



GEELONG CHILDREN'S CENTRE

PARENT HANDBOOK

2021

Thank you for choosing an Exceeding Centre that meets the National Quality Standards (NQS).

The NQS includes 7 quality areas that are important outcomes for children.

Educational program and practice

Children's health and safety

Physical environment

Staffing arrangements

Relationships with children

Collaborative partnerships with families and communities

Leadership and service management

The Centre provides above child staff ratios, staff who are highly experienced and committed educators.

Our staff would like to work with you and value your partnership with us.

We encourage you to be actively involved in your child's education and care.

The information provided in this booklet is of vital importance and will help you to understand the workings of the Centre.

We sincerely hope that you and your child/children enjoy being part of this vibrant, high quality education and care environment and that you enjoy your association with Geelong Children's Centre.

The Board of Management.

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CENTRE PHILOSOPHY

We acknowledge the original custodians of this land, the Wathaurong people and their language and all the indigenous people in the Geelong community.

Children

We value providing a warm and welcoming environment that assists children to feel safe and secure. We believe developing trusting respectful relationships between children and educators is of upmost importance in children to reach their full potential to learn and develop according to their needs. This enables children to feel supported to explore, learn and take risks in their learning environment.

Children are social learners, co-constructing their understanding of the world around them and themselves through interacting with peers and adults alike. Through social interaction, children's learning is facilitated and scaffolded by more capable others, whilst the child remains an active participant in their learning. By providing an environment and program that encourages and supports social interaction children are enabled to develop reciprocal relationships and develop a sense of Community with their peers and teachers. Children are also provided with consistent opportunities to resource their own learning and initiate their own play experiences. Through this discovery, children further develop their sense of agency within our service.

Families & Community

We acknowledge the importance of developing a sense of community within the Geelong Children's Centre and the importance of involving families in their child's learning journey. We value and respect the contributions that families make, as it is through family involvement that children feel their learning is valued and recognised. Family involvement also enables the curriculum to reflect the diversity of the community. By building trusting and reciprocal relationships between home and the learning environment we aim to positively contribute to children's holistic wellbeing and development, allowing us to focus on the 'whole child' including individual culture, heritage and family values. We endeavour to connect with the local community services, groups and events including maternal health services, local schools, sport groups, library and community festivals and events.

Curriculum & Learning

We believe children learn best when they are provided rich opportunities to make independent choices to guide their learning. Through engagement in a play based program, children's learning is fostered to meet the diverse range of learning intelligences. We also aim to provide programs which support children in developing knowledge, skills and attitudes that will assist them in becoming environmentally responsible. We value providing developmentally appropriate, open ended play experiences that are meaningful to children. This is provided through an emergent curriculum that is planned in response to children's developmental needs and interests. Curriculum decision making promotes inclusive practices by building on children's strengths interest and abilities in both planned and spontaneous learning experiences. Gender equality create opportunities for children to engage in social and educational learning. We believe that these experiences support children to develop the skills and concepts that enable them to become lifelong learners. Children develop early literacy, numeracy and scientific concepts and knowledge as well as social, emotional and physical skills through actively participating in play based experiences. Each child develops and learns in their own unique way and rate. By providing a combination of teacher-initiated and child-initiated learning experiences, all children are able to positively participate in the program at their own level and reach their individual potential.

Educators and Management

The management promotes professional enquiry and development for all teachers and educators to enhance their knowledge. Code of ethics is embedded in our practice and informs our relationships with the children, families and each other. We aim to have constant reflection in all areas of our work and will remain committed to Early Childhood Education and the broader Community. Educators collaborate with variety of organisations and service providers to enhance children's learning and wellbeing.

Our educators are dedicated Early Childhood Professionals who work together to create a supportive and positive environment. Each teacher and educator is recognised for their skills and ideas that they contribute to our service and wider community. The Board of Management supports the management team, staff, teachers and educators to effectively manage the service with a shared sense of purpose, providing direction and leadership and dealing with collective responsibility.

CENTRE VALUES

The staff and management engage in professional behaviour, through following and implementing all Centre's policies, practices and procedures, being courteous to each other, families and children.

Staff and management treat and show respect towards one another, showing openness to critical reflection of our own and each other's performance and ways of doing and being.

All staff display professionalism in accordance to the Early Childhood of Australia's Code of Ethics and are valued and respected as professionals with their views and opinions without fear of consequence and maintaining integrity.

Staff take ownership of all aspects of their work with each other, children and families along with their workplace and the facilities provided, including the environment presented to and for children.

Management will provide a safe working environment in which staff are active participants in maintaining and supervising safe work and play practices for each other and children.

As a collective we initiate and embrace change, accepting it into our ways of operating.

We respect the privacy and confidentiality of each other through non-engagement of gossip and innuendo.

Fairness and equity is given and received by all stakeholders (Management, Staff and Families)

Flexibility is shown with regards to room assignments, roster times and requests for leave and the changes that occur to these.

HOW WE CARE FOR AND EDUCATE YOUR CHILD

Our philosophy of teaching embodies an Emergent Curriculum that develops from exploring what is relevant, interesting and personally meaningful to children. The benefits of this approach enables the program to be organised based on the children's budding interests, passions, strengths and needs. The topics of interest that emerge are often linked to children's play, their experiences at home, a community event, and priorities that emerge from conversations between children, children and educators, children and parents, and parents and educators etc. These interactions and observations are important and are utilised as part of the teacher's intentional teaching practices.

At our Centre we are trying to engage children in STEM education. STEM is the acronym given to the integrated learning approach focusing on science, technology, engineering and mathematics. Educators are introducing children to the basics of science, technology, engineering and mathematics, and engaging them in STEM-related learning activities. Children need to be presented opportunities to learn the same material in different settings and through different lenses. STEM gives children chances to investigate an idea in a variety of settings and their learning is strengthened when they learn the same skills, ideas, and concepts in different contexts.

As part of our programming and documentation we are emphasising the role of dispositions to plan learning experiences and assess children's learning. Dispositions are combinations of children's emerging knowledge, skills and attitudes to learning. Positive dispositions for learning include courage and curiosity, trust and playfulness, perseverance, confidence and responsibility. It has been acknowledged that positive dispositions are essential to children being confident and capable learners. It is also important that educators attend to practices and environments that create the right conditions to enable the development of positive dispositions.

Babies' Room

The educators in the babies' room care for children aged from 6 weeks through to 18 months. The room is set up to provide each baby with support, comfort, positive guidance and nurturing.

The Babies room operates on the primary care giving approach.

The primary care giving approach ensures that every child has a familiar person, and that each parent has a primary contact.

Each child has a primary caregiver who develops a relationship of mutual trust and respect with the child and their parents. The primary caregiver also works with other staff within the room to ensure a positive learning and care experience for each child.

Care giving is primary in two senses. Firstly - most of the care, nurturing and parent communication is provided by the educator who is the primary caregiver. Secondly - teaching is primary because of the prime times (nappy changes, feeding, putting to sleep etc.) - and those most intimate and personal moments of care and teaching – are the major responsibility of the primary caregiver.

The program within the Babies room has been developed to ensure that each child is given equal, quality and responsive care to assist in the progression of their development. The program covers a variety of developmental areas including; cognitive (thinking), gross motor (large muscle development), fine motor (small muscle development), social and emotional (interactions), language, literacy and expressive arts resilience and mindfulness.

During the day we offer indoor and outdoor play with children given the opportunity to make their own decision as to where they would like to play and what experiences and activities they would most like to engage with. Activities within the program are designed to be enjoyable, educational and appealing. Incorporated into the curriculum is a collaboration of interaction, natural materials, multiculturalism, music and dance, dramatic play, painting and the encouragement of self-help skills.

You are welcome to phone staff or visit your child at any time during the day while your child is in care.

We provide two supervised separate sleep rooms so that the babies may sleep peacefully and undisturbed. Staff are proactive in following the safe sleeping practices in conjunction with Red Nose and ACECQA guidelines.

We also provide breast feeding facilities, disposable nappies, and all linen.

The menu has been developed to follow the Australian Dietary Guidelines 2013 providing each child with 50% of their recommended daily intake of foods. We acknowledge and implement each family's decision in their child's dietary requirements.

We welcome all parent ideas, feedback, suggestions, as we want you and your child to feel at complete ease whilst in our care.

Toddlers' Room

We implement primary care giving approach in the room for children aged between 18-36 months, whereby children form a bond with their primary carer.

We incorporate your child's home routine into the day-care program. Children are able to sleep according to their individual needs as we provide a supervised sleep room that is a separate room from play areas.

We focus on language, independence and toilet training as the major milestones in the Toddler years.

The play based curriculum allows children to feel a sense of belonging through warm, responsive, individualised care designed to promote your child's self-esteem. We see every experience as a learning opportunity – the program is structured to optimise opportunities for learning, through continuous indoor and outdoor play.

We provide a range of teaching experiences and also intentional teaching that encompass all areas of development.

We engage in spontaneous group times including stories, music/movement and puppets etc. We focus on small groups of children that allow one to one interactions with staff. Through the outdoor program we enhance physical skills such as climbing, balancing, swinging, digging and bike riding.

We have visual displays that shows your child's learning during the day in the Toddlers Room. We value the opportunity to talk to you about your child's day at the beginning and end of the day. The information board is located in the room and contains all of your child's information such as sleep time, food and toileting. We will also keep you informed through Educa, newsletters and e-mails about your child's learning and development.

The Toddler's room provides a school holiday program which offers events such as multi-cultural days, teddy bear picnic, cooking day and dress up days. We also provide various incursions and excursions throughout the year.

We welcome family's participation in every facet of the Toddlers Room and most of all we aim for the children and educators to learning while having fun together.

3-5 Room

The 3-5 Room integrated pre-school curriculum for children aged 3-5 years identifies key areas of development such as the arts, numeracy, literacy, technology, music and movement, social studies, science and motor development.

The program is designed and reflected on a daily basis and incorporates the needs, interest and strengths of the individual child as well as the whole group. The main focus of the program is to plan positive experiences that assist children to make choices, develop responsibility, resilience, respect for themselves, others and the environment, encourage independence and provide challenges and enjoyment. We provide experiences that gives children the opportunity to gain knowledge and skills in basic mathematics, life skills (stranger danger), language and literacy, science and multicultural activities- including languages other than English.

Children explore their own ideas, problem solve and experience social interaction in individual and group experiences. We offer an indoor / outdoor program where children have a choice of playing indoors or outdoors throughout the day. The children have long periods of uninterrupted play time to explore the various activities, whilst having opportunity to have intentional teaching moments with educators to provide children skills to master these activities.

We provide above educator child ratios so educators can spend a lot of time interacting with individual children as well as focusing on small groups rather than large groups of children.

Our school holiday program compliments and extends the children's learning environment by providing special days to relax and unwind. This program includes some incursions and excursions, multicultural days, dressing up, special person's day and visits from educational/ community members for example guide dog association, vet and dental visits, musicians and the animal nursery to name a few.

The emergent curriculum is based on the interests and experiences of the children, educators are sensitive to individual differences that are free from cultural and stereotypical biases. We also encourage family participation into the programming and in the care in which we provide for your children.

4 Year Old Kindergarten

The kinder follows an emergent curriculum which focuses on providing overall development of the children for school transition and teaching children everyday life skills. The benefit of this approach enables the program to be organised based on the children's budding interests, passions, strengths and needs. The topics of interest that emerge are often linked to children's play, their thinking, experiences at home, a community event, and priorities that emerge from conversations between children, children and teachers, children and parents, and parents and teachers etc. These interactions and observations are important as part of the teacher's intentional teaching practices. Through a program which is based on stimulating play experiences, the children build and further develop valuable skills as well as learn new ideas and concepts. Problem solving, literacy, numeracy, using technology as a tool to provide more innovative teaching method, creativity and social skills are fostered through these play experiences.

The program meets the needs of all children as the experiences are based both on the children's strength's, interests and their development. The children work with the teachers in small groups as well as individually.

The sessions for 4 year old Kindergarten are run four days a week Monday to Thursday 8.30am to 4.30pm. To meet the 15 hour Kindergarten requirement children will be required to attend a minimum of 2 days.

Children are only able to access one funded 4 year old kindergarten program. If children are enrolled at this centre they cannot access another kinder.

In Term 4, children going to school the following year have the opportunity to visit various Schools within the local community introducing them to all aspects of school life, e.g. outside toilets, school assembly, different rooms for different activities, use of library, art room, and classroom and different lunch routine. They are accompanied by the pre-school teacher and a staff member.

3 Year old Kindergarten

3 year old Kindergarten session is only on a Friday 8.30am – 4.30pm.

The program aims to provide the children with a rich learning experience through flexible routines in a structured environment to prepare them for a 4 year old Kindergarten. We are offering extended hours which will provide children the opportunity of longer periods of teaching times with a qualified kindergarten teacher and free exploration. As we are focusing on learning through play, it helps children to develop structured imaginative play, social skills, scaffold each other's play to learn how things work, recognize other people's ideas and suggestions along with language and learning dispositions to develop confident competent learners.

PRIMARY CAREGIVING

Primary caregiving provides children, families and educators time for purposeful communication and meaningful relationships to develop, forming the basis for trusting and secure attachments.

Primary caregiving ensures that each child is linked to one educator who assumes major responsibility for their care. Primary caregiving is offered to children under 3 years of age however we do continue with this practice with the children from the toddler's room who orientate to the 3-5 room at the beginning of the year and we do this for a period of six months. This is to ensure that children feel belonged and supported as they transition to another room.

KEY ROLES

Room Coordinator

Room Coordinators are highly skilled educators, who are flexible, decisive, innovative and are responsive to the change process. Room Coordinators are responsible to manage the day to day operation of the designated room. This entails effective supervision of all children and educators, management and implementation of the children's programs, meeting the needs of all families and children. Possessing the skills to effectively lead their team throughout the day.

Educational Leader

Educational leader collaborates with educators and provides curriculum direction and guidance. Also supports educators to effectively implement the cycle of planning to enhance programs and practices, leading to the development and implementation of an effective educational program in the service and ensures that children's learning and development are guided by the learning outcomes of the approved learning frameworks.

The educational leader also has a significant role in building a culture of professional inquiry with educators, coordinators and staff members to develop professional knowledge, reflect on practice and generate new ideas.

For more information see at: <https://www.acecqa.gov.au/resources/educational-leadership>

Primary Caregiver/Educator

Communicate

Share information about children with their parents and other staff within the room.

A link in the communication chain between parents and program and children and program this ensure that children's experience is communicated to parents – not just what you observe, but what others observed or enacted. We relay parents' concerns and suggestions to other staff within your child's room.

Advocate

Speak to children and their parents.

Empower parents and children by translating their individual concerns and needs into action through the efforts of all program staff. Ensure that the program wraps around children and their parents rather than insisting that children and parents fit the program.

Nurture

Love and care for children.

Tune in to children and develop a special bond that ensures that all their needs are met. We ensure that prime times are provided in ways that empower children and establish a sense of security and basic trust, while promoting independence and secondary attachments.

Facilitate learning

Help children learn.

Care for children in ways that maximize their language experiences and learning potential. Ensure that the learning environment works for each child, providing a balance of developmentally appropriate experiences and neither too much nor too little stimulation.

Observe, monitor and reflect.

Ensure that children and their parents have positive experiences.

Ensure that children's experiences in the program are positive and that parents' concerns are addressed by continual assessment through observation, discussions with other staff, talks with parents, and assessments of the actual experiences of children and their families. The Centre aims to provide 70% of daily activities to be conducive of Primary Care.

NATIONAL QUALITY FRAMEWORK (NQF)

The National Quality Framework 2012 introduced a new quality standard to improve education and care across long day care, family day care, preschool/kindergarten, and outside school hours care services.

The NQF includes:

- [National Law and National Regulations](#)
- [National Quality Standard](#)
- [Assessment and quality rating process](#)
- [National learning frameworks](#)

As the NQF progress, every service in the country is be assessed to make sure it meets the new quality standard. Safety and supervision is paramount all day and every day and every service must comply with rigorous health and safety requirements. The NQS will also support the implementation of the Early Years Learning Framework by ensuring that the necessary environments, facilities, staffing arrangements, resources and management structures are in place. To ensure children enjoy the best possible conditions in their early educational and developmental years, the NQS promotes continuous improvement in quality.

The major benefits for parents and children include:

- improved educator to child ratios
- greater individual care and attention for children
- educators with increased skills and qualifications
- better support for children's learning and development
- a national register to help parents assess the quality of education and care services in their area.

See more at: www.acecqa.gov.au

<https://www.acecqa.gov.au/national-quality-framework>

VICTORIAN EARLY YEARS LEARNING AND DEVELOPMENT FRAMEWORK

A child's learning and development is holistic, advancing simultaneously in the areas of health, cognition, personal and social development and wellbeing. Their learning and development is advanced when they are provided with opportunities, support and engagement within their families and in partnership with our educators. By acknowledging each child's identity, culture and spirituality and responding sensitively to their emotional states, our staff build children's confidence, sense of wellbeing and safety and willingness to engage in learning.

The Victorian Framework identifies five outcomes for all children from birth to eight years:

- Children have strong sense of identity(identity)
- Children are connected with and contribute to their world(community)
- Children have strong sense of wellbeing(wellbeing)
- Children are confident and involved learners(learning)
- Children are effective communicator's (communication)

The framework is used by early childhood professionals to design experiences and opportunities for advancing children's development and assessing children's progress towards these outcomes.

SOURCE: <http://www.vcaa.vic.edu.au/Pages/earlyyears/index.aspx>

ORIENTATION PROCESS

The orientation process is compulsory before starting care. The Centre offers an extensive orientation process to all families, whereby your child is introduced into day care slowly through regular visits with you prior to their commencement day at the Centre. We believe orientation is an important process for children, families and educators to gain vital information about the individual child's needs and interests. To enable children to feel safe and secure, and to set the foundations for a trusting partnership, we feel that it is

necessary for the family to attend orientation visits. These visits assist the child to adjust to a new setting and helps to make the transition from home to the Centre composed. We organise for you and your child to orientate initially for ½- 1 hour to enable you to meet and talk to staff regarding your child's needs. These times gradually increase depending on how your child settles. We require families to orientate their child for at least one week before the start date. During the course of the orientation process parents are required to stay in the building. Families are provided with opportunities to share information about their child and their families which they feel will assist their child's participation in orientation to the Centre. Staff will guide you through this process. We strive to ensure that this is a positive experience for your child. Please see the Director to arrange suitable times for orientation. Fees are not charged for the orientation period.

OPERATION OF THE CENTRE

The approved provider of Geelong Children's Centre (Geelong and District Day Nursery Inc.) is the Board of Management.

Director: Jane Rathjen (Nominated Supervisor)

Deputy Director: Payal Mahajan (Certified Supervisor)

Educational Leader:

The Centre operates: 50 weeks of the year

Opening hours: Monday to Friday between 7:00 am and 6:00 pm (Excluding Public Holidays)

Christmas and New Year Closure

The Centre will be closed from 6:00pm on Friday, 18th December, 2020 and will re-open at 7:00am on Monday, 4th January 2021.

Enrolment Information

Prior to commencing at our Centre, you will be required to complete enrolment documentation.

Please understand that it is essential we have up-to-date information in case of an emergency. It is important that you notify the Director/ Deputy Director of any changes to enrolment information including:

- Address
- Health
- Telephone/mobile numbers
- Contact details
- Family changes
- Emergency contact information details etc.

It is essential that we have copies of your child's updated immunisation status.

Parent Contact Details

Please ensure that your **mobile phone is turned on whilst your child is in care**. We **must** be able to contact parents and the nominated contact person/s in case of an emergency or illness.

If an emergency arises and you are unable to collect your child, it is **your responsibility to contact the Centre and advice of the arrangements made for your child's collection.**

Children attending the centre can only be collected by an authorized person/s nominated by the parent/guardian on the enrolment form except where authorisation has been given by the parent or guardian, either personally or by phone. (Education & Care Services National Regulations 2020).

Parents should immediately notify the Administration staff of any changes to their address, home or work phone numbers, and emergency contact numbers.

Security

To gain access into the main entry of the Centre you will be given a "pin" number. If you forget it, please press the intercom button on the security pad.

Court Orders

Parents must notify the Centre if there are any Court Orders, Intervention Orders or Parenting Orders relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child. A certified copy of the order is required by the Centre. Without a Court Order/ Intervention Order or Parenting Order we cannot stop a parent from collecting a child.

Attendance at the Centre

Selling Days

We **may** be able to sell your child's day of care if they will not be attending on a certain day.

Please contact office staff and complete a "buying/selling" form. Days bought or sold will be allocated in the order that the forms have been handed into the office. Any fee adjustments will be made in the next billing period through the Ezidebit system.

Buying Days

You **may** be able to buy extra days if there is availability. If you have booked extra days on a casual basis, you are obligated to pay for these days unless you give the Office **24 hours' notice to cancel**. The reason for this is that at times, we have high demand for care and other people miss out because of lack of notice.

Staff cannot make arrangements for buying or selling of days within the rooms. Parents need to contact the Office staff and follow the Centre procedure of buying/selling days.

Care for Children about to commence prep

When places are available in January, the Centre will offer care for children who attended the kinder or 3-5 room the previous year. Contact the Director for further information.

Arriving late for care

Please advise us by 10:00 am if your child will not be arriving at the Centre until later in the morning and you require their lunch to be saved.

Withdrawing your child or changing days

If you wish to withdraw or change your child's booked days from the Centre, **two weeks' notice** must be given to the Director. Failure to do this will result in fees for those weeks being charged in lieu of notice.

Drop off and collection of your child

Parents are required to sign in and record the arrival time and expected collection time of their child on the attendance sheet in the child's room and also sign in electronically. On collection of your child you are required to sign out on the attendance sheet and electronically.

Parents are to deliver and collect their children as agreed to under Authority to Collect/Emergency contacts, as stipulated on the Enrolment Form. If you are running late to collect your child on a particular occasion, please phone the Centre and let the staff know. Any **overtime incurred** as a result of late collection of children (i.e. after the Centre closes at 6.00p.m. sharp), **you will be charged and invoiced**. Regulations stipulate that there be two staff on duty at all times.

Please do not allow your children to run in the corridors. Children must remain with the parent whilst departing the Centre and are **not** permitted to press the green exit button.

Changes to days or times of care

If parents wish to change their hours or require extra days of care from those stated on the enrolment form, please contact the Director or the Deputy Director.

Parents are not able to change or directly sell their days of care to other parents. All changes must be discussed with the Director or Deputy Director.

COMMONWEALTH PRIORITY OF ACCESS GUIDELINES

The Australian Government has determined guidelines for allocating places to those families with the greatest need for childcare support.

These guidelines are strictly adhered to by the Management of the Centre.

These guidelines are used when there is a waiting list at the Centre and a number of parents are applying for a limited number of vacant places, or if the Centre is full and a Priority 1 or 2 child requires child care.

First Priority

Children at serious risk of abuse or neglect.

Second Priority

A child/children of a single parent or parents who satisfy, the WORK / TRAINING / STUDY test (under section 14 of the 'A New Tax System (Family Assistance) Act 1999).

Third Priority

Any other child.

Please Note

If you are a non-working/studying parent or a priority 3 parent, you may be restricted to one day of care per week. Should a parent from higher priority group requires care, you will have to vacate your spot, every effort will be made to offer you an alternative day. If this is not available, you will be given 2 weeks written notice to withdraw your child to make way for a higher priority child.

ENROLMENT INFORMATION

Each year, your enrolment at the Centre applies from the first day the Centre is open in January, to the final day the Centre is open in December. Fees are applicable for this period in order for you to retain your place at the Centre. Parents are required to re-enrol each year.

Current Clients:

- The Centre will take enrolments for current clients for 2021 on Monday 19th and Tuesday 20th October 2020.
- Parents can access the Enrolment Form from our website www.geelongchildrenscentre.com.au. Please hand in the completed Enrolment Form and your child's updated Immunisation Statement to the Office staff between 7.00am and 4.30pm on the above dates.
- Management will allocate your booked days for 2021.
- Current clients will be notified of their child/childrens booked days for 2021 in the third week of November 2020 by email. If your current booked days for 2020 are unavailable for 2021, these days will be put on the priority wait list.
- If you require extra/different days, these will be allocated after your current days are allocated.
- All current clients will receive priority over new clients however we cannot guarantee that siblings will be offered a place. This will depend upon days available.
- If current clients do not return their enrolment forms by 4.30pm on the 20th October 2020 they will not get preference over the families who have requested additional days.

New Clients:

- The Centre will take enrolments for 2021 for new clients on Monday 26th October, 2020 between 7:00am and 4.30pm. Each family will be allocated a number on arrival on the day.
- New clients will be notified of their child/childrens booked days for 2021 in the third week of November 2020 by email.
- If you are not successful in obtaining the requested days you will be placed on the wait list based on the Commonwealth priority of access guidelines.
- You will be offered positions for your child/children as a vacancy occurs.

MANAGEMENT AND STAFFING OF THE CENTRE

This Centre is registered under the Education and Care Services National Law Act 2010 and operates under the Education and Care Services National Regulations 2020. The Centre is registered for 120 children: 48 children under 3 years of age and 72 children over 3 years of age.

The governance of an organisation is concerned with the systems and processes that ensure the overall direction, effectiveness, supervision and accountability of a service. Under the National Law and National Regulations, early childhood services are required to have policies and procedures in place relating to the governance and management of the service.

Geelong Children's Centre works on a Management Team approach. The Management Team is made up of the Board of Management, Room Coordinators, Educational Leader, Kinder Teachers, Deputy Director and Centre Director. The operation of this Centre is administered by a voluntary Board of Management to whom the Centre Director is responsible. The Board consists of community members and the parent representatives. The names of the Board of Management including the parent representatives are placed on the notice board in the Centre's entrance. The Board of Management meet monthly and as necessary to ensure that the channels of communication are kept open and that the Centre provides the highest care, education programs and services to ensure the viability of the service.

All members of the Management Team who gain access to confidential, commercially-sensitive and other information of a similar nature, shall not disclose that information to anyone unless the disclosure of such information is required by law.

The staffing and management policies are displayed in the foyer, as are the menus, food audit, building audit and immunisation details. Children's programs are also displayed in each room. **We encourage parents to read the information that is displayed in the front foyer of the Centre and within your child/childrens room and Educa so that you are aware of what is happening in and around the Centre.** Parents will also receive several newsletters, emails and text messages throughout the year bringing them up to date with relevant information. All parents will be invited to information nights, individual meetings with families and parent teacher meetings at an appropriate time during the year in addition to social and informal gatherings.

Staffing Ratio

Management ensures that all children in the Centre have regulated staff coverage at all times. In absence of the Director (Nominated Supervisor), the Deputy Director takes over the running of the service. In absence of the Director and Deputy Director a Certified Supervisor is on duty at all times while the Centre is in operation. All staff hold current child protection training, first aid, asthma and anaphylaxis qualifications. The Centre employs staff ABOVE the minimum requirement. We do not employ casual staff in our Centre. We employ permanent relievers who are trained to work in all the rooms across the Centre.

The Centre has a staff of 50 consisting of 24 Diploma Qualified staff, 20 childcare Assistant and 2 kindergarten teacher. Other staff includes 2 administrative assistants, a cook and kitchen hand. A commercial cleaner, maintenance person and gardener are employed on a part-time or basis. The Centre employs permanent relief staff and additional staff are employed for special needs children.

The staff coverage for each group is as follows:

Babies' Room: 2 Diploma qualified staff member and 4 assistants for up to 16 babies aged 6 weeks to 18 months.

Toddlers' Room:	3 Diploma qualified staff members and 6 assistants for up to 32 children aged 18 months to 3 yrs.
3-5 Room:	4 Diploma qualified staff members and 3 assistants for up to 35 children.
4 year old Kinder Room:	1 qualified Kindergarten Teacher, 1 qualified staff member and 3 assistants.
3 year old Kinder Room:	1 qualified Kindergarten Teacher, 1 qualified staff member and 4 assistants.

FEE STRUCTURE FOR 2021

Daily/Weekly fees are charged for **50 weeks** of the year, **including public holidays**.

You are required to pay fees for all days you enrol your children in, even if your **child is absent due to illness, holidays or any other** absent days.

Please note:

The Board of Management reserves the right to alter fees during the year. You will be given adequate warning in writing of any fee changes.

WHEN YOU SHOULD PAY YOUR FEES

Fees will be directly debited from your nominated account fortnightly in advance through Esidebit. You are required to complete an Esidebit Direct Debit Request form with your enrolment form.

Statements will be sent electronically.

Please read carefully the Esidebit service agreement and the frequently asked questions to ensure you understand your commitment.

Clients who default on a payment will incur an administrative fee of \$14.80 with Esidebit.

Please contact the Director immediately if you know in advance that you will be unable to meet your direct debit requirements to enable discussion to take place.

If fees continue to be unpaid for two weeks, and you have not contacted the Director, your **child's position at the Centre will be cancelled**. Any parents with concerns with this arrangement must put these concerns in writing to the Board of Management.

Esidebit Fees

There is a once off set up fee for this service which parents are to meet the cost of which is \$5.50.

Ongoing fees for this service which parents will also meet the cost of are as follows:

Transactions from a Bank Account:	0.88c per transaction
Transactions from Visa/MasterCard:	1.87% of transaction
Transactions from AMEX/Diners:	4.40% of transaction

CHILD CARE SUBSIDY (CCS)

The government provides Child Care Subsidy (CCS) to families to help with the cost of childcare

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

- **Combined annual family income**
- **Activity test** – the activity level of both parents
- **Service type** – type of child care service

The Child Care Subsidy is paid directly to service providers, to be passed on to families as a fee reduction. Families pay the Gap Fee which is the difference between the daily childcare fee less the Childcare Subsidy (CCS).

The person who is liable to pay the childcare fees will have to apply for CCS using their Centrelink online account through myGov. The Child's enrolment details are required to be confirmed on the myGov website and ensure that they match the Complying Written Agreement (CWA) including fees and sessions of care.

A CWA is an agreement between you and your provider to give care in return for fees.

Further information is available on the link below.

<https://www.servicesaustralia.gov.au/individuals/services/centrelink/child-care-subsidy>

Childcare Benefit for Absences from Childcare

If your child is away on holidays or sick for any length of time, every effort will be made to sell your days to other clients requiring extra days of care. This facility is offered subject to your child's room being at full capacity at the time. Please always advise the Director or the Administration Staff when your child will be absent from care.

Holidays / Days Off / Sickness

Childcare Benefit is paid for a child's absences from care up to **42 days per year** commencing every financial year. These absence days may be taken for any reason, and do not require supporting documentation, e.g. medical certificate. Public Holidays are counted as an absence day, and therefore are included in the 42 days. Childcare Benefit is not available if you exceed 42 absent days and, therefore, **full fees are charged to parents for any absent days over the 42-day limit**. Once the 42-day absence limit is reached, documentation is required for childcare benefit to be paid on any absences.

IMMUNISATION

Immunisation is an important health measure for children and families. It is the simplest, safest and most effective way of protecting children against harmful diseases. Immunisation not only protects children, but also others in the community by reducing the spread of disease.

Under the 'No Jab, No Play' legislation, before enrolling your child you must first obtain evidence that the child is: immunised in accordance with the National Immunisation Program schedule or be on a recognised catch-up schedule according to the current Australian Immunisation Handbook or have a valid immunisation exemption recorded on the Australian Immunisation Register.

If a child is not immunised due to a medical condition that has been certified by a medical practitioner and there is an outbreak of infectious disease at the Centre, that child is excluded from the Centre until the disease outbreak is under control. The Centre provides information and encourages all children and staff to have up to date age appropriate immunisation in accordance with the current Australian Vaccination Standards.

COMMUNICATION

The Board of Management and staff welcome your opinions and views on any aspect pertaining to your child's care at this Centre. We aim to ensure open communication is concurrent through the enrolment and orientation process, policy reviews, feedback forms, children's program, documentation, formal and informal meetings, emails and conversations. We will provide regular information about the Centre and continuous prospects for families to contribute in our curriculum. If you have any special skills, (diverse or cultural), that would benefit the children and programs, please talk to the staff members in your child's room.

Parents have access to the Centre at any time during the hours of operation, either in person or by telephone. Parents are welcome to have discussions with the educators regarding their children's learning and development throughout the day. If you require a more detailed discussion or meeting with the Kindergarten teacher or room coordinators, please contact the Director so appropriate staffing arrangements can be organised. Daily exchange of information about your child's day will be communicated upon collection of your child. It is strongly encouraged that parents share with staff any relevant details regarding their child's health and wellbeing on arrival in the room, or any aspects of their child's life which could be included in the program.

Communication is an essential tool that is practised by all staff valuing the different backgrounds, attitudes and beliefs from: -

- staff with children; staff with staff
- staff with parents; parents with staff
- whenever parents request a discussion/meeting; staff and parents with management
- staff with community agencies and parents;
- newsletters, emails, Educa, flyers, whiteboards, notices on doors, posters, suggestion boxes.

If staff have any concerns about the development of the children in their room they first talk to the Room Coordinator and then a meeting is organised with the parents, with all the documented information and observations recorded on the child. If a referral is needed to an outside agency, requests are made on official forms, by letter or by email. Referrals can be made to specific external services as required.

Our Centre provides opportunities to communicate with all families including families from culturally and linguistically diverse backgrounds and/or low literacy levels, with bi-lingual support where required and any appropriate agency support deemed necessary.

Please feel free to contact any of your room staff, administration or management on the below e-mail addresses.

Babies Room: babies@geelongchildrenscentre.com.au

Toddler's Room: toddlers@geelongchildrenscentre.com.au

3/5 Room: 35room@geelongchildrenscentre.com.au

Kindergarten:	kinder@geelongchildrenscentre.com.au
Administration	admin@geelongchildrenscentre.com.au
Director:	director@geelongchildrenscentre.com.au
Deputy Director:	deputydirector@geelongchildrenscentre.com.au

COMPLAINTS

If parents have any concerns at all regarding their child's care and education, please see the Director/ Deputy Director immediately.

We understand that there may be instances where families have concerns about aspects of the Service which need to be addressed and resolved. We are committed to creating and maintaining a supportive environment where families, educators and staff can work together in partnership to build a positive relationship.

Geelong Children's Centre will investigate all complaints and grievances fairly and document it in a timely manner. Complaints or grievances may be received from anyone who comes into contact with Geelong Children's Centre parents/guardians, volunteers, students, members of the local community and other agencies.

We aim to investigate all complaints and grievances with a high standard of equity and fairness. We will ensure that all persons making a complaint are guided by the following policy values:

- Procedural fairness and natural justice
- Code of Ethics and Conduct
- Culture free from discrimination and harassment
- Transparent policies and procedures
- Opportunities for further investigation
- Adhering to our Service philosophy

Procedural fairness and natural justice

Our Service believes in procedural fairness and natural justice that govern the strategies and practices, which include:

- The right to be heard fairly
- The right to an unbiased decision made by an objective decision maker
- The right to have the decision based on relevant evidence.

Grievances can transpire in any workplace. Handling them appropriately is imperative for sustaining a safe, healthy, harmonious and productive work environment. The Grievance Policy ensures that all persons are presented with procedures that:

- Value the opportunity to be heard
- Promote conflict resolution
- Encourage the development of harmonious partnerships
- Ensure that conflicts and grievances are mediated fairly
- Are transparent and equitable.

Management and Educators will adhere to our Confidentiality and Privacy Policy when dealing with grievances. However, if a grievance involves a staff member or child protection issues, a Government agency may need to be informed.

- 1) If a **parent/guardian/student/volunteer/ members of the local community and other agencies** has a complaint relating to the Children's Service, they may approach the Director (Jane Rathjen) or in her absence the Deputy Director (Payal Mahajan) Phone: 5229 1326 or email: director@geelongchildrenscentre.com.au or deputydirector@geelongchildrenscentre.com.au who will respond and deal with the complaint as promptly and discreetly as practicable.
- 2) If the complaint cannot be rectified by the Director, the complainant should put the complaint in writing to the **Board of Management**. Further action will take place as soon as practicable after the complaint is made. A member of the Board will contact the complainant and inform them if the further action or a discussion would take place with a representative of the **Board of Management**, the Director and the concerned complainant, or in such other way which satisfactorily deals with the complaint.
- 3) If the complainant still feels that the complaint has not been handled adequately and there is no resolution, the complainant would be directed to the **Department of Education and Training**, Attention: Manager Quality Assessment and Regulation, Barwon-South Western Region, 75 High Street, Belmont 3216. Phone: (03) 5215 5136. The complainant may make the complaint in writing or email to bsw.qar@edumail.vic.gov.au or arrange an appointment to see the BSW Quality Assessment & Regulation Team.
- 4) Should the complaint allege that the health, safety and wellbeing of any child attending the Centre has been compromised, or that there may have been a contravention of the Education and Care Services National Regulations 2011, the Director will notify the **Department of Education and Training** within 24 hours of the complaint being made.

Conflict of Interest

It is important for the complainant to feel confident in:

- Being heard fairly
- Having an unbiased decision making process

Should a conflict of interest arise during a grievance or complaint that involves the Approved Provider and/or the Nominated Supervisor a representative from Management will be nominated as an alternative mediator.

Our Service may also engage the resources of an Independent Conflict Resolution Service to assist with the mediation of a dispute. We will ensure that throughout the conflict resolution process the services Code of Conduct will be adhered to.

THE CENTRE SUPPLIES:

All food, drinks, nappies, feeders, washers, sheets and blankets

We also provide sensitive/low allergy sun screen. This Centre is a registered **Sunsmart** Centre. You may supply your own sunscreen if your child has an allergy or sensitivity.

Your child will be provided with a named locker or a hook for their belongings. All clothing and bags must be named. Staff will endeavour to look after clothing but will not take any responsibility for lost items if they are not named.

Children are not allowed to wear amber beads teething necklace or any jewellery as they can be a choking and strangulation hazard. Hair ties, hair clips and any other hair accessory will be removed before children are put to bed.

WHAT DO I NEED TO BRING?

Parents need to supply the following items which must **remain at the Centre at all times**:

- a named legionnaire or wide brimmed hat for summer months and a named coat and beanie for winter months

Babies	Spare changes of clothes, disposable nappy for going home. Formula and bottles with child's name on it.
Toddlers	Several complete changes of clothing and shoes in case of toilet training and also as we provide water play and other sensory experiences Disposable nappy for going home.
Pre-Schoolers	Spare set of clothes and shoes as we provide water play, mud play and other sensory experiences.

The following articles of clothing are **not appropriate**:

- "Singlet" T-shirts or "singlet" type dresses due to increased risk of sunburn.
- Open toed sandals, slip-ons or thongs are not permitted for safety reasons, please ensure children wear appropriate footwear (closed toed shoes / sandals).
- Long dresses can be a hazard while climbing or running.

Children who are not toilet trained are requested to come into the Centre in a disposable nappy. A disposable nappy should be supplied for going home.

Can my child bring toys to the Centre?

The Centre has a large and varied array of both educational and fun toys. Therefore, we only allow children to bring in one soft toy, blanket, a book or comforter for rest time.

Parents are requested to **not allow** their children to bring any other toys into the centre other than on special toy days /school holiday requests. Staff will not be responsible for children's toys, jewellery, hair accessory etc. that are misplaced, broken or lost.

War toys are not to be brought into the Centre at any time, e.g. pistols, guns, swords, knives, bows and arrows.

Where can I park?

Short-term parking is available on either side of Lomond Terrace ensuring you are at least 1 metre from any driveway. The driveway at the main entrance of the Centre is an **emergency entrance and exit only**. We request that parents **do not** park in the driveway or in front of the driveway on any occasion.

CENTRE POLICIES

CHILD SAFE POLICY

1. Purpose

This policy affirms Geelong Children's Centre (**GCC**) commitment to child safety and wellbeing and communicates GCC's approach to complying with Victoria's Child Safe Standards. It is to be read together with GCC's Code of Conduct and Child Protection and Reporting Obligations Policy.

2. Scope

This policy relates to:

- (a) GCC staff including educators, management, administrators and other support staff;
 - (b) members of GCC's Board of Management;
 - (c) any volunteers undertaking child-related work at GCC including persons accompanying children on excursions; and
 - (d) students undertaking placements at GCC,
- (collectively, **GCC Personnel**).

3. Our statement of commitment

GCC is committed to child safety and acting in the best interests of children. We have a zero-tolerance approach to child abuse. We will take all safety concerns and allegations of child abuse and/or reportable conduct seriously, ensuring that such matters are dealt with in accordance with

The Centres Child Protection and Reporting Obligations Policy and any applicable legislative requirements.

We will uphold the right of children in our care to feel safe and protected. We are committed to preventing child abuse by identifying risks early and removing and reducing those risks, maintaining robust human resources practices, providing training and education on child abuse risks and actively listening to and empowering all children in GCC's care.

We recognise that some children face increased risk of victimisation and challenges in reporting abuse. Accordingly, we will promote cultural safety for Aboriginal and Torres Strait Islander children, cultural safety for children from culturally and/or linguistically diverse backgrounds, and providing a safe environment for children with a disability.

4. How we embed an organisational culture of child safety through effective leadership arrangements (Standard 1)

The Director is GCC's Child Safety Officer. The Director is also the Nominated Supervisor under the *Education and Care National Law Act* and Head of the Organisation for the purposes of the Reportable Conduct Scheme.

The Director reports to the Board of Management on all key matters affecting GCC including child safety at monthly Board meetings. The Director is also obliged to promptly notify the Board of Management of any breach of policies or the Code of Conduct.

The Director works closely with the Deputy Director, Room Leaders, Kindergarten Teachers and Board of Management to "lead from the top" and foster a culture that makes child safety, respect for diversity and good governance paramount in GCC's operations and interactions.

5. Our child safety policies and Code of Conduct (Standards 2 and 3)

At Geelong Children's Centre we have:

- (a) **Code of Conduct** to establish clear expectations for safe and appropriate behaviour with children;
- (b) **Child Safe Policy** to demonstrate GCC's commitment and approach to child safety;

- (c) **Child Protection and Reporting Obligations Policy** to make GCC's Personnel aware of their roles and responsibilities in protecting children and reporting on abuse and
- (d) a variety of other policies and procedures that contribute to our child safe and child friendly environment.

GCC's policies are available for viewing at our premises. We also publish on our website the Code of Conduct and this Child Safe Policy. All GCC Personnel are required to read, understand and comply with the above documents and are encouraged to seek any assistance from the Director as necessary.

6. Our human resources practices that reduce the risk of child abuse (Standard 4)

We require all adult GCC Personnel and any other adult wishing to accompany a child on an excursion to hold a valid Working with Children Check.

GCC seeks to recruit and retain the best staff and has a robust recruitment process including interviews and referee checks. We actively encourage applications from Aboriginal people, people from culturally and/or linguistically diverse backgrounds and people with a disability. Our commitment to child safety and our screening requirements are included in all advertisements. While existing qualifications in child safety are highly regarded, all GCC staff receive rigorous induction and ongoing professional development covering child safety.

GCC staff have clear position descriptions to understand their roles and responsibilities and are subject to regular performance reviews.

7. Our processes for responding to and reporting suspected child abuse (Standard 5)

GCC processes for responding to and reporting of suspected child abuse are set out in the GCC's Child Protection and Reporting Obligations Policy.

8. Strategies to identify and reduce or remove risks of child abuse (Standard 6)

GCC has strategies to identify and reduce or remove risks of child abuse. We use those strategies to inform our policy, procedures and activity planning. We ensure:

- (a) GCC Personnel understand and comply with the Code of Conduct and policies including the Child Protection and Reporting Obligations Policy to the extent that those documents apply to them;
- (b) GCC staff receive training on child protection and reporting;
- (c) GCC staff, volunteers and students on placements receive supervision and support to identify and reduce or remove risks of child abuse; and
- (d) child safe strategies are discussed at regular staff meetings so that we may continuously improve.

Additionally, the Director is responsible for reporting to the Board of Management on the potential risks to children in GCC's care and the strategies in place to reduce or remove those risks.

9. Strategies to promote the participation and empowerment of children (Standard 7)

At GCC we believe children have unique insights into their lives, their needs and the world around them. We encourage children and their families to give us feedback about things that are important to them through ongoing communication and also periodic surveys and requests for input.

Our policies, procedures, training and programming reflect our commitment to:

- (a) encouraging all children to participate in and celebrate their identity;
- (b) valuing diversity and inclusion;
- (c) supporting children to understand their rights;
- (d) promoting children's participation in decision-making;
- (e) valuing and respecting children's opinions including about what makes them feel safe and unsafe;
- (f) establishing an environment of trust and inclusion that enables children to ask questions and speak up if they are worried or feeling unsafe.



If you suspect a child is in immediate danger, call Triple Zero (000)

For guidance on other reporting, refer to **Child Protection and Reporting Obligations Policy**

HEALTH, HYGIENE AND CONTROL OF INFECTIOUS DISEASES

The spread of infections in the early childhood environment is facilitated by crowding and microbial contamination of the environment, as well as the unhygienic behaviours and greater exposure of young children. Our Centre will minimise children's exposure to infectious diseases by adhering to all recommended guidelines from relevant authorities regarding the prevention of infectious diseases, promoting practices that reduce the transmission of infection, ensuring the exclusion of sick children and staff, supporting child immunisation and implement effective hygiene practices. The Centre will implement the recommendations from Staying Healthy in Child Care – Preventing the spread of infectious diseases in the early childhood environment. Children are protected from harm by ensuring relevant policies and procedures are followed regarding health, hygiene and safety within the Service. Staff and all children wash their hands on arrival after signing in. All rooms, toys, resources and bathrooms are thoroughly cleaned throughout the day and at the end of each day. Staff and children practise frequent hand washing throughout the day and staff also use gloves where necessary. Professional cleaners are engaged to clean the Centre thoroughly every night.

ACCEPTANCE AND REFUSAL OF AUTHORISATION POLICY

GCC will ensure we comply with the current Education and Care Services National Regulations, which require parent or guardian authorisation to be provided in matters including:

- Administration of medication to children
- Administration of medical treatment, dental treatment, and general first aid treatment
- Ambulance transportation
- Applying any topical creams or sunscreen
- Use the name and/or photo of your child for Centre displays, on line learning program, website, advertising/promotional, Facebook and documenting children's observations for programming purposes
- Authorise a staff member to collect your child from GCC
- Sign Medication Sheet/Accident Incident & Trauma Record/Illness Sheet by an authorised nominee or person other than parent or guardian
- Excursions, including regular outings
- Incursion attendance
- Taking of photographs by people other than educators
- Water based activities
- Enrolment of children, including providing details of persons nominated to authorise consent for medical treatment or trips outside the service premises.
- Children leaving the premises in the care of someone other than a parent or guardian
- Children being picked up by an authorised nominee or person other than parent or guardian
- Children being picked up by either of the parent under court order / intervention
- Checking children for head lice

MANAGEMENT WILL ENSURE THAT:

- The acceptance and refusal authorisation policy is reviewed and maintained by GCC management and adhered to at all times by educators.
- All staff follow the policies and procedures of GCC.
- All parents/guardians have completed the authorised person's section of their child's enrolment form and that the form is signed and dated before the child commences at GCC.
- Permission forms for excursions are provided to the parent/guardian or authorised person prior to the excursion.
- Parents/guardians are provided with a copy of relevant policies for our Centre or are aware of how they can be accessed.
- Attendance records are maintained for all children attending GCC.
- A written record of all visitors to the Centre, including time of arrival and departure and reasons for visit is documented.
- Where a child requires medication to be administered by qualified educators/staff, it is to be authorised in writing, signed and dated by the parent/guardian or authorised person and included within the child's record.
- Educators/staff do not administer medication without the authorisation of parent/guardian or authorised person, except in the case of an emergency, including an asthma or anaphylaxis, allergic reaction or epilepsy or diabetes emergency.
- Educators/staff allow a child to participate in excursions only with the written authorisation of a parent/guardian or authorised person.
- Educators/staff allow a child to depart the Centre only with a person who is the parent/guardian or authorised person, or with the written authorisation of one of these, except in the case of a medical emergency or an excursion.
- There are procedures in place if an inappropriate person attempts to collect the child from the Centre.

A NOMINATED SUPERVISOR (DIRECTOR) / CERTIFIED SUPERVISOR WILL:

- Follow the policies and procedures of the Centre
- Ensure documentation relating to authorisations contains:
 1. the name of the child enrolled in the Centre
 2. date
 3. signature of the child's parent/guardian and nominated contact person as named on the enrolment form.
- Keep all authorisations relating to each child in their enrolment record
- Exercise the right of refusal if written or verbal authorisations do not comply with National Regulations. If an authorisation is refused by the Centre, it is best practice to document:
 1. the details of the authorisation
 2. why the authorisation was refused and
 3. actions taken by the Centre. For example: if the Centre refused an authorised nominee named in the child's enrolment record to collect the child from the Centre as they were under the influence of alcohol, the action taken to ensure that the child was collected (*Refer to Refusal of Authorisation Record*).
- Waive compliance where a child requires emergency medical treatment for conditions such as anaphylaxis, asthma, epilepsy or diabetes. In accordance with National Regulations and National Law, the Centre can administer medication in these circumstances without authorisation. If these situations occur Management will be required to contact the parent/guardian as soon as practicable after the medication has been administered.

- Ensure that medication is not administered to a child without the authorisation of a parent/guardian or authorised person, except in the case of an emergency, including an asthma or anaphylaxis emergency (refer to *Administration of Medication Policy, Accident, Incident and Trauma Policy, Illness Policy, Emergency and Evacuation Policy, Additional Medical Needs Policy, Anaphylaxis Management Policy*).
- Ensure a child only departs from the Centre with a person who is the parent/guardian or authorised person or with the written authorisation of one of these, except in the case of a medical emergency or an excursion (refer to *Arrival and Departure of Children Policy*).
- Ensure a child is not taken outside the Centre on an excursion except with the written authorisation of a parent/guardian or authorised person
- Inform the Approved Provider when a written authorisation does not meet the requirements outlined in the Centre's policies.

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EDUCATORS WILL:

- Follow the policies and procedures of the Centre
- Ensure that parents/guardians sign and date permission forms for excursions prior to the excursion being implemented
- Allow a child to participate in an excursion only with the written authorisation of a parent/guardian or authorised person
- Check that parents/guardians or authorised persons sign the attendance record as their child arrives and departs from the Centre
- Administer medication only with the written authorisation of a parent/guardian or authorised person except in the case of an emergency, including an asthma, anaphylaxis, epilepsy, or diabetes emergency
- Allow a child to depart from the Centre only with a person who is the parent/guardian or authorised person, or with the written authorisation of one of these, except in the case of a medical emergency or an excursion
- Follow procedures if an inappropriate person attempts to collect a child from the Centre (for example, an intoxicated person)
- Inform the Approved Provider when a written authorisation does not meet the requirements outlined in Centre's policies.

FAMILIES WILL:

- Read and comply with the policies and procedures of the Centre
- Complete and sign the authorised person section of their child's enrolment form before their child commences at the Centre
- Ensure that changes to nominated authorised persons are provided to the Centre in a timely manner
- Advise nominated authorised persons that they will require photo identification (such as a driver's licence) in order to collect their child from the Centre
- Advise the Centre if there are changes to the court/intervention order and if there is a change to the arrangement of pick up and drop off of child/ren by the parent/guardian or nominated authorised person
- Sign and date permission forms for excursions
- Sign the paper/electronic attendance record as their child arrives and departs from the Centre
- Provide written authorisation where a child/ren requires medication to be administered by educators/staff, including signing and dating it for inclusion in the child's medication records
- Provide written authorisation where a child/ren requires First Aid treatment or transportation to the hospital by an ambulance during medical emergency or for a treatment by a medical practitioner

ILLNESS POLICY

We acknowledge that in early education and care services, illness and disease can spread easily from one child to another, even when implementing the recommended hygiene and infection control practices. Our Centre aims to minimise illnesses by adhering to all recommended guidelines from relevant government authorities regarding the prevention of infectious diseases and adhere to exclusion periods recommended by public health units.

It is not possible to prevent the spread of all infections and illnesses within Centre. However, some illness from infectious disease can be prevented. The primary responsibility of staff in this Centre is to maintain the health and wellbeing of all children. Staff are to be alert and aware of common signs of illness, monitor children closely and consult with other staff and the family. Staff will complete an Illness Form recording the temperature or other signs and symptoms of illness and action taken. Making sure to clean and disinfect the relevant equipment and area. Parent/guardian must read and sign this form on collection of their child. The Centre will inform other families and staff once confirmed by the medical practitioner of the infectious illness or disease.

When groups of children play together and are in new surroundings accidents and illnesses may occur. Children with obvious infectious illness are to be excluded from the Centre immediately. If a child becomes ill, the parent is immediately notified by staff with authorisation from the person in charge. Appropriate treatment as deemed necessary will be given to the child in consultation with the Director.

The Director or Deputy Director are the only authorised bodies who can make the decision that a sick child should be removed from the Centre. Children may return to the Centre if medically directed, or at the approval of the Director or Deputy Director.

There will be times throughout the year when your child becomes ill. If your child is obviously ill, they should not come to the Centre. We expect parent/guardian to be honest with staff in letting staff know if their child has been awake for most of the night, or if the parent/guardian had to administer pain relief or fever medication. Children who appear unwell at the Centre will be closely monitored and if any symptoms described below are noticed, or the child is not well enough to participate in normal activities, parents or an emergency contact person will be contacted to collect the child as soon as possible. The Director will assess each individual case prior to sending the child home.

A child who is displaying symptoms of a contagious illness or virus (vomiting, diarrhoea, fever) will be moved away from the rest of the group and supervised until he/she is collected by a parent or emergency contact person.

Symptoms indicating illness may include:

- behaviour that is unusual for the individual child
- high temperature or fevers
- loose bowels
- faeces that are grey, pale or contains blood
- vomiting
- discharge from the eye or ear
- skin that display rashes, blisters, spots, crusty or weeping sores
- loss of appetite
- dark urine
- headaches
- stiff muscles or joint pain
- continuous scratching of scalp or skin

- difficulty in swallowing or complaining of a sore throat
- persistent, prolonged or severe coughing
- difficulty breathing
- a stiff neck or sensitivity to light

As per our Illness Policy we reserve the right to refuse a child into the Centre if they:

- are unwell and unable to participate in normal activities or require additional attention
- have had a temperature/fever or vomiting in the last 24 hours after the last vomiting episode
- have had diarrhea in the last 24 hours after the last diarrhea episode
- have been given medication for a temperature prior to arriving at the Centre or in the last 24 hours after the administration of the medication
- have started a course of anti-biotics in the last 24 hours or after the first initial dose
- are unwell due to a cold, cough or general illness and are not able to participate in the program and the routines
- have discharge coming from the eyes. The child will be excluded from the service until the discharge has stopped even if they have been prescribed eye drops or eye cream, unless a doctor has diagnosed non-infectious conjunctivitis or the eye infection is not contagious
- have an unexplained rash, a clearance will be required from a medical practitioner when returning
- have broken bone or fracture, a clearance will be required from a medical practitioner when returning
- if we have reasonable grounds to believe that a child has a contagious or infectious disease (this includes COVID-19)

NOT ABLE TO COME

The following illnesses are the examples of when children and staff are not able to come to the Centre.

- Vomiting / Diarrhea/ Gastroenteritis (24 hours exclusion after the last episode)
- Temperature /fever (24 hours exclusion)
- Chicken Pox
- Giardiasis
- Conjunctivitis (exclude until discharge has stopped, unless a doctor has diagnosed non-infectious conjunctivitis)
- Hand, Foot & Mouth (Child excluded until all blisters have dried)
- Slap cheek syndrome

If a staff member has been unable to attend the service because of an infectious illness or disease or had a broken bone or fracture, the individual must provide a doctor's certificate which specifically states that the staff member is fit and able to return to the service on normal duties.

HIGH TEMPERATURES OR FEVERS

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

Recognised authorities suggest a child's normal temperature will range between 36.0°C and 37.0°C, but this will often depend on the age of the child and the time of day. Any child with a high fever or temperature reaching 38°C or higher will not be permitted to attend the Centre until 24 hours after the temperature/fever has subsided.

WHEN A CHILD DEVELOPS A HIGH TEMPERATURE OR FEVER AT THE SERVICE

If your child becomes ill whilst at the Centre, educators will respond to their individual symptoms of illness and provide comfort and care. Educators will closely monitor the child focusing on how the child looks and behaves and be alert to the possibility of vomiting, coughing or convulsions. The child will be cared for in an area that is separated from other children in the Centre to await pick up from their parent/guardian.

- For infants under 3 months old, parents will be notified immediately for any fever over 38°C for immediate medical assistance.
- Educators will notify parents when a child registers a temperature of 38°C or higher.
- The child will need to be collected from the Centre and will not be permitted back for a further 24 hours.
- If parent/guardian cannot be contacted and if the temperature reaches 39 degrees emergency/authorised contacts as per the enrolment form will be contacted to come and pick up the child.
- Emergency services will be contacted if the temperature goes up to 40 degrees and if the child is not being collected or parent/guardian or emergency/authorised contacts are not contactable or if the child has trouble breathing, becomes drowsy or unresponsive or suffers a convulsion lasting longer than five minutes.
- Educators will complete an Illness Sheet and note down any other symptoms that may have developed along with the temperature (for example, a rash, vomiting, shivering etc.).

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METHODS TO REDUCE A CHILD'S TEMPERATURE OR FEVER

- encourage the child to drink plenty of water (small sips), unless there are reasons why the child is only allowed limited fluids.
- remove excessive clothing (shoes, socks, jumpers, pants etc.) Educators will be mindful of cultural beliefs and not to remove clothes quickly.

DEALING WITH COLDS/FLU (RUNNY NOSE)

It is very difficult to distinguish between the symptoms of COVID-19, influenza and a cold. If any child, parent, employee, student or visitor has any infectious or respiratory symptoms (such as sore throat, headache, fever, shortness of breath, muscle aches, cough or runny nose) they are requested to either stay at home or be assessed/tested for COVID-19. If a child, parent, employee, student or visitor is tested for COVID-19, they are required to self-isolate until they receive notification from the Public Health Unit of their test results. If you are getting your child/ren tested, please provide a copy of their test results before bringing them back to the Centre. (see: Australian Government [Identifying the symptoms](#))

Colds are the most common cause of illness in children and adults. Symptoms include a runny or blocked nose, sneezing and coughing, watery eyes, headache, a mild sore throat, and possibly a slight fever. Nasal discharge may start clear, but can become thicker and turn yellow or green over a day or so. Discharge coming from a child's nose and coughing can lead to germs spreading to other children, educators, toys, and equipment. Management has the right to send children home if they appear unwell due to a cold, cough or general illness.

DIARRHOEA AND VOMITING

If a child has diarrhoea and/or vomiting whilst at the Centre, Management will notify parents or an emergency contact to collect the child immediately. Children that have had diarrhoea and/or vomiting will be asked to stay away from the Centre for 24 hours after the last diarrhoea or vomiting episode and when the symptoms have ceased, to control the infection transmission. If there is a gastroenteritis outbreak at the Centre, children displaying the symptoms will be excluded from the Centre until the diarrhoea and/or vomiting has stopped and the family will be required to get a medical clearance from their doctor before attending the Centre.

Educators and staff with diarrhoea and/or vomiting will be excluded until the diarrhoea and/or vomiting has stopped for at least 24 hours after the last diarrhoea or vomiting episode.

INFECTIOUS CAUSES OF GASTROENTERITIS INCLUDE:

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

NON-INFECTIOUS CAUSES OF GASTROENTERITIS INCLUDE:

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

PREVENTING THE SPREAD OF ILLNESS

To reduce the transmission of infectious illness, our Centre implements effective hygiene and infection control routines and procedures as per the Australian Health Protection Principal Committee guidelines. If a child is unwell or displaying symptoms of a cold or flu virus, parents are requested to keep the child away from the Centre. Infectious illnesses can be spread quickly from one person to another usually through respiratory droplets or from a child or person touching their own mouth or nose and then touching an object or surface.

PREVENTION STRATEGIES

- Practising effective hygiene helps to minimise the risk of cross infection within our Service.
- Signs and posters remind employees and visitors of the risks of infectious diseases, including COVID-19 and the measures necessary to stop the spread.
- Educators model good hygiene practices and remind children to cough or sneeze into their elbow or use a disposable tissue and wash their hands with soap and water for at least 20 seconds after touching their mouth, eyes or nose.
- Handwashing techniques are practised by all educators and children routinely using soap and water before and after eating and when using the toilet and drying hands thoroughly with paper towel.
- After wiping a child's nose with a tissue, educators will dispose the tissue in a plastic-lined bin and wash their hands thoroughly with soap and water and dry using paper towel or use an alcohol-based hand sanitizer
- All surfaces including bedding (pillows, mat, cushion) used by a child who is unwell, will be cleaned with soap and water and then disinfected.
- Cleaning contractors hygienically clean the Centre to ensure risk of contamination is removed as per [Environmental Cleaning and Disinfection Principles for COVID-19](#)
- Parents, families and visitors are requested to wash their hands upon arrival and departure at the Centre or use an alcohol-based hand sanitizer. (Note: alcohol-based sanitizers must be kept out of reach of children and used only with adult supervision.)
- Parents will be notified of any outbreak of an infectious illness within the Centre via Educa or email and information sheets will be provided in the rooms to assist in reducing the spread of illness.

The Public Health Unit (PHU) will notify the Approved Provider of the service in the event of a positive COVID-19 diagnosis of a child, employee, student, parent or visitor and conduct contact tracing. Any decision to close the Centre and other directions will be provided by the PHU and regulatory body. The Approved Provider will notify the [Regulatory Authority](#) within 24 hours of any closure due to COVID-19 via the [NQA IT System](#).

In the event of an outbreak of any communicable illness and disease, management will contact the local Public Health Unit on **1300 650 172** (Vic) [Public Health Unit- Local state and territory health departments](#) and the Regulatory Authority.

Please see exclusion table on:

[Minimum periods for exclusion from childcare services \(Victoria\)](#)

We acknowledge the pressures on parents who are unable to take time off work or have no extended family to help them look after their sick child. We encourage all families to have a "back-up" person in case your child needs to leave the Centre due to illness. Although staff will make provisions for the comfort and care of the unwell child, the Centre does not have the extra staffing or facilities to care for sick children in an appropriate manner.

ADMINISTRATION OF MEDICATION POLICY

Families requesting the administration of medication to their child will be required to follow the guidelines developed by the Centre to ensure the safety of children and educators. The Centre will follow legislative guidelines and adhere to the National Quality Standard to ensure the health of children, families and educators at all times.

Management will ensure:

- children with specific health care needs or medical conditions have a current medical management plan detailing prescribed medication and dosage by their medical practitioner
- medication is only administered by the Centre with written authority signed by the child's parent or other responsible person named and authorised in the child's enrolment record to make decisions about the administration of medication
- medications other than asthma, allergy or anaphylaxis management will not be stored in the Centre
- enrolment records for each child outlines the details of persons permitted to authorise the administration of medication to the child
- medication provided by the child's parents must adhere to the following guidelines:
 - the administration of any medication is authorised by a parent or guardian in writing
 - medication is prescribed by a registered medical practitioner (with instructions either attached to the medication, or in written form from the medical practitioner)
 - medication is from the original container
 - medication has the original label clearly showing the full name of the child
 - medication is before the expiry/use by date.
- a medication record is completed for each child
- a staff member will be present with the authorised person while filling the medication record to ensure all the details have been filled in. Each medication to be administered needs to be on a separate medication record
- medications cannot be written up as "administer when needed". Specific symptoms must be listed by the parent so that staff can administer the medication only when the signs/symptoms are clearly evident in the individual child. Staff will only administer medication once throughout the day
- a separate form must be completed for each medication if more than one is required

- any person delivering a child to the Centre must not leave any type of medication in the child's bag or locker. Medication must be handed directly to an educator for appropriate storage upon arrival. The Centre will not store any medications in the rooms other than Anaphylaxis / Asthma or Allergy medications
- any medications, creams or naturopathic remedies bought across the counter will require a pharmacist label or doctor's prescription
- amounts above the recommended dosage will not be administered unless directed by the medical practitioner. Dosage recommended on the medication container relevant to child's age will be administered
- medications will not be administered if mixed in milk bottles or any pre mixed formula, drinks or liquids
- sibling's medication will not be administered to another sibling unless both sibling's name is clearly written on the medication container and the medication is prescribed by a registered medical practitioner
- a verbal authorisation will be taken from parent/guardian via phone call by the person in charge to administer the medication in an emergency when written authorisation has not been given. The verbal authorisation needs to be repeated to the other staff member by the parent/guardian to confirm the authorisation. Verbal authorisation given by the parent/guardian needs to be documented in the medication record with the initials of both the staff, the time authorisation was given and the name of the parent/guardian who gave the authorisation
- written and verbal notifications are given to a parent or other family members of a child as soon as practicable if medication is administered to the child in an emergency where there is no written authority given by parent/guardian and the parent/guardian **cannot** be reasonably contacted, advice will be sought from the Director or from a medical practitioner either verbally or in writing
- if the incident presented imminent or severe risk to the health, safety and wellbeing of the child or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours of the incident
- reasonable steps are taken to ensure that medication records are maintained accurately
- medication forms are kept in a secure and confidential manner and archived for the regulatory prescribed length of time following the child's departure from the Centre
- children's privacy is maintained, working in accordance with the Australian Privacy Principles (APP).
- educators receive information about Medical Conditions and Administration of Medication Policies and other relevant health management policies during their induction
- educators, staff, students and volunteers have a clear understanding of children's individual health care needs, allergy or relevant medical condition as detailed in Medical Management Plans, Asthma, Allergy or Anaphylaxis Action Plans
- written consent is requested from families on the enrolment form to administer emergency asthma, allergy, anaphylaxis, or other emergency medication or treatment if required
- if medication is administered in the event of an asthma, allergic reaction or anaphylaxis emergency the parent of the child is notified as soon as practicable and the medical management plan is followed
- families are informed of the Centre's medical and medication policies
- safe practices are adhered to for the wellbeing of both the child and educators.

A Nominated Supervisor (Director) / Certified Supervisors /Educators will:

- not administer any medication without the authorisation of a parent or person with authority, except in the case of an emergency, when the written consent on an enrolment form, verbal consent from an authorised person, a registered medical practitioner or medical emergency services will be acceptable if the parents cannot be contacted.
- ensure medications are stored in the refrigerator in a labelled container inaccessible to children. For medications not requiring refrigeration, they will be stored in a labelled and locked cupboard in a medication container inaccessible to children.
- adrenaline auto injectors should be kept out of reach of children and stored in a cool dark place at room temperature. They must be readily available when required and not locked in a cupboard. A copy of the child's medical management plan should be stored with the adrenaline auto injector.
- ensure that two educators administer and witness medications at all times. One of these educators must have a diploma level qualification in accordance with current legislation and regulations who will administer the medication. Both educators are responsible for:
 - checking the Medication Consent Form completed by the parent/guardian
 - checking that the parent/guardian has signed the medication record;
 - the name of the medication against the medication consent form
 - checking the prescription label for:
 - the child's name
 - the dosage of medication to be administered matches the dosage requested to be administered
 - the use-by date
 - confirming that the correct child is receiving the medication
 - qualified staff and witness must sign and date the Medication Consent Form
 - returning the medication back to the medication container.
- follow hand-washing procedures before and after administering medication and wear gloves while administering medication
- discuss any concerns or doubts about the safety of administering medications with management to ensure the safety of the child (checking if the child has any allergies to the medication being administered)
- seek further information from parent/guardian, the prescribing doctor or the Public Health Unit before administering medication if required
- ensure that the instructions on the Medication Consent Form are consistent with the doctor's instructions and the prescription label
- parent/guardian are required to provide an English translation of instructions from the medical practitioner for any medication if the instructions are written in a language other than English
- ensure that the Medication Consent Form is completed and stored correctly including name and signature of witness.

Families will:

- provide management with accurate information about their child's health needs, medical conditions and medication requirements on the enrolment form
- provide the Service with a Medical Management Plan prior to enrolment of their child if required
- develop a Risk Minimisation and communication Plan for their child in collaboration with management and educators and medical practitioner for long-term medication plans
- notify educators, verbally when children are taking any short-term medications even if the medication needs to be administered at home
- complete and sign a Medication Consent Form for their child requiring medication whilst they are at the Centre
- assist educators to complete long-term medication plans with reference to the medical practitioner's advice and ensure plans are signed by the medical practitioner.
- update (or verify currency of) Medical Management Plan quarterly or as per the review date on the plan or as the child's medication needs change
- be requested to sign consent to use creams and lotions should first aid treatment be required
- keep prescribed medications in original containers with pharmacy labels. Please understand that medication will only be administered as directed by the medical practitioner and only to the child whom the medication has been prescribed for. Expired medications will not be administered.
- adhere to our Service's Illness Policy and Pandemic Control of Infectious Disease Policy
- keep children at home while any symptoms of an illness remain
- keep children at home for 24 hours from commencing antibiotics to ensure they have no side effects to the medication
- NOT leave any medication in children's bags
- give any medication for their children to an educator who will provide the family with a Medication Consent Form to complete.
- any non-prescription medications (including Paracetamol, eye/ear drops or cold, cough medications) or any herbal/ naturopathic remedies will only be administered with a letter from the doctor detailing the child's name and dosage: Note that the stated procedure for administering medications applies to the administration of non-prescription medications.

Guidelines for administration of Paracetamol

- families must provide their own Paracetamol for use as directed by a medical practitioner.
- to safeguard against the incorrect use of Paracetamol and minimise the risk of concealing the fundamental reasons for high temperatures, educators will only administer Paracetamol if it is accompanied by a Doctor's letter or prescription. This will have to state the reason and dosage to be administered, except for in emergency situations (eg. onset of fever whilst at the Centre).
- if a child presents with a temperature whilst at the Centre, the family will be notified immediately and asked to organise collection of the child as soon as possible.
- the family will be encouraged to visit a doctor to find the cause of the temperature. While waiting for the child to be collected, educators will:

- remove excess clothing to cool the child down
- offer fluids to the child
- encourage the child to rest
- Provide a cool, damp cloth for the child's forehead and back of the neck
- monitor the child for any additional symptoms
- maintain supervision of the ill child at all times, while keeping them separated from children who are well

Medications kept at the service

- any medication, cream or lotion kept on the premises will be checked weekly/monthly for expiry dates as part of OH&S checklist
- a list of contents of the Centre's First Aid Kits close to expiry or running low will be given to the Nominated Supervisor who will arrange for the purchase of replacement supplies
- if a child's individual medication is due to expire or running low, the family will be notified by educators that replacement items are required
- it is the family's responsibility to take home short-term medication (such as antibiotics) at the end of each day, and return it with the child as necessary
- MEDICATION WILL NOT BE ADMINISTERED IF IT HAS PAST THE PRODUCT EXPIRY DATE
- written consent is required from families on the enrolment form with duration and times to be administered for any topical medications, nappy creams, insect repellent, sunscreen etc

Emergency Administration of Medication

- in the occurrence of an emergency and where the administration of medication must occur, the Centre must attempt to receive verbal authorisation by a parent of the child named in the child's enrolment form who is authorised to consent to the administration of medication
- If a parent of a child is unreachable, the Centre will endeavour to obtain verbal authorisation from an emergency contact on the child's enrolment form, who is authorised to approve the administration of medication
- If all the child's nominated contacts are non-contactable the Centre must contact a registered medical practitioner or emergency service on 000
- In the event of an emergency and where the administration of medication must occur, written notice must be provided to a parent of the child or other emergency contact person listed on the child's enrolment form

Emergency involving Anaphylaxis, Allergy reaction or Asthma

- for anaphylaxis, allergic reaction or asthma emergencies, medication/treatment will be administered to a child without authorisation, following the Asthma, Allergic reaction or Anaphylaxis Action Plan provided by the parent/guardian. [National Asthma Council (NAC) or ASCIA]
- in the event of a child not known to have asthma, allergic reaction or anaphylaxis and appears to be in severe respiratory distress, the emergency plans for first aid must be followed immediately
 - an ambulance must be called immediately
 - place child in a seated upright position
 - give 4 separate puffs of a reliever medication (e.g.: Ventolin) using a spacer if required
 - repeat every 4 minutes until the ambulance arrives
 - give antihistamine in case of allergic reaction

- in the event of an anaphylaxis emergency where any of the following symptoms are present, an EpiPen must be administered
 - difficulty/noisy breathing
 - swelling of the tongue
 - swelling or tightness in throat
 - difficulty talking
 - wheeze or persistent cough
 - persistent dizziness or collapse pale and floppy

The Centre will contact the following (as required) as soon as practicably possible

- Emergency Services 000
- a parent/guardian of the child
- the regulatory authority within 24 hours (if an ambulance was called)

The child will be comforted, reassured, and removed to a quiet area under the direct supervision of a suitably experienced and trained educator.

- Pain relief and fever control medication or cold / cough medication e.g. Panadol, Nurofen, Dimetapp (or similar medications) will **not** be kept at Centre.
- Any medications prescribed by the medical practitioner will only be administered to the children including the medication bought across the counter (e.g. eye/ear drops, cold, cough medication, creams and ointments, Panadol, Nurofen or any similar medication) and any naturopathic remedies. When medication has been prescribed by a medical practitioner the service will follow the medical practitioner's instructions on the label.
- Antibiotics, Anaphylaxis, Allergy and Asthma medications (e.g. Ventolin, Asmol or Zyrtec etc.) will only be administered if prescribed by the doctor. It is a requirement that children have an Action Plan for Anaphylaxis, Allergy and Asthma. The Action Plan has to be updated annually.
- No medication is administered unless the parent or lawful guardian has given the Centre written permission to dispense the medication by filling out the medication authorisation sheet.
- All medications must be kept in the original container within expiry date and bearing the child's name, have a clear readable and original label. No medications will be administered if mixed in milk bottles or any pre mixed formula, drinks or liquids.
- Verbal authorisation by the parent to the person in charge for the medication to be administered may be given in an emergency with written authorisation as soon as possible.
- Medication cannot be written up as "administer when needed". Specific symptoms must be listed by the parent so that staff can administer the medication when signs/symptoms are clearly evident in the individual child. Staff will only administer medication once throughout the day except in case of Allergy, Asthma, Anaphylaxis and Antibiotics.
- Parent/guardian are expected to hand the medication to a staff member on arrival which gets stored either in the fridge or in the First Aid/Medication Cupboard (inaccessible to children), Parent/guardian should not be leaving any medications, creams or ointments in their child's bag or within the reach of children.

Please note

- Medicine which is expired will not be administered
- Medications will not be administered to the child if the medication has another name on the medication.
- Sibling's medication cannot be administered to another sibling unless both children's name is clearly written on the prescribed label.

MEDICAL CONDITIONS POLICY

We aim to efficiently respond to and manage medical conditions at the Geelong Children's Centre ensuring the safety and wellbeing of children, staff, families and visitors.

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

All children with a diagnosed medical condition must have a Risk Minimisation Plan in place.

A meeting will be arranged with the parents/guardian by the Room Coordinator/ Kindergarten teachers as soon as the Centre has been advised of the medical condition. During this meeting a Risk Minimisation Plan will be developed in consultation with the parent/guardian to ensure:

- That the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimized
- That practices and procedures in relation to the safe handling, preparation and consumption and service of food are developed and implemented
- That the parents/guradian are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented
- Educators and volunteers can identify the child, the child's medical management plan and the location of the child's medication
- That the child does not attend the Centre without medication prescribed by the child's medical practitioner in relation to the child's specific health need, allergy or relevant medical condition
- Plan(s) in conjunction with parents/guardians will be reviewed at least annually and/or will be revised with each change in the Medical Management Plan
- All relevant information pertaining to the child's health and medical condition is communicated to parents/guardians at the end of each day
- Any special activities taking place such as celebrations, sporting events and excursions have a plan to maintain safe inclusion of children
- Any allergens that may be present at the service will be communicated to parents and addressed through the Risk Minimisation Plan
- Appropriate hygiene practices are followed when managing medical conditions in line with the Control and Exclusion of Infectious Diseases Policy

- Risk Minimisation Plans will be reviewed in collaboration with families every 6 months for any changes

Communication Plan

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

- All relevant staff, students and volunteers are informed about the Medical Conditions Policy and the Individual Medical Management Plan and Risk Minimisation Plan for the child
- Parents are expected to notify the Room Coordinator of any changes to the child's Medical Management Plan or Allergy Plan
- An ongoing individual child Communication Plan is created as part of the Risk Minimisation Plan so parents can communicate any changes to Medical Management Plan and Allergy Plan for the child to the Room Coordinator. Room Coordinator then documents these changes in the Communication Plan with both parties initials and the date when changes were communicated

At all times, families who have a child attending the Centre who have a diagnosed medical condition will be provided with a copy of this Policy which includes a Communication Plan and any other relevant policies. All staff including the kitchen staff in the Centre are made aware of the changes in writing in their room communication diary regarding the changes to Medical Management Plans/Allergy Plans and Risk Minimisation Plans.

All staff members are informed of the Centre's Medical Conditions Policy and new staff are handed the policy during induction along with other policies. Any staff who has a medical condition and has a Medical Management Plan or has diagnosed dietary restrictions, the Centre will develop a Risk Minimisation Plan in consultation with the educator and the Director. Staff has to inform the Director of any changes in writing to their Medical Management Plan or Allergy Plan and the changes will get recorded in the Communication Plan and signed by the educator and the Director. Room Coordinators/Kindergarten teachers and in-charge staff in leadership positions in all rooms across the Centre will be informed of changes by the Director in writing.

ACCIDENTS, INCIDENT AND TRAUMA POLICY

Educators have a duty of care to respond to and manage illnesses, accidents, incidents, and trauma that may occur at the Centre to ensure the safety and wellbeing of children, educator, staff, student, visitor, volunteer or contractor. This policy will guide educators to prevent the injury and the action taken to prevent the reoccurrence of the accident, incident or trauma.

IMPLEMENTATION

SERIOUS INJURY, INCIDENT OR TRAUMA

In the event of any child, educator, staff, student, visitor, volunteer or contractor having an accident, incident or trauma at the Service, an educator who has a First Aid Certificate will attend to the person immediately.

Adequate supervision will be provided to all children.

Procedures as per our *Administration of First Aid Policy* will be adhered to by all staff

DEFINITION OF SERIOUS INCIDENT:

Regulations require the Approved Provider or Nominated Supervisor to notify Regulatory Authorities within 24 hours of any serious incident at the Centre through the [NQA IT System](#)

a) The death of a child:

- (i) while being educated and cared for by an Education and Care Service or
- (ii) following an incident while being educated and cared for by an Education and Care Service.

(b) Any incident involving serious injury or trauma to, or illness of, a child while being educated and cared for by an Education and Care Service, which:

- (i) a reasonable person would consider required urgent medical attention from a registered medical practitioner or
- (ii) for which the child attended, or ought reasonably to have attended, a hospital. For example: whooping cough, broken limb and anaphylaxis reaction

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

(d) Any circumstance where a child being educated and cared for by an Education and Care Service

- (i) appears to be missing or cannot be accounted for or
- (ii) appears to have been taken or removed from the Education and Care Service premises in a manner that contravenes these regulations or
- (iii) is mistakenly locked in or locked out of the Education and Care Service premises or any part of the premises.

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

If a child has an accident or incident and sustains any kind of injury or trauma including anaphylaxis or asthma attack or seizure whether minor or serious, an educator in the room must immediately comfort the child provide first aid and follow the procedure in this policy.

1. Immediately notify the person in charge (PIC) of the accident, incident or trauma
2. Administer first aid or follow Action Plan in case of anaphylaxis or asthma attack or seizure.
Call an ambulance depending upon the accident, incident or trauma.
3. Duly complete the Accident, Incident and Trauma Record Form
4. Follow the instructions of the PIC to either notify the child's parent/guardian immediately or at the time of collection (this will depend on the PIC's assessment of the seriousness of the accident, incident or trauma)
5. Notify the parent/guardian if the injury is above shoulder and also in case of any cuts or bleeding due to accident, incident and trauma
6. Notify the Director or Deputy Director of any accident, incident and trauma especially any injury above shoulder or if the child has to go home due to accident, incident and trauma
7. Record details including the following on the Accident, Incident and Trauma Form:
 - a. Date and time of entry
 - b. Name and date of birth of child
 - c. Age of the child
 - d. Medication administered due to accident, incident and trauma
 - e. Time of accident, incident and trauma
 - f. Any structures involved leading to accident, incident and trauma
 - g. Suspected cause and type of injury sustained
 - h. Circumstances if child appeared to be missing or unaccounted for
 - i. Circumstances if child has been taken or removed from Centre or was locked in/out
 - j. Action taken by staff and first aid administered. Child monitored in case of head injury

- k. Staff present in the area of the accident, incident and trauma and staff qualification
 - l. What was the staff doing at the time of the accident, incident and trauma
 - m. No. of children present at the time of the accident, incident and trauma
 - n. Where the accident, incident and trauma occurred (includes filling the sketch plan)
 - o. Name and signature of staff member filling the form
 - p. Name of person who notified the parent/guardian and time when notified
 - q. Signature of parent/guardian and their reaction
 - r. Whether medical treatment sought
 - s. What has been done to prevent reoccurrence of the accident, incident or trauma
8. When a parent/guardian collects the child, discuss the Accident, Incident and Trauma Record Form with them and have them sign the form.
 9. If the accident, incident and trauma results in the child being taken home, contact the child's parent/guardian next day to check on the child including to discuss any diagnosis from a doctor (if applicable).
 10. In case of any illness due to the injury (e.g. anaphylaxis, asthma, allergic reaction, concussion, vomiting, sting or fracture, dislocation, pain etc.) duly fill an Illness Sheet, parents/guardians to sign it and attach it to the Accident, Incident and Trauma Record Form.
 11. If the accident, incident and trauma results in administering medication to the child (follow Action Plan in case of asthma and anaphylaxis attack, seizure or allergic reaction) duly fill in a Medication Sheet and get the parent/guardian to sign it and attach it to the Accident, Incident and Trauma Record Form.
 12. Any serious accident, incident or trauma which requires medical intervention or hospitalisation has to be reported on the ACECQA portal (NQA IT System) as soon as practicable, but no later than 24 hours.

Trauma is defined as the impact of an event or a series of events during which a child feels helpless and pushed beyond their ability to cope. There are a range of different events that might be traumatic to a child, including accidents, injuries, serious illness, natural disasters (bush fires, flood), assault, and threats of violence, domestic violence, neglect or abuse and war or terrorist attacks. Parental or cultural trauma can also have a traumatising effect on children.

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

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

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

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

- New or increased clingy behaviour such as constantly following a parent, carer or staff around
- Anxiety when separated from parents or carers
- New problems with skills like sleeping, eating, going to the toilet and paying attention
- Shutting down and withdrawing from every day experiences
- Difficulties enjoying activities
- Being more jumpy or easily frightened
- Physical complaints with no known cause such as stomach pains and headaches
- Blaming themselves and thinking the trauma was their fault

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

It is important for educators to be patient when dealing with a child who has experienced a traumatic event. It may take time to understand how to respond to a child's needs and new behaviours before parents, educators and staff are able to work out the best ways to support a child. It is imperative to realise that a child's behaviour may be a response to the traumatic event rather than just 'naughty' or 'difficult' behaviour.

Educators can assist children dealing with trauma by:

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

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

Strategies to assist Families, Educators and Staff to cope with children's stress or trauma may include:

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

Working with traumatised children can be demanding so it is important for staff to follow the Child Safe Standards Guidelines and be aware of their responses and seek support from management and leadership team when required.

MANAGEMENT/NOMINATED SUPERVISOR/RESPONSIBLE PERSON AND EDUCATORS WILL ENSURE:

- service policies and procedures are adhered to at all times
- parents or guardians are notified as soon as practicable and no later than 24 hours of the accident, incident or trauma occurring
- accident, incident and trauma record is completed accurately and in a timely manner as soon after the event as possible (within 24 hours)
- parents are advised to keep the child home until they are feeling well in case of any illness due to the injury (e.g. anaphylaxis, asthma attack, allergic reaction, concussion, vomiting, sting or fracture, dislocation, pain etc.) and they have not had any symptoms for at least 24-48 hours. Children can return to the Centre if they are able to fully participate in the indoor/outdoor program and do not require any adult assistance to do routine tasks (depending upon the accident, incident or trauma and exclusion periods).
- all staff have relevant first aid qualification
- first aid kits are suitably equipped and checked on a monthly basis
- first aid kits are available and easily accessible in each room when children are present at the Centre and during excursions.
- first aid, anaphylaxis management training, and asthma management training is current and updated as required
- if the incident, situation or event presents imminent or severe risk to the health, safety and wellbeing of any person present at the Centre, or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours of the incident.

FAMILIES WILL:

- provide up to date medical and contact information in case of an emergency
- provide the Service with information on ambulance cover
- provide the Service with all relevant medical information, including Medicare and private health insurance
- provide an updated copy of medical management plans and medications

INCLUSION POLICY

The Centre is committed to ensuring an inclusive environment that is accepting and accommodating of different backgrounds and abilities and embraces acceptance of individuality.

Educators aim to ensure an environment that welcomes children and parents regardless of race, religion, ability, cultural or special needs. We aim for a sense of belonging and participation for all children and offer a balance across all areas of child development, learning and experiences, avoiding bias and reflecting cultural diversity by recognising, appreciating and respecting children for their individual needs, interests, strengths and abilities they bring to the dynamics of the group care setting. Educators aim to provide integrating experiences for all children involved in our Centre programs.

Educators promote on-going discussions of the child's needs with all those concerned and may work in consultation with a broad range of support agencies. Educators will work as a team involving the child's parents in all areas of communication, programming and Centre activities.

BEHAVIOUR GUIDANCE POLICY

Educators ensure there are age, stage developmental expectations of individual children. The setting of limits will be appropriate, reasonable and consistent. Positive encouragement, guidance and redirection is in place for encouraging appropriate behaviour. The environment is set up to minimise conflict by allowing children the freedom of choice and a wide range of experiences both indoors and outdoors.

Educators aim for consistency in their behaviour and approach to support children and their needs, being positive and proactive role models in their everyday interactions, hence valuing the importance of ongoing educator and parental consultation and support.

The Behaviour Guidance Policy used at this Centre is one of positive guidance. It offers children choices of activities, re-directs children to other activities or experiences and suggests alternative activities and outlets for children to undertake and express their feelings in more appropriate and acceptable ways. Educators encourage all children to acknowledge and talk about their feelings rather than use destructive physical action or negative behaviour. Educators support and assist children in resolving conflicts and acknowledge their efforts to do so. Educators support one another by developing strategies to prevent further negative behaviour and share these with the child's parents/guardians. Educators maintain eye contact remaining at the children's level whilst talking to them in a calm and appropriate tone of voice at all times.

Children are respected as individuals and are not subjected to any form of punishment, dragging, pulling, hitting or pushing. The demeaning of, shouting or yelling at, or threatening of children is not practiced at this Centre. Children are not isolated as a result of inappropriate behaviour.

Implementation:

All educators are committed to a positive, encouraging approach to behaviour guidance which:

- differentiates the child from the behaviour (use "I" messages)
- supports parents/guardians and educators working together on matters of concern
- deals with inappropriate and challenging behaviour
- recognises the developmental influences on behaviour at different ages
- avoids giving children attention only when they are behaving inappropriately.

Procedures for behaviour guidance:

For all children in their care:

- educators have appropriate developmental expectations
- are sensitive to the child and take into account background factors including health, family circumstances and culture
- educators avoid humiliating, embarrassing or frightening the child and focus on the behaviour not the child
- educators provide the child with positive experiences and encouragement so that they develop their self-esteem.

In setting up the environment, educators:

- allow children to make choices where appropriate and accept their decisions
- avoid setting up the environment in ways that encourage inappropriate behaviour
- are alert to potential problems and step in before negative behaviour occurs
- encourage children to develop conflict resolution skills with the guidance of educators.

In setting limits for children, educators:

- ensure room limits are appropriate
- explain the limits clearly
- make sure all educators consistently set the same limits/consequences
- guide the child through actions and words.

As responsible educators:

- be consistent and show no favouritism or bias
- model appropriate behaviour
- make sure of the facts before taking action
- respond to difficult situations calmly and rationally
- ask someone else to step in when they feel they need assistance
- consult with other educators and the Director if there are ongoing, challenging behaviour problems
- inform parents of situation and discuss behaviour guidance techniques used.

Procedure for dealing with ongoing unacceptable, challenging behaviour:

- All incidents of inappropriate behaviour are recorded. Parents are always kept in the loop and are made aware of the behaviour at the end of the day or by phone call by the Room Coordinator.
- A record of each incident is documented and signed by the parent/guardian.
- Management strategies are discussed with parents/guardians to maintain consistency and to support the child.
- If the inappropriate behaviour continues, further professional support agencies may be sourced for educators, parents and the child. (Strictly confidential).
- The Director is kept informed of the proceedings.
- A meeting with parents, educators and the Director will be arranged to discuss the outcomes, advice and strategies provided by the external source. An agreed timeline for an improvement in the child's behaviour is set in place.
- A follow-up meeting with the parents will be organised to review the child's progress and improvement.
- If the unacceptable behaviour continues and all strategies and forms of action have proved unsuccessful, the Centre is obliged to balance its commitment to the child exhibiting the behaviour with its duty of care to all other children. The parents will be requested to make alternative care arrangements for the child.

NUTRITION AND FOOD SAFETY POLICY

Our Centre recognises the importance of healthy eating for the growth, development and wellbeing of young children and is committed to promoting and supporting healthy food and drink choices for children in our care. This Policy affirms our position on the provision of healthy food and drink while children are in our care and the promotion and education of healthy choices for optimum nutrition.

We believe in providing a positive eating environment that reflects dietary requirements, cultural and family values and promotes lifelong learning for children, as we commit to implementing and embedding the healthy eating habits as part of our curriculum. The Centre acknowledges that starting a child's life with proper nutrition and good eating habits is vital for good health and well-being throughout their life.

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

Mealtimes reflect a relaxed and pleasant environment where educators engage in meaningful conversations with children. This assists in creating a positive and enjoyable eating environment.

Food will be prepared in accordance with the Food Safety Program. All kitchens and food preparation areas will comply with Food Standards Australia and New Zealand (FSANZ). All staff involved in the stages of food handling have the skills and knowledge to ensure food safety is a priority. Sample of Australian dietary guidelines for food provided is as follows (click on the link):

[https://www.eatforhealth.gov.au/sites/default/files/files/the_guidelines/n55_australian_dietary_guidelines\(2\).pdf](https://www.eatforhealth.gov.au/sites/default/files/files/the_guidelines/n55_australian_dietary_guidelines(2).pdf)

FOR FURTHER INFORMATION GO TO www.eatforhealth.gov.au and www.feedaustralia.org.au/

The Centre encourages and supports breastfeeding and appropriate introduction of solid foods.

Menus are planned with the recommendations from the dietary guidelines for children and adolescents in Australia and Feed Australia. Menus are regularly reviewed to ensure it meets best practice guidelines. Menus are developed in consultation with children, educators and families. Foods that are high in fat, salt and sugar are not included in menu planning. The menu ensures that there is a wide variety of healthy and nutritious food every day with a range of tastes, textures, aromas and flavours.

Educator sits down with children at meal and snack times to role-model healthy food and drink choices and actively engages children in conversations about the food and drink provided and offers a calm, relaxed, happy, social atmosphere in which children eat. Foods from all major food groups are offered each day. We offer a 4 week rotating menu with fruit and vegetables served at each meal. Morning, afternoon tea and snacks comprising various foods are offered each day. Milk and water are the only drinks offered to children. Menus are displayed in the children's rooms and the notice board in the foyer.

To encourage awareness of good eating habits, educators talk to children at the table, educators use books, posters, discussions and songs to reinforce the healthy eating message. Educators recognize nurture and celebrate the dietary differences of children from culturally and linguistically diverse backgrounds. Independence is encouraged at mealtimes with children self-feeding, using utensils, scrapping their bowls with leftover food after eating, setting tables and clearing up. Food is not used as a reward or punishment; it is also not used as a comforter for unsettled children.

All children are encouraged to taste their food. Children are not allowed to be force fed or being required to eat food they do not like or more than they want to eat. If a child refuses to eat, fruit is offered - a separate meal is not provided; it is only provided if a child has a special dietary requirement. We will work in conjunction with parents/guardians and health professionals in ensuring the child's recommended daily intake (RDI) whilst in care is met.

The Centre caters for children with food allergies, intolerances or any special dietary requirements. Any allergies or food intolerances are recorded in the child's enrolment records, displayed in the kitchen and displayed in that child's room on the allergy list. Staff and kitchen staff are made aware if any child has a risk to any specified ingredient to which they may be allergic. The parent is to present to the Centre a detailed allergy/anaphylaxis Management Plan and an Emergency Action Plan including an EpiPen® or Anapen (adrenaline auto-injectors) or allergy medication.

In the event of the child having ingested an allergic food, the Allergy Action Plan is implemented.

Further information on severe reaction to allergies can be obtained from:

<https://www.allergy.org.au/patients/information>

Parents are welcome to breast feed. The Centre provides a suitable place within the Centre where mothers can breastfeed their babies and express milk. Storage of the breast milk is available. Breast milk bottles are to be labelled with the child's name and date of expression. The Centre ensures to the safe handling of breast milk and infant formula including transporting, storing, thawing, warming, preparing and bottle feeding. Breast milk is frozen if necessary or refrigerated if it is to be used that day. Breast milk for feeding is heated in a jug of warm water, not in the microwave. The Centre will work with parents/guardians on the introduction of cow's milk and cups for feeding your baby. As an addition to milk drinks, babies are offered cooled, boiled water as necessary, particularly on hot days. Water is readily available for all children to drink throughout the day in both the indoor and outdoor environments.

The Centre provides cows milk. If a child is on formula the parents/guardians are expected to bring in their own formulas to make up their daily bottles in an airtight container with the child's name and date of preparation clearly written on it. Parents/guardians are also expected to supply the bottles with child's full name as well. Bottles are heated in the microwave and tested on educator's inner arm skin for correct temperature. Bottles are heated only once then the formula is discarded. Bottles are rinsed with hot soapy water and returned to parents/guardians at the end of the day. Centre spare bottles and teats are soaked in hot soapy water and sterilized in dishwasher as required.

The introduction of solids is undertaken in consultation with parent/guardians. Parent/guardians are encouraged to introduce solids when there is an increased appetite, able to hold their head up and begin to control their tongue to take food from a spoon. Introduction of solids is encouraged from approximately 5-6 months, but only after parent/guardian consultation. All foods introduced or served to children for the first time in any of the rooms is done after parent/guardian consultation.

The Centre provides for the children's morning tea, lunch, afternoon tea and late snack. However, if children have any specific cultural/religious or dietary needs and wish to supply their own food, the Centre recommends the types of food brought into the Centre. The container must be labelled with the child's name and ingredients and automatically gets put in the refrigerator. No food is to be brought into the Centre at any time or kept in children's bags unless arrangements have been made with the Director.

The Centre has emergency foods in stock in case of power/gas interruption: these being sandwiches, vegemite, light cream cheese, baked beans, salad, vegetables, milk, cheese and fruit.

To assist parent/guardians with information on children's diet the Centre displays posters, booklets etc. in the foyer throughout the year.

The Centre is registered with the City of Greater Geelong for purposes of Food Safety and Food Handling Procedures in which staff are trained. The Centre's Food Safety Procedures are inspected and audited each year by a private auditor. Our kitchen staff has updated Food Safety Supervisors Certificate. All staff have completed informal training on food safety and food handling.

Articles and policy on nutrition will be displayed on notice boards and other various locations throughout the Centre at least four times a year by Centre staff.

PARENT CODE OF CONDUCT POLICY

This policy applies to parents/guardians and educators when involved with Geelong Children's Centre. At Geelong Children's Centre we work under the legislations, regulations, policies and procedures and it applies to the parents, volunteers, students, staff and other people visiting the Centre. These requirements include Occupational Health and Safety, Education and Care Services Provisions and Victorian Child Safe Standards.

Everyone is responsible for establishing and maintaining professional practice & appropriate roles, relationships and boundaries with children and other adults.

To protect everyone at Geelong Children's Centre from misunderstandings or a violation of this professional relationship, parents/guardians, volunteers, students, staff and other people visiting the Centre are expected to conduct themselves in a manner consistent with being a positive role model to children while displaying support for the program and Centre staff.

All adults are responsible for their behavior. A breach of this Policy may have serious consequences including for example, denial of service or mandatory reporting to the authorities.

POLICY EXPECTATIONS:

To meet the expectations of this Policy, parents/guardians and staff will:

- Treat all children and adults associated with our program with courtesy and respect
- Accept cultural differences, differing needs and personal ability
- Support a welcoming, inclusive and safe environment for all children, other parents/guardians, staff, students and volunteers
- Encourage open communication and invite children and adults to participate in the decisions that affect them
- Report any concerns or incidents of child abuse/harm whether intentional or not
- Feel safe, be safe and reinforce safety
- Report any hazard in a building or playground that may cause an injury
- Respect the property of the Centre and other people's property, privacy and confidentiality
- Come to our Centre fit and well and go home in the same condition. This includes being unaffected by drugs or alcohol.
- Understand that the curriculum is play based
- Conduct yourself in a manner that is consistent with the above principles and values.

CONFIDENTIALITY AND PRIVACY POLICY

The right to confidentiality and privacy of the child and the family is outlined in Early Childhood Code of Ethics and National Education and Care Regulations. We will respect the privacy of children and their parents and educators, while ensuring that they access high quality early years care and education in our Centre.

We will continue to protect the privacy and confidentiality by ensuring continuous improvement and review on our current systems use, storage, methods of disposal of records, ensuring that all records and information about individual children, families, educators and management are preserved in a secure place and are only retrieved by or released to people who need the information to fulfil their responsibilities at the Centre or have a legal right to access this information.

We will make sure all relevant staff understand the requirements under Australian Privacy Principles (APPs), which are contained in Schedule 1 of the Privacy Act 1988 (Privacy Act) that personal information is protected in accordance with our obligations under Privacy amendments (Enhancing Privacy Protection) Act 2018.

On commencement of employment, staff, students and volunteers will sign a legal document on confidentiality. Any breach of this agreement will result in termination of employment.

CLOTHING AND FOOTWEAR POLICY

Children need protective, comfortable and appropriate clothing and footwear to explore their environment and participate freely in experiences. Clothing needs to protect children from injury and sun exposure whilst promoting self-help abilities. Appropriate footwear will fit a child's foot correctly and ensure comfort. Educators will also dress to prevent injury and sun exposure and will be encouraged to dress in a professional and respectful manner, being positive role models for children.

Clothing choices

Clothing is a way of expressing our culture, personality and individuality. The clothes children wear can affect the development of their independence, self-help skills and participation in play-based activities in early education and care services. Children being clothed appropriately enables them to play without risk of sunburn and serious injury caused by inappropriate footwear or clothing. Children are more at ease, comfortable 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 or participating in physical activity.

We understand that young children are developing their self-concept and individuality and may be intent on wearing particular accessories or clothing items to our Centre. We respect their choices and encourage their independence, however, some clothing types or accessories may be dangerous and hinder their participation in physical activities. Children need to wear clothes that do not restrict their play e.g. long skirts/long dresses or tight fitting pants that restricts climbing and running. Tight and/or sleeveless clothing and dangly jewellery is not recommended for safety reasons.

We request that parents talk to their child about the choice of clothes and activities they will be involved in at our Centre and help them to choose clothes that will be practical. Some activities may result in clothes being stained like art and craft, mud play etc. Parents may decide to send additional clothes in their child's bag to assist educators to ensure their safety when they are participating in physical activities that require clothing to be more practical.

Shoes must provide support as well as protection for the feet and allow for participation in all activities and are easy to put on taken off by staff and children. Open toed sandals/shoes or thongs are a hazard for children while climbing or running as it can stub their toes. During the warmer months over summer (Sun-Smart months) we do allow children the opportunity to take their shoes off during play. However, this is for a set time during the day and would be based on the individual needs of the children in each room.

The Centre requires all children and staff to wear sun safe hats when the UV is 3 or above and encourage children to wear beanies on cold days.

Management will:

- provide information for families about suitable clothing and footwear for their child to wear at the Centre. This information will also be available at the Centre shared with families using a variety of communication strategies including newsletters, Educa, website, emails, conversation at pick up and drop off
- ensure educators are aware and abide by the *Sun Protection Policy*
- ensure a culturally inclusive environment by conveying respect and understanding of families' cultural traditions regarding clothing
- provide information to educators and staff about children's cultural dress requirements.

Educators will:

- consult and communicate with families about the individual needs of children with respect to different values and beliefs associated with clothing and footwear
- monitor children's clothing and footwear to ensure compliance with the Sun Protection Policy and to support the safety, comfort and wellbeing of every child
- consider clothing and footwear needs associated with excursions or planned learning experiences and communicate clearly with families about the need for extraordinary protective clothing requirements
- provide protective clothing, such as aprons, for messy play experiences and painting. Children will be encouraged by educators to wear protective clothing during messy and water play
- encourage children to remove shoes and heavy or excess layers of clothing during rest times to reflect the room temperature as recommended practice by Red Nose
- take off children's jumpers and jackets with hoods during rest time to ensure children's safety
- encourage children to use their self-help skills where appropriate to put on and remove clothing and shoes to meet their needs. Educators will observe and monitor younger children to ensure their clothing and footwear is appropriate for the environment and weather conditions
- monitor the UV rating to ensure children are dressed appropriately for the weather and are adequately protected (e.g. long sleeve shirts)
- discuss clothing with children: for example, the need to wear hats for sun protection
- model appropriate clothing: for example, wearing hats and sun safe clothing
- convey respect for children and appreciate their individuality whilst developing their understanding of safe clothing and footwear for play and the weather
- encourage children to make choices in relation to getting dressed and the clothing they wear
- respect children's privacy and modesty when having children change their clothes or dressing themselves. Ensuring that individual and/ or cultural needs and preferences are understood and catered for.

Special clothes/dress up

To facilitate imaginative play and celebrate different cultural experiences, children may be invited to dress up according to a theme or particular cultural celebration. Our educators will communicate with families to ensure all children have the opportunity to engage in these activities by wearing appropriate clothing. When dressing their child in 'dress up' clothes, parents are asked to ensure their child's footwear is appropriate for play-based learning at the Centre and ensure clothing is sun safe.

Staff are aware of differing issues with families regarding dressing, as regards their culture or religion, or if a parent does not want their child to get dirty. Effective communication with families that is non-judgemental and conveys a sense of working together shows respect to families regarding each family's differences.

Babies and Toddlers:

Babies and Toddlers should be dressed appropriately to suit all weather conditions.

It is policy that any child under 3 are **not permitted** to wear the following:

- Singlet t-shirts
- Singlet dresses
- Jeans
- Tight fitting short or long pants (with buttons)
- Belted pants
- No open toe shoes, sandals and thongs

3-5 aged children

3-5 aged children should **NOT** wear the following:

- Tight jeans or belts
- Singlet t-shirts
- Singlet dresses
- No open toe shoes, sandals and thongs

All children's clothing must be named any unnamed clothing will be donated.

CHILDREN'S SLEEP AND REST REQUIREMENTS POLICY

All children are supervised at all times whilst they are sleeping/resting.

All children have individual bedding provided for sleep and rest time. If children are tired before their designated sleep time, they are encouraged to have an earlier sleep/rest as dictated by the child. Parents provide comforters such as dummy, blanket, soft toy etc. if required by the children.

Parents and staff consult together on what is an appropriate length of sleep for the child. No child is forced to sleep. All children's sleep times are recorded for the parents' information.

All children are made comfortable when going to bed. Linen in cots and stretchers is used on an individual basis for each child. Linen in cots is changed daily for all children in babies' room. Stretcher linen is changed according to the child's attendance, e.g. daily children every Friday, part-time children every fortnight or when necessary.

To reduce the risk of SIDS staff at this Centre:

Lay babies on their back to sleep from birth

Babies under one year of age, wherever they sleep, should be placed on their back to sleep, unless otherwise directed in writing by the child's medical practitioner.

Sleep babies with face uncovered

Babies will be placed at the bottom of the cot to prevent them from wriggling down under bedclothes. No quilts or doonas will be used. Light bedding such as blankets, will be firmly tucked in at the bottom to prevent them covering the baby's head during sleep. A safe infant sleeping bag with fitted neck and armholes is a good alternative for bedding.

The primary safe resting and sleeping practices for children in care at this Centre are:

- All children will be placed on their back to rest when first being settled. If a child turns onto their side or stomach during sleep, then allow them to find their own sleeping position.
- All children will sleep/rest with their face uncovered with a comforter if required. After the child has fallen asleep if the dummy falls out of the child's mouth it is not re-inserted.
- The rest environment, equipment and materials will be safe and free from hazards as detailed in the service's Occupational Health and Safety Policy and the Maintenance of Building and Equipment Policy.
- Staff/educators monitor resting children at all times and supervise the rest environment as per licensing regulations/best practice standards.

- **Keep babies smoke free.**
- Infants and young children will not be exposed to cigarette smoke while attending this Centre.
- Children's rest environments are free from cigarette or tobacco smoke as detailed in the Centre's Smoke Free Environment Policy.

Safe resting practices for babies

- Babies will be placed on their back to rest
- If a medical condition exists that prevents a child from being placed on their back, the alternative resting practice must be directed in writing by the child's medical practitioner.
- If babies 12 months old turn over during their sleep, allow them to find their own sleeping position, but always lay them on their back when first placing them to rest. Babies aged younger than 12 months who have not been observed to repeatedly roll from back to front and back again on their own are re-positioned onto their back when they roll onto their front or side
- At no time will a baby's face be covered with bed linen
- Comforters will be removed after they fall asleep. If a dummy falls out of a baby's mouth during sleep it is not re-inserted.
- To prevent a baby from wriggling down under bed linen, they will be placed with their feet closest to the bottom end of the cot
- Quilts and duvets will not be used as bed linen. Pillows, soft toys, lamb's wool and cot bumpers are not recommended or utilized at Geelong Children's Centre.
- Light bedding is the preferred option, which must be tucked in to prevent the baby from pulling bed linen over their head
- Babies over three months of age are not wrapped as the startle reflex disappears at around three months of age. If a baby is wrapped when sleeping baby's stage of development is considered and baby's arms are left free
- Sleeping bags with a fitted neck and arm holes are an alternative option to bed linen and encourage a baby to rest on their back. Sleeping bags should not have a hood
- Self-feeding is not permitted in cots and or on the floor.

Safe resting practices for toddlers/3-5 year old children

- Toddlers/3-5 year old children will be placed on their back to rest, unless otherwise directed in writing by the child's medical practitioner
- If toddlers or 3-5 year old children turn over during their sleep, allow them to find their own sleeping position, but always lay them on their back when first placing them to rest
- Comforters will be removed after they have been asleep. If a dummy falls out of the child's mouth during sleep it is not re-inserted.

The Centre caters for the children's individual needs for rest and sleep. Children's behaviour is observed for signs of tiredness and irritability. Children are encouraged to dress and undress themselves; guidance by staff is undertaken when children are having problems. Children are not to wear bibs, hoodies or jewelry, teething beads or necklace or hair accessories in bed.

Children sleep in individual stretchers with linen changed every Friday for fulltime children and every fortnight for part time children. The sleep room is well ventilated with open skylight and air conditioning/heating. The room temperature is set to enable children to sleep in comfort. Children are only taken to the sleep room if they show signs of tiredness.

This Centre implements the Red Nose Safe Sleeping Practices. The Red Nose Safe Sleeping Practices kit is in the Director's office for all educators to access. We provide training to all educators every year on Safe Sleeping Practices.

Information on the latest developments in the children's need for rest, sleep and comfort accessed through professional literature and the internet. This information will be relayed to families through Educa, information reading material and on parent notice boards across the Centre.

For more information on Safe Sleeping Practices go to <https://rednose.com.au/section/education>
On ACECQA - <http://www.acecqa.gov.au/Safe-sleep-and-rest-practices>

EMERGENCY MANAGEMENT AND EVACUATION POLICY

The Director is responsible for ensuring that all educators, including relief educators, students, volunteers, visitors and staff members, are aware of the Centre's Policies and Procedures relating to Emergency Management and Evacuation.

- Emergency and evacuation procedures that are based on the Centre's floor plans will be prominently displayed in the locations that are near each exit.
- The Centre will maintain an up-to-date and compact register of emergency telephone numbers that must be taken in an emergency or evacuation that is to be located in the sign in and out book. Each room has got an emergency procedure which they follow and an emergency evacuation box containing all the required items and documentation.
- Emergency telephone numbers will be displayed prominently throughout the service in the kitchen, all rooms across the service, including community room, staff house and office.
- Fire extinguishers, fire blankets and other emergency equipment will be tested as recommended by the manufacturer by recognised authorities. All tests are documented.
- Informal games and discussions will be used to familiarise children with the Centre's evacuation and emergency procedures.

Rehearsal Evacuation Drill (Every Three Months)

- The service will add to each child's sense of security, predictability and safety by conducting rehearsal evacuation drills every three months. This may include flood/fire/bomb (in accordance with the terms, i.e. Term 1, 2 etc.). All persons present at the Centre during the evacuation drill must participate accordingly.

Procedure for fire evacuation:

- Rehearsal evacuation drills are documented on Fire Drill Evaluation Form for each room across the Centre.
- The educator blows a whistle to sound the alarm. When the alarm is heard, the children will drop what they are doing and walk calmly with an educator to the designated safe area. The safe area is a designated area outside the Centre's premises or within the Centre as mentioned in the Emergency

Management Plan. The designated area is nominated to allow emergency vehicles to access without risk to educators, staff or children.

- Our Centre's emergency and evacuation safe area is located in the toddler's room playground area or in the front of the Centre staff house on the nature strip.

Role of Educators

- Person in charge to immediately notify the appropriate authority, check building for children and staff, and shut all doors and windows
- Immediately when the alarm sounds, educators will return to the rooms they are working in if it is safe to do so. Educators will then assist with the evacuation
- Designated educator in each room to take sign in and out attendance book, parent contact list, first aid kit, mobile phone and medications of children in care
- All staff to familiarise themselves with all exits and evacuation procedures in all rooms and follow the Centre's Emergency Management Plan.
- After the alarm has been raised: group children and calmly evacuate through the nearest exit to the designated safe area.
- Follow Centre Emergency Management Plan depending on the emergency
- Designated educator to call roll, head count and settle children.
- Supervise and reassure children.

A copy of the Emergency Management Plan is available for parents and the Evacuation Procedure for each room is displayed in the rooms and on the notice board in the foyer.

Centre Evacuation Procedure

- Director of the Centre on site takes charge and decides who does what
- Call 000;
- Inform the Emergency Services of the nature of the emergency (i.e. "There is smoke in the building, internal fire, gas leak, chemical spill, bush fire, bomb threat, flood")
- Seek advice from Emergency & Security Management Unit (03) 9589 6266.
- If the decision to evacuate is made, using all available staff/volunteers calmly move/carry/walk the children out of the building; to your pre-determined outdoor assembly area if this is the evacuation option
- Designated educators from the rooms take the children's attendance list, contact numbers, mobile phone, medications, staff roster and their Emergency Evacuation Kit/First Aid kit
- Once at assembly area, nominated educator to head count and also call out the names of children and staff to check all children and staff are accounted for
- Call 000 and inform them of your location at the outdoor assembly area
- Focus on safety and well-being of staff and children;
- Wait for Emergency Services to arrive for further information/direction.