign in and out procedures.
- Ensure that front gates and playground gates are closed after entry or exit.
- Notify the centre if arrangements to collect child has changed.

Educators will:

- Never leave a child unattended on the nappy change table/mat.
- Ensure infants are securely buckled into highchairs and the drop side of cots must be raised when children are in cots
- Never leave a child unattended to eat or drink, including from bottles (choking is often silent).
- Ensure that all children are within sight and/or hearing of educators at all times.
- Ensure that where multiple areas are available to children at the same time (indoor/outdoor activities) all areas are supervised.
- Position themselves (do not sit back to the children)

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- Communicate effectively by informing other educators if they are leaving an area.
 - Be aware of the 'Collection of children' Policy and ensure children are only released to authorised people.
 - Be flexible to allow for small groups of children who may require supervision eg: A group of children who are still eating their lunch.
 - Be aware of the cultural and individual supervision needs of each child eg: a child may require private space but will still need to be supervised.
 - Ensure younger children's safety is not compromised in mixed age groups.(ie family grouping at end and start of day)
 - Regularly evaluate their supervisory practices through staff meetings, staffroom discussions and at other times when required.
 - Document changes made to supervisory practices and the reasons for making them (Centre Manager's Monthly Compliance Checklist).
 - Do regular head counts of children in their care (especially when entering the playground & on leaving the playground).
 - Discuss best position points of supervision (especially in the playground) to avoid clustering in one spot. Supervision should be active and interacting with the children (not just standing and watching).
 - Ensure staff: child ratios are correct at all times to assist supervision.
 - Encourage children to inform educators when they are leaving an area to use the bathroom.
 - Question any stranger to the centre in a friendly way eg: "Hello, can I help you?" (And observe the persons actions).
 - Ensure supervision of excursions adheres to Regulation guidelines (see excursion procedure).
 - Ensure front gates and playground gates are closed after entry and exit.

Source:

http://files.acecqa.gov.au/files/QualityInformationSheets/QualityArea2/ActiveSupervision_EnsuringSafetyAndPromotingLearning.pdf 1/2/18

Active Supervision ACEQUA newsletter Quality Area 2, 26/2/20

TECHNOLOGY / MEDIA

POLICY:

This policy will ensure that all technology and media used at TCC is done so in an appropriate manner and used only as an extension to the daily program. Technology / Media items will be used as an additional resource, not a substitute.

Background:

Technology is an integral part of our lives and a skill that is required in today's society however it's important to monitor a child's screen time. Technology when used in line with Australian Recommended Guidelines may have a positive impact on the implementation of the program and children's engagement with peers, development of mathematical, logical and spatial concepts and turn taking.

This policy also incorporates all relevant and federal laws regarding computer/technology use. Where and educator, or other relevant individual, uses a computer (or other form of technology) at, or in relation to, the service in a way that breaks a law, the service will take the appropriate required action (e.g reporting the incident to the Victorian Police). Furthermore the educator or individual will face an enquiry held by the TCC management Committee and other relevant parties to assess whether this conduct will affect their role within the service's operation.

Guidelines for use would be:

TCC educators will ensure technology used within the service

- Assist in expanding the content of the daily program and current affairs
- Is suitable to the needs and development levels of each child watching
- Children are to view "G" rated or "E" rated programs only.
- Educators will notified all families of all viewed programs by a sign put up.
- All content will be socially and culturally considerate and appropriate
- Educators will role model appropriate use of technology to children at all times, including limiting their own screen time and not accessing social media while educating and caring for children.
- All images taken of children will be appropriate and will only be used in line with written parental permission on each children enrolment form.
- Access must be from a device authorizes for use by TCC (e.g not a personal mobile phone or other electronic devices.
- Where an educator takes home a computer owned by the service, the computer is not to be used for personal purposes and is required to be signed in and out on Directors discretion.
- Hard drives that belong to the service are not to be removed from the premisis
- Memory cards (e.g SD cards) are not to be taken home and only taken from the service on excursions or any program related experience with the permission of the Director.
- Educators will sit with children to monitor and discuss any aspects of the program being viewed.
- Where appropriate, the children's interests and views will be included in the selection process.

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- For children five years and over, screen time will be for a maximum of 30 minutes in duration at a time, and in line with Australian Recommended Guidelines.
 - Movies rated ‘G’ are to only be played on special occasion’s day’s i.e children’s week, pyjama day. (They are not to be used at the end of the day for entertainment). All families will be informed either prior or on the day of these special events.

Pre-school IT Curriculum

Technology is an undeniable part of the world in which we live and as such, we incorporate it into our learning environment and curriculum through desk tops computers, light tables, iPad and iPods. We believe it can be a positive inclusion into the room when monitored and regulated by Pre-school Educators.

Source:

https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/resources/topics/PS_technology_WEB.pdf

1/2/18

Revised March 2021

To be Reviewed March 2022 or as needed

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STAFFING **ARRANGEMENTS**

EDUCATOR **SECTION**

Also refer to TCC's
Staff Handbook

EDUCATOR RATIOS

POLICY:

The Tatura Children's Centre Inc will be staffed according to the requirements of the Children's Services Regulations 2011 and Children's Services Act 1996.

PROCEDURE:

1. All educators (relief and permanent) will have approved ACECQA qualifications
2. All educators will have a current:
 - Police check (within 2 years)
 - Working With Children (WWC) check.
 - Level 2 First Aid
 - Asthma Certificate
 - Anaphylaxis Certificate
 - Food Handlers
 - Have engaged in DET Online child protection course & signed TCC's Code of conduct
3. TCC will comply with required educator ratios as below: We promote in room ratios and do not actively promote 'over the roof' ratios as we believe this supports continuity of care, children's health and wellbeing and Staffing Arrangements.
- 4.
5. TCC actively encourages all educators to upskill as we believe everyone is equal. We will therefore, provide over the min requirements of educators according to their qualifications, if we believe this supports best practice. TCC's Rosters highlights our commitment to employing qualified educators.

Age Group	Number of educators	Qualifications of educators
Under 3 years	1 for every 4 children	At least 50% of educators required to meet the required educator to child ratio must hold or be enrolled in and studying for at least an approved diploma level qualification
Over 3 years	1 for every 11 children	At least 50% of educators required to meet the required educator to child ratio must hold or be enrolled in and studying for at least an approved diploma level qualification

Source:

Education and Care Services National Regulations 2011, (355, 356, 357, 360) 1/2/18

NQS: Staffing Arrangements, Children's health and Safety: Guide to National Quality Framework 2020

TCC Rosters

POLICE CHECKS AND WORKING WITH CHILDREN CHECKS

POLICY:

The Tatura Children's Centre Inc is committed to providing the children with trustworthy educators in a safe environment. All educators and Licensees will be required to undergo a police records check and a WWC check, using the following guidelines to meet Education and Care Services National Regulations to ensure the safety of all children.

PROCEDURE:

1. All educators wishing to be employed at the centre, who will be working with children (including casual and relief educators), are required to provide a current police check (no more than 6 months old) and a WWC check before an appointment can be made.
2. Original police checks for all educators, including relief educators, are to be sighted by the Nominated supervisor.
3. Primary nominees can signed off on original police checks for relief educators where that reliever is to be used immediately or in the immediate short term. The original police check is still to be signed off by the Nominated Supervisor.
4. The Director will be responsible for administering police record checks and ensuring the security of the results of record checks.
5. Educators under the age of 17 years cannot obtain a police check. Therefore they are to be never left alone with a child/group of children and/or must always be under the supervision of another staff member.
6. It is recommended that police record checks on existing educators are conducted every two years or on re-registration of the centre or when educator changes occur.
7. Educators on the relief list shall be required to provide an updated police check every two years unless there has been a long period of absence.
8. Police checks can be done online at [www.victoriapolice\online](http://www.victoriapolice.vic.gov.au/online) police check
9. Police record checks will be returned to the educator/applicant who must ensure that the details have been sighted and recorded by Licensee.
10. The contact officer will manage the assessment process (as outlined under section "Assessment of Criminal Histories") for any applicant returning a positive check.
11. An applicant who may be denied a position because of his/her police record must be given the opportunity to discuss the details of the record in a personal interview with the Licensee (s).
12. Information released by Victoria Police to the Tatura Children's Centre Inc under these guidelines will be regarded as strictly confidential. It will not be forwarded to any other individual or organisation, incorporated into any manual or electronic database or filing system, and must be either destroyed or returned to the applicant once the selection process is complete.

ASSESSMENT, CRIMINAL HISTORIES, RESPONSIBLE PERSONS IN CHARGE

POLICY:

An applicant should not be automatically precluded from a position on the basis of having a criminal record.

PROCEDURE:

When considering prospective educator, important factors to consider are:

- Certain matters such as a history of sexual offences, matters of violence including assaults and robberies, repeated drug use or dishonesty offences are clearly not acceptable.
- The nature of the offence and the relationship of the offence to the particular position for which the applicant is being considered.
- The length of time since the offence took place.
- Whether the person was convicted or found guilty and placed on a bond.
- Whether there is evidence of an extended criminal history.
- Number of offences committed. An accumulation of individual minor offences may be sufficient to warrant rejection. The question to be decided is whether or not the offences are considered to establish a pattern of behaviour that renders the applicant unsuitable for the position.
- Whether the offence was committed as an adult or a juvenile. Offences of a minor nature committed during youth may be viewed differently to the same offences committed by a person of mature years. In these instances, consideration should be given to the period of time that has elapsed since the last offence.
- Severity of punishment imposed.
- Whether the “offence” is still a crime, ie. has the offence now been decriminalised?

DETERMINING THE RESPONSIBLE PERSON IN CHARGE

POLICY:

At TCC there must be a person present at all times who has been deemed responsible to be in charge as jointly deemed appropriate by TCC Committee of Management/Licensee. TCC's approved list is located in the TCC foyer area.

A responsible Person in charge must be:

- The approved provider or a person with management or control
- A Nominated Supervisor
- A person in day to day charge of TCC

All Responsible persons will have agreed and signed the TCC Responsible Persons acceptance form.

Source: Education and Care Services National Regulations 2011, Regs; 46-50,54
National Quality Framework Information sheet/Responsible Person requirements for approved providers

EMPLOYMENT OF EARLY CHILDHOOD EDUCATORS RECRUITMENT AND ORIENTATION

POLICY:

To recruit and appoint the best qualified person for the available position. Suitability will be assessed according to merit, including skills, qualifications, prior work performance and attitudes. To ensure a fit between the jobs which applicants want and are skilled to do and those they actually carry out after engagement. TCC adheres to all sections, classifications and pay schedules in accordance with the Professional Childcare Standard 2018 award.

PROCEDURE:

The Tatura Children's Centre has a legal obligation to the employment of Early Childhood Qualified educators compliant with the Education and Care Services Regulations. To be considered qualified an educator must either hold one of the qualifications approved by ACECQA, which includes Preschool Teachers. The contents of the Professional Childcare standard 2018 award must be clearly understood and followed when engaging new educators.

Recruitment Steps

1. All educator recruitment requests, including casual educators, are to be submitted to the Committee of Management for approval either by email or at a monthly Committee meeting. The Committee will ensure that the position is justified and in line with employment targets agreed to by the management committee.
2. The final selection decision for educator recruitment is the responsibility of the Committee of Management and TCC Director.

Internal Recruitment

- a) Request applicants to submit a written application and supply any other supporting information.
- b) Keep the candidate fully informed of any delays and advise them at the earliest opportunity if their application has been unsuccessful.
- c) Ensure each candidate is assessed objectively and fairly.
- d) The interview guide form should be used during the interview process but should not limit any other line of questioning which may present itself and which is relevant to the recruitment process
- e) Two references should be contacted by TCC Director by telephone. The reference check form should be completed for any candidates being considered for permanent positions.
- f) Ensure equal employment policies are carried out; no appointment can be made on the basis of sex, age or ethnic grouping.
- g) Make sure unsuccessful applicants are formally thanked for their interest in writing.

External Recruitment

1. Director and educator convener to discuss requirements and placement of an advertisement where TCC are advertising for a vacancy.
2. Director and staffing convener to discuss requirements and appoint external recruitment group where necessary.

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3. Keep candidates fully informed of any delays and advise them at the earliest opportunity if their application has been unsuccessful.
 4. Ensure each candidate is assessed objectively and fairly.
 5. The interview guide form should be used during the interview process but should not limit any other line of questioning which may present itself and which is relevant to the recruitment process.
 6. The reference check form should be completed for any candidates being considered for permanent positions.
 7. Ensure equal employment policies are carried out; no appointment can be made on the basis of sex, age or ethnic grouping.
 8. Advise any candidates of TCC's Professional Childcare Standard award 2012, of their employment conditions as per the related job description, their letter of offer, contract and Centre policies.
 9. Make sure unsuccessful applicants are formally thanked for their interest in writing

If a position becomes vacant within 6 months, previous interviewed applicants may be offered employment if deemed appropriate by the staffing convener. In this situation the position does not need to be re-advertised.

NOTE: Any recruitment advertisements or appointment of external recruitment groups must be coordinated and authorised by the staffing convener.

Without exception, the individual educator contract shall be signed, witnessed and in the possession of the Director prior to commencement of employment.

Relief Educators

1. Relief educators will only be used if they have current Police and Working with Children Checks. They will also need to have undergone the TCC educator induction process.
2. The Director is responsible for contacting relief educators unless exceptional circumstances apply.
3. Relief educators will be supported by management to ensure appropriate continuity of care for the children.

If educators are unable to obtain relief educators and: an educator has gone home ill and educators have exhausted all avenues of securing the appropriate relief educators, an untrained person can be used for a trained position or vice versa with approval from the DEECD.

Orientation of new educators

All newly appointed TCC educators will be orientated into TCC in a warm, respectful manner. When orientating new employees into TCC, the Director and OHS officer will utilise TCC's "Educator Orientation Induction Folder". It is within this folder a TCC procedure has been implemented for all new employees which supports documentation, the TCC award, policies and practices.

Source: DEEWR
Education & Care Services Regulations 2011.
TCC Committee of Management- reviewed 1/2/18

Revised March 2021

CODE OF CONDUCT\AUSTRALIAN CODE OF ETHICS

POLICY:

Certain standards of behaviour are required if employees are to carry out their roles with efficiency, fairness, impartiality and integrity.

The purpose of this code of conduct is to highlight the responsibilities of employees in terms of their personal conduct as it relates to the discharge of their duties. All educators, relief and volunteer personnel are expected to comply.

PROCEDURE:

All employees should familiarise themselves with the code of conduct\Early Childhood code of ethics as it requires the commitment of each individual to its principles and practices. Employees should also be aware that in some cases, breaches of the standards in this code may involve criminal offences or serious breaches of discipline which could result in dismissal.

Confidential Information and Centre Property

1. Information other than that generally published and available regarding the employer's business, operations and systems, financial affairs and structures (i.e. 'confidential information') is of value to the employer and is of a restricted and confidential nature. During the period of employment and for any time thereafter, educators will not use or disclose any such confidential information to any other person, firm or corporation without the previous consent in writing of the educator.
2. On completion or termination of employment the educator will immediately deliver to the employer all books, documents, papers, materials, keys, computer software, uniform or other property which belongs to the employer or which relates to the educator's duties during their period of employment.
3. All educators must agree to practice confidentiality at all times with all matters relating to the Tatura Child Care Centre and, specifically, as outlined:
 - Children's surnames and ages are not to be visible or disclosed to any person other than those directly working with the children.
 - Photographs are only to be taken and displayed in the building if the parents have given authorisation on the enrolment form.
4. Educators are required to collect and record information according to the guidelines set down in the Privacy Act 2001 and the Health Record Act 2002 (refer Records Policy and Council's Privacy guidelines).
5. **Any breach in confidentiality is a violation of the position description and will result in disciplinary action.**

Outside Employment

1. During their employment with Tatura Children's Centre, educators will not engage in other employment that conflicts with their ability to perform their duties. Educators will be expected to devote the whole of their time, attention and skill to performing their duties at the centre.
2. Educators shall disclose to the Tatura Children's Centre if they have any other positions of employment with other childcare centres.

Educator Restrictions

An educator will not, other than in the normal course of business, or approved and directed by the employer, at any time:

1. Draw, accept or endorse any bill of exchange on behalf of the employer or in any way pledge the credit of the employer or purport so to do;
2. Incur any liability on behalf of the employer;
3. Accept any order on behalf of the employer;
4. Enter into any contract or agreement binding the employer or make or enter into any commitment of any kind on behalf of the employer;
5. Give make or purport to make any warranty or representation on behalf of the employer;
6. Indicate directly or indirectly that he/she is acting as an agent of the employer.

Personal and Professional Behaviour

In the performance of their duties, educators should:

1. Keep up to date with advances and changes in their area of expertise;
2. Demonstrate a commitment to safety and provision of quality care;
3. Treat other educators, volunteers or students, parents and children with respect, courtesy, honesty and sensitivity;
4. Provide all necessary and appropriate assistance to other users of the centre;
5. Not take or seek to take improper advantage of any information gained in the course of employment;
6. Not harass or discriminate on the grounds of sex, marital status, pregnancy, age, race, color, nationality, ethnic or national origin, physical or intellectual impairment, sexual preference, religious or political conviction, or any other grounds illegal under State or Federal law, when dealing with their colleagues, parents and children.
7. Not use foul/offensive language and disciplinary steps will be taken as appropriate.

Educator Presentation

The Committee of Management is committed to providing a safe environment to work in, providing positive role models for children and presenting a professional image to the users of the centre. These guidelines on presentation support these aims.

1. Educator shall wear the centre issued shirt/jacket with embroidered logo and suitable pants, skirt or dress shorts. Low cut tops, exposed stomachs and sleeveless tops/shirts are not permitted. Low rise pants, tights and sportswear are not permitted. Denim jeans will be permitted as long as they are of acceptable dress – NO tight, low rise (eg. hipster) or ripped styles will be allowed.
2. Permanent educators shall be eligible for 3 new short sleeved polo shirts and 1 long sleeved polo shirt per year, to be purchased by the centre around the beginning and middle of each calendar year. Regular casual educators shall be issued a uniform at the discretion of the Committee of Management upon recommendation by the Director.
3. Suitable footwear that encloses the foot, has a low heel and a non-slip sole is required to be worn at all times. Thongs are not permitted unless there is a medical condition restricting the type of footwear allowed to be worn. Sandles are appropriate if the shoe encloses the toes fully, has a secure strap across the heel and is made of leather.
4. The wearing of jewellery shall be kept to a minimum. Stud or small sleeper earrings, watches and wedding bands are permitted. Necklaces and rings with

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- solitaire settings are not permitted. Body piercing should have settings that ensure they cannot be caught up in children's clothing or equipment (due to OH&S risks) and be worn discretely, else they need to be covered by Band-Aids or a similar product. Tattoos should also be worn discretely, else covered by an appropriate product. It should not be brought to the attention of the children that an educator has body piercing or tattoos.
5. Hair should be kept clean, neat and tidy and long hair must be tied back if it is below the shoulders.
 6. Finger nails should be kept short and clean. Nail polish should be maintained.
 7. Excessive makeup and perfume should not be worn.
 8. Hats and sunscreen shall be worn outside in line with the Sun Smart policy. Educators are permitted to wear personal sunglasses when outside.
 9. Any educator whose presentation is deemed inappropriate by the Director, Committee of Management or parent will be notified and individual circumstances will be discussed with the Director, and/or staffing convener.

NOTE: Exemptions to this dress code may occur when special days are run (eg. pyjama day or football grand final day).

General Harassment and Bullying

The Committee of Management:

1. Endorses the rights of all educators to work in an atmosphere free of harassment and bullying;
2. Is committed to preventing all forms of harassment/bullying and redressing harassment and bullying where it has occurred;
3. Will ensure that educators are not subjected to harassment and bullying in the course of their work;
4. Will ensure that complaints of harassment or bullying are treated seriously, sympathetically and dealt with confidentially.

Punctuality and Reliability

The management committee expects and values punctuality and reliability. At all times employees are expected to demonstrate a high degree of professionalism. This means punctual reporting to the workplace and being reliable in work performance.

Employment Policies

1. Subject to the operation of appropriate Acts of Parliament, educators are expected to abide by all the policies put in place in the Tatura Children's Centre Inc with respect to issues such as occupational health & safety, equal opportunities, drugs, alcohol and smoking, sexual harassment, privacy, email, internet and others which may become necessary in the future.
2. Failure by an educator to abide by these policies without reasonable excuse shall be prima facie evidence of 'serious misconduct' and/or 'unsatisfactory performance of conduct' and the provisions of the communication, consultation and dispute resolution policy will apply.

Private Telephone Calls

1. Educators will not be taken away from work to receive private telephone calls, except in cases involving an emergency.
2. Messages will be taken and passed on or the caller will be told the times of breaks when educators will be available to take calls.
3. Likewise, educators must not make outgoing private calls, unless there is an emergency.
4. The use of personal mobile phones is not allowed during working hours within the Centre's Early childhood rooms, Planning room or Store rooms. This includes when executing planning duties on work time in TCC's planning room. All mobile phones are to remain in the property of the employees personal locker or handbag. They are not to be seen or used in the Early Childhood rooms both indoors\outdoors at any time.

Code of Conduct

The Tatura Children's Centre acknowledges the Code of Ethics which is actively promoted by Early Childhood Australia as a useful guide for everyday practice for all educators working within TCC. The code of Ethics is displayed in TCC's Centre foyer area for families and is actively displayed and promoted within TCC as a resource which is the national umbrella for Children's services.

A code of conduct has also been developed that displays clear expectations for appropriate behavior with children. This has been placed on the TCC Safety board in the planning room, has been distributed to all employees and is given to all new educators on employment. A copy of the TCC educators code of conduct has been placed in the DET folder in the main office

Breaching Code of Conduct

Educators are advised that breaches of the code of conduct will be dealt with in accordance with the procedures outlined in the Centre's disciplinary procedures.

Source: <http://www.earlychildhoodaustralia.org.au/our-publications/eca-code-ethics/code-of-ethics-core-principles/> 1/2/18
<https://www.ecms.org.au/sites/default/files/ECMS%20policies%20and%20procedures/2.3%20Duty%20of%20Care.pdf> 1/2/18

SOCIAL NETWORKING

POLICY:

TCC's belief towards social networking is that it is to be considered to be a strictly personal activity, which is restricted on TCC premises-like personal phone calls and visits from family members to the employees break and lunch times.

The definition of "social networking"

Social networking refers to the specific site of 'Face book'; however, this policy is not just limited just to this site and takes into account new technologies and sites becoming available on a regular basis.

Identifying oneself as an employee of the Centre

Employees are not allowed to identify themselves as representatives of TCC. Most social networking sites have fields in the user profile for work experience, job title, etc. By identifying oneself as an employee of TCC a social networker becomes, to some extent, a representative of TCC and everything he/she posts has the potential to reflect TCC and its image. TCC prohibits employees from listing the company name on such sites. TCC does not approve of employees advertising their association with the Centre. It is an individual employees responsibility to ensure they represent the company in a professional manner.

Referring to clients, customers, or partners

TCC's relationships with clients, customers and partners are valuable assets that can be damaged through a thoughtless comment. Even a positive reference could be picked up by a competitor and used to your company's disadvantage. Employees are not to reference any clients, customers, or partners without obtaining their express permission to do so.

Proprietary or confidential information

TCC's social networking policy reiterates the importance of adhering to this policy and provides specific examples as they relate to the social networking site of Face Book. Social networking communications are somewhat informal and it is therefore easy for employees to develop "loose lips" - especially when they think they are discussing only among themselves. Examples include referencing their days happenings, any sick related illnesses, any indirect\direct comments about fellow employees.

Social networking sites have varying levels of security and as public sites, all are vulnerable to security breaches. Proprietary information is not to be discussed or referred to on such sites, even in private messages between site members who have authorized access to the information. Examples of information that is considered to be off limits, include TCC's financial information, intellectual property, information about customers and other employees.

Terms of Service

Most social networking sites require that users, when they sign up, agree to abide by a Terms of Service. TCC holds employees responsible for reading, knowing, and complying with the ToS of the sites they use. It should not contain rules that require employees to violate the common ToS stipulations. For example, most ToS agreements prohibit users from giving false names or other false information, so the company policy should not require users to use pseudonyms when signing up for social networking sites.

Copyright and other legal issues

TCC policy requires that employees at all times comply with the law in regard to copyright/plagiarism. Posting of someone else's work without permission is not allowed. Other relevant laws include those related to libel and defamation of character. A good rule of thumb is the one our mothers taught us long ago: "If you don't have something good to say, don't say anything at all." Defamatory statements can lead to lawsuits against the author of the statement and if that is one of our employees, at the very least it can bring bad publicity for TCC Company.

Productivity impact

Social networking activities are not to interfere with the employee's primary job responsibilities.

Disciplinary action

Violation of this policy can result in disciplinary action, up to and including termination. More information on TCC's disciplinary policies can be found in TCC's policy manual under 'Grievance and Disciplinary Procedures'.

Source: Department of Republic Australia
www.techrepublic.com/blog/...in...social-networking-policy/875, 1/2/18

PROFESSIONAL DEVELOPMENT AND APPRAISALS

POLICY:

The TCC COM and Director will ensure that the professionalism of the educators at the centre is maintained via adequate resources and training provisions. This will include an appraisal for each employee which will be carried out annually.

PROCEDURE:

1. Tatura Children's Centre Inc actively supports a learning environment that encourages all educators to achieve their full potential.
2. Training will be provided to all educators to ensure that they can perform their current roles in a competent and confident manner in order to achieve the centre's high quality standards. Ideally, this training will result in improved child care and a more satisfied work force.
3. Development opportunities will take into account future centre requirements as well as the personal aspirations and abilities of the individual. The Director will develop a training plan for all educators employed in the centre on an annual basis
4. To ensure fair and equitable access to training, the principles of equal employment opportunity shall be applied.
5. Tatura Children' Centre will continue to review all educators through appraisals and to maintain a record of each educators achievements. This should include such details as the name of courses completed, provider, cost, date of course, course outline and a copy of participation certificate.
6. Wherever possible, training will be an accredited course consistent with the educators own requirements and career goals.
7. Written requests for training including course name, provider, cost, date of course and course outline will be referred from the Director to the Committee of Management for approval prior to booking.
8. All information gained from training must be filed at the centre and reported at educator meetings.
9. All educators will engage in an appraisal annually with involvement from the Director and Committee of Management. All appraisals take into account an employee's previous appraisal, their individual goals and ambitions, the Centre's short and long term visions, job descriptions, Reflective practice questionnaires and personal reflections. The aim of an appraisal is to ultimately improve practices, set goals and reflect on the previous year's happenings with appraisals being underpinned by the National Quality Standards and Early Years Learning Frameworks.

Training Costs

1. Costs associated with any training which is arranged by the centre will be covered by the centre unless stated otherwise.
2. This includes cost of registration, enrolments, materials, text books and other associated costs.
3. Any training arranged on behalf of Tatura Children's Centre Inc. shall have the authorisation of the Committee of Management to ensure that it falls within budgetary restraints and meets the ongoing needs of the centre.
4. Any text books paid for by the centre shall remain the property of TCC and be returned to the centre on completion of the course.

Motor Vehicle Expense Claims

1. All educators attending approved professional development opportunities will be entitled to vehicle expense claims on completion of approved courses.
2. All reimbursement rates are based on a per kilometer rate as indicated by the Professional ChildCare standard 2018 award.
3. All educators are expected to present their car insurance policy details to the Director before attending the course.
4. Kilometers travelled to and from the approved destination are to be recorded in the TCC's travel log book with reimbursements being credited into an educators bank account in the upcoming pay period.

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Wages paid for training will be determined as detailed:

1. Where possible the roster shall be changed to accommodate training. Where training is arranged by TCC which requires an educator to attend formal classes and the educator is rostered for work during this time, the educator shall be paid for the time he/she attends the class at ordinary time rates in line with the roster.
2. Wherever possible, training will be scheduled around the requirements of the roster including the taking of RDO's and annual leave. Where training is conducted outside of working hours (ie. evenings/weekends), the educator shall accrue TOIL for their time according to the overtime clause as set by TCC's Childcare Professional Standards 2012 award.
3. Educators who are on an RDO or annual leave will have the RDO or annual leave hours reimbursed and be paid at ordinary time rates for their time.
4. Educators who are educating themselves as part of a certificate, diploma or degree course on the care or education of children will, wherever possible, attend classes outside of working hours. Where the classes fall during rostered hours, the consent of the Committee of Management and the written permission of the Director is required. This time shall be taken as leave without pay, TOIL, RDOs or annual leave.
5. All training associated payments (inc travel time and fuel/travel costs) for courses educators attend during and outside of hours will be in accordance with the guidelines as set by the Childcare Professional Standards 2012.
6. The Committee of Management will make any decisions relating to training specifically requested by educators and will determine any subsidy relating to all costs of this training. For training that has not been arranged by Tatura Children's Centre Inc and where an educator is seeking reimbursement, the details and nature of the training must be submitted to the Committee of Management for review prior to registration and payment of fees by the employee. Should this not occur, there will be no reimbursement of associated expenditure.
7. In all cases unless specifically stated, any educator who does not receive a pass and must therefore re-enrol a second time for the same course, will pay for all costs associated with the re-enrolment and completion of this re-training. When a competency pass has not been attained and follow up of any further assignments/tasks to achieve this pass is not completed, the employee may be asked to reimburse the costs involved in providing this additional follow up training.
8. Any educator found to be cheating (in possession of exams, copying other work, plagiarism etc) shall face disciplinary action in accordance with the centre's disciplinary procedures.

EQUAL OPPORTUNITY & AFFIRMATIVE ACTION

POLICY:

Tatura Children's Centre Inc adheres to the Victorian Equal Opportunity Act 1995. TCC values its human resources and in recognising the need to make optimal use of those resources, it is the centre's policy to conduct its business ensuring fair and equitable employment practices. It aims to provide an environment which maximises the talent, potential and contribution of all employees and which ensures equal opportunity for all.

PROCEDURE:

1. Equal opportunity (EO) means that educators are treated fairly and equitably. It means that educators are judged on their ability to do the job based on merit (skills, qualifications and experience) rather than any assumptions made about them based on differences such as their sex, race, marital status, disability, pregnancy, breast feeding, religion, age, political belief, parental status, physical features, relatives and associates, lawful sexual orientation, and union activity. It also means promoting a working environment that is free from sexism, racism, sexual harassment and other forms of discrimination. In summary, it means 'the best person for the job gets the job.'
2. The implementation of EO policies and practices provides fair, legally sound, efficient and effective human resource management.
3. Equal opportunity for women aims to identify and remove barriers faced by women in their careers. It uses objective evidence such as overall staff statistics to identify problems and measure progress. It means that women will be encouraged to apply for jobs, including those for which they were previously not considered because of actual restrictions or because it was simply not considered appropriate. Equal opportunity is not reverse discrimination.

Equal Opportunity Embraces The Following Commitments:

1. To recruit and appoint the best qualified person for the job where suitability will be assessed according to merit (ie. skills, qualifications, abilities, prior work performance and aptitudes);
2. To appraise, reward and promote educators only on the objective assessment of performance, achievement of agreed objectives, skills' development and the individual's potential;
3. To provide opportunities to educators for personal and professional development which are consistent with the organisation's objectives and individual's professional goals;
4. To comply with equal opportunity, anti-discrimination and affirmative action legislation.

Educator's Responsibilities

Every educator has a responsibility to treat all other educators with fairness, equity and respect so that the total working environment is free from discriminatory activities and practices. Educators are legally responsible for their own discriminatory behaviour.

Role Of Key People

1. The Committee of Management will be accountable for their own actions and those of the centre, ensuring that the principles of equal opportunity are practiced, i.e. that merit is the criterion on which decisions relating to appointment, promotion, reward, professional development, etc are based.
2. The Director should ensure that educators are aware of EO principles and that they act in a non-discriminatory manner towards other educators.
3. The Director must take early corrective action to deal with discriminatory behaviour.
4. The Director must handle concerns promptly and professionally and provide a support option for educators.

Procedures For Dealing With Concerns

1. The Committee of Management recognises that communication is essential so that educators can raise their concerns with the assurance of confidentiality and without fear of recrimination. It is only through discussion that issues can be addressed and resolved. Continuous improvement in EO practices is dependent upon each educator accepting some responsibility in this area.
2. Employees with concerns about equal opportunity should in the first instance refer the matter to their Director or alternatively to the nominated staffing convener or Licensee/s.

Breaches Of This Policy

1. It is to be hoped that no breaches of the centre's requirements in this sensitive and important area will occur.
2. If any such incident does occur, the allegations made will be investigated by the centre in accordance with the complaints procedure described in the Concerns and Complaints policy and Grievance and Disciplinary Procedures. This will occur despite any civil action which may be undertaken by the educator(s) concerned.

Source: Department of Justice, Victoria,
[www.justice.vic.gov.au/wps/wcm/connect/DOJ+Internet/Home/The+Justice+System/Justice+Legislation/JUSTICE++Equal+Opportunity+Act+1995+\(Legislation\), 04/04/09, Victorian Equal Opportunity and Human Rights Commission, www.humanrightscommission.vic.gov.au/publications/default.asp](http://www.justice.vic.gov.au/wps/wcm/connect/DOJ+Internet/Home/The+Justice+System/Justice+Legislation/JUSTICE++Equal+Opportunity+Act+1995+(Legislation),04/04/09,Victorian+Equal+Opportunity+and+Human+Rights+Commission, www.humanrightscommission.vic.gov.au/publications/default.asp), 1/2/18

EDUCATOR & CHILD MENTAL HEALTH AND WELLBEING POLICY:

The educators and management acknowledge the importance of positive mental health and wellbeing that contributes to good health and overall development. This policy confirms our commitment to:

- Ensure the service environment is safe, inclusive and empowering for children, families, educators, volunteers and visitors
- Embed social and emotional learning in the educational program
- Ensure families, children, educators are key partners in mental health initiatives
- Engage in partnerships with community networks.

As a health promoting service, we will promote positive social and emotional wellbeing for children, educators and families through learning, policies, creating a safe and healthy physical and social environment, and developing community links and partnerships.

Policy statement

Background

Mental health and wellbeing for young children is about their emotions, what they experience and how they learn to manage and express them, the relationships they form and the child's ability to engage in close and positive relationships. It also covers their engagement with the environment and if they have opportunities to explore and discover. A strong sense of wellbeing and positive mental health provides children with confidence and optimism, which maximises their learning potential, gives them a greater chance of long-term success, and helps them build stronger relationships.

Early childhood services play a key role in promoting mental health and wellbeing in children³ and can affect children's long-term mental health, relationships and learning.

Whole service engagement

It is recognised that every member of TCC impacts on the children's health and can contribute to creating an environment that promotes positive mental health. All members of our service, including educators, staff, children, families and volunteers, will be supported to meet this policy.

Definitions

Mental health and wellbeing: For the purposes of this policy and for the Healthy Early Childhood Services Achievement Program, the 'Mental Health and Wellbeing' health priority area focuses on social and emotional wellbeing and resilience.

Mental health in early childhood can be understood as a young child's ability to 'experience, regulate and express emotions; form close and secure interpersonal relationships; and explore the environment and learn – all in the context of family, community and cultural expectations for young children. Infant mental health is synonymous with healthy social and emotional development.

Procedures and Responsibilities

Leadership and commitment

Educators, staff, families and children are active participants in the development and implementation of the whole service Mental Health and Wellbeing Policy.

Educators, staff and families are provided with information about policy requirements, with opportunities to provide feedback and input.

Healthy physical environment

Buildings, grounds, furniture, play equipment and resources are safe and accessible for every child. Quiet and reflective spaces are provided for children, educators and families.

Healthy culture

Diversity and cultural practices are considered when implementing this policy and mental health and wellbeing practices.

A safe, inclusive, welcoming environment is created for all community members. There is a culture of respect, fairness and equity.

Strategies are used to promote positive and responsible behaviour, and to prevent and respond to hurtful and unsafe behaviour.

Warm, responsive and trusting relationships are actively developed and maintained between children, families and educators.

Educators and staff model respectful interactions with each other, children and families.

A positive approach to mental health and wellbeing is also role modelled.

Child teaching and learning

Children are supported to develop social and emotional skills and learn about and care for their own mental health.

Educators and staff are supported to access professional development and resources about mental health and wellbeing education and to understand when and how to refer children to additional support.

Supported staff\educators

Educators are supported to learn about and care for their own mental health and wellbeing. Mental health and wellbeing information and policy requirements are included in educator and staff orientation/induction.

- Leadership practices and on-the-ground support, enable a work environment that minimises stress and promotes mental health and wellbeing for educators and staff.

Strategies are implemented to promote positive conflict resolution and to prevent and respond to bullying, discrimination and harassment.

Families and community partnerships

Mental health and wellbeing information is provided to families and the wider community, such as information about local support services and resources about social and emotional learning. Partnerships are established with relevant organisations and health professionals to support mental health and wellbeing practices where appropriate. There are clear referral options and pathways for children, staff, educators and families to access support services for mental health and wellbeing.

Source:

Achievement program – Healthy Together

NQS Area- 7 (National Framework guide

DET, Mental health – For early Childhood professionals (last updated 1 October 2018)

Revised March 2021

Be You, 2020 <https://beyou.edu.au/>

DET, Mental health – for early childhood professionals (last updated 1 October 2018)

<http://www.education.vic.gov.au/childhood/providers/health/Pages/environments.aspx>

Victorian Government, Promoting Healthy Minds for Living and Learning: An initiative of the Victorian Mental Health Reform Strategy 2009-2019.

Zero to Three, 2002 <https://www.zerotothree.org/>

SEXUAL HARASSMENT\ WORKPLACE BULLYING

POLICY:

It is unlawful to sexually harass or bully a person in the workplace. TCC has a responsibility to provide a workplace free of sexual harassment or bullying and to establish internal channels for redress for educators. It is the responsibility of all levels of management, including supervisors, to ensure that proper standards of conduct, free from sexual discrimination and harassment, are maintained at all times by all employees. It is the responsibility of all employees to ensure that their behaviour does not create or condone circumstances that may allow or lead to sexual harassment.

- Sexual harassment is defined as any behaviour by an employer, supervisory educators or employee towards another person that is sexual, gender or sex-based and which the recipient decides is unwelcome. Sexual harassment is not mutual attraction between people. It is up to the recipient to determine acceptable behaviour and a request to cease unwanted behaviour must be respected. Unwanted attention is deemed to be harassment when a reasonable person having regard to all the circumstances would have anticipated that the other person would be offended, humiliated or intimidated.

Sexual harassment can be:

Physical

- Unwanted touching, brushing against another employee
- Indecent exposure
- Sexual assault or rape

Verbal

- Suggestive remarks about a person's body/appearance
- Unwelcome remarks about a person's sex or private life
- Sexual jokes, innuendo, lewd comments
- Offensive telephone calls
- Gender based terms (sweetie, stud, etc)
- Unwelcome sexual propositions or requests for dates

Non-verbal

- Displaying and using offensive objects, written material, pornographic or sexually suggestive pictures
- Staring, leering
- Whistling
- Sexually suggestive gesture
- Sexually or offensive computer images or messages

- Any person can experience sex-based harassment and it may be at the hands of an individual or group of either or both sexes.

Bullying can be:

- Excluding someone from workplace activities
- Giving someone majority of unpleasant tasks
- Verbal or physical abuse
- Humiliating someone through sarcasm or insults
- Intimidation

PROCEDURE:

All educators have a responsibility to ensure that workplaces are free from harassment. The Director, acting Director, 2IC and room leaders have a greater responsibility as they must maintain a harassment free environment by remaining alert to concerns and addressing those concerns in a positive manner.

The role of key educators involves:

1. The Director, second-in-charge and room leaders will be accountable for their own actions and those of their room, ensuring that all steps that can be taken to discourage harassment and discrimination of any kind have been taken.
2. The Director, second-in-charge and room leaders should ensure that educators are aware of centre expectations about and legal implications of any unlawful harassment.
3. The Director and the staffing convener will be expected to take the most appropriate action in the specific circumstances of a given situation to ensure that:
4. Early corrective action is taken to deal with inappropriate behaviour whether or not a complaint has been made.
5. Concerns are handled promptly and professionally and a support option is provided for educators;
6. Actual complaints are handled in a timely, confidential and sensitive manner.

Role of Staffing Convener

1. Raising awareness about harassment, discrimination and intimidation in the workplace;
2. Being available and prepared, on an impartial and confidential basis, to offer advice and/or information to educators with concerns or complaints about these issues;
3. Being a first port of call for educators with concerns about harassment or EO in general;
4. Providing support in identifying the substance of the issue and assisting in the formulation of possible formal and/or informal options for resolution of the issues;
5. Coaching and supporting an individual employee who wishes to confront the harasser personally.

Procedures To Be Followed

1. It is crucial that any employee who believes that they are being harassed must tell the harasser to stop the offensive conduct. In such instances, silence is not golden. In reality, silence can be taken to indicate acceptance of the harassment.
2. The educator should keep a record of the incidents and retain evidence such as pictures, notes etc.
3. If the behaviour does not stop, the employee should speak to the Director or second-in-charge or to the specially designated staffing convener.
4. The centre undertakes to handle complaints promptly, confidentially and sensitively. The options available will be discussed with the educator making the complaint. Action will be taken to ensure that the person feels safe and does not suffer any detrimental treatment because of a complaint made in good faith.

Conciliation And Further Investigation

1. Where a complainant wishes to proceed with a formal complaint, the Director will involve the staffing convener who will inform, in confidence, the person or persons against whom the complaint is being made of the nature of the complaint. Conciliation and/or mediation will be offered. The object of conciliation is to ensure:
 - i. No recurrence of the behaviour which gave rise to the complaint;
 - ii. No reprisals for making the complaint.
2. If the complainant has suffered disadvantage as a consequence of resisting the harassment, the situation will be redressed as far as possible to the complainant's satisfaction.
3. As far as is possible, positive work relationships in the future.
4. Where a complaint is not settled by conciliation or mediation, the staffing convener will report the matter to the president of the Committee of Management and a formal investigation may be required.
5. Where it is found after investigation that a complaint is unsubstantiated, the reasons for the finding will be explained to both parties by the person who heard the complaint. In cases where a complaint is found to be frivolous and/or vindictive, formal action under the terms of the disciplinary policy may be instigated against the complainant.
6. In addition to any action taken by the complainant, the Tatura Children's Centre will deal with the behaviour found to constitute sexual harassment using the provisions of the discipline policy.
7. If an educator does not feel comfortable approaching the Director, second-in-charge or room leader please contact the staffing convener.

Source: Business Victoria, www.business.vic.gov.au/BUSVIC/STANDARD//pc=PC_50522.html,
1/2/18
Worksafe Victoria www.worksafe.vic.gov.au 1/2/18
www.achievementprogram.healthytogether.vic.gov.au/early-childhood- 1/2/18

DRUGS, TOBACCO AND ALCOHOL

POLICY:

Tatura Children's Centre Inc is committed to providing a safe working environment for all employees pursuant to the Occupational Health and Safety Act 2004 (OHS 2004) including the recognition of the adverse effects of alcohol and consumption and illegal drug use.

As a health promoting service, we will provide a smoke-free and drug-free environment for children, educators, staff and families, and promote responsible alcohol consumption through learning, policies, creating a safe and healthy physical and social environment and developing community links and partnerships.

BACKGROUND:

The key to tobacco, alcohol and other drugs in the early years is prevention. The most effective means of prevention is providing an early childhood environment that is supportive and protective of all children. Building resilience and developing social and emotional competencies should start early to enhance the potential for children to resist risky behaviours later on.

WHOLE SERVICE ENGAGEMENT:

It is recognised that every member of the service impacts on the children's health and can contribute to creating a healthy environment that is smoke-free and drug-free and promotes responsible alcohol consumption. All members of our service, including educators, staff, children, families and volunteers, will be supported to meet this policy.

DEFINITIONS:

Tobacco, alcohol and other drugs: For the purposes of this policy and for the Healthy Early Childhood Services Achievement Program, the 'Tobacco, Alcohol and Other Drugs' health priority area focuses on creating smoke-free and drug-free environments and responsible alcohol consumption.

Tobacco prevention: Involves guided age-appropriate, sensitive discussions about health issues related to tobacco as opportunities arise.

Drug: Refers to any substance taken to change the way the body and/or mind functions.⁹

Alcohol: A depressant drug that slows down activity in the central nervous system.¹

PROCEDURE:

- The issue of the adverse effects of alcohol consumption is covered under the *Occupational Health and Safety Act 2004 (OHS Act 2004)*. The Act requires: Employers to provide and maintain a working environment that is safe and without risks to health (Section 21). Without in any way limiting the generality of this duty, employers have duties with respect to plant, substances and systems of work; providing

⁹ Australian Drug Information Network, 2012, Glossary <http://www.adin.com.au/glossary>.
Revised March 2021

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- facilities for and information, instruction training and supervision to their employees; monitoring their health and safety and so on (Sections 21(2) and 22).
- Educators and self- employed persons to ensure that persons other than educators (which would include the public) are not exposed to risks to their health or safety arising from the undertaking of the employer or self-employed person (Sections 23 and 24); and
 - Educators to take reasonable care for their own health and safety and that of others (for example, ensuring they are not, by use of alcohol, affected in a way that may put themselves or others at risk); and to co-operate with employers in their efforts to comply with OHS requirements (Section 25).
1. This policy applies to every visitor, educator, volunteer or student while they are at the Tatura Children's Centre.
 2. The consumption or possession of drugs (excluding prescribed drugs) in the workplace or away from the workplace whilst carrying out work for Tatura Children's Centre Inc. is strictly prohibited.
 3. The consumption or possession of alcohol in the workplace is strictly prohibited. This means that alcohol cannot be consumed at the workplace, nor can it be brought onto the premises at any time. (refer OH&S policy).
 4. An educator must inform the Director if their performance is, or may be affected by taking prescription and/or non-prescription medication so that appropriate work assignments can be given.
 5. Smoking is not permitted in any of the buildings or grounds belonging to Tatura Children's Centre Inc. There are no exceptions to this policy.
 6. An educator must not attend work if their performance is adversely affected by drugs or alcohol. An educator who is considered by the Director to be unfit to perform their duties safely due to the effect of drugs or alcohol shall not be permitted to remain at the workplace. Appropriate pay/leave deductions will be enforced in the next pay period.
 7. The educator will be sent home in a taxi and the cost of the taxi will be deducted from the following pay. The educator will not be paid for the remainder of the shift unless the educator can produce medical evidence that the condition was brought on by some other cause other than self- inflicted. When the educator returns to work for the next shift, he or she will be interviewed by the Director and a representative of the Committee of Management at which time the appropriate course of action will be decided e.g. it will be determined whether disciplinary proceedings will follow.
 8. Tatura Children's Centre Inc will encourage and assist any educator who believes that he or she has a dependency problem.
 9. It is important to note that an employee who breaches the drug, smoking and alcohol policy will be subjected to TCC's disciplinary procedures. Such a breach could result in termination of employment.
 10. TCC management will ensure posters are displayed advocating and supporting TCC's commitment to a Drug, Alcohol and Tobacco free environment.

Leadership and commitment

- Educators, staff, families and children are active participants in the development and implementation of this policy.
- Educators, staff and families are provided with information about policy requirements, with opportunities to provide feedback and input.

Healthy physical environment

- There is smoke-free signage that can be easily seen and understood by the whole community.
- All events, on and off site, are smoke-free and drug-free.
- If there is alcohol at a staff or family event, management ensures all legal requirements related to the sale and supply of alcohol are met. Responsible consumption of alcohol is promoted.
- If external organisations use the premises, a formal agreement ensures the service premises are smoke-free, drug-free and responsible alcohol consumption is promoted.

Healthy culture

- Diversity and cultural practices are considered when implementing this policy and tobacco, alcohol and other drug initiatives.
- Staff, educators, families and visitors are required to adhere to legislation and service policies related to smoke-free areas and are asked not to smoke in sight of children.
- Staff and educators who smoke are encouraged to take appropriate hygiene measures after smoking so that children are not exposed to second-hand smoke.
- Staff, educators and families are encouraged to drink responsibly and refrain from taking drugs, particularly while around children.
- The service avoids encouraging the consumption of alcohol as a part of events, celebrations, awards, gifts and fundraising.

Child teaching and learning

- Educators will guide age-appropriate, sensitive discussions about health issues related to tobacco, alcohol and drug use as opportunities arise (e.g. if a child is pretending to smoke).
- Professional development and resources are provided to educators and staff to help them guide age-appropriate, sensitive discussions about health issues related to tobacco, alcohol and drug use as opportunities arise.

Supported staff and educators

- Educators and staff who want to quit smoking, drinking or using other drugs are supported and referred to appropriate agencies.
- Tobacco, alcohol and other drug policy requirements are included in educator and staff induction/orientation.
- Resources about the health risks related to smoking, excessive drinking and taking drugs are available to educators and staff.

Families and community partnerships

- Information about health risks related to smoking, excessive drinking and using other drugs is available for families and community members, including information about accessing support services.
- Partnerships are established with relevant organisations and health professionals to support smoke-free, drug-free and responsible consumption of alcohol initiatives where appropriate.
- There are no partnerships with organisations that market or supply alcohol or tobacco.

Relevant legislation and policy documents

- [Tobacco Act 1987](#)
- [Education and Care Services National Law Act 2010](#)
- [Education and Care Services National Regulations 2011](#)
- [Child Wellbeing and Safety Act 2005 \(Vic\) \(Part 2: Principles for children\)](#)
- [ACECQA National Quality Standard 2018 – Quality Area 2](#)
- [Liquor Control Reform Act 1998](#)

Related service policies (examples)

- Staff Health and Wellbeing
- Engagement
- Fundraising

Source: www.health.vic.gov.au/tobaccoreforms
Tobacco Control Section (03) 9096 0469 or tobacco.policy@health.vic.gov.au
www.achievementprogram.healthytogether.vic.gov.au/early-childhood- 3/3/20

INTERNET AND EMAIL

POLICY:

To ensure the proper use of the internet and make users aware of what Tatura Children's Centre deems as acceptable and unacceptable use of its computer systems while accessing the internet and using e-mail. Tatura Children's Centre reserves the right to amend this policy at its discretion. In case of amendments, users will be informed appropriately.

Acceptable Usage of Internet

1. Use of the internet is for business purposes only. Business use includes sites which offer information and/or assistance in relation to educators day to day duties.
2. Executable programs are NOT to be downloaded from the internet without permission from the Committee of Management.
3. Downloading of non-business material such as MP3 audio and MPG video files is not permitted.
4. Use of internet radio is not permitted.
5. Material displayed during internet sessions must be suitable for display in a public place.

Email

1. Email is a business communication tool and users are obliged to use this tool in a responsible, effective and lawful manner. Although by its nature email seems to be less formal than other written communication, the same laws apply. Therefore, it is important that users are aware of the legal risks of email:
 - a. If you send emails with any libelous, defamatory, offensive, racist or obscene remarks, you and Tatura Children's Centre can be held liable.
 - b. If you unlawfully forward confidential information, you and Tatura Children's Centre can be held liable.
 - c. If you unlawfully forward or copy messages without permission, you and Tatura Children's Centre can be held liable for copyright infringement.
 - d. If you knowingly send an attachment that contains a virus, you and Tatura Children's Centre may be held liable.
 - e. By following the guidelines in this policy, the email user can minimize the legal risks involved in the use of email.

If any user disregards the rules set out in this email policy, the user will be fully liable and the Tatura Children's Centre will disassociate itself from the user as far as legally possible and disciplinary proceedings will follow.

Legal requirements

The following rules are required by law and are to be strictly adhered to. It is prohibited to:

2. Send or forward emails containing libelous, defamatory, offensive, racist or obscene remarks. If you receive an email of this nature, you must promptly notify the Director.
3. Send unsolicited email messages i.e. junk mail.
4. Forge or attempt to forge email messages.
5. Disguise or attempt to disguise your identity when sending mail.
6. Send email messages using another person's email account without permission from that person.

Best practice

1. Tatura Children's Centre considers email as an important means of communication and recognises the importance of useful content and speedy replies in conveying a professional image and delivering good customer service. Users should take the same care in drafting an email as they would for any other communication.
2. Do not substitute personal contact with email messages; wherever possible a phone call or personal contact is preferred before e-mail. Therefore Tatura Children's Centre wishes users to adhere to the following guidelines:

Writing Emails:

1. Write well-structured emails and use short, descriptive subjects.
2. TCC's email style is informal. This means that sentences can be short and to the point.
3. You can start your email with 'Hi', or 'Dear', and the name of the person. Messages can be ended with 'Best Regards'. The use of internet abbreviations and characters such as smileys, however, is not encouraged.
4. Signatures must include your name, job title and company name.
5. Users must spell check all emails prior to transmission.
6. Do not send unnecessary attachments. Compress large attachments before sending them.
7. Do not write emails in capitals.
8. If you forward emails, state clearly what action you expect the recipient to take.
9. Do not send messages containing rude or defamatory language or pictures. Use only language which would be acceptable for general distribution.
10. Only mark emails as important if they really are important.

Replying to emails:

1. Emails should be answered within at least 8 working hours, but users must endeavor to answer priority emails within 4 hours.
2. Priority emails are emails from existing customers and business partners.
3. Maintenance:
 - a. Delete any email messages of which you do not need to have a copy.

Personal Use

1. It is strictly forbidden to use Tatura Children's Centre's email system for anything other than legitimate business purposes. Therefore, the sending of personal emails, chain letters, junk mail, jokes and executables is prohibited. All messages distributed via the company's email system are Tatura Children's Centre's property.

Confidential information

1. Never send any confidential information via email. If you are in doubt as to whether to send certain information via email, check this with the Committee of Management first.

Passwords

1. All passwords must be made known to the Director, assistant Director and Committee of Management. The use of passwords to gain access to the computer system or to secure specific files does not provide users with an expectation of privacy in the respective system or document.

Encryption

1. Users may not encrypt any emails without obtaining written permission from the Committee of Management. If approved, the encryption key(s) must be made known to the company.

Mail Retention

There is no automatic deletion of old emails. Users should routinely remove unwanted emails.

System Monitoring

Educators expressly waive any right of privacy in anything they create, store, send or receive on the centre's computer system. TCC can, but is not obliged to, monitor emails without prior notification. If there is evidence that educators are not adhering to the guidelines set out in this policy, TCC reserves the right to take disciplinary action, including termination and/or legal action.

Source: TCC Committee Management 1/2/18

PROFESSIONAL CHILDCARE STANDARD 2020 AWARD

POLICY:

Educators should refer to the Professional Childcare Standard 2020 award for detailed information regarding leave entitlements. For the physical and emotional wellbeing of all educators, management request that educators use their annual leave and RDO as they become due or soon after. Long periods without leave in a childcare environment can be detrimental both to the health of workers and to the operational efficiency of the centre.

PROCEDURE:

Annual Leave

1. Educators (other than casual employees) shall be entitled to annual leave on full pay for a period equal to four working weeks for each continuous twelve months' service with an employer.
2. It is the preference of management that educators shall take accrued annual leave, within the year of entitlement to ensure the physical and emotional wellbeing of educators. However, an exception may be granted by the Director up to a period not exceeding two years from the date when the right to annual leave accrued.
3. Any request by the Director to extend the taking of annual leave in the manner noted above, will be required to have approval at a COM meeting prior to the 12 month entitlement anniversary.

Annual Closedown

1. Closedown over the Christmas/New Year break will generally commence one working day prior to Christmas Day (i.e. the closest working day to 23 December), unless directed otherwise by the COM.
2. There will be **no** 'clean- up day' prior to Christmas Day with non- children attendance.
3. Professional cleaning will take place over the Christmas/New Year break.
4. In line with DEEWR requirements, TCC will be open for 48 weeks of year. Therefore, educators will be required to take two weeks leave from commencement of the closedown period.
5. Educators will be required to take annual leave during any annual closedown. However, if approved by the Director, educators are able to take up to 2 days TOIL during this period. If the Director would like to take 2 days TOIL during this period, approval must be obtained from a prior COM meeting.
6. Set up day will commence on the fifteenth day following commencement of 'closedown'. There will be no children attending on 'set up day'.
7. Set up day will typically involve a detailed educator meeting of approximately half a day. The remainder of the day will involve the incidentals of centre and room readiness for commencement of the child care year.
8. Educators will be required to take annual leave during any annual closedown. However, if approved by the Director, educators are able to take up to 2 days TOIL during this period. If the Director would like to take 2 days TOIL during this period, approval must be obtained from a prior COM meeting.

Rostered Days Off

1. Full time educators may be rostered to work their ordinary hours of work by working a 40 hour week (8 hour day) and having a rostered day off once a month.
2. RDOs work on a regular cycle. Educators are required to work an additional 24 minutes per day for nineteen working days, in order to qualify for one rostered day off. RDO's will only accrue when an 8 hr day is worked. Therefore, RDO entitlements do not occur whilst on annual leave, sick leave, long service leave or an RDO. 7.6 hours will be deducted from an employees entitlements when any of the mentioned above leave categories are taken.
3. Although it is the preference of management that rostered days off are taken as they become due, an exception may be granted by the Director if deemed appropriate. The maximum number of banked rostered days off at any one time which the Director can approve is two (2). If the Director is operating within the RDO scheme, banked RDOs for the Director must be approved at a prior COM meeting.
4. Any entitlement to RDO for any educator will be relinquished at the end of each RDO cycle if prior approval has not been given to bank RDOs.

Time off in lieu

1. Overtime is not normally paid to full time educators (although it may be paid at the discretion of the Director upon approval by COM) but is taken as time off in lieu. TOIL covers situations such as
 - a. Meetings
 - b. Professional development (as approved by Director, or in the case of Director's professional development, approved by COM)
 - c. Educator meetings (1 hour)
 - d. Late pick up of children (after 6:00pm as approved by the Director, or in the case of the Director working late pick up, approval by COM)
 - e. To ensure child/educator ratios are met due to higher than anticipated numbers in rooms.
2. TOIL must be approved in advance by the Director, except in unforeseen circumstances such as where a child has not been collected. TOIL to be accrued by the Director must be approved by the Committee of Management at the meeting immediately prior to the event.
3. Educator requesting time off in lieu for anticipated extra hours worked are required to seek approval from the Director to ensure the needs of the Centre and employees are being met. Time off in lieu must be signed by the Director on an employee's time sheet after each occurrence.
4. All TOIL accrued for staying back late for high numbers will be accrued as 'time for time'.
5. Time off in lieu is to be taken **within 28 days after the extra hours have been worked** unless prior arrangements have been made with the Director. If the TOIL accrued has not been used within 28 days, an employee will be paid out for their accrued time according to the guidelines as set by TCC's 2015 award
6. An employee who is required by the direction of TCC management to travel on official duties outside their normal working hours and is away from their normal workplace, must be granted time off in lieu of time spent in such travel. The travel undertaken must be at the direction of the Committee of Management or the Director. Travelling time for the purposes of this situation does not include time that is normally spent travelling from the educators home to their normal

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- workplace or from their normal workplace to home (travel time commences from Tatura). However, travel time commences immediately the educator departs from home if the official travel is in a direction away from the normal workplace (i.e. Tatura). 'Home' for the purposes of the above situation refers to the place where the employee stayed the night.
7. All TOIL accrued by the Director must be approved by an authorising signature before the upcoming time sheet can be approved. Emails verifying the authorisation can be stapled to the Director's time sheet which will suffice as authorisation.

Non Compliance with Toil Authorisation Requirement

1. If appropriate authorisation has not been obtained for approval of TOIL, the claim for TOIL will be invalid and as such will be treated as non-compliant.

WORKCOVER\WORKSAFE

POLICY:

Tatura Children's Centre Inc is committed to returning a work-related injured/ill educator to their pre-injury/illness health and employment (preferably to the pre-injury/illness position) as soon as possible, consistent with their capacity and the type of duties available.

The development and implementation of this policy, in conjunction with occupational health and safety measures, is essential to the reduction of the personal financial costs of workplace injuries and disease.

Any educator undergoing approved occupational rehabilitation will be assured that they will be returned to their previous position, or to the most suitable work available, consistent with medical judgement, as soon as possible. Information obtained in the rehabilitation program will be treated in confidence.

PROCEDURE:

Assisting an injured worker to seek medical treatment

1. TCC management encourages all employees to seek appropriate medical treatment. An employee can choose their own doctor or healthcare provider.
2. Advise an employee at this time that they may be entitled to make a Worksafe claim. Refer to Worksafe's claim fact sheet located in the Centre's Planning room, OHS board for reference.

Rules Relating to Workcover Claims

1. If there's been a workplace incident that causes or could have caused serious injury or death, TCC must notify Worksafe immediately on 132360
2. Tcc management will not and cannot interfere with the scene of the incident, except to help an injured person, protect someone whose health or safety is at risk or to prevent serious injury.
3. TCC management must send a written record of the incident within 48hrs to worksafe and keep a copy for 5 years in the employees personal file. TCC must complete an 'Incident Notification form' (located in TCC OHS information folder) and fax it to Worksafe.
4. As soon as the injury occurs TCC management will put into place a "Return to work arrangement": as per Worksafe's guidelines form
5. Until the claim has been approved with TCC's insurance company Allianz (which usually takes up to 28 days) an employee will be on employee benefits as per their entitlements available to them ie sick or annual leave
6. Once Allianz has approved the claim tcc will be backdate all out of pocket expenses. Where a claim is rejected it is the responsibility of the educator to cover any medical expenses incurred and have sufficient sick leave to cover any time off work.
7. Where an educator is injured and alternative or modified duties are appropriate, the Tatura Children's Centre will, wherever possible, offer suitable work in line with the medical practitioner's guidelines. An educator on alternative or modified duties will not be allowed to work overtime in excess of their rostered hours and, in some cases, working their rostered hours may not be appropriate. This will be determined in conjunction with the treating doctor.
8. When an educator is deemed fit for pre-injury duties they must get a certificate of capacity from their treating practitioner indicating that they are fit for normal duties.

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9. The TCC aims to regularly review claim files in conjunction with the claims agent.

Return To Work Policy Objectives

1. This policy on rehabilitation is intended to assist TCC to achieve the following:
2. To assist an injured or ill educator to remain at work or to facilitate a satisfactory return to work at the earliest possible time consistent with medical judgement.
3. To ensure that occupational rehabilitation is considered and, if necessary, commenced from the time the injury/illness occurs.
4. To ensure that occupational rehabilitation by accredited personnel is provided for injured educators who are expected to be off work for more than twenty (20) working days and is commenced as soon as possible, in a manner consistent with medical judgement.
5. To consult with educators and, where applicable, their representative to ensure that the return to work of any injured educators works effectively.

Follow Up After Injury

1. After medical care has been received the Director agrees to seek advice about how the workplace can assist the injured educator and to determine what arrangements are necessary for returning to work, according to the educators needs.

Finding Suitable Duties

1. When and if the injured/ill educator is, according to medical judgment, well enough to return to work on suitable duties, our Workcover officer agrees to discuss whether duties could be found at the workplace and, if not, what other options are available. Suitable duties may mean a change in jobs or hours and where retraining is necessary it will be provided. This will be discussed with the injured/ill educator and their supervisor.

Consultation

1. TCC will maintain a flexible approach to implementing return to work and alternative duties within the organisation, and will seek agreement and co-operation from co-educators and doctors on return to work options. The Centre will aim to maintain contact with the injured educator on a regular basis, to ensure the educator knows what is going on in the workplace and at the same time, provide assistance to ensure that everything is being done, to assist the injured educator in their endeavors to return to the workplace.

Disputes

The return to work program is one of co-operation and consultation. Any dispute that may arise will be resolved in open discussion between principal parties and / or their representatives.

Return to Work Director

The Director is responsible for maintaining the efficient operation of this policy and co-ordination and development of individual return to work plans for each educator as the need arises. Activities covered in this policy shall remain confidential to the parties involved.

Source: www.worksafe.vic.gov.au/wps/wcm/connect/WorkSafe/Home/Laws+and+Regulations/30/3/2020

Source:

Nutrition Australia Victorian Division, www.nutritionaustralia.org

¹ <http://oxforddictionaries.com/definition/english/nutrition>

¹ National Health and Medical Research Council, 2013, Australian Dietary Guidelines,
<http://www.eatforhealth.gov.au>

¹ Commonwealth of Australia, 2009, Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood,
<https://www1.health.gov.au/internet/main/publishing.nsf/Content/phd-early-childhood-nutrition-resources>

¹ COAG Health Council, 2015, Healthy Mouths Healthy Lives: Australia's National Oral Health Plan 2015–2024,

GRIEVANCE AND DISCIPLINARY PROCEDURES

POLICY:

TCC will ensure disciplinary procedures will be followed in accordance with those outlined in the Professional Childcare Standards 2016 award. This document should be referred to at all times.

PROCEDURE:

It is the objective of the Tatura Children's Centre to ensure that, through discussion and negotiation, disciplinary issues will be resolved.

Disciplinary procedures will be followed in relation to poor work performance or unsatisfactory conduct. Examples of such conduct include the following:

- Unacceptable work quality,
- Unsafe work practices,
- Willfully failing to abide by reasonable and lawful directions,
- Excessive absenteeism,
- Falsifying any information upon application of employment,
- Stealing or willful destruction of centre property,
- Falsifying centre records,
- Unauthorised press/media comments,
- Breach of confidentiality.

Process of investigation into a serious breach of conduct

An educator may be suspended with pay whilst an investigation is conducted into any allegation of a **serious** breach in professional conduct. Examples of serious breaches of conduct include:

- Theft
- Physical assault, Fighting
- Insubordination
- Willful disobedience
- Being under the influence of drugs or alcohol
- Wilful dishonesty
- Criminal behavior
- Breach in TCC's social networking policy

An interview of the educator will be conducted to provide information about the alleged breach of conduct. When disciplinary action is taken, the following people will be present at the meetings:

- Director
- A Committee of Management representative (e.g. the staffing convener, although if the staffing convener has a child under care of the educator concerned, another member of the Committee of Management may be used)
- The educator concerned
- A union representative or witness if desired by either party.

The following items should be recorded:

- Nature of alleged breach of conduct including specific details.
- Date(s) of alleged breach of conduct.
- Date and time of the interview.
- The educators response to the allegations.
- The educators acknowledges the breach of conduct YES/NO.
- The behaviour and performance expected from the educator in the future.
- The consequence of repetition of the alleged conduct.
- A follow up date for review.
- The interview record shall be signed by the staffing convener, the Director and the educator and a copy placed on the employee's personal file. **Failure of the educator to sign the record of interview shall not prejudice the process.**
- If the investigation of the alleged breach of conduct is proven, disciplinary action will result and may take the form of summary dismissal or **dismissal without notice**. In this case, the educators conduct is deemed to be so contrary to the spirit of the employment relationship that it represents a rejection of the original contract of employment.

Disciplinary action

The steps outlined below will vary according to the particular circumstances of each case. For example, it may be reasonable to skip steps when a serious breach of conduct warrants immediate action, as discussed above. Nonetheless, the employer must always ensure that the educator is:

- Made aware of the performance/behaviour problem
- Is given adequate time and opportunity to rectify the problem
- Is likely to be considered fair in their dismissal process

Disciplinary steps

- Initial disciplinary meeting
- First written warning
- Second written warning
- Third and final written warning
- Dismissal

Initial disciplinary meeting:

1. The aim is to bring the problem to the attention of the educator and allow them to rectify the situation **without the need for a formal warning**.
2. It is important, therefore, that an employer considers whether or not it is the most appropriate action in the circumstances. A written record should be kept with the educators personnel file.

Written warnings:

Warnings should involve a meeting with the educator and a follow-up written summary of that meeting. The written summary then constitutes a written warning and should be issued to the employee. The written warning should include:

- Name of those present and their position
- Date and description of misconduct under discussion
- Summary of any relevant history i.e. of previous counselling sessions or written warnings issued for the same misconduct
- A response from the educator as to why the misconduct has occurred
- A clear statement of the consequences of a repetition of the misconduct
- A statement from management indicating support for the educator in order to achieve the standards required in future
- A follow up date for review
- Director, staffing convener, educator and educator representative signatures and dated.

Dismissal: The educators should be notified in writing of impending dismissal and the reasons for same. The educator (or his/her representative) should be notified as soon as practicable if this course of action is to be taken.

EDUCATOR CONCERNS AND COMPLAINTS

POLICY:

Tatura Children's Centre values its human resources and recognises that from time to time an educator may feel that they have not been treated fairly. They also may have a concern or complaint about work or the work environment or a breach of policy or procedure.

It is recognised that educators cannot do a good job if there is unfair treatment, discrimination or harassment. Policies and procedures are in place to set standards and guidelines about the behaviour expected from all educators.

PROCEDURE:

1. If any educator has a concern or complaint they are encouraged to initially discuss the complaint promptly with the Director. Prompt action leads to early action and faster resolution. Any person that makes a complaint will not be treated detrimentally or less favourably because they make a complaint and any victimisation of the complainant will be disciplined. **All complaints will be investigated.**
2. Complaints should first be discussed within the workgroup with the person or persons involved and if possible resolved through mutual understanding. Unresolved issues must be reported to the Director or, if the complainant feels this has been unproductive, may then discuss the issue with the staffing convener.
3. If the issue still remains unresolved, it may then be taken to another member of the Committee of Management for resolution at committee level if necessary.
4. Any educator complaint shall be subject to constructive discussion between the educator and Director/staffing convener, who will make a genuine attempt to resolve the matter speedily and equitably. An educator representative may be present at this stage if the employee so wishes.
5. Where a complainant wishes to proceed with a formal complaint, the Director or staffing convener will inform, in confidence, the person or persons against whom the complaint is being made. The complaint investigation shall be handled in a fair and impartial manner. Conciliation and/or mediation shall be offered to both parties.
6. The object of conciliation is to ensure as far as possible: no recurrence of the behaviour which gave rise to the complaint; no reprisals for making the complaint; the situation will be redressed to the complainant's satisfaction; positive work relationships are developed in the future.
7. Where a complaint is not settled by conciliation or mediation, it must then be put in writing. The staffing convener will report the matter to the Committee of Management and a formal investigation may be required. In some circumstances **external** mediators or complaint investigators may be used when internal resolution has failed, when skills are required to help everyone readjust to working together effectively or when an unbiased internal investigator cannot be found. All parties to the complaint will be allowed access to support as necessary such as interpreters, counselling, union representation and legal representation.
8. Where it is found after investigation that a complaint is unsubstantiated, the reasons for the finding will be explained to both parties by the person who heard the complaint. In cases where a complaint is found to be frivolous and/or

vindictive, formal action under the terms of the disciplinary procedure may be instigated against the complainant.

9. In addition to any action taken by the complainant, the centre may deal with the complaint using the provisions of this policy. The complainant may also contact the Victorian Equal Opportunity Commission for free and confidential advice about how to deal with the situation.

Source: Professional Childcare Standard award 1/2/18

WORK EXPERIENCE/ VOLUNTEERS/STUDENTS

POLICY:

The Tatura Children's Centre Inc will provide public liability and personal accident insurance of work experience and volunteers under the following conditions.

PROCEDURE:

1. Acceptance of work experience placements/volunteers/Students will be at the discretion of the Director and Licensee. The decision will be based on the particular training needs required by the student, the availability of centre educator to supervise the student/volunteer and the well- being of the children. Only one student shall be on placement at any one time in a room.
2. Students must meet with the Director prior to their placement. Work experience forms will be filled in by the Director. Assessment forms are to be completed by the Director and educator involved with the placement. They will be shown through the centre and the following will be discussed:
 - a. Aims of centre
 - b. OHS practices and policies ie Safety rules, emergency evacuation procedures and child behavior guidance practices and policies
 - c. Accident, illness and medication folders for children
 - d. Dress code
 - e. Times of work and breaks
 - f. Relevant aspects of the program planning and curriculum
 - g. Confidentiality
3. All such participants will work under the direct supervision of an educator at the centre and within the Tatura Children's Centre policies and procedures and occupational health and safety guidelines.
4. A notice will be placed on the door to the room introducing the student and the student will be encouraged to participate in routines and activities within the room.
5. Any difficulties with a student must be immediately referred to the college or school concerned. The Licensee must be informed of any early termination or concerns/issues with work experience volunteers or students.
6. No student is to be left in charge of children. All students are to be supervised at all times. No student is to be included in the educator ratio.

EDUCATORS WITH CHILDREN IN CARE

In relation to children of or directly related to educators, they may be placed at the same centre where the educator works, but cannot be in direct care of the related educator on a regular and ongoing basis. This relates to educators:

- Children
- Grandchildren
- Stepchildren
- Guardians

Educators returning from maternity leave will be offered the same access to child care as other parents/guardians (in line with the Access to Care - Priority of Access and Waiting List policies), however the centre's obligation is to return the educator to their previous role and respect the overall operation of the centre. The centre cannot guarantee care for the educators child where it conflicts with the above statement.

OFFICE SERVICE MANAGEMENT

CENTRE EXPENDITURE POLICY

POLICY:

This document describes responsibilities for the management of funds at the Tatura Children's Centre Inc. (TCC)

Responsibility For TCC Funds

The Committee of Management has the responsibility for ensuring that any expenditure associated with the Tatura Children's Centre Inc is:

- Reasonable and necessary
- Consistent with established TCC policies and practices applicable to the operation of the centre
- Consistent with government funding or sponsor restrictions

Authorisation Procedures

1. Specimen signatures of cheque signatories from the Committee of Management must be held on file in the Director's office.
2. Only the person to whom authority has been delegated may authorise a transaction either manually or electronically.
3. Disciplinary steps will be taken against individuals who are found to have fraudulently signed the name of another person, used the authentic information of another person, or divulged their authentic information to another person.
4. The possible disciplinary actions for violations, which can include termination of employment, will depend upon the facts and circumstances of each case.

Limitations on Signature Authority

The following areas disallow certain expenditure:

Expense reimbursement

- no person may approve their own expense reimbursement or the expense reimbursement of an individual to whom they report either directly or indirectly. Expense reimbursements require two signatures, the person incurring the expense and the Director.
- Where the Director is the person incurring the expense, either one of the cheque signatories or the finance manager's signature will suffice as authorisation.
- In urgent cases, an email authorization will suffice before the expenditure occurs. The committee member's authorisation email (in relation to the purchase) must be attached to the final cheque and filed appropriately by the administrator.

Salaries

- no person may sign any payroll/personnel form that affects their own wage or payroll/personnel form that affects the wage of an individual to whom they report either directly or indirectly.
- Conflict of interest – no person may authorise payment to any individual or business
- Where there is a conflict of interest.

Revoking Signature Authority

When a person with signature authority departs the Committee of Management or Director's position, it is the responsibility of the committee and finance manager to revoke the departing person's signature authority.

Review and Error Correction

It is the responsibility of the finance manager to review expense transactions and monthly operating/expenditure statements to ensure that:

- Any expenditure is necessary and for TCC purposes

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- Charges are correct and coded correctly
 - Charges are allocated to the correct job number
 - Any allocation of costs is reasonable and equitable
 - Charges are appropriately documented, recorded and filed for future reference if necessary.

If any incorrect or improper charges are found, the finance manager will direct the person responsible to correct the error. If the nature of incident is severe, the finance manager will report the incident to the Committee of Management for appropriate disciplinary action.

FACEBOOK PAGE (TCC page and personal)

POLICY:

We recognise the benefits and challenges of using Facebook in the early childhood setting. This policy has been developed to provide employees families, volunteers and students with standards of use as they engage in conversations or interactions using Facebook for official, professional and personal use.

National Quality Standards (NQS)

Quality Area 4: Staffing Arrangements	
4.2.1	Professional standards guide practice, interactions and relationships.
4.2.3	Interactions convey mutual respect, equity and recognition of each other's strengths and skills

Quality Area 5: Relationships with children	
5.2.3	The dignity and the rights of every child are maintained at all times

Quality Area 6: Collaborative partnership with families and communities	
6.1	Respectful supportive relationships are developed and maintained

Quality Area 7: Leaderships and Service Management	
7.1	Effective leadership promotes a positive organisational culture and builds a professional learning community.
7.2	There is a commitment to continuous improvement.
7.3	Administrative systems enable the effective management of a quality Service.

Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
727	Confidentiality of records kept by approved provider
181-184	Confidentiality and storage of records

PURPOSE

We aim to ensure that TCC, children, educators or families are not compromised in any form on Facebook and that Facebook usage complies with our Service philosophy and code of conduct.

SCOPE

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

IMPLEMENTATION

We recognise that there are many advantages in using Facebook to network within Service operations. It is important to approach usage with caution, via careful and thorough management.

TCC Facebook Account

Our Service has a Facebook account to converse and share information with our families and community, which is administered by the Nominated Supervisor.

Only current families and staff will have access to the Service Facebook page. The page is locked as “Privacy type: Closed: Limited public content. Members can see all content.”

The intent for our Service Facebook page is to:

1. Keep in touch with what's happening at the Service, including upcoming events
2. Connect with other parents and share your thoughts about programs, policies and procedures
3. An avenue to ask other parents their thoughts and help with common child rearing issues etc.

The Approved Provider or Nominated Supervisor will:

- Ensure personal information about families, children and staff is not posted on-line
- Ensure high privacy settings on the account
- Ensure all passwords are kept confidential
- Log out of Facebook when not in use and prior to leaving
- Regularly scan online content related to the Service to ensure appropriateness Obtain authorization from a child’s parents prior to posting any photos of their child to the page.

Personal Facebook Account

Staff members are to use their own personal discretion when adding a family of the Service as a ‘friend’ on Facebook. TCC does not recommend staff to add families of TCC as they will be seen still as a representative of TCC and held to TCC’s Code of Conduct on all posts to their private wall. It is extremely important not to post information about TCC, children or families on personal social media accounts.

Families are asked to respect that TCC may have a personal policy on adding families due to their professional philosophy and that the Service does not recommend staff to have families as friends on their private account.

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

- Access personal Facebook accounts on any workplace device
- Access personal Facebook accounts whilst educating and caring for children.
- Post any photos taken of the children enrolled at the service on their personal Facebook account
- Vilify, harass or bully any other person who works at the Service, family or community member connected to the Service
- Post offensive or derogatory comments or information that could bring their professional standing or that of the Service into disrepute.
- Use their personal camera or phones to take photos or video while at the Service.

The Approved Provider or Nominated Supervisor will:

- Adhere to our Grievance policy and procedures to investigate any occurrences where a person working at the Service may:
 - Posts photos or information of the Service or children,
 - Defames, harasses or bullies any other person who works at the Service, or is connected to the Service.
- Any staff or educator found guilty of any Facebook misconduct may result in termination of employment.

Source

- Australian Children's Education & Care Quality Authority. (2014).
- 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.
- The NSW Work Health and Safety Act 2011
www.workcover.nsw.gov.au/newlegislation2012/Pages/default.aspx

Revised March 2021

EARLY CHILDHOOD ABBREVIATIONS

ABBREVIATIONS

National Quality Standard	NQS
Australian Children Education & Care Quality Authority	ACECQA
Tatura Children's Centre Inc.	TCC
Department of Education and Training	DET
Department Education, Employment and Workplace Relations	DEEWR
Family Assistance Office	FAO
Child Care Subsidy	CCS
Staffing, carers, employees	Educators
Programming, program	Curriculum
Quality Improvement Plan	Q.I.P
Reconciliation Action Plan	RAP

POLICY REVIEW SYSTEM

POLICY:

TCC Policies are reviewed annually or as they are required throughout the year. This may be due to stakeholder consultation or new updated early childhood correspondence. Before any change to policies is made TCC stakeholders are involved with the consultation and process of review in many formats including surveys, meetings and informal/formal conversations. All Policy amendments and changes are attached to the back of this policy book and all stakeholder correspondence and feedback is located in the main offices\Foyer's "NQS 7- Leadership & Service Management Folder".

Policy changed	Date changed	Reason behind change or amendment
<i>Delivery of Children</i>	10.5.2017	Changed reference to DEECD to Department of Education and Training
<i>Late Collection of Children</i>	10.5.2017	Changed reference to DEECD to Department of Education and Training
<i>Child Protection/ Child Safe Standards</i>	10.5.2017	Changed reference to DEECD to Department of Education and Training
<i>Parental Concerns and Grievances</i>	10.5.2017	Changed reference to DEECD to Department of Education and Training
<i>Dealing with Infectious Disease and Control</i>	10.5.2017	Changed reference to DEECD to Department of Education and Training
<i>Immunisation</i>	10.5.2017	Changed reference to DEECD to Department of Education and Training
<i>Assessment, criminal, Histories, Responsible Person In Charge</i>	10.5.2017	Changed reference to DEECD to Department of Education and Training
<i>Medical Emergency</i>	10.5.2017	Changed reference to Licensee to 'Approved Provider'
<i>Child Protection</i>	10.5.2017	Changed reference to Licensee to 'Approved Provider'

Policy changed	Date changed	Reason behind change or amendment
<i>Confidentiality, Privacy and records</i>	12.5.2017	Changed reference to DEECD to Department of Education and Training Changed reference to Licensee to 'Approved Provider'
<i>Child Safe Environment</i>	12.5.2017	Was noted that we didn't have a written policy. Have added this with input from Committee\Parent\Educator. Committee addition approved 29/5/17.
<i>Acceptance and refusal of authorisations</i>	16.6.2017	Added new policy to reflect regulation 168
<i>Water Play and safety (inc safety around water activities)</i>	16.6.2017	Added in Risk assessment to be undertaken
<i>Determining Fit & Proper amendment in Policy</i>	30/6/2017	Gave the policy more clarification regarding determining person in responsible charge of service
<i>All policies reviewed to reflect changes in NQS, Law Act, & National regs as of 1st Oct 2017 and 1st Feb 2018</i>	2/2/2018	See left side for comments.
<i>Child Safe, Staff Wellbeing, Code of conduct</i>	3/5/2019	Ensured these were compliant with new Laws, Regulations as set by the Commission
<i>Updated Sunsmart Policy as per Sunsmart certificate and correspondence with Sunsmart Australia</i>	7/1/2020	To ensure our Summer practices reflect and are supported by our recognised authorities regarding best practice
<i>Updated Social Justice\Inclusive\anti-discrimination policy a</i>	12/2/20	To ensure it reflects our commitment to our approved RAP and to ensure we support anti-discrimination behaviors.
<i>Engaging TCC in our Aboriginal & Torres Straight Cultures (RAP)</i>	13/2/20	To ensure TCC has a committed holistic approach in place for Reconciliation that is supported by TCC's RAP
<i>Nutrition, Food Safety, The Achievement program Bottle Feeding, Breast milk, Dental and Oral Care.</i>	18/2/20	To ensure we are always reviewing our Health policies with a recognized authority to ensure our practices are current and meet best practice.
<i>Emergency Evacuation procedures</i>	10/3/20	To ensure we had an up to date policy that reflected our evacuation map and so we could review our policies as a team to inform best practice as new educators in different rooms.

Policy changed	Date changed	Reason behind change or amendment
<i>Child Protection Child Safe Environment Child Safe standards</i>	15/3/20	To ensure TCC was compliant with Reportable conduct scheme and changes to legislation. Additional information added into Staff handbook to support compliance.
<i>Coronavirus-19 Management To be reflected upon as required by DET advice</i>	17/3/20	Management policy put in place for all stakeholders after notified by department coronavirus19 is now an Infectious disease.
<i>Parental concerns and Grievances</i>	27/4/20	To ensure the contact details for the DET were accurate and updated for the policy and foyer legal responsibilities
<i>Educator and Child Mental Health and Wellbeing Policy</i>	27/4/20	Updated to ensure our practices are supported by the National recognised Achievement program and again is supported by TCC's Policy
<i>Transportation of children during excursions</i>	26/8/20	Addition to policy manual as part of reviewed regulations Oct 1 st 2020
<i>Excursion policy</i>	26/8/20	Amended to ensure it referenced transportation in authorization for excursions as part of amended Oct 1 st 2020 regs
<i>Formula preparation</i>	25/9/2020	Amended to ensure that formula bottles are being discarded after being at room temperature for longer than one hour. Supported by pregnancybirthbaby.org.au
<i>Emergency Evacuation Procedures</i>	2/3/21	Updated off site emergency evacuation point from Tatura Victory Hall to Scared Heart Primary School