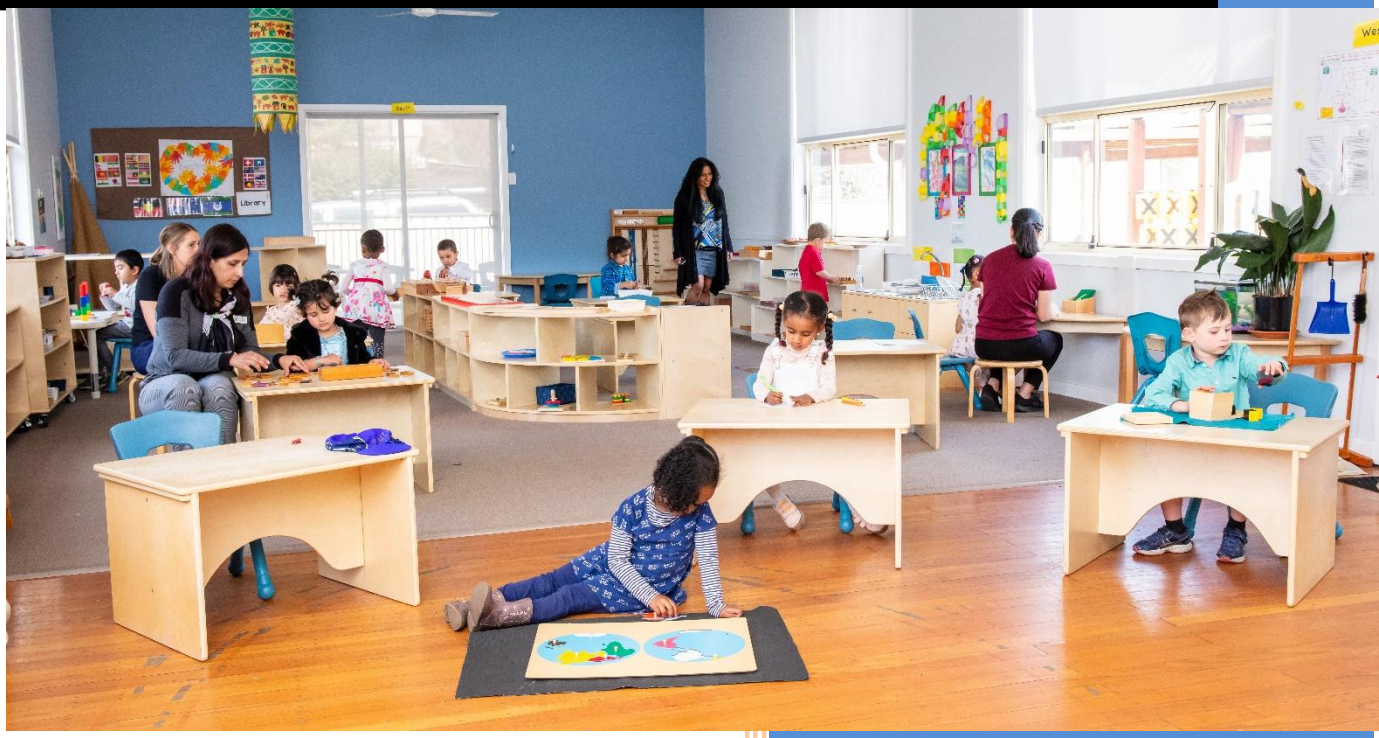
ARMIDALE MONTESSORI PRESCHOOL POLICIES & PROCEDURES



Armidale Montessori

Armidale Montessori Preschool inc.

1 West Avenue, Armidale, NSW 2350

ARMIDALE MONTESSORI PRESCHOOL POLICIES

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Armidale Montessori Pre-School Philosophy Statement

The Armidale Montessori Pre-School aims to implement an authentic and holistic Montessori pedagogy for children between the ages of 2 and 5 years of age.

Consistent with Montessori principles we aim to provide a carefully prepared learning environment that is supportive of children's need for order, security, independence, freedom of movement, and physical engagement with their environment.

The Montessori approach is well aligned with and delivers on the learning outcomes, principles and practices outlined in the Early Years Learning Framework (EYLF).

The Montessori method is based on 'following the child'. This ground-up method ensures that the environment and teaching methods are based on respecting and responding to the needs of the children.

Our philosophy revolves around the provision of a safe, nurturing, engaging and educational home-like environment that links with the different contexts from which each child comes. We strive to provide an environment in which children, families and educators develop a sense of belonging. An environment in which they are allowed to 'be' and are given opportunities to become successful lifelong learners.

We believe that the most effective education occurs when the school is a learning community for all its stake holders. We believe that parents are the most important educators in their children's lives and that education is a collaboration between parent and teacher.

By working in partnership with families and recognising the connections they make with the world around them, each child's individual interests, strengths and abilities will be met, within our two carefully prepared learning environments for 2- to 3-year old's and for 3 - 5-year old's. In these environments' children will be able to learn and develop, through their work and play, by enquiring, exploring, and problem-solving.

We believe that the combination of the Montessori pedagogy, mixed age classrooms, and the Prepared Environment offer unparalleled opportunities for children to become happy, confident, independent and responsible learners and citizens.

Our philosophy is supported by the following learning principles, practices and outcomes:

- encourage the child to be positive about him/herself and have a sense of self-worth as an individual.
- provide each child the opportunity to develop, at their own pace, as fully as possible to his/her individual potential and while being challenged, to extend thinking and concept development.
- foster positive, accepting and tolerant attitudes towards others.
- provide a high-quality childcare service to all families and to offer further support by referral to appropriate intervention agencies, where necessary.
- nurture emotional development by providing a caring and consistent environment in which the child can feel safe, secure, happy and confident.
- encourage the development of the whole child (physically, cognitively,

linguistically and socially), through the provision of a stimulating, Montessori based program, aligned to the EYLF deliverables.

- encourage and extend each child's interests through a wide range of resources, provisions and experiences in permanent learning areas.
- create a culturally diverse learning environment in which each child can develop at their own pace through interactions, outcomes and experiences.
- share the strengths of children with other children, to help develop empathy and acceptance and create respect in each child.
- provide an environment that encourages exploration of each child's current knowledge and interests through both planned and spontaneous experiences.
- support and nurture relationships within the school and broader community.

Educational Program Policy

BACKGROUND & AIM

A quality educational program can significantly influence children's development in all areas. Thoughtfully planned experiences and environments encourage children to feel a sense of control over their actions, be curious and investigate, and explore their understanding of themselves, others, and the world around them.

Under the Education and Care Services National Law and National Regulations, approved services are required to base their educational program on an approved learning framework. The program should focus on addressing the developmental needs, interests, and previous experiences of each child, while considering the individual differences of each child. The nationally approved learning framework outlines practices that support and promote children's learning. The framework includes principles, practices and learning outcomes that guide educational leaders and educators in their curriculum decision making, and assist them in planning, delivering and evaluating quality programs in early childhood settings:

- Belonging, Being and Becoming: The Early Years Learning Framework for Australia- Early Years Learning Framework (EYLF): https://www.acecqa.gov.au/sites/default/files/2023-01/EYLF-2022-V2.0.pdf

SCOPE

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

RELATED POLICIES

• Philosophy Statement • Additional Needs Policy • Code of Conduct Policy • Cyber Safety Policy • Excursion/Incursion Policy • Family Communication Policy • Bullying Discrimination and Harassment Policy • Child Protection Policy	• Interactions with Children & Behaviour Management Policy • Anti-Bias and Inclusion Policy • Physical Environment Policy • Privacy and Confidentiality Policy • Supervision Policy • Transition to School Policy • Nutrition, Food and Beverages Policy

POLICY & PROCEDURES

We aim to enhance children's learning and development through the pedagogical practices of educators in a positive Montessori learning environment through which the five learning outcomes from the *Early Years Learning Framework (EYLF)* are supported and promoted.

Our Service adopts a child-centric but adult guided approach, delivering a balance between play-based learning and intentional teaching. We provide a supportive learning environment and program, gaining inspiration from the children and families. Educators gather and interpret information about children as individuals to inform the preparation of the environment, and implement experiences that are engaging and meaningful, supporting children's holistic development.

Our Commitment to the Approved Learning Framework

In compliance with the Early Years Learning Framework and National Regulations, our Montessori program, through its 5 broad curriculum areas of Practical Life, Sensorial, Culture, Language and Mathematics, supports and contributes to the following outcomes

for each child:

- The child will have a strong sense of identity.
- The child will be connected with and contribute to his or her world.
- The child will have a strong sense of wellbeing.
- The child will be a confident and involved learner, and
- The child will be an effective communicator.

Our Service also supports the Early Years Learning Framework through the following:

- Each child's learning will be based on their interests and strengths and guided by educators.
- Educators will work in collaboration with families to provide relevant learning experiences for each child, based on their interests and family experiences.
- Every child will be equally valued. Their achievements and learning will be celebrated.
- Educators will observe and record the strengths and learning of each child.
- Educators will work closely with children and families to produce ideas for the curriculum.
- Learning Outcomes will be linked to the curriculum during and after each child's learning has occurred.
- Where appropriate, the service will liaise with external agencies and support persons to best educate and care for children with additional needs.
- Each child's play and learning experiences will be used to build and develop each child's individual learning profile to record their learning journey. This may include Learning Stories, portfolios, observations, photographs with captions and annotations, children's feedback and other documentation demonstrating strengths and development.
- The curriculum will be evaluated and reflected upon continuously by educators as part of the ongoing cycle of assessment and planning.
- An Educational Leader will oversee the development, implementation and review of our educational program while supporting and mentoring educators in all aspects of the educational program.

Our Montessori Approach

We deliver a Montessori educational program for children aged from 2 to 6 years. The Montessori curriculum has been recognised by the Australian Curriculum Authority and follows the requirements of the National Quality Framework. The Montessori approach to education fosters a child's love of learning and encourages independence by providing an environment of activities and materials which children use at their own pace. This builds self-confidence, inner discipline, a sense of self-worth and instills positive social behaviour. We believe this approach forms the basis for lifelong learning.

Montessori education is based upon the following principles:

- All children want to learn and to gain independence.
- Learning occurs when children are interested in their environment and have the freedom to explore it.
- Children before the age of six have 'absorbent' minds that are deeply affected by everything in their environment.
- All children pass through sensitive periods in their development and education needs to be responsive to these periods.
- The learning environment needs to be carefully prepared so that it is responsive to the needs of each child.

The Montessori program carefully follows the natural developmental stages of the child. It recognises the child's natural thirst for knowledge and desire for independence by giving them the opportunity to achieve a thorough grounding in the five main areas of the Montessori classroom and an awareness of the larger world.

Our Montessori learning environments allow children a block of uninterrupted learning/work time in the morning (2-3hrs in the Bambini Room and 1-2hrs in the Bilby Room), where they are free to choose from a range of learning materials, and over a period of time, achieve mastery of them. This practice encourages deep learning and concentration, preparing them well for their formal schooling years ahead.

The prepared Montessori environment is equipped with a wide range of learning materials that support children in various stages of development, allowing them to learn by their own actions. This environment provides a grounded education for children and is centered on respect for self, respect for others and respect for the environment around them.

Each child is given freedom of choice. From the moment the children enter the class in the morning they are free to choose from the activities themselves and to work on this activity for as long as they wish. The children are also free to work at their own pace, repeating the activity as many times as they would like to, before returning it to its place. Through constant decision making (choices) the child's ability to listen to his or her interests and impulses is developed.

The resources and the activities in the classroom are designed to:

- Develop coordination of movement
- Develop independence.
- Refine the use of senses.
- Encourage exploration.
- Build social skills.
- Develop oral & written communication skills.
- Develop an understanding of mathematical concepts.

Each area of Montessori study is made up of a set of educational materials that increase in complexity. Children progress through the Montessori Curriculum at their own pace based on their stage of development and interests.

Montessori educators present key lessons to introduce children to the name and learning outcomes of each Montessori material. After a Key Lesson, the children work with the Montessori material independently to practice, explore, and make connections to the key learning outcomes.

Practical Life

The Practical life activities encompass 4 main areas:

- Control of movement
- Care of person
- Care of environment
- Grace and courtesy/social relations

Practical Life materials and related exercises assist children to gain the necessary skills to enable them to be independent in caring for themselves and their environment and develops their social skills. Through this curriculum area the children gain increased dignity and self-confidence, as they learn to care for their own basic needs & to assist others.

Practical Life activities aid concentration, co-ordination, movement and independence, while also developing skills in calculation, exactness, precision and judgment.

This is one of the first areas introduced to new students within the Montessori environment, as it provides the cornerstone to their development and further learning.

Sensorial

The importance of the development and refinement of the senses cannot be underestimated. Education of the senses leads to education through the senses.

The Montessori sensorial materials represent abstract concepts in a concrete form, and develop children's understanding of colours, shapes, textures, weights, dimensions, discrimination and distinguishing between smells, taste and sound.

The sensorial activities provide children with an opportunity to know something in the physical sense, before they are asked to comprehend it in an intellectual or abstract sense, providing an important foundation for their learning. Materials that can be held and viewed offer children opportunities to make comparisons within the set, appreciating subtle differences within concepts such as dimension, form, colour, shape, texture, weight, temperature, flavour, smell and sound.

Through a progression of self-correcting activities, each child is able to experience these concrete concepts.

Culture

Our Service actively celebrates diversity and promotes the inclusion of children, families and educators from culturally and linguistically diverse backgrounds. Through this curriculum we aim to break down barriers and promote understanding and acceptance.

The Cultural curriculum assists children to understand the world around them. The cultural materials within the Montessori classroom also develop children's understanding of geography, people, plants and animals, music, art, history, and science.

As part of their learning environment, children are exposed to many cultural activities. These include a special Montessori style birthday celebration for children, learning to count and greet in multiple languages, family involvement in cultural activities as well as participation in a number of multicultural days throughout the year.

Language

The Montessori language curriculum develops a child's understanding of oral language, phonics, letter formation, vowels and consonants and early literacy skills in relation to writing and reading.

Language development is a vast and dynamic process. During the first six years of life, we believe children are in a sensitive period for language development, rapidly absorbing and expressing newfound information and abilities. Many language skills are practiced simultaneously as a child grows and develops.

Our Montessori environments are designed to provide rich language experiences for these young learners with materials and activities that span the curriculum. While language skills are practiced in many forms, three materials form the foundation of developing reading and writing skills: Sandpaper letters, Metal insets and Movable alphabet.

Children in the Montessori classroom are given many opportunities and encouragement to express themselves creatively through spoken language. Gradually, with skills developed through work with the hands-on, carefully staged materials, children are also given opportunities to express their ideas through written language.

Mathematics

Children in our Montessori classrooms are provided with a range of materials to provide

experiences with the basic concepts of mathematics. These form the basis for later mathematical understandings leading to abstraction.

When mathematical concepts are first presented to children, they are embodied in concrete materials.

The mathematics curriculum builds on and extends the exercises of practical life and the exercises of the senses, as well as the many mathematical experiences children encounter incidentally in their daily lives, including experiences with:

- visual representation of mathematical concepts
- pattern and order
- problem solving
- operations (addition, subtraction, multiplication, division)
- fractions
- spatial relations
- measurement

As they work with the exercises of the senses, children are making judgements in relation to distance, dimension, graduation, identity, similarity and sequence. Building on this foundation, the Montessori mathematics materials introduce children to:

- counting (from 1 to 10, 10 to 90, linear 1 to 100, and skip-counting as an introduction to multiplication)
- place value to four digits
- number operations (addition, subtraction, multiplication, division).

The Montessori mathematics curriculum follows a 5-step sequence:

1. Introduction of concrete materials
2. Introduction of symbols
3. Association of concrete with symbols
4. Practice
5. Self-assessment

Focus on Physical Activity

Our Service promotes and encourages the healthy development of children through the implementation of the Munch & Move Program (NSW Health initiative). This program supports the healthy development of children, birth to five years, by providing educators with the knowledge and skills to support physical activity, healthy eating and reduced screen time.

Our Service Aims to promote children's participation in physical activity by:

- Fostering children's Fundamental Movement Skills (FMS) including, running, galloping, hopping, jumping, leaping, side-sliding, skipping, overarm throwing, catching, etc.
- Providing active play experiences that encourage children to explore, be creative, and challenge their development.
- Providing space, time, and resources for children to revisit and practice FMS and engage in active play.
- Providing positive instruction, role modelling, and advice to children as they develop and improve their FMS.
- Working in collaboration with families and professionals to provide active experiences that are inclusive of all children.

Educators will:

- Collaborate with the educational leader for curriculum direction and guidance in delivering the Montessori curriculum.

- Actively seek input from the children into the daily program so that children's voices are included in curriculum planning.
- Actively seek family involvement in curriculum planning and delivery through family involvement sessions, feedback forms, face-to-face discussions, parent meetings and volunteer participation in excursions and incursions.
- Implement an ongoing cycle of planning, documenting and evaluating children's learning which will underpin the educational program and involve educators in critically thinking about what is achievable and why.
- Deliver incursions and excursions, with an educational focus, throughout the year.
- Gather evidence of children's learning to ensure the educational program is responsive to the strengths, needs and interests of young children.
- Ensure the curriculum reflects diversity and reflects the values and beliefs of children and families.
- Take responsibility to be culturally competent and display positive attitudes towards cultural differences, respectfully acknowledge multiple cultural ways of knowing, seeing and being.
- Document children's experiences and their responses to the environment making children's learning visible to educators and families and promote shared learning and collaboration.
- Provide experiences that include both structured and unstructured learning times catering for children's individual needs and interests and, are age appropriate.
- Ensure materials and equipment reflect the cultural diversity and family values that exists in our community.
- Intentionally promote learning about a child's culture, country and community through dance, music, language and dialect, stories, art and craft
- Respond to children's ideas and play and use intentional teaching to scaffold and extend each child's learning.
- Provide experiences that actively promote and initiate the investigation of ideas, complex concepts and thinking, reasoning and hypothesising.
- Provide experiences that support and develop all developmental areas and curriculum areas including music, maths, and science.
- Plan and implement the intentional teaching of Fundamental Movement Skills (FMS) to support the physical development of children of all ages.
- Collaborate with children and families to support children's learning.
- Ensure information about the child's participation in the program is available for families through the Service communications ap.
- Explore ideas and theories using imagination and creative play.
- Allow large blocks of uninterrupted time to allow children to develop their ideas and play.
- Use individual goals and the learning outcomes to guide planning for children's learning.
- Intentionally scaffold children's understanding and learning
- Provide children with ongoing encouragement and positive reinforcement.
- Provide opportunities for children to be active and engaged daily through a balance of planned and spontaneous experiences within the indoor and outdoor environment.
- Make use of spontaneous 'teachable moments' to extend children's learning.
- View children as active participants and decision makers, working with each child's unique qualities and abilities.
- Further extend critical thinking skills through Montessori activities and provocations
- Plan realistic curriculum goals for children based on observation and assessment of individual needs and interests.
- Ensure critical reflection clearly examines all aspects of events and experiences from different perspectives, identifying children's learning, spontaneous play, teaching strategies, and changes that may be needed in the environment.
- Assist children to develop daily habits, understanding, and skills that support health and wellbeing.

SOURCES

- Australian Children's Education & Care Quality Authority.
- Australian Government Department of Education *Belonging, Being and Becoming: The Early Years Learning Framework for Australia.*
- Australian Government, Department of Education, Skills and Employment. (2013). *Get Up & Grow. Healthy Eating and Physical Activity for Early Childhood.*
- Early Childhood Australia Code of Ethics.
- Education and Care Services National Law Act 2010. (Amended 2018).
- Education and Care Services National Regulations. (2011).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).
- Guide to the National Quality Framework. (2017). (Amended 2020).
- Munch & Move: https://www.healthykids.nsw.gov.au/campaigns-programs/about-munch-move.aspx
- Revised National Quality Standard. (2018).
- Montessori Australia
- Montessori Institute

REFERENCES

National Quality Standard (NQS)

QUALITY AREA 1: EDUCATIONAL PROGRAM AND PRACTICE		
1.1	*Program*	The educational program enhances each child's learning and development.
1.1.1	*Approved learning framework*	Curriculum decision-making contributes to each child's learning and development outcomes in relation to their identity, connection with community, wellbeing, confidence as learners and effectiveness as communicators.
1.1.2	*Child-centred*	Each child's current knowledge, strengths, ideas, culture, abilities and interests are the foundation of the program.
1.1.3	*Program learning opportunities*	All aspects of the program, including routines, are organised in ways that maximise opportunities for each child's learning.
1.2	*Practice*	Educators facilitate and extend each child's learning and development.
1.2.1	*Intentional teaching*	Educators are deliberate, purposeful, and thoughtful in their decisions and actions.
1.2.2	*Responsive teaching and scaffolding*	Educators respond to children's ideas and play and extend children's learning through open-ended questions, interactions and feedback.
1.2.3	*Child directed learning*	Each child's agency is promoted, enabling them to make choices and decisions that influence events and their world.
1.3	*Assessment and planning*	Educators and coordinators take a planned and reflective approach to implementing the program for each child.

1.3.1	*Assessment and planning cycle*	Each child's learning and development is assessed or evaluated as part of an ongoing cycle of observation, analysing learning, documentation, planning, implementation and reflection.
1.3.2	*Critical reflection*	Critical reflection on children's learning and development, both as individuals and in groups, drives program planning and implementation.
1.3.3	*Information for families*	Families are informed about the program and their child's progress.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
73	Educational programs
74	Documenting of child assessments or evaluations for delivery of educational program
75	Information about educational program to be kept available
76	Information about educational program to be given to parents
118	Educational leader
148	Educational leader
168	Education and care service must have policies and procedures
254	Declared approved learning frameworks

Enrolment and Orientation Policy

BACKGROUND & AIM

E*nrolling children is a requirement under Family Assistance Law for all children who attend childcare (or have an arrangement for care) regardless of their parent's or guardian's eligibility for Child Care Subsidy. An enrolment links the child, the individual claiming the subsidy and the childcare service and reflects the type of arrangement that is in place between the provider and the family (Childcare Provider Handbook Aug 2022).*

The Education and Care Services National Regulations requires approved providers to ensure their services have policies and procedures in place for enrolment and orientation (regulation 168) and take reasonable steps to ensure those policies and procedures are followed (regulation 170).

Armidale Montessori Preschool will aim to ensure children and families receive a positive and informative enrolment and orientation process that meets their individual needs. We will strive to establish respectful and supportive relationships between families and the Service to promote positive outcomes for children whilst adhering to legislative requirements.

Armidale Montessori Preschool will endeavour to ensure:

- Enrolment and orientation processes are planned and implemented.
- Due consideration is given to culture and language in undertaking processes.
- Documentation, including authorisations, are completed during the enrolment and orientation process.
- A thoughtful process is planned in consultation with families, to orient a child and family to the education and care service.

SCOPE

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

RELATED POLICIES

• Acceptance and Refusal of Authorisations Policy • Arrival and Departures Policy • Family Communications Policy • Privacy and Confidentiality Policy • Payment of Fees Policy • Immunisation Policy • Code of Conduct Policy	• Control of Infectious Diseases Policy • Medical Conditions Policy • Additional Needs Policy • Termination of Enrolment Policy • Sick Children's Policy • Anti-Bias & Inclusion Policy

PROCEDURES & POLICIES

Our Service accepts enrolments of children aged between 2 - 6 years of age for a minimum of 2 days per week.

Enrolments will be accepted providing:

a) The maximum daily attendance does not exceed the licensed capacity of the Service.
b) The child's Immunisation status is in line with the Service's Immunisation Policy
c) A vacancy is available for the booking required.

d) Priority of Access guidelines are adhered to.
e) The adult to child ratio is maintained in each room.
f) All enrolment requirements set out in this policy and other related policies are met, including the mandatory completion of direct debit forms.
g) Children with disabilities/medical conditions will be enrolled, if in the opinion of management, the Service can meet the child's needs. Additional resources and funding may be required through disability and inclusion programs.

Priority of Access guidelines

Our Service aims to assist families who are most in need and may prioritise filling vacancies with children in the following order:

1. At risk of serious abuse or neglect.
2. A child of a single parent/guardian who satisfies, or of parents/guardians who both satisfy, the activity test through paid employment.
3. Any other child.

The Priority Lists are used when there is a waiting list for the Service or when several parents are applying for a limited number of vacant places. This is done at the discretion of the provider and is not a legal obligation.

Enrolment

Service enrolment spots per day:

- Service licenced for 39 enrolment spots per day, comprising:
  - Bilby Room (age group – 2yrs) – 10 long day care enrolment spots per day
  - Bambini Room (age group – 3-5yrs)
    - Preschool Service – up to 15 enrolment spots per day
    - Long day care service – minimum of 14 enrolment spots per day

Enrolment Fee and Bond:

Families are required to pay an enrolment fee and a two-week enrolment bond which is calculated at full fee to secure the position. Failure to pay the upfront fees will lead to the child not being accepted. When 2 weeks' written notice of withdrawal is given (on the designated form), the bond will be refunded, on the proviso that there is no outstanding debt associated with their account. If an outstanding debt is present then the enrolment bond will be applied to the debt, with any remainder to be refunded.

Enrolment process:

After consideration of access guidelines and availability of a position by the Director/Nominated Supervisor, the child/ren may be offered a position at the centre.

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

The Director/Nominated Supervisor will conduct an enrolment process following the acceptance of an offer. This process will include the following:

- Families will be given a copy of the Enrolment Pack which includes:
  - An enrolment application establishing a Complying Written Agreement (an agreement regarding the planned arrangements for care of a child in return for fees).
  - Current fee structure and payment details.
  - Direct Debit Form
  - Information Consent Form
  - A Parent information booklet detailing the Montessori Philosophy and Program as well as other relevant Service details.

- Policies including, but not limited to, those required under Regulation 168.
- Feedback form.
- Information about online App.
- Lunch box and snack ideas.
- If the service is an approved childcare provider:
  - Information on Child Care Subsidy

- Any matters that are sensitive of nature, such as discussing a child's medical needs, Court Orders, parenting plans or parenting orders, will be discussed privately with management.
- Families will be required to provide any documents required in relation to court orders, or medical needs or plans.
- Families will be invited to ask questions and seek any further information they require.
- Families will be provided with a start date, and a suitable time for the child to be orientated to the Service.
- It is a legal requirement that prior to the child starting at the Service we have all corresponding documents including enrolment form, medical plans, behavioural/medical management plans, immunisation status and any court orders.
  - Families will need to accurately complete the enrolment application form in its entirety, informing management of their child's interests, strengths, medical conditions, allergies, individual needs, etc.
  - Families will need to complete the Direct Debit form authorising the Service to deduct fees as required. This is a mandatory requirement of enrolment.
  - Families will be required to provide a current Australian Immunisation Register (AIR) History Statement which shows that the child is up to date with their scheduled immunisations. Please note that children's 'blue books' are not accepted.
    - It is a requirement from Family Assistance Office that immunisation information held by the Service is kept current. Parents are reminded each year to provide any immunisation updates to the Service in order to continue receiving childcare benefits.
    - To attend childcare, children must be fully immunised or on an approved vaccination catch-up program (indicated on AIR form). If a child cannot be immunised due to a medical condition, they may still be enrolled at the service with supporting documentation (Medical Exemption Form).
    - Children must meet the immunisation requirements to be eligible for Family Tax Benefit (FTB) Part A and Child Care Subsidy (CCS). Some exemptions apply; however, vaccination conscientious objections are not a valid exemption.
    - Parents must notify the Service if their child has not been immunised via the enrolment form.
- If a family or child uses English as a second language, or speak another language at home, we request that families provide us with some key words in the language the child speaks so that educators can communicate with the child.
- Families who wish to receive CCS as reduced fees will be advised to complete a Child Care Subsidy assessment via their MyGov account to check eligibility and entitlements to CCS prior to commencement.
- Information about gap fees and absences will be discussed.
- Where there are certain changes to the individual Complying Written Arrangements (CWA) for care between the provider and an individual, the provider must update the arrangement in writing, and the families are required to confirm the changes through myGov.
- It is the family's responsibility to keep the Service informed of any changes to the information recorded on the application form.

Families must provide the following completed documentation prior to the agreed start date for the child:

- An enrolment form including authorisations.
- A completed direct debit form authorising the Service to deduct fees.
- An enrolment bond payment as outlined in the service fee policy.
- Current Immunisation records.
- Birth Certificate, Passport, or other identification.
- Current contact information for parents and emergency contacts.
- Information on children's additional needs (including medical conditions, health, and developmental concerns), including medical management plans.

This information will be kept at the service premises in accordance with service policies and the Education and Care Services National Regulations 2018.

Information Required on the Enrolment Application Form:

1. The full name, residential address, place of employment and contact telephone number of a parent.
2. The full name, residential address, and contact telephone number of 2 persons authorised by the parent who may be contacted in case of an emergency concerning the child if a parent is unable to be contacted.
3. The full name, residential address and contact telephone number of any person authorised by the parent to collect the child from the Service.
4. Details of the child, including full name; date of birth; child's address; names of child's parents; gender; child's Medicare number; specific healthcare needs of the child including allergies and dietary restrictions; any required medical management plans, etc.
5. Any court orders or parenting agreements regarding the child.
6. The primary language spoken by the child; if the child has not learnt to speak, the child's family's language.
7. The cultural background of the child.
8. Any special requirements of the family, including for example cultural or religious requirements.
9. The needs of a child with a disability or with other additional needs.
10. A statement indicating parental permission for any medications to be administered to the child whilst at the Service. Only a parent on the enrolment form can authorise the administration of medication.
11. A statement indicating parental permission for the Service to seek emergency medical treatment at a hospital or from ambulance services.
12. The name, address, and telephone number of the child's doctor.
13. The immunisation status of the child.
14. Authorisations for regular occurring transportation and regular outings/excursions.
15. Child Care Subsidy Assessment confirmation
16. CRN for child and claimant.
17. Complying Written Agreement including fee information.

Post Enrolment

Prior to formally commencing at the service:

1. Prior to the child's first day educators and staff will familiarise themselves with information about the child from the enrolment information provided. They will ensure they are aware of any medical conditions and how to manage them if required.
2. The child will be invited to undertake a post-enrolment familiarisation/orientation session.
3. The Director/Nominated Supervisor will inform the educators and staff of the intended time for any post-enrolment orientation visits.

Post-enrolment orientation

Armidale Montessori Preschool requires families to undertake a Service orientation prior to the commencement of an enrolment, to ensure that the Service is able to adequately support the needs of a child. At the time of the orientation, an assessment will be made as to whether the Service can meet the child's needs. This will determine if an enrolment proceeds and the method of transition to the Service.

We aim to ensure children and families are provided with an orientation procedure that allow the families to transition into the Service positively and well-informed, meeting the children and families' individual needs. We strive to establish respectful and supportive relationships between families and the Service to promote positive outcomes for children whilst adhering to legislative requirements.

Orientation is an important process for children, families, and Educators to gain vital information about the individual child's needs and interests. To enable children to feel safe and secure, and to set the foundations for a trusting partnership, we feel that it is necessary for the family to attend an orientation visit. This visit or visits assist the child to adjust to a new setting and helps to make the transition from home to the Service a smooth and positive experience.

These sessions will be limited to a maximum of 2 sessions prior to commencement.

A family member will remain in the premises during these orientation visits. The family must sign the visitors book/register on arrival and when they leave. The child cannot be left at the service until they have formally commenced at the service and are therefore not included in the ratios.

During the orientation process educators and staff will interact with the child and actively encourage them to engage in the service program and activities. They will also be available to the family to answer any questions they may have, whilst ensuring they are not compromising the supervision of other children or required ratios.

During orientation, Educators and Management will discuss/show the following with the families:

- the cultural and/or linguistic background for families from non-English speaking backgrounds (external support may be required)
- the family's needs in relation to work or other commitments
- the times childcare is required.
- the family's previous knowledge or experience of other children's services
- the signing in/out process
- advise what the child will be required to bring each day.
- discuss nappy and wet wipe requirements.
- discuss nutrition and meal requirements.
- any additional needs of the child and/or their family
- any court orders that are applicable to the child
- service philosophy and curriculum
- the child's interests.
- family goals and expectations
- Strategies to help with transitions.
- any allergies or dietary restrictions for the child
- emergency or health care plans for the child if relevant
- the Service and room routines
- advise the methods of communication with families, including meetings, interviews, newsletters, emails, communication app, etc.
- reassure the families that if the child is distressed over a long period of time the educators will contact them.
- Advise families that support agencies may be contacted for children with additional needs.

- Discuss strategies for transition to the Service to ensure the wellbeing of the child/ren.

Transition to Service Strategy

The comfort, wellbeing, and sense of security of each child is our primary focus when transitioning them into our Service. Our strategies seek to ease a child into our environment, giving primary consideration to their emotional wellbeing.

Families are required to undertake a minimum of 1 post-enrolment familiarisation session for their child, prior to commencement, preferably the week prior to the start date.

Where feasible, families are encouraged to make the first day of their child's attendance a short day (3-4hrs per day), to ease the child into the environment. The second day is also recommended as a short stay.

Educators will then discuss with the parents, the best transition strategy for each individual child moving forward. This may include:

- Additional short days; or
- Progressively increasing the time in care; or
- Commencement of full days.

Upon commencement

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

The Director/Nominated Supervisor will undertake a final check of enrolment details, authorisations and information updates prior to the family departing the service. They will ensure that all applicable documentation has been completed, including:

- Action plans
- Administration of medication forms
- Risk minimisation plans and communication plans.
- Medical management plans.

An enrolment file will be created for each child which will be kept in a locked filing cabinet.

Evaluation and follow up

Once the child has attended the Service for a few days, Educators will ensure they:

- speak directly with the family to ask how their child and the family has settled into the routine of childcare.
- welcome any questions or concerns the family may have.
- provide information to the family of how their child has settled in these early days (interests, friends, songs they like to sing, craft activities etc.)
- request families to offer suggestions of how the Service could improve the orientation process.

Room Transition from Bilby to Bambini

- Children will only be transitioned when they are ready in all aspects of their development and in accordance with their age.
- Room transitions will occur once there is a vacant position for the child.
- Management will consult with families when a child is transitioning to the next room, discussing their expectations and requirement to ensure the child settles into their new environment.
- Management and Educators aim to ensure the transition between rooms is positive and smooth, communicating with families about how the transition is progressing.

Child Care Subsidy

Child Care Subsidy (CCS) offers assistance to families to help with the cost of childcare for children aged 0-13 years. There are 3 factors that determine a family's level of CCS. These are:

- Combined annual family income.
- Activity test – the activity level of both parents (e.g., hours of work, study, volunteering)
- Service type – type of childcare service and whether the child attends school

Families complete the 'Child Care Subsidy Assessment' Task online through the myGov website. The Child Care Subsidy is paid directly to providers to be passed on to families as a fee reduction. Families are required to contribute to their childcare fees and pay the Service the difference between the fee charged and the subsidy amount.

Families may also be eligible for Additional Childcare Subsidy (ACCS) depending upon their circumstances.

Additional Childcare Subsidy Procedure

Our Service will ensure all ACCS applications are managed in line with the Guide to Additional Child Care Subsidy (child wellbeing) and CCS Handbook.

- Parents can apply for ACCS (grandparents), ACCS (temporary financial hardship) or ACCS (transition to work) through Services Australia (Centrelink) directly.
- The Service can apply for ACCS (child wellbeing) through the CCS software or PEP for children identified at risk of serious abuse or neglect.
    - Once a child has been identified as 'at risk the Service will check the ACCS eligibility requirements from the Guide to the ACCS (Child Wellbeing).
    - If the Service deems the child is eligible for ACCS the Service will submit an initial ACCS Certificate for a 6-week duration.
    - The service needs to provide a referral to an appropriate support agency in conjunction with the submission of an ACCS certificate.
    - If further ACCS (child wellbeing) is required following the initial 6-week certificate the Service may apply for a determination for a period of up to 13 weeks. An application for determination must be accompanied by evidence, dated less than 6 months old, or a statutory declaration that supports the provider's view that the child continues to be 'at risk'.
    - If the child continues to be 'at risk' after the initial 13-week determination, then the provider needs to lodge a subsequent determination application.

SCOPE

- Guide to the Education and Care Services National Law and National Regulation 2020
- Australian Children's Education & Care Quality Authority 2014
- ACECQA (2021) Policy and procedures guidelines
- Australian Government Department of Education (20220. Childcare Provider Handbook
- Belonging, Being & Becoming: The Early Years Learning Framework for Australia
- Guide to the National Quality Framework (2017) – amended 2020.
- National Education and Care Regulations
- Childcare Desktop
- Australian Government Services Australia (Centrelink)
- Revised National Quality Standards (2018)

REFERENCES

National Quality Standard (NQS)

Quality Area 6: Collaborative Partnerships		
6.1	*Supportive relationships with families*	Respectful relationships with families are developed and maintained and families are supported in their parenting role
6.1.1	*Engagement with the service*	Families are supported from enrolment to be involved in their service and contribute to service decisions
6.1.2	*Parent views are respected*	The expertise, culture, values, and beliefs of families are respected, and families share in decision-making about their child's learning and wellbeing.
6.1.3	*Families are supported*	Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing.
6.2	*Collaborative partnerships*	Collaborative partnerships enhance children's inclusion, learning and wellbeing.
6.2.3	*Community and engagement*	The service builds relationships and engages with its community

Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
S175	Offence relating to requirement to keep enrolment and other documents
77	Health, hygiene, and safe food practices
78	Food and Beverage
88	Infectious diseases
90	Medical conditions policy
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
97	Emergency and evacuation procedures
99	Children leaving the education and care service premises
102	Authorisations for excursions
157	Access for parents
160	Child enrolment records to be kept by approved provider and family day care educator
161	Authorisations to be kept in enrolment record
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
173	Prescribed information is to be displayed
177	Prescribed enrolment and other documents to be kept by approved provider
181	Confidentiality of records kept by approved provider
183	Storage of records and other documents

Immunisation Policy

BACKGROUND & AIM

Immunisation is a reliable way to prevent many childhood diseases.

When groups of children are together, illness and disease can spread rapidly. Preventable diseases such as measles and whooping cough can have serious health consequences for children, especially young children. Staff members who work in a childcare setting are also at increased risk of contracting certain infectious illnesses.

Immunisation is a simple, safe and effective way of protecting people against harmful diseases. Our Service implements the Australian Government Department of Health, 'No Jab No Play' policy.

*Children must meet the immunisation requirements to be eligible for Family Tax Benefit (FTB) Part A and Child Care Subsidy (CCS). From **1 January 2018** children who are unvaccinated due to their parent's conscientious objection will no longer be able to be enrolled in childcare in NSW. Children who cannot be fully vaccinated due to a medical condition or who are on an approved catch-up schedule will still be able to be enrolled upon presentation of the appropriate form signed by a medical practitioner.*

SCOPE

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

RELATED POLICIES

• Enrolment and Orientation Policy • Family Communications Policy • Incident, Injury, Trauma Policy • Privacy and Confidentiality Policy • Work Health and Safety Policy	• Control of Infectious Diseases Policy • Termination of Enrolment Policy • Sick Children's Policy

PROCEDURES & POLICIES

The purpose of this policy is to manage and prevent the spread of infectious illnesses and diseases. Our Service has a duty of care to ensure that all children, families and educators are protected from infectious diseases whilst at the Service. Along with maintaining a clean and hygienic environment, this includes notifying families and educators when an excludable illness or disease is present in the service; maintaining a record of children's and educators' immunisation status; complying to relevant health department exclusion guidelines; and Increasing educators' awareness of cross infection.

The following information is displayed in the Service:

INFORMATION	WEBSITE/INFORMATION	PHONE NUMBER
The National Immunisation Program (NIP) Service	https://beta.health.gov.au/initiatives-and-programs/national-immunisation-program	1800 020 103

Notification of an occurrence of an infectious disease/vaccine preventable disease	Notify local Public Health Unit Provide information to families about the infectious disease- Children unimmunised against vaccine preventable diseases must be excluded from care	1300 066 055
Australian Government Department of Health	In the event of a community spread virus-(COVID-19) publications from Government agencies will be displayed https://www.health.gov.au/resources/collections/coronavirus-covid-19-campaign-resources	1800 020 080

Jurisdiction specifications for NSW:
Currently there are different immunisation requirements for early childhood education and care services across states and territories. Information on immunisation requirements for NSW are listed below:

New South Wales (NSW)

- The National Immunisation Program (NIP) Schedule TO BE DISPLAYED IN THE SERVICE can be accessed and downloaded from: http://www.health.gov.au/resources/publications/national-immunisation-program-schedule-portrait
- NSW Health Phone number 02 9391 9000
- Local NSW Public Health Unit Contact Details - http://www.health.nsw.gov.au/Infectious/Pages/default.aspx
- NSW Health Immunisation Schedule https://www.health.nsw.gov.au/immunisation/Pages/immunisation-providers.aspx
- Immunise Australia National Hotline 1800 671 811
- Australian Government, Department of Human Services: https://www.humanservices.gov.au/individuals/online-help/medicare/getting-your-immunisation-history-statement-using-your-medicare-online-account

Families will

- Adhere to the Service's policies regarding Control of Infectious Diseases, Immunisation, Sick Children and exclusion requirements.
- Provide the Service with a copy of one or more of the following documents:
    - An AIR Immunisation History Statement which shows that the child is up to date with their scheduled vaccinations; or
    - An AIR Immunisation History Form on which the immunisation provider has certified that the child is on a recognised catch-up schedule; or
    - An AIR Immunisation Medical Exemption Form which has been certified by a GP.
- Provide the service with an updated copy of their child's current immunisation record every **12 months,** or when the next scheduled immunisation has been completed. A current AIR Immunisation History Statement can be accessed at any time by the parent/guardian through logging in to their Medicare online account: myGov website.
- Support their child's exclusion from the Service if there is an outbreak of a vaccine preventable disease at the Service or if they come into contact with a person with a vaccine preventable disease, even if there is no outbreak at the Service.

Management/Approved Provider/Nominated Supervisor will.

- Ensure information about immunisation, infectious diseases and exclusion periods is available to families at time of enrolment/orientation.

- ensure that evidence is provided for each child prior to enrolment that confirms the child is fully immunised for their age or has a medical reason not to be immunised (Immunisation History Statement from the Australian Immunisation Register (AIR) as evidence)
- Display wall charts and circulate information about immunisation.
- Review children's immunisation records annually, updating the child's records kept at the service, and sending reminder letters and emails to families as required.
- Not enrol a child into the Service unless approved documentation has been provided that confirms the child is fully immunised for their age (Immunisation History Statement from the Australian Immunisation Register (AIR) as evidence), is on an approved catch-up plan or has a medical reason not to be immunised.
- Provide staff with information about vaccine-preventable diseases.
- Develop a staff immunisation record that documents each staff member's previous immunisations.
- Take all reasonable steps to encourage non-immune staff to be vaccinated.
- Document advice given to educators and other staff, and any refusal to comply with vaccination requests.
- Notify the Public Health Unit of any outbreak of vaccine preventable diseases (1300 066 055).
- Notify families when an outbreak of a vaccine preventable disease occurs.
- Exclude any child who is not immunised from the Service if and when an outbreak of a vaccine-preventable disease occurs to protect that child and to prevent further spread of infection. In the instance of the child being immunised and the Immunisation record not provided to the Service – the child would be viewed as not being immunised.
- Ensure any pregnant staff member who is at a heightened risk does not change nappies and double gloves when coming into contact with any body fluids, especially saliva.
- Notify families when an outbreak of a vaccine-preventable disease occurs through available communication mediums.
- Notify the Regulatory Authority of any incidence of a notifiable infectious illness or disease.

SOURCES

- Australian Children's Education & Care Quality Authority. (2014).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2017.
- Australian Government Department of Education, Skills and Employment, (2020) Child Care Subsidy immunisation requirements.
- Australian government Department OF Health National Immunise Program.
- Australian Government – Department of Human Services
- ECA Code of Ethics.
- Guide to the National Quality Standard (2020)
- NSW Public Health Act- NSW Government October 2017
- Staying Healthy in Child Care. 5th Edition
- Australia Childhood Immunisation Register
- Revised National Quality Standard
- Childcare Desktop
- Sharing knowledge about immunization (2020)

REFERENCES

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1	*Health*	Each child's health and physical activity is supported and promoted
2.1.2	*Health practices and procedures*	Effective illness and injury management and hygiene practices are promoted and implemented
2.2	*Safety*	Each child is protected
2.2.2	*Incident and emergency management*	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
77	Health, hygiene and safe food practices
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
88	Infectious diseases
90	Medical conditions policy
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
172 (2)(g)	A note stating that there has been an occurrence of an infectious disease at the premises.
174(2)(a)	Notification to the Regulatory Authority – (a) any serious incident at the approved education and care service.

Arrival and Departure Policy

BACKGROUND & AIM

Under the Education and Care Services National Regulations the approved provider must ensure that policies and procedures are in place for the delivery of children to, and collection from, service premises and take reasonable steps to ensure those policies are followed (ACECQA 2021).

Arrival and departure times are planned to promote a smooth transition between home and our Service. The opportunity to build secure, respectful, and reciprocal relationships between children and families is promoted during arrival and departure times where educators have the opportunity to engage in conversations with families and support each child's well-being.

This policy specifies the procedures to be followed when dropping off and collecting children from the service. We aim to ensure the protection and safety of children, staff members and families accessing the Service.

As part of our Risk Management process, our Service *may* introduce explicit control measures to minimise the risk of spreading infectious diseases/viruses such as coronavirus (COVID-19). Our risk assessment may result in changes to our *Arrival and Departure Policy* and are based on mitigating risks following the recommendations made by the Australian Health Protection Principal Committee (AHPPC), Safe Work Australia and the Department of Health. Control measures and changes to policies are reviewed in consultation with staff members and communicated clearly to parents, families, and visitors.

SCOPE

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

RELATED POLICIES

• Enrolment and Orientation Policy • Child Protection Policy • Privacy and Confidentiality Policy • Payment of Fees Policy • Acceptance and Refusal Authorisation Policy • Control of Infectious Diseases Policy • Emergency Evacuation Policy	• Code of Conduct Policy • Termination of Enrolment Policy • Administration of Medication Policy • Sick Children Policy • Sick Staff Policy • Coronavirus (Covid-19) Management Policy • Work Health and Safety Policy

POLICY & PROCEDURES

Guidelines for delivery and collection of children are put in place to ensure the safety and wellbeing of each individual child.

Educators and Staff will only release children to an authorised person verified on the individual child's enrolment form (or amending documentation). The daily sign in and out register is not only a legally required document to record children's attendance as per National Law and Regulations but also used as a record of the children on the premises in case of emergencies.

All children must arrive and depart from the Preschool with a responsible person aged 18 or over. Persons over 16 years may be named as the responsible person

only if a letter of authority from the child's parent or guardian is received.

Where a Family Law Court Order of Apprehended Violence Order is in effect (and applies to the child), the Preschool must be provided with a copy. If possible, a photo should be provided of any person who is not permitted access to the child. Where the Preschool has been advised that there is a legal Order in place, the person named in the Order will not be permitted on Preschool premises. Police will be contacted if the person tries to enter the premises.

Approved Provider/Nominated Supervisor/Responsible Person on Duty will ensure the following:

- adequate supervision is provided when children arrive and depart the service premises
- relevant educator to child ratios is adhered to at all times
- accurate attendance records are kept
- children only leave the education and care premises in the care of a parent /guardian or authorised person or in accordance with written authorisation as per Regulation 99
- enrolment records are kept for each child enrolled in the Service including the name, address and contact details of
    - any emergency contacts
    - any authorised nominee and the specifics of their authorisations, e.g., medical treatments, etc.
    - details of any court order, parenting orders or parenting plan
    - authorisations for the service to take the child on regular outings
    - authorisations for the service to take the child on regular transportation
    - any medical management plan, anaphylaxis medical management plan or risk minimisation plan
- should any serious incident occur, an Incident, injury, trauma or illness record will be completed (see *Incident, Injury, Trauma and Illness Policy and Procedure*)
- in the case of a serious incident occurring, the regulatory authority will be notified within 24 hours through the NQA IT System
- all new educators and staff are provided with an induction to the Service including an understanding of this policy
- all educators and staff are provided with procedures and training on how they will verify the identity of an authorised nominee, or a person authorised by the parent or authorised nominee to collect the child (including procedures of what to do when an unauthorised person attempts to collect a child)

Visitors to the Service

To ensure we meet Work Health and Safety requirements and ensure a child safe environment, individuals visiting our Service must sign in when they arrive at the service and sign out when they leave.

To minimise the risk of exposure to COVID-19 and other infectious diseases, our service may restrict the number of visitors to our premises including students on work placements, volunteers, additional family members, delivery of goods or contractors:

- signage will clearly indicate who is permitted to enter the service
- signage will alert all adults to adhere to physical distancing requirements
- all visitors must adhere to our *Handwashing Policy* and wash/sanitise their hands upon arrival and departure of the service

Arrival of Enrolled Children

The Nominated Supervisor is to liaise with the office administrator or Director to ensure that the authorised pick-up and parent contact list for each child is up to date.

In the case of a separated family, either biological parent is able to add a contact in writing to the authorised pick-up list, unless a court order is provided to the Director stating that one parent has sole custody and responsibility.

Long Day Care enrolled children can arrive any time after 7.30am. Preschool enrolled children can arrive any time after 8.00am.

On arrival parents/carers and children will be greeted (received) by a member of staff. If staff and children are engaged in outdoor play at the time of arrival, then the parents/carers are required to ensure their child/ren are handed over to a staff member prior to departing. This ensures that the educators are aware that the child has arrived and is on the premises.

Parents/carers must record the arrival time of their child/ren by signing and recording the time of arrival on the daily attendance record next to their child's name. Note that the signing in of a child is verification of the accuracy of the record. Information required on the register includes the time and the pin/signature of the person dropping off the child.

Parents/Carers are encouraged to allow children to unpack their own belongings, place lunch & fruit in designated baskets and bags in their lockers. If needed, parents may place named lunches in the refrigerator.

A child's medication needs, or any other information should be passed on to one of your child's educators by the person delivering the child. If medication is required for a child, an educator will check that the family has completed an Administration of Medication Record and store the medication appropriately, away from children's reach.

During the morning, after children have arrived, a staff member will check the sign in sheet, and sign in any child who is present but not signed in. The staff member will write down the name of the person (or input the digital pin assigned to the person) who delivered the child to preschool and will initial the entry. The parents/carers in question will be reminded to sign-in their child/ren into the Service and will be encouraged to do so immediately upon arrival to avoid forgetting.

While on the premises, parents/carers are responsible for the well-being and safety of non-enrolled children.

Staff will make a note of any absences within the daily attendance record/roll, for any children who have not attended for the day.

Sign in sheets are to be used in the case of an emergency to account for all children.

All visitors to the Service, including children will be encouraged to wash/sanitise their hands upon arrival.

Enhanced safety and hygiene measures to be implemented in the event of Covid-19 and other infectious disease outbreaks, to mitigate risk:

- Visitors to the service will be limited
- Signage will be displayed stating that any person visiting our Service- including families 'dropping off' children are not to enter our Service if they have:
    - been in *close contact* with anyone with a positive covid-19 diagnosis in the past 14 days

    - returned from a state or territory where self-isolation border measures are in place
- All visitors will be required to use the provided hand sanitiser prior to entry to the Service building
- any person who is displaying symptoms such as: fever, coughing, sore throat, fatigue, and shortness of breath will not be permitted to attend our Service under any circumstance
- access to the building premises will be restricted to 2 (or less) families at a time, and will be clearly indicated on displayed signage
- signage will also be displayed clearly indicating the requirement of all adults to adhere to physical distancing requirements (1.5 metres)
- any child who has a temperature over **37.5°C** will not be permitted entry to care (unless there is another logical explanation for their higher-than-normal temperature reading)
- The tablet used for long day care sign in, will be disinfected between each use with the use of disinfectant wipes. Instructions for disinfecting requirements will be displayed at the site of the tablet
- Pens used for Preschool sign in will be disinfected after each use, with clearly labelled containers provided for new and used pens
- Interactions with any educators or service staff will be limited and physical distancing will be always adhered to between adults. Should families require longer conversations regarding their child's care, these will be conducted via phone or email where possible.

Access to children during operational hours

Parents/carers can contact their child at any time during their child's hours of attendance at the service, (unless a court order is in place prohibiting contact between that parent and the child). Contact may be via telephone or in person.

Parents are welcome to contact staff during the day by telephone, to check on how their child's day is progressing. Parents/carers are encouraged to exchange information about their child with a staff member at arrival or departure time, or at a mutually convenient time.

If a COURT ORDER IS IN PLACE, which forbids a parent from having access to a child attending the service, staff MUST NOT share any information regarding the child or allow the person to enter the preschool whilst the child is in attendance. The parent in question MUST NOT be permitted to take the child from the preschool. The procedure for unauthorised collection of a child should be followed by staff.

Departure of Enrolled Children

Children may only leave the Service premises if the child leaves;

- in accordance with the written authorisation of the child's parent or authorised nominee named in the enrolment record; or
- is taken on an authorised excursion or on transportation provided or arranged by the service with the written authorisation of the child's parent or authorised nominee; or
- given into the care of a person; or
- because the child requires medical, hospital or ambulance care or treatment; or
- because of another emergency (evacuation due to bush fire, flood)

Preschool enrolled children must be collected by 3.30pm, unless After School Care arrangements have been made. Long Day Care Enrolled Children must be collected and depart the premises by 5.30pm.

No child will be withheld from an authorised contact or biological parent named on the enrolment form unless a current court order is on file at the Service.

The parents/carers collecting the child must sign and record the time of departure of their child/ren in the daily attendance record at the time of departure. If the parent or other authorised person forgets to sign the child out, they will be signed out by an Educator.

The tablets used to sign children out of the service must be disinfected between use/pens must be wiped with a disinfectant wipe between uses or parents are requested to use their own pen.

When children depart from the preschool, staff will ensure that the child departs with a parent, or a nominee authorised by the parent/carer on the child's enrolment form. No child will be released into the care of any persons not known to staff. Parents must give prior written notice where the person collecting the child is someone other than those on the enrolment form. The person nominated by the parent must be able to produce some form of identification. Staff may request to take a copy of this ID for safety reasons. If written notice is not given, and staff cannot contact the parent, the child must not be released into the care of that person.

If the child/ren are to be picked up or dropped off by a school aged child not in the company of a parent, staff will follow a written arrival/departure procedure that has been provided by the parent/carer.

Parents/carers are responsible for the supervision of the child and any non-enrolled children when leaving the premises.

Responsible adults are to ensure the gate is latched behind them to prevent other children leaving the premises without supervision.

All non-parental visitors to the preschool will be asked to use the visitor's book to sign in with their time of arrival and to sign out with their time of departure.

In the case of an emergency, where the parent or a previously authorised contact is unable to collect the child, the parent or person responsible for the child (as listed on enrolment form as having a parenting role) may telephone the service and arrange an alternative person to pick up the child. This contact must then be confirmed in writing to the Service.

Unauthorised collection of a child

In the case of a particular person (including a biological parent) being denied access to a child the service requires a written notice from a court of law.

If an unauthorised person attempts to collect a child, staff will ask the person to identify themselves (if they are not already known to staff) and to provide proof of identification. The staff will then contact the parents/carers to notify them and to gain instructions from them. If the parents/carers cannot be contacted, the staff will contact the emergency contacts listed on the child's enrolment form to notify them and to gain instructions from them.

If the staff believe that the child is at risk of harm, by being in the care of this person or the person attempting to collect the child has been forbidden by a court order from having

contact with that child, then staff will:

- attempt to prevent this person from entering the service and collecting the child, if this is possible without risk to their own personal safety, or the safety of the child, or other children or other staff.
- Educators will not be expected to physically prevent any person from leaving the service.
- If staff are unable to prevent this person from collecting the child, then a staff member will immediately contact the Police, the child's parents/carers, and the Child Protection Helpline (132 111). If possible, another staff member should try to observe details such as a description of the person, their transport, and the direction in which they are travelling. The details should be recorded in writing. An account of the collection should also be recorded in writing and forwarded to the relevant authorities.
- In the case of a serious incident occurring, as described above, the regulatory authority will be notified within 24 hours through the NQA IT System
- A court order overrules any requests made by parents to adapt or make changes.

In the case of a drug or alcohol affected adult

If the person collecting the child appears to be intoxicated, or under the influence of drugs, and staff feel that the person is unfit to take responsibility for the child, staff will undertake the following actions:

- Discuss their concerns with the person and suggest that they contact another parent or authorised nominee to collect the child
- Invite the person to leave.
- If the person refuses to leave or refuses to allow the child to be collected by another authorised person, then a staff member will call the police while another staff member keeps watch on the situation.

Staff cannot prevent a parent from collecting a child but do have an ethical obligation to persuade a parent to seek alternative arrangements if they feel the parent is in an unfit state to accept responsibility for the child.

Late Collection of children

If parents/guardians know that they are going to be late, they must notify the Service. If possible, they should make arrangements for someone else to collect their child.

For children attending Preschool - when an adult is late to collect a child (past 3.30pm), a 5min grace period will be provided, then they will be charged the after-hours care fee of $10 per hour (e.g., if you are 10min late you will be charged $10, if you are 70min late you will be charged $20). Fees applicable after 5.30pm are detailed below.

Late Fees after Closing Time - If there are children still present at the Service upon closing (5.30pm), the Service will ensure a minimum of two Educators are present.

A late pick-up fee of $15 per 15-minute block will be charged (e.g., if you are 3 minutes late you will be charged for a 15-minute block. If you are 20 minutes late you will be charged for two 15-minute blocks, etc.)". No grace period is provided for pick-ups after 5.30pm.

Where families are continually late to collect children, a Late Collection of Children letter will be presented to parents/guardians.

Should this non-compliance continue, the service reserves the right to terminate a child's enrolment.

Non-collection of children

If an adult has not collected a child within 15 minutes of the closing time (3.30pm for preschool and 5.30pm for LDC), and cannot be contacted, the emergency contacts will be informed and asked to collect the child.

If within 30 minutes of the closing time (5.30pm), no one has collected the child, the Service will contact the police and other relevant authorities.

If the child is taken to an alternative safe location for example: Police station, a sign will be displayed at the Service notifying parents/guardians of the child's whereabouts. If this occurs, the Service will be obligated to contact relevant Child Protection Agencies and/or the Regulatory Authority.

End of Day Check

After all the children have departed, a staff member will check the sign in sheet, and sign out any child who has departed but has not been signed out. The staff member will:

- write down the name of the person who collected the child from the preschool service and will initial the entry
- use the digital pin assigned to the person who collected the child to sign out for the long day care service

Upon closure, two staff members will check the building to ensure that no children remain and will undertake and sign the daily closing procedures to stipulate that the check has been done.

SOURCE

- Australian Children's Education & Care Quality Authority
- Education and Care Services National Law Act 2010 (amended 2018)
- Early Years Framework for Australia (2009)
- Australian Children's Education & Care Quality Authority (ACECQA) 2021
- Education and Care Services National Regulations 2011
- ECA Code of Ethics (2016).
- National Health and Medical Research Council
- Safe Work Australia
- Child Care Desktop
- Guide to the National Quality Framework (2018) (amended 2020)
- Revised National Quality Standard (2018).

REFERENCES

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety

2.1.1	*Wellbeing and comfort*	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
2.2	*Safety*	Each child is protected
2.2.1	*Supervision*	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2	*Incident and emergency management*	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented
2.2.3	*Child Protection*	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect

Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
84	Awareness of child protection law
86	Notification to parents of incidents, injury, trauma and illness
87	Incident, injury, trauma and illness record
99	Delivery and collection of children
100	Risk assessment must be conducted before excursion
102	Authorisations for excursions
102C	Conduct of risk assessment for transporting children by education and care service
102D	Authorisation for service to transport children
157	Access for parents
158	Children's attendance record to be kept by approved provider
160	Child enrolment records to be kept by approved provider and family day care educator
161	Authorisations to be kept in enrolment record
173	Prescribed information to be displayed
176	Time to notify certain information to Regulatory Authority
177	Prescribed enrolment and other documents to be kept by approved provider
S162 (A)	Persons in day-to-day charge and nominated supervisors to have child protection training.
S165	Offence to inadequately supervise children
S167	Offence relating to protection of children from harm or hazard
S170	Offence relating to unauthorised persons on education and care service premises

Payment of Fees Policy

BACKGROUND & AIM

Our Service is committed to providing quality education and care to all children at an affordable fee for families.

As an approved childcare service, Child Care Subsidy (CCS) is available to reduce fees to eligible families. Our fee structure is based on our ability to provide the requirements of the Education and Care National Law and National Regulations, Family Assistance Law, the Australian Taxation Office and guidelines contained in the Child Care Provider Handbook.

The purpose of this policy is for parents to gain a clear understanding of the Service fee structure payment requirements and Child Care Subsidy benefits prior to enrolment. This policy explains the process of fee payment and the necessity of ensuring children's fees are paid on time and consequences for failure to pay fees on time.

SCOPE

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

RELATED POLICIES

• Enrolment and Orientation Policy • Arrival and Departure Policy • Privacy and Confidentiality Policy	• Management and Governance Policy • Termination of Enrolment Policy

POLICY & PROCEDURES

Our Service aims to ensure families understand the fee schedule and payment process required for education and care to be provided for their child. We are committed to meeting our obligations to maintain financial integrity and comply with all Child Care Subsidy legislative requirements. We have effective compliance systems in place to ensure childcare funding is administered appropriately. Our Service ensures the confidentiality and privacy of all personal information provided to the Service about the enrolled child and family.

The fee structure of the Service includes:

Enrolment Fee & Bond Payment

- A non-refundable enrolment fee of $40 is charged upon confirmation of enrolment, comprised of a $25 admin fee and a $15 annual membership fee. This fee must be paid prior to commencement at the Service.
- An enrolment bond consisting of 2 weeks full fee is to be paid to secure the child's enrolment at the Service at commencement.
- When 2 weeks' notice of withdrawal is given, the enrolment bond will be refunded, on the proviso that there is no outstanding debt associated with their account. If an outstanding debt is present then the enrolment bond will be applied to the debt, with any remainder to be refunded.
- Any applicable refund of the bond will occur within 2-4wks after the final attendance fees have been billed, to allow for any CCS adjustments to be made.

Direct Debit Payment of Fees

- A direct debit form must be completed on enrolment.
- Any applicable fees associated with the use of the direct debit facility will be borne by the Service and not by the families.
- Nominated accounts will be direct debited:
    - weekly (retrospectively) for long day care attendance fees
    - at the commencement of each term, (in advance) for the Preschool service
    - when ad hoc charges are billed.
    - or when arrears are present.

General Fees

- Annual Membership – An annual $15.00 is charged to each family for membership of the Association of the Armidale Montessori Preschool Inc.
- Maintenance Levy – $30 per term fee is charged to all parents (per child) to levy the cost of necessary maintenance and repairs of the preschool.
- Working Bee Fees – Families will be asked to make a Building Fund Contribution payment of $45 per term in lieu of taking part in regular voluntary activity at the Preschool (such as working bees, fundraising, maintenance job list items and promotional activities).

Long Day Care - Attendance Fees

- All children enrolled in long day care are required to pay for 50 weeks of attendance.
- Hours of operation are 7.30am to 5.30pm for a 10hr session and 7.30am to 4.30pm for a 9hr session.
- Fees are charged for each session of care at $84 per day, irrespective of whether a 9hr or a 10hr session is accessed and at $76 per day for families who are unable to access Childcare Subsidy due to their residential status.
- Fees are charged at full days only (no matter what the attendance hours are).
- Extra sessions may be offered to families if available within the Service's license.
- The Child Care Subsidy will be paid directly to the Service, and this is used as a fee reduction (visible on a family's statement).
- Families are required to pay the difference between the fee charged and the subsidy amount – the gap payment. The gap payment varies depending on the family's eligibility for Child Care Subsidy.
- Fees are charged retrospectively following the attendance week.
- Fees are to be paid weekly through a direct debit system. The family is required to provide banking details to facilitate set up of the direct debit account.
- If families wish to pay fees on a fortnightly or monthly basis, it is a requirement that the family pay in advance and are not in arrears.
- Fees are payable for every day that a child is enrolled at the Service. This includes public holidays, sick days and family holidays, but excludes periods when the Service is closed. This closure period includes the 2-week Christmas shutdown.
- If the Service is directed to close due to periods of local emergency such as bushfire or flood or a pandemic, the Service will follow the industry/govt. advise in relation to the payment of fees.
- If the Service is in receipt of any Fee Relief funding to be passed on to families, this will be done in accordance with funding guidelines.
- Families will be issued with a fee statement (Statement of Entitlement) on a weekly basis in accordance with the fee payment and Regulatory requirements.
    - The statement will include details of the sessions of care provided and the resulting fee reduction amounts.
    - The statements are generated using our CCS Software which meets all requirements as per Family Assistance Law legislation.

- A dishonour fee will apply for direct debit transactions where there are insufficient funds to cover the fees.

Child Care Subsidy (CCS

- Parents/guardians are required to register for CCS through their myGOV account linked to Centrelink and provide supporting documentation to support the CCS payment.
- Basic requirements that must be satisfied for an individual to be eligible to receive Child Care Subsidy:
  - The child must:
    - be a 'Family Tax Benefit child' or 'regular care child' and
    - be 13 or under and not attending secondary school and
    - meet immunisation requirements.
  - The person claiming the Child Care Subsidy, or their partner must:
    - meet residency requirements and
    - be liable to pay for care provided under a Complying Written Arrangement (their written agreement) with their childcare provider.
    - ensure childcare is provided by an approved provider.
- Families level of Child Care Subsidy will be determined by:
  - Combined family income
  - Activity test of parents
  - Type of early learning and childcare Service.
- Child Care Subsidy will be provided directly to the Service and this amount deducted from the parent/family account.
- Families must regularly check their details are correct and report a change in circumstance to Centrelink (family income, activity levels, relationship changes or any other changes to their circumstances).
- Any disputes with CCS payments are the responsibility of the family. The family will be referred to contact Centrelink directly for any enquiries regarding CCS payments.
- Discounts will only be offered as outlined in the CCS Handbook. Any discounts will be offered on the full rate of care before CCS has been calculate.

Absences from Service – Long Day Care

- Families are requested to contact the Service if their child is unable to attend a particular session.
- Families must still pay the 'gap' fee to the Service if their child is unable to attend.
- Under the Child Care Subsidy families are allowed 42 absence days per child, per financial year and may be entitled to additional absence days in certain circumstances. (See Child Care Subsidy Handbook).
- Allowable absences can be taken for any reason, including public holidays and when children are sick.
- Once a family's allowable absences are used up, then the CCS will no longer be payable and the family's gap payment will revert to a full session payment.
- Additional absences can be claimed for the specified reasons as defined by the Family Assistance Law
- Records and evidence will be kept by the Service for each additional absence, where required.
- Families can view their absence count through their Centrelink online account via myGov.
- In a period of local emergency, such as bushfire or pandemic, and our Service is temporarily shut down on public health advice, families may be provided with additional absence days as per Family Assistance Law legislation.
- If our Service is forced to close because of a public health directive, we will consider waiving the gap fee in line with Family Assistance Law Legislation.

Preschool – Attendance Fees

- All children enrolled in preschool are required to pay for 40 to 41 weeks of attendance per year (depending on school terms).
- The preschool service is not open during the school holiday periods.
- Families accessing the preschool service can opt to switch to enrol in vacation care within the long day care service during school holiday periods. The applicable fees for this duration will be the applicable long day care fee.
- Hours of operation for the Preschool service are 8.00am to 3.30pm.
- Fees are charged for each day of care at $42 per day.
- During school term, After School Care (post 3.30pm) is provided at $10 per hourly increment until closing time (5.30pm).
- Fees are charged daily, and no government rebate is applicable to the daily fee (i.e., no Child Care Subsidy).
- Health care card holders and children of Aboriginal and Torres Strait Islander origin are offered a discounted rate ($25 per day). Evidence of eligibility must be provided at enrolment.
- Fees must be kept in advance of a child's attendance.
- Fees are invoiced per term in advance and must be paid prior to the commencement of the relevant term, unless otherwise negotiated with the Director.
- If families wish to pay fees on a fortnightly or monthly basis, this must be agreed with the Director, and it is a requirement that the family pay in advance and are not in arrears.
- Fees are payable for every day that a child is enrolled at the Service. This includes public holidays, sick days and family holidays, but excludes periods when the Preschool Service is closed. This closure period includes the 2-week Christmas shutdown and school holiday periods.
- If the Service is directed to close due to periods of local emergency such as bushfire or flood or a pandemic, the Service will follow the industry/govt. advise in relation to the payment of fees.
- If the Service is in receipt of any Fee Relief funding to be passed on to families, this will be done in accordance with funding guidelines.
- Fees are charged at full days only (irrespective of the attendance hours).
- Extra sessions may be offered to families if available within the Service's license.
- *Payment of fees:*
    - Families will be issued with a fee statement prior to the commencement of each Term, and upon request thereafter.
    - Fees will be direct debited using the Service's direct debit system prior to the commencement of each Term, unless otherwise agreed with the Director.
    - A dishonour fee will apply for direct debit transactions where there are insufficient funds to cover the fees.

Financial Difficulties

- If a family is experiencing financial difficulties, a suitable payment plan may be arranged with the Director.
- Families can apply for Additional Child Care Subsidy (ACCS) through Centrelink for additional fee assistance.
- There are four different payments under Additional Child Care Subsidy:
    - *Additional Child Care Subsidy (child wellbeing)* —to help children who are at risk of serious abuse or neglect. The approved provider is involved in determining children who may require additional support who are at risk of harm.
    - *Additional Child Care Subsidy (grandparent)* —to help grandparents on income support who are the principal caregiver of their grandchildren.

Families are required to contact Centrelink directly regarding this payment.

- *Additional Child Care Subsidy (temporary financial hardship)* —to help families experiencing financial hardship. Families are required to contact Centrelink directly regarding this payment.
- *Additional Child Care Subsidy (transition to work)* —to help low-income families transitioning from income support to work. Families are required to contact Centrelink directly regarding this payment.

Fee reduction for extended absences

50% of the daily fees are payable for extended absences beyond 2 weeks and less than 8 weeks. This will ensure that a child's spot in the Service will be held until their return.

- this is conditional on 2 weeks written notice being provided.
- the Service reserves the right to fill the child's spots during their absence.

Example 1 - where a child is absent from the Service for 9 weeks, their fees will be reduced from the third week until and including the 8th week. Full fees would apply outside of these weeks (first 2 weeks and the 9th week).
Example 2 – where a child is away for 2 weeks, no fee reduction will apply.

Failure to Pay.

- If a family fails to pay the required fees on time, a reminder email/letter will be issued after one week and then again after two weeks if the fees remain outstanding.
- Families experiencing financial hardship are encouraged to discuss their circumstances with the Service as early as possible. Where appropriate, a written payment arrangement may be negotiated. Any debt repayment agreement will be documented in writing and must be accepted by both the family and the Service.
- Families who regularly fail to pay fees by the due date, have repeated unsuccessful direct debit transactions, or fail to comply with agreed payment arrangements may have their child's enrolment reviewed. Ongoing non-compliance with the Service's payment requirements may impact the child's continued enrolment, regardless of whether outstanding fees are subsequently paid.
- Where fees remain unpaid after three weeks and no satisfactory payment arrangement has been established or adhered to, the Service may terminate the child's enrolment. The family will receive a final written notice advising of the termination of enrolment. At this time, the Service may commence its debt recovery procedures in accordance with applicable privacy and confidentiality requirements.
- The Director will exercise discretion regarding the termination of a child's enrolment, taking into consideration the family's individual circumstances, payment history, and any agreed payment arrangements, with the guidance and authorisation of the Executive Body of the Committee.

Late Fees

- **For children attending Preschool** - when an adult is late to collect a child (past 3.30pm), a 5min grace period will be provided, then they will be charged the after-hours care fee of $10 per hour (e.g., if you are 10min late you will be charged $10, if you are 70min late you will be charged $20). Fees applicable after 5.30pm are as per below.
- **Late Fees after Closing Time**
  - It is unacceptable to pick children up late from the Service. A late fee will apply where children are not picked up prior to closing time.

- Families are requested to ensure that they arrive on site at least 5minutes prior to closing time and depart the premises by 5.30pm.
- There is no 5min grace period applicable to pick-ups after 5.30pm.
- If there are children still present at the Service upon closing, the Service will ensure a minimum of two Educators are present.
- A late fee will apply where children are not picked up prior to closing time. Currently, a fee of $15.00 per 15-minute block will be charged (e.g., if you are 4 minutes late you will be charged for a 15-minute block. If you are 20 minutes late you will be charged for two 15-minute blocks, etc.").
- A review of the child's enrolment will occur where families are consistently late for pick-up.

Change of Fees

- Fees are subject to change at any time provided a minimum of four weeks written notice is given to all families.
- CCS hourly rate caps may be increased by the CPI at the commencement of each financial year. Any CCS hourly rate increases are governed by CCS and are automatically adjusted through our CCS Software.

Termination/Withdrawal of Enrolment

- Within the Long day care service:
  - Parents are to provide two weeks written notice of their intention to withdraw a child from the centre.
  - If termination from the Service is required without notification, families can lose their Child Care Subsidy resulting in the payment of full fees to be charged.
  - In some circumstances CCS may not be paid for sessions if the child has not physically started care.
  - Additionally, CCS may not be paid for absences submitted after a child's last physical day of care, unless conditions have been met as specified by Family Assistance Law.
- Within the Preschool Service:
  - Parents are to provide two weeks written notice of their intention to withdraw a child from the centre.
  - No refund of Term fees will be provided if the termination/withdrawal of enrolment occurs after the commencement of week 5 of each Term.

Responsibility of Management

The Director is responsible for:

- Ensuring all families are aware of our Payment of Fees Policy**.**
- Ensuring enrolments are submitted correctly with the appropriate enrolment information.
- the billing and chasing of fees.
- Providing families with regular statements of fees payable.
- Notifying families of any overdue fees.
- Providing families with reminder letters as required.
- Discussing fee payment with families if required.
- Terminating enrolment of children should fees not be paid.
- Providing at least 4 weeks written notice to families of any fee increases.

Responsibility of Families

- Provide the Service with the correct enrolment details to facilitate the CCS claim, if required, including:
  - Centrelink Reference Numbers for child and CCS claimant
  - Date of Birth for child and CCS claimant
- Ensure payment of fees as per policy.
- Notify Centrelink of any changes that may affect their CCS entitlement.

- Confirm their child's enrolment through the parents myGov account.

Complaints relating to the administration of Child Care Subsidy
Families who wish to raise concerns regarding the management of Child Care Subsidy should speak with the Director in the first instance. The Director will follow the steps as outlined in this policy, including advising the Approved Provider of all grievances.

Families can raise concerns regarding management of the Child Care Subsidy to the dedicated Child Care Tip-Offline either via phone or email:

Phone: 1800 664 231
Email: tipoffline@dese.gov.au

Resources and information for families

Child Care Subsidy

Centrelink Customer Reference Number

Absences from childcare- Australian Government

SOURCES

- Australian Government Department of Education Child Care Provider Handbook https://www.education.gov.au/early-childhood/resources/child-care-provider-handbook
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations (2017)
- Education and Care Services National Regulations. (2011).
- Guide to the National Quality Framework (2020)
- Childcare Desktop
- Australian Children's Education & Care Quality Authority (2021). Policy and procedures guidelines. *Payment of Service Fees and Provision of a statement of fees charged by the Service.*
- Australian Government Department of Education, Early Childhood and Care https://www.education.gov.au/early-childhood
- Revised National Quality Standard (2018)
- Education and Care Services National Law Act 2018

REFERENCES

National Quality Standard (NQS)

Quality Area 7: Governance and Leadership		
7.1	*Governance*	Governance supports the operation of a quality service
7.1.2	*Management Systems*	Systems are in place to manage risk and enable the effective management and operation of a quality service
7.1.3	*Roles and Responsibilities*	Roles and responsibilities are clearly defined, and understood and support effective decision making and operation of the service

National Education and Care Regulations

Quality Area 7: Leadership and service management	
168	Education and care service must have policies and procedures.

170	Policies and procedures to be followed
171	Policies and procedures to be kept available
172	Notification of change to policies and procedures

2026 Armidale Montessori Preschool Fees

Preschool Fees
Children aged 3-5 years: $42 per day.
* No government rebate applicable
** Health care card holders and children of Aboriginal and Torres Strait Islander origin are offered a discounted rate of $25 per day
*** Offer of free days are subject to government funding and subject to Service discretion.

Long Day Care Fees
Full day Long Day Care Fee (2-3 years): *$84.00*
Full day Long Day Care Fee (3-5 years): $84.00
Full day Long Day Care Fee (families without access to CCS due to residential status): $76
* Centrelink CCB & CCR/CCS applicable

After School Care for Preschool
After School Care is offered at the following daily rates:
$10 - For the first hour (from 3.30 to 4.30)
$20 - For two hours (from 3.30 - 5.30)
*Not available during school holidays

Enrolment Fee
$40.00 (Non-refundable)
*This fee is for Association membership, administration, ambulance cover & incidentals.

Enrolment Bond
An enrolment bond consisting of 2 weeks full fee is to be paid to secure the child's enrolment at the Service at commencement.

When 2 weeks' notice of withdrawal is given, the enrolment bond will be refunded, on the proviso that there is no outstanding debt associated with the account. If an outstanding debt is present then the enrolment bond will be applied to the debt, with any remainder to be refunded.

Annual Membership Fee
An annual $15.00 is charged to each family for membership of the Association of the Armidale Montessori Preschool Inc.

Quarterly Maintenance Levy
$30 per term
*Charged to all parents (per child) to levy the cost of necessary maintenance and repairs of the preschool.

Quarterly Working Bee Fee
$45 per term
*Charged to all families in lieu of taking part in regular voluntary activity at the Preschool (such as working bees, fundraising, maintenance and promotional

activities).

Late Fees
Preschool - $10 per hour for every hour after 3.30pm until 5.30pm
After Closing Time (5.30pm) - $15 per 15minute block.

Withdrawal of a Child Policy

BACKGROUND & AIM

To enable our Service to meet legal requirements, fill positions and maintain financial viability, families are required to provide notice when withdrawing their child from the Service.

SCOPE

This policy applies to families and management of the Service.

RELATED POLICIES

• Enrolment and Orientation Policy • Acceptance and Refusal Policy • Privacy and Confidentiality Policy	• Payment of Fees Policy • Termination of Enrolment Policy

PROCEDURES & POLICIES

During the enrolment and orientation process families will be made aware of the Service requirements should they wish to withdraw their child from the Service.

Withdrawing a Child from the Service

- Families are required to provide management with two weeks written notice (using the Service's 'Change of enrolment form') when withdrawing their child from the Service.
- The form must state:
  - The date they are writing the withdrawal notice.
  - The child's last day of attendance
- Written withdrawal form can be emailed or handed to management.
- This form will be placed into the child's file and archived once they have left the Service.
- All records related to a child's enrolment will be kept securely until the end of 3 years after the last day of the child's attendance.
- If at any time during the child's enrolment it is felt that it is necessary to discuss the viability of the placement due to a concern regarding the duty of care to the child or other children in our care, the Service will immediately contact the Parent/Authorised Person/s to discuss all options. This may include the termination of the child's position (*See Termination of Enrolment Policy)*.
- In the case of a Long Day care enrolment:
  - management will add an end date into the Service software program to ensure compliance with the Family Assistance Office and Centrelink.
  - Fees will be charged up to the end of the two weeks from the date at which notice was received in writing, whether or not the child has attended the Service during those two weeks.
  - A final account will be processed by administration. The final account will be issued to the family advising of the balance (payment is due or no payment due as applicable).
  - Families must ensure the account is paid prior to finalisation of enrolment.
  - If payment has not been received, any applicable enrolment bond will be applied to the outstanding fees. If fees are still outstanding, subsequent to the application of the enrolment bond, the debt recovery process will commence.

  - If the child does not attend during their two weeks of notice, Child Care Subsidy (CCS) will not be paid after their last day of attendance (including if the child does not attend on their last day) and full fees will be applicable (This is a policy of the Family Assistance Office in relation to Child Care Subsidy).
  - At the end of the placement and if all criteria regarding fees and notice of withdrawal have been met, then the initial Bond payment made on enrolment will be refunded to the family within 2-4 weeks of the child's last enrolment day.
- In the case of a preschool service enrolment:
  - If the withdrawal occurs prior to the commencement of the 5th week of each Term, remaining Term fees will be refunded.
  - In the event the withdrawal occurs after the commencement of the 5th week of each Term, Term fees will only be refunded under extenuating circumstances. This decision will be at the discretion of the Director, in consultation with the Executive Body of the Preschool Committee.
  - A final account (if applicable) will be processed by administration and provided to the family.
  - Any applicable refund will be provided to the family within 2-4 weeks of the final enrolment date.

Changes to Enrolment

- Families are required to provide management with two weeks written notice (using the Service's 'Change of enrolment form') when requesting a change to their child's enrolment, such as withdrawal from enrolled days or addition of days.
- The form must state:
  - The date they are writing the change of enrolment request.
  - The requested changes
- The change of enrolment form can be emailed or handed to management.
- Any withdrawals from enrolled days will be effective 2-weeks from the receipt (by management) of the change of enrolment form.
- Any requests for additional enrolment days will be subject to availability and management discretion.
- This form will be placed into the child's file.
- All records related to a child's enrolment will be kept securely until the end of 3 years after the last day of the child's attendance.

Withdrawal from Care: (Prior to the agreed commencement date)

If a family has accepted the offer of a placement, then decides to withdraw from care before the agreed commencement date, the written notice period applies. If less than the written notice period is given prior to the agreed commencement date, full payment of the two weeks holding deposit/bond is payable to the Service and is non-refundable.

Continuation of an Enrolment into the New Year

- Prior to the end of each year, families will be provided with a form to confirm their child's continuing enrolment for the New Year.
- Failure to return this form may result in their child not being considered for a future position.
- Families with children going to school the following year will be required to complete a Change of Enrolment Form, providing 2-weeks' notice, and indicating the child's withdrawal from the Service.
  - The form must state:
    - The date they are writing the change of enrolment request.
    - The requested changes
- Families who require care in the New Year until the school year starts, will need to enrol their children in the Service's vacation care program. Any such requests will be

assessed by management and subject to availability which will be confirmed in writing to families.
- The Complying Written Arrangement end date will be updated.
- Families eligible for Child Care Subsidy are responsible for ensuring that all information requested by Centrelink is provided to them in order to ensure no interruption to CCS payments.

Employees with Children at the Service

Employees are welcome to enrol their child/ren at the Service, however, if an employee is terminated from their position, the Service reserves the right to terminate the child's position due to conflict of interest.

14 Week Rule (CCS)

An enrolment will end for Child Care Subsidy purposes if a child does not attend a session of care at our Service for 14 continuous weeks.
This ensures that enrolments at our Service are current and do not remain open indefinitely in the Child Care Subsidy system.

Updating and Ending Arrangement and Enrolments

When the arrangement for care ends, the approved provider will update an enrolment notice in the Child Care Subsidy System within seven days of the change or event which caused the change to the arrangement.

SOURCES

- Australian Children's Education & Care Quality Authority. (2014).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015.
- ECA Code of Ethics.
- Education and Care Services National Regulations (2011)
- Childcare Desktop
- Guide to the National Quality Standard.
- Australian Government Department of Education (2022) Child Care Provider handbook https://www.education.gov.au/child-care-package/child-care-provider-handbook
- Australian Government Services Australia Child Care Subsidy https://www.servicesaustralia.gov.au/individuals/services/centrelink/child-care-subsidy
- Revised National Quality Framework

REFERENCES

National Quality Standard (NQS)

Quality Area 7: Governance and Leadership		
7.1	*Governance*	Governance supports the operation of a quality service.
7.1.1	*Service philosophy and purposes*	A statement of philosophy guides all aspects of the service's operations
7.1.2	*Management Systems*	Systems are in place to manage risk and enable the effective management and operation of a quality service.

7.1.3	*Roles and Responsibilities*	Roles and responsibilities are clearly defined and understood and support effective decision making and operation of the service.

Education and Care Services National Regulations

160	Child enrolment records to be kept by approved provider and family day care educator
168	Education and care service must have policies and procedures
177	Prescribed enrolment and other documents to be kept by approved provider
181	Prescribed enrolment documents to be kept by the Approved Provider
183	Storage of records and other documents

Privacy & Confidentiality Policy

BACKGROUND & AIM

Privacy is acknowledged as a fundamental human right.

Armidale Montessori Pre-School recognises and respects the importance of privacy and confidentiality as an individual right and a basis for building partnerships. Our Service has an ethical and legal responsibility to protect the privacy and confidentiality of children, individuals, and families. We strive for best practice in the protection and preservation of privacy and confidentiality.

Under National Law, section 263, Early Childhood Services are required to comply with Australian privacy law which includes the Privacy Act 1988. 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 Service. All staff members will maintain confidentiality of personal and sensitive information to foster positive trusting relationships with families.

To comply with the Privacy Act, services are required to follow the 13 Australian Privacy Principles (APPs), which are contained in Schedule 1 of the Privacy Act 1988. In particular, the principles set out the standards, rights, and legal obligations in relation to collecting, handling, holding, and accessing personal information. (Further information about the APPs is included in Appendix 1 of this policy).

The Service takes data integrity very seriously. The Service will ensure that all records and information are held in a secure place and are only retrieved by or released to people who have a legal right to access this information.

The Notifiable Data Breaches (NDB) scheme requires Early Childhood Services, Family Day Care Services and Out of School Hours Care Services to provide notice to the Office of the Australian Information Commissioner (formerly known as the Privacy Commissioner) and affected individuals of any data breaches that are "likely" to result in "serious harm".

Businesses that suspect an eligible data breach may have occurred, must undertake a reasonable and expeditious assessment to determine if the data breach is likely to result in serious harm to any individual affected. A breach of an Australian Privacy Principle is viewed as an 'interference with the privacy of an individual' and can lead to regulatory action and penalties.

SCOPE

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

RELATED POLICIES

• Enrolment and Orientation Policy • Cyber Safety Policy • Child Protection Policy • Family Communications Policy • Payment of Fees Policy • Interactions with Children & Behaviour Management Policy	• Code of Conduct Policy • Management and Governance Policy • Payment of Fees Policy • Grievance and Complaints Policy • Management Committee Policy • Bullying, Discrimination & Harassment Policy • Control of Infectious Disease Policy

PROCEDURES & POLICIES

The purpose of this policy is to ensure the confidentiality of information and files relating to the children, families, staff, and visitors using the Service is always upheld. Armidale Montessori Preschool aims to protect the privacy and confidentiality of all information and records about individual children, families, educators, staff, and management by ensuring continuous review and improvement on its current systems, storage, and methods of disposal of records.

We will ensure 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 service or are authorised people as defined within authorisations of the Education and Care Services National Regulations 2011 or have a legal right to access this information.

Method of Information Collection:

Information is generally collected using standard forms at the time of enrolment or employment. Additional information may be provided to the Service through email, surveys, telephone calls or other written communication.

Information may be collected online through the use of software such as CCS software or program software.

How we protect your personal information

- To protect your personal and sensitive information, we maintain physical, technical and administrative safeguards.
- All hard copies of information are stored in children's individual files or staff individual files in a locked cupboard.
- All computers used to store personal information are password protected. Each staff member will be provided with a unique username and password for access to CCS software and program software. Staff are advised not to share usernames and passwords.
- Access to personal and sensitive information is restricted to key personal only.
- Security software is installed on all computers and updated automatically when patches are released.
- Data is regularly backed up on external drive and/or through a cloud storage solution.
- Any notifiable breach to data is reported.
- All staff are aware of the importance of confidentiality and maintaining the privacy and security of all information.
- Procedures are in place to ensure information is communicated to intended recipients only, example invoices and payment enquiries.

Approved Provider/Management will:

- Provide Staff and Educators with relevant changes to Australian privacy law and Service policy.
- Make sure all relevant staff understand the requirements under Australia's privacy law and Notifiable Data Breaches (NDB) scheme.
- Maintain currency with the Australian Privacy Principles
- Make sure that all Committee members sign an "Acceptance of Committee responsibilities" which details the Committee's responsibilities in relation to the use of confidential information.
- Make sure that all staff members sign an "Acceptance of Code of Conduct" which details the staff's responsibilities in relation to the use of confidential information.
- Ensure personal information is protected in accordance with our obligations under the Privacy Act 1988 and Privacy amendments (Enhancing Privacy Protection) Act 2012
- Ensure all records and documents are maintained and stored in accordance with Education and Care Service National Regulations.

- Ensure all computers are password protected.
- Ensure each staff member will be provided with a unique username and password for access to CCS software and program software. Staff will be advised not to share usernames and passwords.
- Ensure security software is installed on all computers and updated automatically when patches are released.
- Regularly back-up personal and sensitive data from computers to protect personal information collected.
- Ensure procedures are in place to ensure information is communicated to intended recipients only.
- Ensure the service acts in accordance with the requirements of the Privacy Principles and Privacy Act 1988 by developing, reviewing, and implementing procedures and practices that identify
    - the name and contact details of the service.
    - what information the service collects and the source of information
    - why the information is collected.
    - who will have access to the information?
    - Collection, storage, use, disclosure, and disposal of personal information collected by the service.
    - any law that requires the particular information to be collected.
    - adequate and appropriate storage for personal information collected by the service.
    - protection of personal information from unauthorised access
- Ensure families are notified of the time particular records are required to be retained as per Education and Care Services National Regulations.
- Ensure the appropriate and permitted use of images of children
- Ensure all employees, students volunteers and families are provided with access to this policy
- Deal with privacy complaints promptly and in a consistent manner, following the Service's Grievance Procedures.
- Ensure families only have access to the files and records of their own children.
- Ensure information given to Educators will be treated with respect and in a professional and confidential manner
- Ensure child and staff files are stored in a locked and secure cabinet
- Ensure Information relating to staff employment will remain confidential to the people directly involved with making personnel decisions.
- Ensure that information shared with the Service by the family will be treated as confidential unless told otherwise.
- Ensure families who have access to enrolment or program information online will be provided with a unique username and password. Families will be advised not to share username and password.
- Follow the Data Breach Response Procedure and complete a Data Breach Response Template following any breaches in data at the Service.

Management Committee will ensure:
All members of the Management Committee who gain access to confidential information, whether in the course of their work or otherwise, shall not disclose information to anyone unless the disclosure of such information is required by law and will respect the confidentiality of all documents and meetings that occur. This also includes:

- Using information acquired for their personal or financial benefit, or for the benefit of any other person.
- Permitting any unauthorised person to inspect or have access to any confidential documents or other information.

All Committee members will be required to sign an "Acceptance of Committee responsibilities" document, detailing their committee responsibilities with particular reference to confidentiality.

This obligation placed on a member of the Management Committee shall continue even after the individual has completed their term and is no longer on the Management Committee of the Service.

The obligation to maintain confidentiality also applies to any person who is invited to any meetings of the Management Committee.

Nominated Supervisor and/or Responsible Person will:

- Adhere to Service policies and procedures at all times.
- Ensure educators, staff, volunteers, and families are aware of the privacy and confidentiality policy
- Ensure the service obtains written consent from parents and/or guardian of children who will be photographed or videoed by the service
- Ensure families only have access to the files and records of their own children
- Information given to Educators will be treated with respect and in a professional and confidential manner.
- Ensure only necessary information regarding the children's day to day health and wellbeing is given to non-primary contact educators – for example food allergies
- Not discuss individual children with people other than the family of that child, except for the purposes of curriculum planning or group management. Communication in other settings must be approved by the family beforehand.
- Ensure information shared with the Service by the family will be treated as confidential unless told otherwise.
- Ensure information provided by families and staff is only used for the purpose for which it was collected.
- Ensure information regarding the health and wellbeing of a child or staff member is not shared with others unless consent has been provided, in writing, or provided the disclosure is required or authorised by law under relevant state/territory legislation (including Child Information Sharing Scheme (CISS)). (See Child Protection Policy for further information regarding legal obligations to sharing information as per CISS).

Educators and Staff will:

- Read and adhere to the privacy and confidentiality policy at all times.
- Ensure recorded information and photographs of children are kept secure and may be required at any time by the child's parents or guardian.
- Ensure families only have access to the files and records of their own children.
- Treat private and confidential information with respect in a professional manner
- Not discuss individual children with people other than the family of that child, except for the purposes of curriculum planning or group management. Communication in other settings must be approved by the family beforehand.
- Ensure information shared with the Service by the family is treated as confidential unless told otherwise.
- Maintain individual and Service information and store documentation according to this policy at all times.
- Not share information about the individual, service, management information, or other staff as per legislative authority.

Personal information our service may request regarding enrolled children:

- Child's name, gender, date of birth, address, religion, language spoken at home, dietary restrictions, etc.
- Birth Certificate
- Centrelink Customer Reference Number (CRN)
- Doctor's contact information
- Parent contact details
- Emergency contact details and persons authorised to collect individual children.

- Children's health requirements
- Immunisation records – Immunisation History Statement
- Developmental records and summaries
- External agency information
- Custodial arrangements or parenting orders
- Incident reports
- Medication reports
- Child Care Subsidy information
- Medical records
- Permission forms

Personal information our Service may request regarding parents and caregivers:

- Parent's full name
- Contact details including phone number, address, and email address.
- Bank account or credit card details for payment
- Centrelink Customer Reference number (CRN)
- Custody arrangements or parental agreements

Personal information our service may request regarding staff and volunteers.

- Personal details
- Tax information
- Banking details
- Working contract
- Emergency contact details
- Medical details
- Immunisation details (including covid-19 vaccinations)
- Working with children check
- Police Check
- Educational Qualifications
- Medical history
- Resume
- Transcripts
- Superannuation details
- Child Protection qualifications
- First Aid, Asthma and Anaphylaxis certificates
- Professional development certificates
- Contact details for referees.
- Work experience details
- PRODA related documents such as RA number and related background checks

Disclosing Personal and Sensitive Information

The Service will ensure that information kept in a child's record is not divulged or communicated through direct or indirect means to another person other than:

- the extent necessary for the education and care or medical treatment of the child to whom the information relates
- a parent of the child to whom the information relates, except in the case of information kept in a staff record
- the Regulatory Authority or an authorised officer (e.g., Child Protection Agency-Office of the Children's Guardian and Regulatory Authority as per our *Child Protection and Child Safe Environment Policies)*
- as expressly authorised, permitted, or required to be given by or under any Act or law
- with the written consent of the person who provided the information.
- a third-party provider with parent permission (for example CCS software provider)
- as part of the purchase of our business asset with parental permission

Complaints and Grievances

If a parent, employee, or volunteer has a complaint or concern about our Service, or they believe there has been a data breach of the Australian Privacy Principles, they are requested to contact the Director (on 02 6772 3628) so reasonable steps to investigate the complaint can be made and a response provided (See Complaints and Grievances Policy).

If there are further concerns about how the matter has been handled, please contact the Office of Australian Information Commissioner on 1300 363 992 or: https://forms.business.gov.au/smartforms/landing.htm?formCode=APC_PC

SOURCES

- Australian Children's Education & Care Quality Authority.
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics.
- Guide to the National Quality Framework.
- Childcare Desktop
- Privacy Act 1988
- Education and Care National Law Act 2010 (Amended 2018)
- Revised National Quality Standard (2018)
- Australian Childcare Alliance – Changes to the Australia's Privacy law
- Australian Government Department of Education. Child Care Provider Handbook (2022)
- Office of the Australian Information Commission – Australian Privacy Principles https://www.oaic.gov.au/privacy-law/privacy-act/australian-privacy-principles

REFERENCES

National Quality Standard (NQS)

Quality Area 7: Governance and Leadership		
7.1	*Governance*	Governance supports the operation of a quality service
7.1.1	*Service philosophy and purposes*	A statement of philosophy guides all aspects of the service's operations
7.1.2	*Management Systems*	Systems are in place to manage risk and enable the effective management and operation of a quality service
7.1.3	*Roles and Responsibilities*	Roles and responsibilities are clearly defines, and understood and support effective decision making and operation of the service
7.2	*Leadership*	Effective leadership builds and promotes a positive organisational culture and professional learning community

Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
168	Education and care services must have policies and procedures
181	Confidentiality of records kept by approved provider
181-184	Confidentiality and storage of records

APPENDIX 1

Australian Privacy Principles (APPs)

APP 1 – Open and transparent management of personal information
Ensures that APP entities manage personal information in an open and transparent way. This includes having a clearly expressed and up to date APP privacy policy.

APP 2 – Anonymity and Pseudonymity
Requires APP entities to give individuals the option of not identifying themselves, or of using a pseudonym. Limited exceptions apply.

APP 3 – Collection of solicited personal information
Outlines when an APP entity can collect personal information that is solicited. It applies higher standards to the collection of 'sensitive' information.

APP 4 – Dealing with unsolicited personal information.
Outlines how APP entities must deal with unsolicited personal information.

APP 5 – Notification of the collection of personal information
Outlines when and in what circumstances an APP entity that collects personal information must notify an individual of certain matters.

APP 6 – Use or disclosure of personal information.
Outlines the circumstances in which an APP entity may use or disclose personal information that it holds.

APP 7 – Direct marketing
An organisation may only use or disclose personal information for direct marketing purposes if certain conditions are met.

APP 8 – Cross-order disclosure of personal information
Outlines the steps an APP entity must take to protect personal information before it is disclosed overseas.

APP 9 – Adoption, use or disclosure of government related identifiers.
Outlines the limited circumstances when an organisation may adopt a government related identifier of an individual as its own identifier or use or disclose a government related identifier of an individual.

APP 10 – Quality of personal information
An APP entity must take reasonable steps to ensure the personal information it collects is accurate, up to date and complete. An entity must also take reasonable steps to ensure the personal information it uses or discloses is accurate, up to date, complete and relevant, having regard to the purpose of the use or disclosure.

APP 11 – Security of personal information
An APP entity must take reasonable steps to protect personal information it holds from misuse, interference, and loss, and from unauthorised access, modification, or disclosure. An entity has obligations to destroy or de-identify personal information in certain circumstances.

APP 12 – Access to personal information
Outlines an APP entity's obligations when an individual request to be given access to personal information held about them by the entity. This includes a requirement to provide access unless a specific exception applies.

APP 13 – Correction of personal information

Outlines an APP entity's obligations in relation to correcting the personal information it holds about individuals.

Source: Australian Government Office of the Australian Information Commissioner (OAIC) https://www.oaic.gov.au/privacy/

Anti-Bias & Inclusion Policy

BACKGROUNG & AIM

Anti bias is the practice of inclusion. It is the acceptance that all people are valued and respected.

We believe that all children have the right to be treated equally and our goal is to develop children's identity and self-esteem in a trusting and supportive environment. Diversity in all its forms is embraced within our Service to help develop positive and accepting attitudes in children, and to help them gain a better understanding of their care environment, community, country and the world.

Armidale Montessori Preschool aims to provide an inclusive environment for all children, families and educators, acknowledging the uniqueness of everyone regardless of their additional need and abilities, race, gender, sexuality, religion, culture, physical and mental abilities and socio-economic background.

SCOPE

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

RELATED POLICIES

• Interactions with Children & Behaviour Management Policy • Bullying, Discrimination and Harassment Policy • Complaints & Grievance Policy - General	• Code of Conduct Policy • Complaints & Grievance Policy - Staff • Work Health & Safety Policy • Privacy & Confidentiality Policy • Additional Needs Policy • Enrolment and Orientation Policy

PROCEDURES & POLICIES

This policy ensures all children; families and staff are welcomed, treated equitably and with respect.

Our Anti-Bias and Inclusion policy underpins the philosophy of the Service. We are advocates of the statement "Inclusion means every child has access to, participates meaningfully in, and experiences positive outcomes from early childhood education and care programs." (Early Childhood Australia 2016). This entails taking into account all children's social, cultural and linguistic diversity including learning styles, abilities, gender, family circumstances and geographic location in curriculum decision making processes (EYLF p.24).

We believe that the role of educators is to encourage children to share and learn about the individuality of each child and their family and their role in the Service. We will ensure children are provided with access to activities and environments and meaningful participation, in order to foster a sense of belonging and opportunities to experience positive learning outcomes.

This policy aims to assist children to form positive social relationships and to learn to accept the diversity of members within and outside of the Service community.

Cultural or National Origin and Racial Identity

Armidale Montessori values and promotes equity, respect and awareness of different cultures. We actively celebrate diversity through our enrolment and staff recruitment processes and seek to ensure a culturally inclusive curriculum that reflects the cultural, linguistic and religious diversity of our society.

Staff, management and educators within the Service will:

- Access information and professional development/awareness about other cultures/racial identity, especially those relevant in the Service.
- affirm and foster children's knowledge and pride in cultural identity.
- be positive role models.
- engage in critical reflection about stereotypes and biases
- ensure Service program design and delivery builds on community and cultural strengths.
- monitor and reflect on their own interactions for bias and reflect regularly on the language used with children.
- foster children's curiosity, enjoyment and empathetic awareness of cultural differences and similarities.
- teach children to overcome any inappropriate responses triggered by cultural differences.
- encourage children to ask about their own and other's physical characteristics.
- enable children to feel pride, but not superiority, about their racial identity.
- help children to become aware of our shared physical characteristics – what makes us all human.
- Develop strong partnerships with families and children to extend their individual and communities cultural competence
- Develop communication plans, where appropriate, to ensure inclusion – e.g. use of interpreter/cultural support, etc.
- encourage parent input into the program, sharing culture, language, racial identity, etc. (excluding religious discussions).
- collect information from each family on enrolment and incorporate it in the program to meet individual family needs re: ethnicity and home language.
- respect all cultures by presenting photographs, pictures, play equipment, books, posters, music, dramatic play and dolls that will encourage open discussion and exploration.
- Where possible provide resources that include diversity and skin tone to foster respect and understanding for people of all backgrounds
- know and understand the needs, strengths and attitudes of each culture who attend the Service.
- challenge inappropriate or stereotypical conversation with children.
- Where possible, the Service will employ Educators that reflect various cultural, national origin and racial identities.

Gender Equity

Staff/management & Educators will:

- ensure that all children are given equal opportunities to engage in all experiences and interactions regardless of their gender.
- monitor and reflect on their own interactions for bias and reflect regularly on the language used with children.
- aim to use gender inclusive language.
- offer opportunities for both male and female family members to be equally involved within the program.
- assist children to identify stereotypes and unfair treatment so that they can discuss ways in which to include the perspectives of others.
- be positive role models.
- provide resource materials that are not stereotypical.

Diversity in Family Composition

Staff/management & Educators will:

- create an environment that is welcoming to all families.
- respect each family, and work in partnership to support the child's emergent identity as an individual, member of their family, our Service and the community.
- Educators will provide resources, books, puzzles that reflect diversity in family structure including same sex, single parent, extended, nuclear, step and adopted families.
- engage in simple discussion about families that focus on fact rather than values e.g., "some children live with their Mum or Dad, some children live with their mum and dad, some with grandparents, and some with two mums or two dads.
- be encouraged to seek awareness and reflect on his/her own feelings, beliefs and background and evaluating the effect these may have on their attitudes and interactions with families.
- Respect family lifestyle choices
- incorporate various family lifestyle choices during discussions ensuing that they reflect diversity in income. They will treat all families regardless of socioeconomic background with respect.

Aboriginal and Torres Strait Islander People.

Staff/management & Educators will:

- deepen their own knowledge and understanding of Aboriginal and Torres Strait Islander culture through attending professional development, reading current information and regularly reflecting together as a team to embed Aboriginal and Torres Strait Islander perspectives and culture into the program in a positive way, consistent with how the local Indigenous community wish to be presented.
- develop an acknowledgement of country, which will be conveyed during special events and incorporated into the program on a regular basis.
- develop awareness/understanding about the Aboriginal and Torres Strait Islander people as part of the cultural heritage of all Australians.
- show sensitivity and respect for the Aboriginal and Torres Strait Islander culture, aiming to instill sensitivity/appreciation of the culture and a knowing and valuing of individuals.
- encourage access of the Aboriginal and Torres Strait Islander community into the service.
- show sensitivity and respect the numerous Aboriginal and Torres Strait Islander languages by incorporating where possible verbal and visual language into the Service environment.
- access and encourage involvement of the Aboriginal and Torres Strait Islander families, Elder, Educators and community members who have a vast knowledge of their culture.
- Show respect and a commitment to reconciliation through activities incorporated into the program.

Ability

Staff/management & Educators will:

- provide an inclusive educational environment in which all children can succeed.
- promote acceptance, respect and appreciation for individuals varying abilities.
- consult with all families and other professionals to enable full participation in the program for children with varying abilities. Educators will evaluate and alter the environment to enable all children to develop autonomy, independence, competency, confidence and pride.
- provide children and parents with developmentally appropriate information about varying abilities to foster understandings that we are all similar and different.
- empower all children in their own learning to ensure that they gain a feeling of self-respect.
- treat all children equally and develop an understanding that everyone has something important to contribute.

- observe all children and with family consultation, provide an individualised program to extend the child's interests and abilities.
- create an environment where all children can participate in activities and experiences.
- Evaluate and adjust the environment to provide access and enable all children to develop autonomy, independence, competency, confidence and pride.

Promoting inclusion and diversity into the curriculum

Staff/management & Educators will:

- promote positive influences, modelling appropriate communication, non-bias or gender specific language and attitudes.
- Educators will take a flexible approach with children and families.
- develop appropriate expectations for each child based on their individual strengths, developmental needs, and interests.
- Management will assist Educators with the development of required skills and knowledge for working with children and families.
- work with Inclusion support facilitators to aid the inclusion of children with additional needs
- explore the values and uniqueness of the diversity within the service to ensure they form part of the curriculum.
- treat children with respect by answering their questions honestly.
- adapt activities, interactions, communications, the environment and documentation to ensure all children and families are actively included to participate in the curriculum.
- provide children with a range of resources, equipment and opportunities to enhance their awareness of and access to diversity.
- Create an environment which supports natural language learning and interactions.
- incorporate children's home language into the program where possible.
- reflect on the curriculum ensuring inclusive practice and goals set for children are being met.
- involve families in the planning of learning opportunities reflective of their culture.

SOURCES

Australian Children's Education & Care Quality Authority
Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
ECA Code of Ethics.
Guide to the National Quality Standard.
Early Childhood Australia (ECA) Statement on the inclusion of every child in early childhood education and care.
Guide to the National Quality Framework
Early Years Learning Framework for Australia: Belonging, Being and Becoming, 2009
Anti-Discrimination Board of NSW **https://www.antidiscrimination.justice.nsw.gov.au/**
Revised National Quality Standard

REFERENCES

National Quality Standard (NQS)

Quality Area 5: Relationships with Children		
5.1	*Relationships between educators and children*	Respectful and equitable relationships are maintained with each child
5.1.1	*Positive educator to child interactions*	Responsive and meaningful interactions build trusting relationships which engage

		and support each child to feel secure, confident and included.
5.1.2	*Dignity and rights of the child*	The dignity and rights of every child are maintained
5.2	*Relationships between children*	Each child is supported to build and maintain sensitive and responsive relationships
5.2.1	*Collaborative learning*	Children are supported to collaborate, learn from and help each other

Education and Care Services National Regulation

155	Interactions with children
156	Relationships in groups
157	Access for parents
168	Education and care services must have policies and procedures
170	Policies and procedure are followed

Bullying, Discrimination and Harassment Policy

BACKGROUND & AIM

Our Service is committed to creating a workplace which adheres to a code of conduct and ethical behaviour to ensure a productive work environment free from bullying, discrimination and harassment.

Everyone has a right not to be bullied or harassed at work. Workplace bullying occurs when a person or group of people repeatedly behave unreasonably towards a worker or a group of workers, creating a risk to health, safety and wellbeing.

Definitions

Bullying

Bullying is an ongoing misuse of power in relationships through repeated verbal, physical and/or social behaviour that causes physical and/or psychological harm. It can involve an individual or a group misusing their power over one or more persons. Bullying can happen in person or online, and it can be obvious (overt) or hidden (covert).

Single incidents and conflict or fight between equals, whether in person or online, are not defined as bullying.

Workplace bullying occurs when a person or group of people repeatedly behave unreasonably towards a worker or a group of workers, creating a risk to health and safety.

Bullying has three main features:

- It involves a misuse of power in a relationship.
- It is ongoing and repeated, and
- It involves behaviours that can cause harm.

Bullying may involve any of the following types of behaviour:

- Aggressive or intimidating conduct
- Belittling or humiliating comments
- Spreading malicious rumours
- Teasing, practical jokes or 'initiation ceremonies'
- Exclusion from work-related events
- Unreasonable work expectations
- Displaying offensive material
- Pressure to behave in an inappropriate manner.

It should be noted that bullying does not include reasonable management action carried out in a reasonable manner including:

- making decisions about poor performance
- taking disciplinary action
- directing and controlling the way work is to be carried out.

Discrimination

Discrimination occurs when someone is treated unfairly because they belong to a particular group of people (race, culture, sexual orientation, religion, etc.) or have a particular characteristic (age, disability, gender, etc.).

In NSW there are 14 main types of discrimination that are against the law (in certain areas of public life).

- Breastfeeding and pregnancy discrimination
- Carer's responsibilities discrimination
- Disability discrimination
- Homosexual discrimination
- Infectious diseases discrimination

- Marital or domestic status discrimination
- Race discrimination
- Sex discrimination
- Transgender discrimination
- Age discrimination
- Transgender discrimination

There are two kinds of discrimination that are against the law, direct and indirect discrimination.

Direct discrimination is when someone is treated unfairly because of a characteristic you have, or are assumed to have, that is protected by NSW law.

Indirect discrimination is when there is a requirement or rule that applies to everybody unfairly disadvantages people who possess a characteristic protected by NSW law and is not reasonable in the circumstances.

Harassment
Harassment involves unwelcome behaviour that intimidates, offends or humiliates a person because of a particular characteristic as listed above.

There are a number of anti-discriminations, equal employment opportunities, workplace relations, and human rights laws which make it illegal to discriminate or harass a person in the workplace. Australia's federal anti-discrimination laws are contained in the following legislation:

Age Discrimination Act 2004

Disability Discrimination Act 1992

Racial Discrimination Act 1975

Sex Discrimination Act 1984

SCOPE

This policy applies to staff, management, approved provider, nominated supervisors, students, staff, families, visitors, volunteers and children of the Service.

RELATED POLICIES

• Cyber Safety Policy • Family Communications Policy • Interactions with Children & Behaviour Management Policy • Anti-Bias and Inclusion Policy	• Code of Conduct Policy • Grievance and Complaints Policy - Staff • Work Health & Safety Policy • Privacy & Confidentiality Policy • Staffing arrangements Policy

PROCEDURES & POLICIES

Armidale Montessori Preschool are committed to providing a safe and equitable environment and workplace for all staff and educators. Bullying, discrimination and harassment will not be tolerated under any circumstances. As part of this commitment, we aim to prevent bullying by adhering to the Early Childhood Code of Ethics, Fair Work requirements and centre philosophy, ensuring a safe environment and workplace for all staff and Educators using or employed at the Service.

Our Service philosophy, code of conduct, Anti-bias & Inclusion Policy and early childhood

code of ethics will guide educator interactions and best practice to ensure a safe environment for all concerned.

Management and Nominated Supervisor will ensure:

- A thorough induction process for new employees is conducted at the commencement of employment.
- The Code of Conduct, Anti-Bias & Inclusion Policy and the Bullying, Discrimination & Harassment Policy forms part of the Orientation process for families
- Compliance with discrimination law
- They have a comprehensive understanding of the Service's code of conduct, complaint and grievance policy and the Early Childhood Code of Ethics
- Educators, volunteers and families are informed that inappropriate behaviour, including bullying and harassment will not be tolerated, and will be advised of potential consequences of this behaviour.
- Educators are aware of the bullying, discrimination and harassment procedure.
- Inappropriate behaviour is addressed in a timely manner.
- Educators are aware of appropriate interactions through professional development and training.
- Staff and Educators are aware of their job roles and responsibilities which will be clarified through job descriptions, team meetings, performance appraisals and management expectations.
- Constructive feedback is provided to staff and Educators.
- All staff, educators, children and families are encouraged to embrace the uniqueness and diversity of individuals.
- Diversity is actively celebrated through the Preschool curriculum.
- All children, families, staff and educators are treated equally and fairly.

Educators will:

- Have an understanding of, and follow, the Services Code of Conduct, Anti-Bias & Inclusion and Bullying, Discrimination & Harassment Policies
- Have a clear understanding of what constitutes bullying, discrimination and harassment.
- Be vigilant in identifying and reporting instances of bullying, discrimination and harassment to the Director/Management, at an early stage.
- Be encouraged to embrace the uniqueness and diversity of their colleagues, children and families within the Service.
- Respect the skills, strengths and opinions of all educators in order to create team cohesion based on professionalism.
- Comply with discrimination law.
- Be responsible for their own actions in the workplace.
- Provide management with specific information regarding the perceived bullying and be prepared to have the complaint made known to the person, to allow for fair management and rectification.
- Maintain confidentiality and not discuss or release information relating to a bullying, discrimination and harassment allegations.
- Be involved in decision making with a clear understanding of their roles and responsibilities.
- Role model and define acceptable and positive behaviours within the daily program.
- Foster social and emotional skills, set clear rules, and monitor for warning signs of bullying behaviour in children.
- Teach social-emotional skills in everyday activities and experiences - Talk about and use role play to help children learn how to take turns, join in games, be friendly, apologise and include other people in activities.
- Manage all observed or reported incidences of bullying, discrimination and harassment as set out in this policy under "Responding to a Bullying, Discrimination and Harassment Incident".
- Encourage children to report any incidents of bullying, discrimination or harassment

that they are either involved in or witness.
- Implement strategies to eradicate discriminatory and bullying behaviour.
- Keep a record of the behaviour by completing an incident report.
- Evaluate the effectiveness of strategies implemented to discourage and eradicate bullying discrimination, and/or harassment.

Children will be encouraged to:
- Report any incidents of bullying, discrimination or harassment that they are either involved in or witness.
- Help someone who is being bullied, discriminated against or harassed.
- Do everything they can to keep the play safe and happy.
- Use the strategies that they have been encouraged to use to deal with a bullying incident.

Parents will be encouraged to:
- Encourage their child to report if they are bullied, discriminated against or harassed.
- Watch for signs of bullying and speak to Armidale Montessori Preschool educators if their child is being (or suspect is being) bullied/harassed/discriminated against.
- Work with the educators and management in seeking a solution.
- Model caring and tolerant behaviour when interacting with children, educators or other parents.
- Promote strategies that enable their child to feel empowered and confident if they have to deal with a bullying/discrimination/harassment incident.

Responding to a bullying/discrimination/harassment incident involving a child:
The service is committed to implementing positive and permanent solutions to bullying. Educators, children and parents will work together to stop all bullying as part of the 'no tolerance' approach.

In the event that an Educator needs to respond to an observed or immediately reported incident (either by witness, victim or third party), while such incident may still be occurring, the following procedure will be implemented:
- Educator will intervene and discuss with the children involved and witnesses.
- Mediation may be conducted between the involved children with the aim to find an appropriate solution to the problem.
- Children will be encouraged to use conflict resolution strategies.
- A back-up plan will be formulated in the event that the first solution proves unsuccessful.
- The agreed solution will be implemented, with the Back-up plan implemented if necessary.
- The incident recorded on appropriate forms.

For reports of repeat incidents (either by witness, victim or third party):
- The Parents of the offending child will be notified.
- A report on the incident and management details will be completed.
- Appropriate consequences for the incident will be discussed and implemented.
- The child's behaviour will be monitored to ensure behaviour does not re-occur.
- Further offences may result in suspension from the service.

Responding to a bullying/discrimination/harassment incident involving a staff member:
Reports of workplace bullying/discrimination/harassment should be raised within the workplace in the first instance. Grievances should be brought to the attention of the Director/Manager so that reasonable attempts can be made to resolve the matter internally

before escalating to external agencies.

WHS Regulators and the Fair Work Commission may be contacted where reasonable attempts to resolve a workplace bullying/discrimination/harassment complaint through internal processes within the workplace have failed. The most appropriate agency will depend on the nature of the complaint and the desired outcome.

If you feel you are experiencing or witnessing workplace bullying/discrimination/harassment, and are not comfortable dealing with the problem yourself, or your attempts to do so have not been successful, you should raise the issue promptly with the Director/Manager of the Service.

When responding to a workplace bullying/discrimination/harassment report, Director/Management will adhere to the principles outlined in the "Guide for preventing and responding to workplace bullying" issued by Safe Work Australia (detailed below).

Response	Measures
Act promptly	Reports should be responded to quickly, reasonably and within established timelines. Relevant parties should be advised of how long it will likely take to respond to the report and should be kept informed of the progress to provide reassurance the report has not been forgotten or ignored.
Treat all matters seriously	All reports should be taken seriously and investigated to be assessed on their merits and facts.
Maintain Confidentiality	The confidentiality of all parties involved should be maintained. Details of the matter should only be known by those directly concerned in the complaint or in resolving it.
Ensure Procedural Fairness	The person who is alleged to have perpetrated the unacceptable behaviour should be treated as innocent unless the reports are proven to be true. Reports must be put to the person they are made against, and that person must be given a chance to explain his or her version of events. The person reporting the incident should be respectfully listened to and their report treated as credible and reliable unless conclusively proven otherwise. The opportunity to have decisions reviewed should be explained to all parties.
Be neutral	Impartiality towards everyone involved is critical. This includes the way people are treated throughout the process. The person responding to the report should not have been directly involved and they should also avoid personal or professional bias.
Support all parties	Once a report has been made, the parties involved should be told what support is available, for example employee assistance programs, and allowed a support person to be present at interviews or meetings e.g., health and safety representative, union representative or work colleague.
Do not victimise	It is important to ensure anyone who reports workplace bullying is not victimised for doing so. The person accused of workplace bullying/discrimination/harassment and witnesses should also be protected from victimisation.

Communicate process and outcomes	All parties should be informed of the process, how long it will take and what they can expect will happen during and at the end of the process. Should the process be delayed for any reason, all parties should be made aware of the delay and advised when the process is expected to resume. Finally, reasons for actions that have been taken and, in some circumstances, not taken should be explained to the parties.
Keep records	The following should be recorded: • the person who made the report • when the report was made • who the report was made to • the details of the issue reported • action taken to respond to the issue, and • any further action required – what, when and by whom. Records should also be made of conversations, meetings and interviews detailing who was present and the agreed outcomes.

Director/management will take the following steps when a report is made:

- Be guided by the Safe Work Australia's "Steps for Managers and Supervisors" (inserted as an appendix at the end of this policy).
- Speak to the parties involved as soon as possible, gather information and seek a resolution to satisfactorily address the issue for all parties.
- If issues cannot be resolved or the unreasonable behaviour is considered to be of a serious nature, an impartial person (from the Executive Body of the Preschool Committee) will be appointed to investigate. Both sides will be able to state their case and relevant information will be collected and considered before a decision is made.
- All complaints and reports will be treated in the strictest of confidence. Only those people directly involved in the complaint or in resolving it will have access to the information.
- There will be no victimisation of the person making the report or helping to resolve it. Complaints made maliciously or in bad faith may result in disciplinary action.

After a report of workplace bullying/discrimination/harassment is resolved there will be a follow-up review to check the health and safety of the parties involved, to offer support and to find out whether actions taken to stop the workplace bullying/discrimination/harassment have been effective.

These may include:

- offering professional counselling
- providing mentoring and support from a senior manager
- providing training and relevant professional or skills development
- redressing inequality resulting from the bullying behaviour.
- re-instating lost entitlements resulting from the bullying behaviour e.g., re-crediting leave.
- monitoring behaviours of the affected work group, or
- organising work in another area of the organisation.

Consequences of breaching this policy

Appropriate disciplinary action may be taken against a person who is found to have breached this policy. The action taken will depend on the nature and circumstance of each breach and could include:

- a verbal or written apology
- one or more parties agreeing to participate in counselling or training.

- a verbal or written reprimand, or
- transfer, demotion or dismissal of the person engaging in the unacceptable behaviour.

If workplace bullying has not been substantiated

If an investigation finds workplace bullying has not occurred or cannot be substantiated, the Service may still take appropriate action to address any workplace issues leading to the bullying/discrimination/harassment report.

SOURCES

- Anti-Discrimination Act
- Work Health and Safety Act
- Workplace relations Act
- Australian Children's Education & Care Quality Authority (2014)
- Fair Work Ombudsman
- Guide to the Education and Care Services National Law
- Education and Care Services National Regulations (2015) ECA Code of Ethics
- Guide to the National Quality Standard
- Fair Work Act
- Bullying no way www.bullyingnoway.gov.au
- Anti-Discrimination Board of NSW www.antidiscrimination.justice.nsw.gov.au
- Safe Work Australia.
- Guide to preventing and responding to workplace bullying: https://www.safeworkaustralia.gov.au/system/files/documents/1702/guide-preventing-responding-workplace-bullying.pdf
- Early Childhood Australia www.earlychildhoodaustralia.org.au
- Revised National Quality Standards

REFERENCES

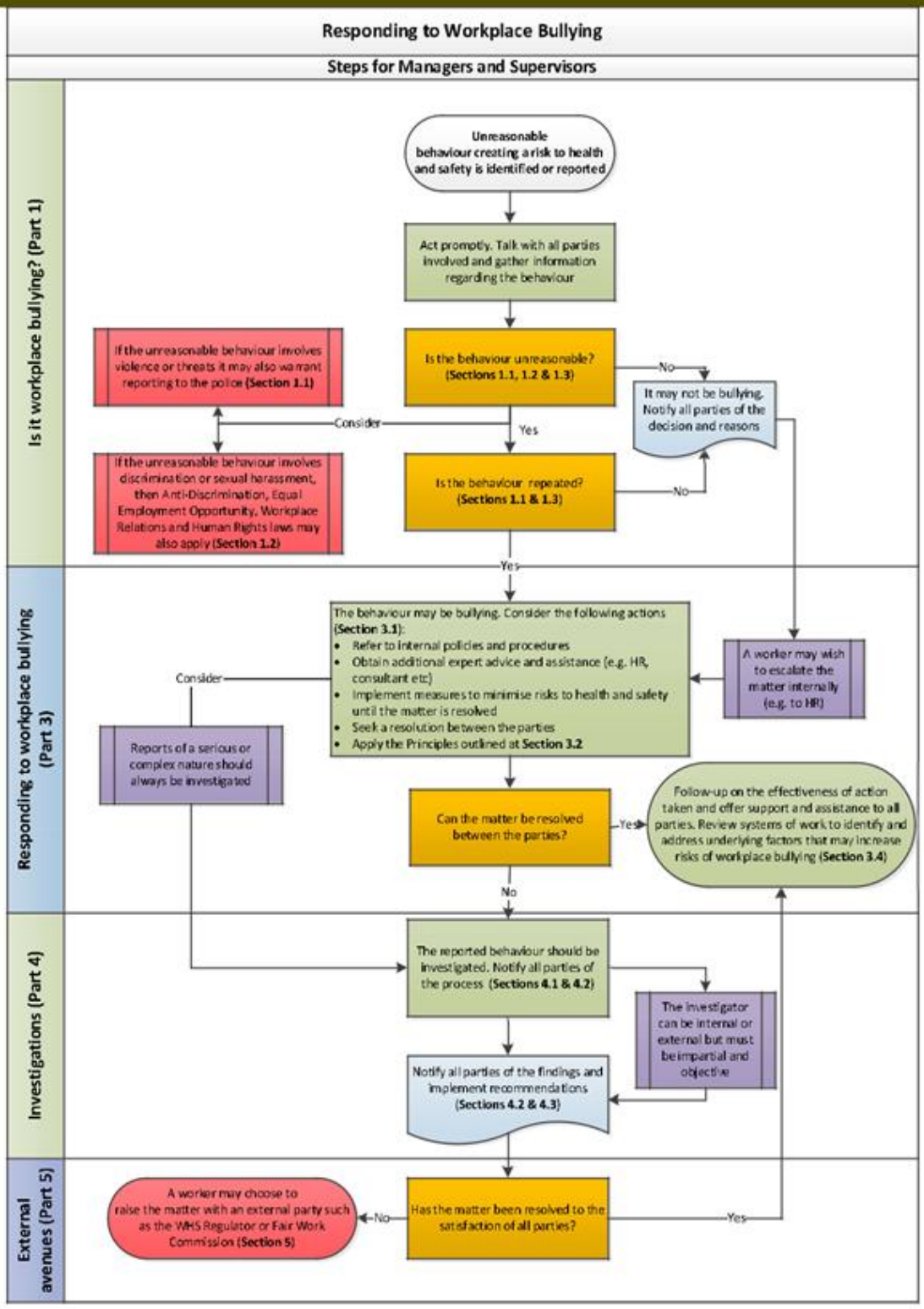
National Quality Standard (NQS)

Quality Area 4: Staffing Arrangements		
4.2	*Professionalism*	Management, educators and staff are collaborative, respectful and ethical.
4.2.1	*Professional collaboration*	Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills
4.2.2	*Professional standards*	Professional standards guide practice, interactions and relationships.

Education and Care Services National Regulation

168	Education and care services must have policies and procedures

7 APPENDIX B – WORKPLACE BULLYING FLOWCHART



Supervision Policy

BACKGROUND & AIM

Supervision is an integral part of the whole care and education experience.

Supervision is defined as *'the active awareness of the responsibility to act in the best interest of all involved in the service to provide a safe, healthy and supportive environment that promotes, supports, builds on and challenges children's learning and development.'*

Educators have a duty of care to ensure children are supervised at all times, as they maintain a safe and secure environment adhering to National Regulations. Supervision, together with thoughtful design and arrangement of children's environments, assists in the prevention and severity of injury to children.

At its most basic level, supervision helps to protect children from hazards, or harm that may be encountered in their daily environment and routines.

Adequate supervision in a centre-based service such as Armidale Montessori Preschool requires careful consideration and adaptation based on the different ages of children and varying abilities. Generally, the younger the child the more they will need adults close by to support and provide assistance. Heightened supervision requirements may also be necessary during sleeping, outdoor play and times of transportation.

Educators under eighteen years of age may work at a Centre-based Service provided they are adequately supervised by an educator over the age of 18 at all times and are not left alone with children at any time.

SCOPE

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

RELATED POLICIES

• Administration of Medication Policy • Bullying, Discrimination and Harassment Policy • Arrival & Departure Policy • Incident, injury, trauma and Illness Policy • Sleeping and rest requirements Policy • Nappy changing and toileting Policy. • Physical environment Policy	• Child Protection Policy • Water Safety Policy • Incursion and excursion Policy • Emergency and evacuation Policy • Cyber safety Policy • Additional Needs Policy • Code of Conduct Policy • Safe Transportation of Children Policy

PROCEDURES & POLICIES

We believe that effective supervision allows educators to actively engage in play and learning opportunities that are meaningful to children and support and build their wellbeing, development and learning.

Armidale Montessori Preschool educators will actively supervise children, identifying risks and taking all necessary steps to prevent or minimise injury.

The service will maintain the required educator-to-child ratios working directly with children at all times, based on the ages and number of children being educated and cared for at the service.

Age Group	**Educator to Child Ratio**
For children from Birth to 24 months of age	*1:4*
For children aged 24 months and less than 36 months of age	*1:5*
For children aged 36 months of age or over	*1:10*

The above table contains educator to child ratio requirements for Centre based services in NSW.

Management/Nominated Supervisor/Education Leader will ensure:

- That the premises and facilities are designed and maintained to always facilitate adequate supervision of children while maintaining the rights and dignity of all children.
- That the age and supervision requirements for Educators are maintained at all times.
- Ensure educators employ active supervision strategies at all times and are able to respond to any situation immediately, particularly where a child is distressed or in a hazardous situation.
- Ensure flexibility of supervision to provide for educators to supervise individual children or small groups of children as necessary.
- Ensure that any supervision strategies for additional needs and high support children are relayed to educators for assessment and implementation.
- Regulatory Authorities are notified of any serious incident or complaint alleging the safety, health or wellbeing of children has been compromised, within 24hours of the incident or the time that the person becomes aware of the incident or complaint. This includes if an ambulance was called in response to an incident, situation or event.
- Ensure that parents are notified as soon as practicable, but within 24 hours if their child is involved in a serious incident/situation at the Service. Also, details of the incident/situation are recorded on the Incident, Injury, Trauma and Illness Record
- Minimum Educator qualification requirements are adhered to as per national regulations.
- Ensure that all Educators are aware of where all children are at all times and monitor their environment closely.
- Ensure Educators avoid activities or actions that will distract them from supervision, such as speaking to other Educators for long periods of time, taking personal phone calls, checking mobile phones or administrative tasks.
- Ensure Educators are aware if they need to move away, another Educator is to replace them.
- Develop, maintain and regularly review a supervision plan and strategies for both the indoor and outdoor areas, which will support educators to position themselves to optimize visibility of areas.
- Ensure Educators move around the environment to ensure best view of the area and to avoid standing with their back to the children or talking with other Educators.
- Develop and maintain rosters that ensure continuity of care and adequate supervision at all times when children are being cared for and educated in the service and on excursions.
- Assess and plan ongoing supervision taking into consideration the layout of the premises and grounds, any higher risk activities, the presence of any animals, the location of activities and the location of bathroom and nappy change facilities.

- Ensure, where possible, no staff member is left alone with a child to support child protection, as a matter of best practice.
- Ensure that a Risk Assessments & Management Plans are carried out before an authorisation is requested for an excursion. The risk assessment will consider and identify the number of adults required to ensure continuous adequate supervision throughout the excursion.
- Consideration will be given to the design and arrangement of children's environments to support active supervision by:
    - Using supervision skills to recognise areas of risk therefore reducing the potential for injury or incident to children and adults.
    - Assessing and implementing a supervision strategy for additional needs children.
    - Guiding Educators to make decisions about when children's play needs to be interrupted and redirected.
    - Supporting Educators with specific strategies for supervision such as positioning, peripheral vision and monitoring children's arrival and departure from the Service.
    - Providing consistent supervision strategies when the service requires relief Educators.
    - Providing direct, constant and proximal monitoring to children undertaking activities that involve some risk and recognising when the ratio of educators to children needs to be increased.

<u>Educators will:</u>

- Monitor and maintain staff to child ratios to ensure adequate supervision of children.
- Have a sound understanding of their duty of care and responsibilities in ensuring children are within a safe environment.
- Adhere to supervision plans and strategies for both the indoor and outdoor environments, assisting colleagues to position themselves in order to effectively supervise children's play.
- Inform new and relief educators about supervision arrangements (including special supervision strategies in relation to high support needs children), outlining their supervision responsibilities.
- Ensure any educators under the age of 18 years old are never left alone with children.
- Arrange the education and care environment to maximise the ability of educators to supervise all areas accessible to children. Emphasis to be placed on gates, the fence line and doors during arrival and departure times.
- Communicate with each other about their location within the environment and any relevant information about supervising individual children to ensure their needs are met.
- Always alert other educators if they need to leave an area for a particular reason, to ensure continuous supervision of children (e.g. to get resources, go to the toilet, etc.).
- Ensure that all children are in sight or hearing of educators at all times.
- Promote children's agency by making decisions about supervision that allows children to engage in independent exploration and appropriate risk taking.
- Ensure that no child is left alone while eating or at nappy change and toileting times.
- Supervise children during rest time in accordance with the Sleeping & Rest Requirements Policy and relevant legislation.
- Ensure that hazardous equipment and chemicals are inaccessible to children.
- Implement reliable supervision strategies (including high support needs strategies) and not perform other duties while responsible for the supervision of children.

- Scan and look around the area to observe all the children in the vicinity and listen closely to children whilst supervising areas that may not be in a direct line of sight, noticing changes in volume or tone of voice.
- Ensure there is a mixture of activities to allow for appropriate supervision.
- Ensure adequate supervision is provided when children are transported in a vehicle or are taken out of the Service on excursions.

SOURCES

- Australian Children's Education & Care Quality Authority. (2014). A*ctive supervision: Ensuring safety and promoting learning.*
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2017,
- ECA Code of Ethics.
- Guide to the National quality Framework
- Education and Care Services National Regulation (2011)
- Guide to the National Quality Standard.
- Childcare Desktop
- Revised National Quality Standards

REFERENCES

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.2	*Safety*	Each child is protected
2.2.1	*Supervision*	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2	*Incident and emergency management*	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

Education and Care Services National Regulations

Education and Care Services National Regulations	
101	Conduct of risk assessment for excursions
115	Premises designed to facilitate supervision
120	Educators who are under 18 to be supervised
121	Application of Division 3
122	Educators must be working directly with children to be included in ratios
123	Educator to child rations-Centre based services
126	Centre based services-general educator qualifications
132	Requirement for early childhood teacher- centre based services 25-59 children
133	Requirement for early childhood teacher- centre based services 60-80 children
134	Requirement for early childhood teacher- centre based services- more than 80 children
166	Children not to be alone with visitors
168	Education and care service must have policies and procedures
176	Time to notify certain circumstances to Regulatory Authorities
264	General qualifications for educators – Centre based
Children (Education and Care Services) National Law NSW	
S.165	Offence to inadequately supervise children
S.167	Offence relating to protection of children from harm and hazards
S.174	Offence to fail to notify certain information to Regulatory Authority

Child Protection Policy

BACKGROUND & AIM

Our Service is committed to providing a safe environment where children's safety and wellbeing is supported and children feel respected, valued and encouraged to reach their full potential.

We understand the meaning, importance and benefits of providing a child safe environment. All Educators, Staff and Volunteers are committed to identifying possible risk and significant risk of harm to children and young people at the Service. We comprehend our duty of care responsibilities as mandatory reporters to protect children from all types of abuse and adhere to our legislative obligations at all times. Our Service adheres to the National Model Code and Guidelines for taking images or videos of children.

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

Definitions

- **Maltreatment** refers to non-accidental behaviour towards another person, which is outside the norms of conduct and entails a substantial risk of causing physical or emotional harm. Behaviour includes acts of omission and commission. Specifically, abuse refers to acts of commission and neglect refers to acts of omission. The terms child abuse and child neglect are used more frequently than the term child maltreatment.
- **Risk of Significant Harm (ROSH)** refers to circumstances causing significant concern for the safety, welfare and wellbeing of a child or young person. This means it is sufficiently serious to warrant a response by a statutory authority irrespective of the family's consent. Mandatory reporters *must* report their concern to the Child Protection Helpline within 24hrs.
- **Reasonable grounds** refer to the need to have an objective basis for suspecting that a child may be at risk of abuse and neglect based on:
    - Firsthand observation of the child or family
    - What the child, parent or other person has disclosed
    - What can reasonably be indirect based on observation, professional training and/ or experience.
- **Mandatory Reporting** is the legislative requirement for selected classes of people to report suspected child abuse and neglect to government authorities. In NSW, mandatory reporting is regulated by the Children and Young Persons (Care and Protection) Act 1998 (The Care Act).

  According to The Care Act mandated reporters (including people employed in children's services and unpaid managers of these services) must make reports if they suspect on reasonable grounds a child is at risk of significant harm. Mandatory reporters must make a report to the Department of Communities and Justice (DCJ) for any of the reasons below:
    - the child's basic physical or psychological needs are not being met or are at risk of not being met.
    - the parents or other caregivers have not arranged and are unable or unwilling to arrange for the child to receive necessary medical care.
    - the parents or other caregivers have not arranged and are unable or unwilling to arrange for a school age child to receive an education.
    - the child has been or is at risk of being physically or sexually abused or ill-treated.

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

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

Protection for Mandatory Reporters

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

Under The Care Act, if the report is made in good faith:

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

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

What is Child Abuse?

The NSW Department Communities and Justice identify the following types of child abuse:

1. Physical Abuse
2. Sexual Abuse
3. Emotional Abuse or psychological harm
4. Neglect
5. Circumcision, including female circumcision
6. Domestic and family violence
7. Forced marriage and underage forced marriage

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

Indicators of Abuse

There are common physical and behavioural signs that may indicate abuse or neglect. Behavioural or physical signs which assist in recognising harm to children are known as indicators. The following is a guide only.

One indicator on its own may not imply abuse or neglect. However, a single indicator can be as important as the presence of several indicators. Each indicator needs to be deliberated in the perspective of other indicators and the child's circumstances. Abuse and neglect can be single incidents or ongoing and may be intentional or unintentional.

General indicators of abuse and neglect may include:

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

Physical Abuse

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

- Make direct admissions of hurting their children.
- Have a family history of violence.
- Have a history of their own maltreatment as a child.
- Make repeated visits for medical assistance.
- Use excessive discipline.

Indicators of Physical Abuse

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

Sexual Abuse

Sexual abuse is when someone involves a child in a sexual activity by using their authority over them or taking advantage of their trust. Sexual abuse may include:

- Exposing the child to sexual behaviours of others
- Coercing the child to engage in sexual behaviour with other children or adults.
- Verbal threats of sexual abuse
- Exposing the child to pornography or using the child for pornographic purposes

Indicators of Sexual Abuse

- Child describes sexual acts.
- Direct or indirect disclosures
- Age-inappropriate behaviour and/or persistent sexual behaviour
- Self-destructive behaviour such as self-mutilation
- Regression in developmental achievements
- Child being in contact with a suspected or known perpetrator of sexual assault.
- Bruising or bleeding in the genital or anal areas
- Injuries such as tears to the genitalia.

Psychological or Emotional Abuse

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

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

Indicators of psychological or emotional abuse

- Constant feelings of worthlessness
- Inability to value others

- Lack of trust in people and expectations
- Lack of people skills necessary for daily functioning
- Extreme attention seeking behaviour.
- Extreme eagerness to please or obey adults.
- Takes extreme risks, is markedly disruptive, bullying or aggressive.
- Suicide threats (in young people)
- Running away from home

Neglect

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

- Inability to respond emotionally to the child.
- Child abandonment
- Unable or unwilling to provide adequate food, shelter, clothing, medical attention and safe home conditions
- Depriving or withholding physical contact.
- Failure to provide psychological nurturing.
- Treating one child differently to the others

Indicators of Neglect in children

- Poor standard of hygiene leading to social isolation.
- Scavenging or stealing food
- Extreme longing for adult affection
- Lacking a sense of genuine interaction with others
- Acute separation anxiety
- Self-comforting behaviours, e.g., rocking, sucking of thumb.
- Delay in development milestones
- Untreated physical problems, such as sores, serious nappy rash, dental decay, etc.
- Low weight for age and failure to thrive or develop.
- Child not adequately supervised for their age.

Domestic Violence/Carer Concern

Domestic violence involves violent, abusive or intimidating behaviour carried out by an adult against a partner or former partner to control and dominate that person.

Domestic violence causes fear, physical and/or psychological harm. Living with domestic violence has a profound effect upon children and young people and may constitute a form of child abuse. (*The NSW Domestic and Family Violence Action Plan*, June 2010)

Indicators of Domestic Violence

The child may:

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

Child Story Reporter

If a child is at immediate risk and police or medical assistance is required, educators/staff must contact emergency services immediately on 000.

Mandatory reporters in **NSW** should use the Mandatory Reporter Guide (MRG) if they

have concerns that a child or young person is at risk of being neglected or physically, sexually or emotionally abused. The MRG assists in providing mandatory reporters with the most appropriate reporting decision.

The MRG supports mandatory reporters to:

- determine whether a report to the Child Protection Helpline is needed for concerns about possible abuse or neglect of a child (including unborn) or young person.
- identify alternative ways to support vulnerable children, young people and their families where a mandatory reporter's response is better served outside the statutory child protection system.

It is recommended that mandatory reporters complete the MRG on each occasion they have risk concerns, regardless of their level of experience or expertise. Each circumstance is different, and every child and young person is unique.

Mandatory reporters will be provided with an outcome that advises on the best course of action. A *Decision Report* can be generated and kept on record at the service. Depending upon the outcome, reporters can submit a child protection report (eReport) directly through the *ChildStory Reporter Community* website or contact the Child Protection Helpline immediately on 132 111.

Helpline caseworkers will make determinations on whether reports received from mandatory reporters meet the ROSH threshold for a statutory child protection intervention, using SCRPT (Screening and Response Priority Toll) in conjunction with additional information which may not be available to mandatory reporters.

For more information on Child Story Reporter, refer to:
https://reporter.childstory.nsw.gov.au

Working with children check

People working or volunteering with children in New South Wales must, by law, have a Working with Children Check (WWCC). A WWCC is an assessment of whether a person poses an unacceptable risk to children. As part of the process, the Office of the Children's Guardian will look at criminal history, child protection information and other information.

WWCC are valid for five years. Cleared applicants are subject to ongoing monitoring and relevant new records may lead to the clearance being revoked. If new information about a person means they pose a risk to children's safety, that person's check will be re-assessed and, if necessary, they will be prohibited from working with children. The Office of the Children's Guardian will inform both the person affected and any organisations they're linked to about the change in status.

Our Service verifies all WWCC's BEFORE an employee begins working with children.

Confidentiality

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

Sharing of Information

Chapter 16A of the *NSW Children and Young Person (Care and Protection) Act 1998* provides for the exchange of information and cooperation between prescribed bodies, if the information relates to the safety, welfare or wellbeing of a child or young person.

Sharing personal information about children and their families must be lawful, which means either gaining consent, or working within relevant legislation. Information sharing by consent, where possible, is important and can be obtained verbally or in writing. However, consent should not be sought if doing so might compromise the safety of a child or any other person.

Information can only be shared between prescribed bodies without consent. Prescribed bodies or organisations include:

- NSW Police
- public service agencies or public authorities
- private and public schools, and TAFE establishments
- health care providers
- OSHC providers
- organisations that have direct responsibility for, or direct supervision of, the provision of health care, welfare, education, children's services, residential services or law enforcement, wholly or partly to children or their parent/s.

To provide or request information it must relate to the safety, welfare or wellbeing of a particular child or class of children. The information must be for the purposes of assisting a prescribed body to:

- make any decision, assessment or plan or to initiate or conduct any investigation, or to provide any service, relating to the safety and welfare of the child or class of children, or
- manage any risk to the child or class of children that might arise in the prescribed body's capacity as an employer or designated agency.

NSW Health has developed templates and resources Fact Sheets regarding sharing of information relating to Child Protection with other professionals.

Reportable Conduct Scheme – Allegations against employees, volunteers, students or contractors

Report to 000 if you have immediate concerns for a child's safety.

The Approved Provider has the legislative obligation under the *Reportable Conduct Scheme* to notify the *Office of the Children's Guardian* (OCG) of reportable allegations and convictions against their employees (including volunteers and contractors), investigate the allegation and advise the Office of the outcome.

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

In addition, the Approved Provider must take appropriate action to prevent reportable conduct by employees.

The Approved Provider must notify the Office of the Children's Guardian (OCG) within seven (7) business days and conduct an investigation into the allegations (7-day notification form Reportable Conduct Directorate: (02) 8219 3800. (Monday – Friday). A final report of the investigation must be ready to submit within 30 calendar days, or information must be provided about the progress of the investigation to the Children's Guardian. 30 Day interim

report form

The Approved Provider must send a report to the *Office of the Children's Guardian* that enables the OCG to determine whether the investigation was completed satisfactorily and whether appropriate action was or can be taken. The Approved Provider must ensure an appropriate level of confidentiality of information relating to the reportable allegations as per the Act or other legislation. The heads of relevant entities have obligations under section 57 of the Act to disclose 'relevant information' to the following persons unless they are satisfied that the disclosure is not in the public interest:

- a child to whom the information relates.
- a parent of the child
- if the child is in out-of-home care- an authorised carer that provides out-of-home care to the child.

[See: Office of the Children's Guardian for further information.]

The Children's Guardian will monitor the entity's response and may conduct their own investigation. The Children's Guardian Act 2019 defines reportable conduct as:

- a sexual offence has been committed against, with or in the presence of a child.
- sexual misconduct with, towards or in the presence of a child
- ill-treatment of a child
- neglect of a child
- an assault against a child
- an offence under s43B (failure to protect) or s 316A (failure to report) of the Crimes Act 1900; *and*
- behaviour that causes significant emotional or psychological harm to the child

Staff should be aware mandatory reporting procedures including notification to the Child Protection Helpline operate alongside and does not replace the Report Conduct Scheme.

SOPE

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

RELATED POLICIES

• Family communications policy • Work, Health and Safety Policy • Privacy and Confidentiality policy • Responsible Person policy • Staffing arrangements policy	• Interactions with children and behaviour management policy • Volunteers and students' policy • Supervision policy

POLICY & PROCEDURES

Armidale Montessori Preschool strongly opposes any type of abuse against a child and implements high quality practices in relation to protecting children.

Our Service promotes a culture of child safety and wellbeing within the Service. To ensure best practice, all educators and staff attend approved Child Protection training certified by a registered training organisation. Educators will continue to maintain current knowledge of child protection and mandatory reporter requirements by completing Child Protection Awareness training annually.

Accusations against Educators/staff members/volunteers/students/contractors

Accusations of abuse or suspected abuse against educators, staff members, contractors,

volunteers, the Nominated Supervisor or Approved Provider will be handled in line with the Reportable Conduct Scheme.

All staff members are required to report relevant allegations of a child protection nature to management (or in the event the allegation involves management, to the President of the Preschool Committee) so that notification can be made to the Office of the Children's Guardian (OCG) and an investigation can be undertaken.

Management/Approved Provider/Nominated Supervisor will ensure:

- Dial 000 if a child is at immediate risk and Police or medical assistance is required.
- To follow the NSW Department of Education guide to *Responding to incidents, disclosures and suspicions of child abuse*
- that obligations under the Education and Care Services National Law and National Regulations are met and child's safety and wellbeing are prioritised at all times
- educators, staff, students and volunteers have knowledge of and adhere to this policy and associated procedure and are advised on how and where the policy can be accessed
- families are aware of this *Child Protection Policy* and procedure and are advised on how and where the policy can be accessed
- staff, educators, volunteers, students and visitors have knowledge of and adhere to the National Model Code and Guidelines and not use, or have access to, any personal electronic devices, including mobile phones or smart watches used to take images or videos when educating and caring for children at the Service.
- staff and educators only use electronic devices issued by the Service for taking images or videos of children enrolled at the Service.
- Students, volunteers and/or visitors are never left alone with a child whilst at the Service under any circumstances.
- All prospective staff complete a prohibition notice declaration to acknowledge they do not hold any prohibition notices that would prevent them from working with children.
- To report all instances (alleged or witnessed) of child abuse, including assault or sexual abuse (including grooming) to NSW Police
- The responsible person in day-to-day charge of the Service has successfully completed a course in child protection approved by the Regulatory Authority.
- Working with children checks for all staff, volunteers and students have been verified and retained on file.
- All employees, students and volunteers are:
    - Clear about their roles and responsibilities regarding child protection.
    - Aware that neglecting to report child protection concerns ma be deemed a criminal offence under the Crimes Act 1900.
    - Provided with access to a copy of the current Child Protection policy.
    - Aware of their mandatory reporting obligations and responsibilities to report suspected risk or significant risk of harm to the **NSW Child Protection Helpline on 132 111**.
    - Aware of the indicators showing a child may be at risk of harm or significant risk of harm.
- Training and development are provided for all educators, staff and volunteers in child protection on a regular basis.
- educators are provided with training and ongoing supervision to ensure they understand that child safety is everyone's responsibility, and they adhere to the Child Safe Standards.
- Documentation is completed to assist in making reports to relevant authorities including an incident, injury, trauma and illness record.
- Records of abuse or suspected abuse are kept in line with our Privacy and Confidentiality Policy.

- To comply with legislation for Reportable Conduct Scheme and ensure the Office of the Children's Guardian is notified within 7 business days of becoming aware of any allegations and/or convictions of abuse or neglect of child made against an employee or volunteer and ensure they are investigated, and appropriate action taken. 7-day notification form
- To notify the regulatory authority through the NQA-ITS (within 24 hrs) of any incident where it is reasonably believed that physical and/or sexual abuse of a child has occurred or is occurring while the child is being educated and cared for by the Service.
- To notify the regulatory authority through the NQA-ITS (within 24 hrs) of any complaints alleging that sexual or physical abuse of a child has occurred or is occurring while the child is being educated and cared for by the Service.
- To notify the regulatory authority through the NQA-ITS (within 24 hrs) of a serious incident, which may include physical or sexual abuse where emergency service attended the Service.

Educators will:

- Be able to recognize indicators of abuse.
- Contact the police on 000 if there is an immediate danger to a child and intervene instantly if it is safe to do so.
- Report all incidents, allegations and complaints relating to child safety to the approved provider
- Report all instances (alleged or witnessed) of child abuse, including assault or sexual abuse (including grooming) to NSW Police
- Follow the NSW Department of Education guide to *Responding to incidents, disclosures and suspicions of child abuse*
- Respect what a child discloses, taking it seriously and following up their concerns through appropriate channels.
- Comprehend their obligations as mandatory reporters under the legislation and their requirement to report any situation where they believe on reasonable grounds a child is at risk of significant harm to the Child Protection Helpline on **132 111** (available 24 hours/7 days a week) or make online eReport through ChildStory Reporter website within 24 hrs.
- Be able to use the Mandatory Reporter Guide (MRG) which is available at https://reporter.childstory.nsw.gov.au/s/mrg
- Complete the MRG on each occasion they have concerns about a child's safety or wellbeing and follow the advice provided.
- Refer families to appropriate agencies where concerns of harm do not meet the threshold of significant harm. These services may be located through CWU (Child Wellbeing Units) or/and FRS (Family Referral Services) https://www.familyconnectsupport.dcj.nsw.gov.au/. Family consent will be sought before making referrals.
- Promote the welfare, safety and wellbeing of children at the Service.
- Prepare precise records recording exactly what happened, conversations that took place and what was observed to provide to the relevant authorities to assist with any investigation.
- Understand that allegations of abuse or suspected abuse against them are treated in the same way as allegations of abuse against other people.
- NOT investigate suspicion of abuse or neglect but collect only enough information to substantiate concerns and pass on to the Child Protection Helpline or appropriate authority.
- Maintain Confidentiality
- identify and report any concerns and allegations of reportable conduct involving a staff member, volunteer or contractor to the approved provider and/or NSW Office of the Children's Guardian as part of mandatory requirements under the Reportable Conduct Scheme.

- Participate in regular up-to-date training on how to identify, understand, report and respond to child maltreatment, abuse and harm through annual child protection training.
- ***DOCUMENTING A SUSPICION OF HARM***
  If educators have concerns about the safety of a child, they will:
    - Seek guidance from the Nominated supervisor/Director
    - Record their concerns in a non-judgmental and accurate manner as soon as possible.
    - Record their own observations as well as precise details of any discussion with a parent (who may for example explain a noticeable mark on a child).
    - Not Endeavor to conduct their own investigation.
    - Document as soon as possible so the details are accurately captured, including:
        - Child's personal details (name, address, DOB, details of siblings)
        - Time, date and place of the suspicion
        - Full details of the suspected abuse
        - Date of report and signature
- ***DOCUMENTING A DISCLOSURE***
  A disclosure of harm emerges when someone, including a child, tells you about harm that has happened or is likely to happen.

  When a child discloses that he or she has been abused, educators/staff will provide immediate support and comfort and assist where feasible in protecting the child from the abuse. It is also a chance to help the child connect to professional services that can keep them safe, provide support and facilitate their recovery from trauma.
  When receiving a disclosure of harm, the Educator will:
    - Give the child their full attention
    - Remain calm and find a place to talk.
    - Not promise to keep a secret.
    - Tell the child/person they have done the right thing in revealing the information but that they'll need to tell someone who can help keep the child safe.
    - Only ask enough questions to confirm the need to report the matter because probing questions could cause distress, confusion and interfere with any later enquiries.
    - Tell the child that the abuse or maltreatment is not their fault.
    - Support culturally and linguistically diverse children and children with additional needs to express themselves in the child's preferred way of communicating.
    - Not attempt to conduct their own investigation or mediate an outcome between the parties involved.
    - NOT confront the perpetrator.
    - Document as soon as possible so the details are accurately captured including:
        - Child's personal details (name, address, DOB, details of siblings)
        - Time, date and place of the disclosure
        - 'Word for word' what happened and what was said, including anything they said and any actions that have been taken.
        - Date of report and signature.

Students/Volunteers/Visitors will:

- adhere to the Service's policies and procedures
- participate in a comprehensive induction and orientation program, including an understanding of child protection law.

- provide valid Working with Children Check (WWCC) details during their engagement at the Service
- participate in child protection training as required
- not use, or have access to, any personal electronic devices, including mobile phones or smart watches used to take images or video of children at the Service
- report any concern or suspicion that a child is at risk of abuse, harm, neglect or ill-treatment to the approved provider or nominated supervisor as soon as possible
- report all instances (alleged or witnessed) of child abuse, including assault or sexual abuse (including grooming) to NSW Police
- identify and report any concerns around staff, educator or volunteer behaviour or conduct to management/approved provider of the Service as soon as practicable

Breach of Child Protection Policy

A breach is any action or inaction by any individual within the Service, including children and young people, that fails to comply with any part of the policy. All educators, students, volunteers and staff working with children are mandatory reporters under the Crimes Act 1900 and have a duty of care to support and protect children. Any allegations of criminal offences against children must be reported to the Police immediately. Failure to report child sexual abuse to the police is a criminal offence.

Managing a breach in Child Protection Policy

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

- Discussing the breach with all people concerned
- Giving the educator/staff member/volunteer the opportunity to provide their version of events.
- Documenting the details of the breach, including the versions of all parties and the outcome, without bias
- Ensuring the matters in relation to the breach are kept confidential.
- Reach a decision based on discussions and consideration of all evidence.
- Depending on the nature of the breach, outcomes may include:
    - Emphasising the relevant element of the child protection policy and procedure not followed
    - Providing closer supervision
    - Providing further education and training
    - mediating between those involved in the incident (where appropriate)
    - Disciplinary procedures if required, including dismissal of employment.
    - Reviewing current policies and procedures and developing new policies and procedures if necessary.

Educating Children about Protective Behaviour

Armidale Montessori Preschool will endeavour to educate children:

- About acceptable and unacceptable behaviour in both physical and online environments
- About what is appropriate and inappropriate contact at an age-appropriate level and understanding.
- About body safety, using correct names of private body parts to help recognise inappropriate touches and respect for personal space.
- To identify trusted educators, adults and friends.
- About their right to feel safe at all times
- About 'stranger danger'
- The difference between 'good' and 'bad' secrets
- To say 'no' to anything that makes them feel unsafe or uncomfortable.
- That there is no secret or story that cannot be shared with someone they trust.

- That educators are available for them if they have any concerns.
- To tell educators of any suspicious activities or people.
- To recognise and express their feelings verbally and non-verbally.

SOURCE

- Australian Children's Education & Care Quality Authority. (2025).
- Guide to the Education and Care Services National Law
- Education and Care Services National Regulations (Amended 2023),
- Australian Government Department of Education
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- Child Protection (Working with Children) Act 2012
- Children and Young Persons (Care and Protection) Act 1998
- NSW Government Communities and Justice Mandatory reporters: What to report and when
- The Commission for Children and Young People Act 1998
- Early Years Learning Framework
- National Quality Standard.
- NSW Government Department of Health, Child Protection and Wellbeing
- Australian Institute of Family Studies https://aifs.gov.au/cfca/publications/mandatory-reporting-child-abuse-and-neglect
- Child Care Desktop
- NSW Government Legislation Children's Guardian Act 2019
- NSW Government Legislation The Commission for Children and Young People Act 1998
- NSW Office of the Children's Guardian
- Ombudsman Act 2001.
- Child Story Reporter https://reporter.childstory.nsw.gov.au/s/
- Revised National Quality Standard

REFERENCES:

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.2	*Safety*	Each child is respected
2.2.1	*Supervision*	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2	*Incident and emergency management*	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented
2.2.3	*Child Safety & Protection*	Management, educators and staff are aware of their roles and responsibilities regarding child safety, including the need to identify and respond to every child at risk of abuse or neglect

Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
84	Awareness of child protection law
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record

115	Premises designed to facilitate supervision
145	Staff records
149	Volunteers and students
155	Interaction with children
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
175	Prescribed information to be notified to Regulatory Authority
176	Time to notify certain information to Regulatory Authority
S162(A)	child protection training
S165	Offence to inadequately supervise children
S166	Offence to use inappropriate discipline
S167	Offence relating to protection of children from harm and hazard
S174	Offence to fail to notify certain information to Regulatory Authority
S175	Offence relating to requirement to keep enrolment and other documents

Sick Children Policy

BACKGROUND & AIM

Children come into contact with many other children and adults in the early childhood environment increasing their exposure to others who may be sick or carrying an infectious illness. National Quality Standards require early childhood services to implement specific strategies to minimise the spread of infectious illness and maintain a healthy environment for all children, educators and families.

We understand that it can be difficult for families to know when their child is sick. Families may experience problems taking time off work or study to care for their child at home. However, it is imperative that families preserve a focus not only on the well-being of their own child but also upon the well-being of other children and the childcare professionals at the Service.

Our Service aims to minimise the transmission of infectious diseases/illnesses by adhering to regulations and policies to protect the health of all children, staff, families and visitors.

At times, an outbreak of a new or 'novel' virus or infection, such as COVID-19, may require exclusion from the Service that is not specified in general exclusion periods for common infectious illness. Information, education and recommendations regarding any 'novel' virus will be provided by the Australian Government Department of Health and/or local public health units.

In the event of an infectious outbreak, our Service reserves the right to apply more rigor in the implementation of this policy and to broaden the definition of a sick child (if circumstances warrant).

The need for exclusion and the length of time a person is excluded depends on how easily the infection can spread, how long the person is likely to be infectious and how severe the disease can be. To protect the health of children and staff within the Service, it is important that children and staff who are ill are kept away from the Service for the recommended period.

Our Educators and Staff are not medical practitioners and are not able to diagnose whether or not a child has an infectious illness. However, if an infectious illness is suspected, our Service may ask the family to collect their child from care as soon as possible or not bring the child to care.

Management and Educators may request families seek medical advice and provide a medical certificate stating that the child is no longer infectious prior to returning to care.

Our Service has adopted the Staying Healthy: Preventing Infectious disease in early childhood education and care services publication recommendations, developed by the Australian Government National Health and Medical Research Council and the NSW public health unit to guide our practice in limiting the spread of illness and disease. We aim to provide families with up-to-date information regarding specific illnesses and ways to minimise the spread of infection within the Service and at home.

SCOPE

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

RELATED POLICIES

• Control of Infectious Diseases Policy • Additional Needs Policy • Immunisation Policy • Enrolment & Orientation Policy • Family Communication Policy • Handwashing Policy	• Medical Conditions Policy • Administration of Medication Policy • Administration of First Aid Policy • Coronavirus Management Policy • Incident, Injury, Trauma, and Illness Policy

PROCEDURES & POLICIES

We aim to maintain the health and wellbeing of all children, staff, and their families, ensuring a healthy environment and minimising cross contamination and the spread of infectious illnesses by implementing best practice and high standards of personal hygiene within our Service.

We are guided by decisions regarding exclusion periods and notification of infectious diseases by the Australian Government – Department of Health and local public health units in our jurisdiction as per the Public Health Act.

Excluding children from the Service

- When a child has been diagnosed with an illness or infectious disease, the Service will refer to information about recommended exclusion periods from the Public Health Unit (PHU) and Staying Healthy; Preventing infectious diseases in early childhood education and care services.
    - the Service will display appropriate documentation and alerts for families including information on the illness/disease, symptoms, infectious period, and the exclusion period. (This information can be obtained from Staying Healthy: Preventing infectious diseases in early childhood education and care and Public Health Unit and Department of Health).
    - A medical clearance from the GP stating that the child is cleared to return to the childcare setting will also be required before the child returns to care.
- The need for exclusion and the length of time a person is excluded depends on how easily the infection can be spread, how long the person is likely to be infectious and the severity of the infectious disease of illness.
    - Refer to recommended exclusion period poster in appendix A (at end of this policy)
    - ***Diarrhoea and vomiting*** – children will be asked to stay away from the Service for 48 hours after symptoms have ceased to reduce infection transmission as symptoms can develop again after 24 hours in many instances.
    - ***High temperature*** - children with a temperature above 38'C will be asked to stay home until 24hrs after the temperature has ceased. (In the event of a pandemic or outbreak of an infectious disease the trigger temperature will be 37.5'C).
    - ***Commencement of anti-biotics*** – children can only return to care after 24 hrs of starting the medication.
    - ***Suspected Covid*-19** - Children who have a suspected case and meet the criteria for testing (fever, cough, sore throat, shortness of breath) may be required to get tested or self-test using a rapid antigen test (RAT). Any confirmed, symptomatic cases are required to stay home until symptoms are no longer present.
- If a vaccine preventable disease occurs in the Service, children who have not been fully immunised will be excluded from care.

Children arriving at the Service who are unwell.

Management will not accept a child into care if they:

- Are unwell and unable to participate in normal activities or require additional attention.
- Have a temperature or have had a temperature in the last 24 hours.
- vomiting and/or diarrhoea in the last 48 hours
- Have been started on anti-biotics in the last 24 hours.
- Have a contagious illness or infectious disease.
- Have been given medication for a temperature (Panadol etc.) prior to arriving at the Service.

Children who become ill at the Service

Children may become unwell throughout the day, in which case Management and Educators will respond to children's individual symptoms of illness and provide immediate comfort and care.

- Where supervision requirements allow, children who are unwell at the Service will be able to rest in a supervised area away from other children until parents or the emergency contact person is able to collect them.
- Educators will closely monitor and document the child's symptoms on the Incident, Injury, Trauma, and Illness Record.
- A child who has passed **two runny stools/vomited** whilst at the Service will be sent home and may only return after 48hrs of the symptoms stopping or once a doctor's medical clearance has been produced.
- Educators will take the child's temperature. If the child's temperature is **38°C** or higher, management will contact the child's parents/guardian/emergency contacts as soon as possible to have the child picked up (within 30 minutes). (In the event of a pandemic or outbreak of an infectious disease the trigger temperature will be 37.5'C).
    - Educators will monitor the child closely and be alerted to vomiting, coughing or convulsions.
    - Educators will attempt to lower the child's temperature by
        - Removing excessive clothing (shoes, socks, jumper, etc.)
        - Encouraging the child to take small sips of water.
        - Moving the child to a quiet area where they can rest whilst being supervised.
        - Applying a cool washer behind their neck and on their forehead (if required).
- Accurate records will be kept of the child's temperature, time taken, medication administered (if applicable), dosage, staff member's full name and name of staff member who witnessed the administration of medication (if relevant).
    - Complete Incident, Injury, Trauma, and Illness Record, ensuring the form has been completed correctly and signed by the parent/guardian/emergency contact upon collection of the child.
    - Complete an administration of medicine form (if relevant).
    - Continue to document any progressing symptoms.
- Educators will thoroughly clean and disinfect any toys, resources or equipment that may be contaminated by a sick child.

Common Colds and Flu

The common cold of flu (Viral upper respiratory tract infections) is very common in children occurring 6-10 times a year on average with the highest number usually being during the first 2 years in childcare, kindergarten, or school. Symptoms may include coughing, runny nose, and a slight temperature.

In circumstances where a child appears to have cold or flu symptoms, management will

determine if the child is well enough to continue at the Service or if the child requires parental care. As cold and flu symptoms are very similar to Covid-19, children with these symptoms may be required to obtain a RAT test.

Our Service aims to support the family's need for childcare; however, families should understand that a child who is unwell will need one-on-one attention which places additional pressure on staff ratios and the needs of other children.

Children who are generally healthy, will recover from a common cold in a few days. Keeping a child home and away from childcare, helps to prevent the spread of germs.

Influenza is a highly contagious illness and can spread to others for 24 hours before symptoms start. To prevent the spread of influenza our service encourages staff and children to be vaccinated once a year.

During an outbreak of a 'novel' virus or infection, such as COVID-19, our Service will implement greater rigor with respect to cold or flu like symptoms and may ask families to keep children at home until they are no longer symptomatic.

Returning to care after surgery

- Children who have undergone any type of surgery will need to take advice from their doctor/surgeon as to when it is appropriate and safe to return to care.
- Children will require a medical clearance stating the child is fit and able to return to the Service and participate in daily activities.

Notifying families and Emergency contact

- It is a requirement of the Service that all emergency contacts are able to pick up an ill child within a 30-minute timeframe.
- If the ill child is not collected in a timely manner, or should parents refuse to collect the child, a warning letter will be sent to the families outlining Service policies and requirements. The letter of warning will specify that if there is a future breach of this nature, the child's position may be terminated.

Reporting Outbreaks to the Public Health Unit

The NSW Public Health Act 2010 lawfully requires and authorises doctors, hospitals, laboratories, school principals and childcare centre directors to confidentially notify NSW Health of patients with certain conditions, and to provide the required information on the notification forms.

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

Management is required to notify the local public health unit (PHU) by phone (call 1300 066 055) as soon as possible after they are made aware that a child enrolled at the Service is suffering from one of the following vaccine preventable diseases or any outbreak of gastroenteritis:

- Diphtheria
- Mumps
- Poliomyelitis
- Haemophilus influenzae Type b (Hib)
- Meningococcal disease
- Rubella ("German measles")
- Measles

- Pertussis ("whooping cough")
- Tetanus
- An outbreak of 2 or more people with gastrointestinal or respiratory illness within a 48hr period.

Management will closely monitor health alerts and guidelines from Public Health Units and the Australian Government- Department of Health for any advice and emergency health management in the event of a contagious illness outbreak.

Management must ensure notification is lodged through the NQA-ITS of an outbreak of a notifiable illness or disease in the mandated time frames.

Parent/Guardian/Families Responsibility

To prevent the spread of disease, families are required to monitor their child's health and not allow them to attend childcare if they have an infectious illness or display symptoms of an illness.

For children who have ongoing medical needs such as asthma or anaphylaxis, parents should regularly review their child's health care action plans to ensure educators and other staff are able to manage their individual needs as required.

Families should implement effective hygiene routines at home such as regular handwashing and sneeze and cough routines (use of tissues, covering their mouth with coughing, sneezing into a tissue or elbow).

Families should notify the Service if their child has been unwell in the past 24 hours or someone in the family is/has been sick. This is particularly critical during a pandemic such as COVID-19.

Signs of illness in young children may include:

- Runny, green nasal discharge
- High temperature
- Diarrhoea
- Red, swollen or discharging eyes.
- Vomiting
- Rashes (red/purple)
- Irritability, unusually tired or lethargic
- Impetigo
- A stiff neck or sensitivity to light
- Mouth sores
- Breathing difficulty
- Poor circulation
- Pain

Families should keep up to date with their child's immunisation, providing a copy of the updated AIR immunisation History Statement to the Service following each immunisation on the National Immunisation Schedule.

Management and Educators will ensure.

- Effective hygiene policies and procedures are adhered to at all times to prevent the spread of illness.
- They promote effective hand hygiene and cough etiquette.
- Effective environmental cleaning policies and procedures are adhered to at all times.
- All families have access to a copy of relevant policies upon enrolment which will be explained by management including; Control of Infectious Diseases Policy, Sick

Children policy, Incident, Injury, Trauma and Illness Policy, Handwashing Policy, Medical Conditions Policy and Administration of Medication Policy.

- Any child who registers a temperature of **38°C** or above is collected from the Service and will be excluded for 24 hours since the last elevated temperature or until the Service receives a doctor's clearance letter stating that the child is cleared of any infection and able to return to childcare.
- A child who has not been immunised will be excluded from the Service if a vaccine preventable infectious disease is reported within the Service community and that child is deemed to be in danger of contracting the illness. Please refer to our Control of Infectious Diseases Policy.
- Families of a child with complex and chronic medical conditions will be notified in the event of an outbreak of an illness or infectious disease that could compromise their health.
- Notification is made to the Regulatory Authorities within 24 hours of any incident involving a serious injury or trauma to, or illness of, a child while being educated and cared for by an Education and Care Service, which:
    - a reasonable person would consider required urgent medical attention from a registered medical practitioner *or*
    - for which the child attended, or ought reasonably to have attended, a hospital. For example: whooping cough, broken limb, and anaphylaxis reaction
    - 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 (e.g.: severe asthma attack, seizure, or anaphylaxis)
- Parents or guardians are notified as soon as practicable and no later than 24 hours of the illness, accident, or trauma occurring.

Measures implemented to minimise spread of infection:

To help minimise the spread of illness and infectious diseases our Service implements rigorous hygiene and infection control procedures and cleaning routines including:

- mandatory vaccinations for COVID-19 for all staff and educators
- effective hand washing hygiene.
- cough and sneeze etiquette
- appropriate use of protective gloves
- exclusion of children, educators or staff when they are unwell or displaying symptoms of an infectious disease or virus.
- effective environmental cleaning including toys and resources and bedding.
- physical distancing (when recommended by Australian Health Protection Principal Committee [AHPPC] and/or Safe Work Australia)
- wearing of masks when by educators and staff when unwell or mandated by Public Health Order or Service decision.

SOURCES

- Education and Care Services National Regulation
- Education and Care Services National Law Act
- Australian Children's Education & Care Quality Authority
- Australian Government Department of Education, Belonging, Being and Becoming: The Early Years Learning Framework for Australia
- Australian Government Department of Health
- A Guide to National Quality Standards
- Revised National Quality Standard
- Early Years Learning Framework

- Staying Healthy: Preventing infectious diseases in early childhood education and care.
- National Health and Medical Research Council https://www.nhmrc.gov.au/
- NSW Public Health Unit https://www.health.nsw.gov.au/Infectious/pages/phus.aspx
- Revised National Quality Standards

REFERENCES

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1	*Health*	Each child's health and physical activity is supported and promoted
2.1.1	*Wellbeing and comfort*	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation
2.1.2	*Health practices and procedures*	Effect8ive illness and injury management and hygiene practices are promoted and implemented

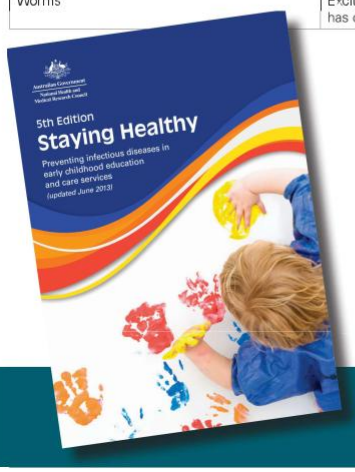
Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
77	Health, hygiene and safe food practices
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
88	Infectious diseases
90	Medical conditions policy
92	Medication record
93	Administration of medication
168	Education and care service must have policies and procedures
175(2)(c)	Prescribed information to be notified to Regulatory Authority- any circumstance arising at the service that poses a risk to the health, safety or wellbeing of a child or children attending the service

Recommended minimum exclusion periods

ADAPTED FROM STAYING HEALTHY | 5TH EDITION | 2013

Condition	Exclusion of case	Exclusion of contacts[a]
Campylobacter infection	Exclude until there has not been a loose bowel motion for 24 hours[b]	Not excluded
Candidiasis (thrush)	Not excluded	Not excluded
Cytomegalovirus (CMV) infection	Not excluded	Not excluded
Conjunctivitis	Exclude until discharge from the eyes has stopped, unless a doctor has diagnosed non-infectious conjunctivitis	Not excluded
Cryptosporidium	Exclude until there has not been a loose bowel motion for 24 hours[b]	Not excluded
Diarrhoea (No organism identified)	Exclude until there has not been a loose bowel motion for 24 hours[b]	Not excluded
Fungal infections of the skin or nails (e.g. ringworm, tinea)	Exclude until the day after starting appropriate antifungal treatment.	Not excluded
Giardiasis	Exclude until there has not been a loose bowel motion for 24 hours[b]	Not excluded
Glandular fever (infectious mononucleosis, Epstein Barr virus [EBV] infection)	Not excluded	Not excluded
Hand, foot and mouth disease	Exclude until all blisters have dried	Not excluded
Haemophilus influenzae type b (Hib)	Exclude until the person has received appropriate antibiotic treatment for at least 4 days	Not excluded. Contact a public health unit for specialist advice
Head lice (pediculosis)	Not excluded if effective treatment begins before the next day at the education and care service. The child does not need to be sent home immediately if head lice are detected	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received and until at least 7 days after the onset of jaundice	Not excluded. Contact a public health unit for specialist advice about vaccinating or treating children in the same room or group
Hepatitis B	Not excluded	Not excluded
Hepatitis C	Not excluded	Not excluded
Herpes simplex (cold sores, fever blisters)	Not excluded if the person can maintain hygiene practices to minimise the risk of transmission. If the person cannot comply with these practices (e.g. because they are too young), they should be excluded until the sores are dry. Sores should be covered with a dressing, where possible	Not excluded
Human immunodeficiency virus (HIV)	Not excluded. If the person is severely immune compromised, they will be vulnerable to other people's illnesses	Not excluded
Human parvovirus B19 (fifth disease, erythema infectiosum, slapped cheek syndrome)	Not excluded	Not excluded
Hydatid disease	Not excluded	Not excluded
Impetigo	Exclude until appropriate antibiotic treatment has started. Any sores on exposed skin should be covered with a watertight dressing	Not excluded
Influenza and influenza-like illnesses	Exclude until person is well	Not excluded
Listeriosis	Not excluded	Not excluded
Measles	Exclude for 4 days after the onset of the rash	Immunised and immune contacts are not excluded For non-immunised contacts, contact a public health unit for specialist advice. All immunocompromised children should be excluded until 14 days after the appearance of the rash in the last case
Meningitis (viral)	Exclude until person is well	Not excluded
Meningococcal infection	Exclude until appropriate antibiotic treatment has been completed	Not excluded. Contact a public health unit for specialist advice about antibiotics and/or vaccination for people who were in the same room as the case
Molluscum contagiosum	Not excluded	Not excluded
Mumps	Exclude for 9 days or until swelling goes down (whichever is sooner)	Not excluded
Norovirus	Exclude until there has not been a loose bowel motion or vomiting for 48 hours	Not excluded
Pertussis (whooping cough)	Exclude until 5 days after starting appropriate antibiotic treatment, or for 21 days from the onset of coughing	Contact a public health unit for specialist advice about excluding non-vaccinated and incompletely vaccinated contacts, or antibiotics
Pneumococcal disease	Exclude until person is well	Not excluded
Roseola	Not excluded	Not excluded
Ross River virus	Not excluded	Not excluded
Rotavirus infection	Exclude until there has not been a loose bowel motion or vomiting for 24 hours	Not excluded
Rubella (German measles)	Exclude until fully recovered or for at least 4 days after the onset of the rash	Not excluded
Salmonellosis	Exclude until there has not been a loose bowel motion for 24 hours[b]	Not excluded
Scabies	Exclude until the day after starting appropriate treatment	Not excluded
Shigellosis	Exclude until there has not been a loose bowel motion for 24 hours[b]	Not excluded
Streptococcal sore throat (including scarlet fever)	Exclude until the person has received antibiotic treatment for at least 24 hours and feels well	Not excluded
Toxoplasmosis	Not excluded	Not excluded
Tuberculosis (TB)	Exclude until medical certificate is produced from the appropriate health authority	Not excluded. Contact a public health unit for specialist advice about screening, antibiotics or specialist TB clinics
Varicella (chickenpox)	Exclude until all blisters have dried—this is usually at least 5 days after the rash first appeared in non-immunised children, and less in immunised children	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise, not excluded
Viral gastroenteritis (viral diarrhoea)	Exclude until there has not been a loose bowel motion for 24 hours[b]	Not excluded
Worms	Exclude if loose bowel motions are occurring. Exclusion is not necessary if treatment has occurred	Not excluded



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

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

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

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

Australian Government
National Health and Medical Research Council

NHMRC
WORKING TO BUILD A HEALTHY AUSTRALIA

Head Lice Policy

BACKGROUND & AIM

Head lice continue to cause concern and frustration for families, Educators and children. Although head lice are not considered a health hazard, and do not spread disease, infestations can cause anxiety for all stakeholders. Head lice affect all socioeconomic groups and are not a sign of poor hygiene. They have no preference for ethnic background, hair colour, hair type or age.

This policy is intended to outline roles, responsibilities and expectations of the Service to assist with early identification, treatment and control of head lice in a consistent and coordinated manner.

Whilst families have the primary responsibility for the detection and treatment of head lice our Service will work in a cooperative and collaborative manner to assist all families to manage head lice effectively.

Head Lice

Pediculosis Capitis or head lice are insects that live in hair and suck blood from the scalp, sometimes causing itching of the scalp. Female head lice lay their eggs and glue them to the base of hair shafts (within 1.5cm of the scalp). The eggs (nits) are pale cream to yellowish brown in colour and hatch after 7–10 days. The immature lice grow into adults over 6–10 days and start biting the scalp to feed on blood. They can be brown or grey in colour.

People get head lice from direct head-to-head contact with another person who has head lice. This can happen when people play, cuddle or work closely together. Head lice do not have wings, so they cannot fly or jump from head-to-head. They can only crawl.

Head lice do not live or breed on animals, bedding, furniture, carpets, clothes or soft toys. They are rarely spread by sharing hats.

Head lice can be controlled through a consistent, systematic community approach.

Treatment

The two most common methods used for the treatment of head lice are the conditioner/combing technique and chemical treatments.

1. Conditioner and Combing Technique
    - Untangle dry hair with an ordinary comb.
    - Apply hair conditioner to dry hair (white conditioner makes it easier to see the eggs). Use enough conditioner to cover the whole scalp and all the hair from roots to tips.
    - Use an ordinary comb to evenly distribute the conditioner and divide the hair into four or more sections using hair clips.
    - Starting with a section at the back of the head, place the teeth of a head lice comb flat against the scalp. Comb the hair from the roots through to the tips.
    - Wipe the comb clean on a tissue after each stroke and check for head lice or eggs on the tissue.
    - Comb each section twice until you have combed the whole head. If the comb becomes clogged, use an old toothbrush, dental floss or a safety pin to remove the head lice or eggs.
    - Wash out the conditioner.
    - Clean the comb using hot soapy water and rinse off with hot water.
    - Repeat the conditioner and combing method after seven days to ensure that any immature head lice that have hatched are removed before they can lay more eggs.

2. Chemical treatments are also available for head lice for children aged over six months—your pharmacist can help you choose a product. No single chemical treatment will work for everyone, and lice can develop resistance to the chemicals.

   There are four main categories of head lice products available in Australia which may include an active compound which kills head lice and some eggs. Any head lice treatment product used should carry an Australian Registered (AUST R) number on the outer packaging indicating the product is accepted by the Therapeutic Goods Administration for supply in Australia. No treatment kills all eggs so the hair must be retreated after 7 to 10 days to kill any head lice that may have hatched or survived the first treatment.

SCOPE

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

RELATED POLICIES

• Family Communication Policy • Work, Health and Safety Policy	• Privacy and Confidentiality Policy

PROCEDURES & POLICIES

This policy aims to ensure parents, staff and educators are well informed about the early identification of head lice and managing infestations through effective treatment and communication with families.

Armidale Montessori Preschool aims to:

- Outline the roles and responsibilities of families, educators and management who are involved in early detection, treatment and control of head lice;
- Document effective treatment and management strategies; and
- Provide information and support for families.

Responsibilities of Management, Staff, Responsible Persons and Educators:

If one child at the Service has head lice, it is likely that several others also have them. To help prevent the spread of head lice our Service will:

- Remind parents to be vigilant in checking for head lice.
- Keep families informed if there is someone at the Service with head lice, ensuring confidentiality is not breached by disclosing the child's name who has head lice.
- Confidentially notify the parent/caregiver of a child who is suspected of having live head lice and request that the child is treated before returning to the Service the following day.
- Ensure the child or children with head lice are not to be isolated or excluded from learning if they are undergoing appropriate treatment.
- Reduce head-to-head contact between all children when the Service is aware that someone has head lice.
- Support parents and children who have head lice by providing factual information, reducing parental anxiety and not singling out individual children with head lice.
- Provide families with suggestions of effective treatment for head lice.
- Encourage parents to tie back children's hair when attending the Service.
- Record confidentially all cases so an outbreak can be avoided.
- Encourage children to learn about head lice to help them understand the issue and how to prevent further outbreaks, e.g., avoid sharing hairbrushes or hats, etc.

Responsibilities of families

- Check your child's head once a week and check for head lice.
- Notify the Service immediately if head lice are found on your child's head.
- Ensure your child does not attend the Service with untreated head lice. If you find any live lice or eggs, begin treatment immediately and notify the Service if your child is affected so the Service can monitor the number of cases and act responsibly if a high number of cases are reported.
- Ensure you check all members of your family, if one person has head lice (there is no need to treat the whole family, unless they also have head lice).
- Check for effectiveness of the treatment every 2 days until no live lice are found for 10 consecutive days. Remove eggs from your child's hair using the conditioner method and head lice comb.
- Once treatment has started and your child no longer has live head lice, your child can attend the Service.
- If your child has long hair, ensure it is tied back.
- Only use safe and recommended practices to treat head lice.
- Maintain a sympathetic attitude and avoid defaming/blaming families who are having trouble with control measures.

Jurisdiction specifications for NSW

NSW Department of Education
https://education.nsw.gov.au/student-wellbeing/health-and-physical-care/health-care-procedures/conditions/head-lice

SOURCES

- Australian Children's Education & Care Quality Authority (2014).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics
- Childcare Desktop
- Guide to the National Quality Standard
- Staying Healthy in Child Care. 5th Edition
- National Health and Medical Research Council
- Head Lice Management Guidelines Fact Sheet
- Child Care Cooperative – Help! I don't know what to do about Head Lice.
- Revised National Quality Standards

REFERENCES

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1	*Health*	Each child's health and physical activity is supported and promoted
2.1.1	*Wellbeing and comfort*	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
2.1.2	*Health practices and procedures*	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	*Safety*	Each child is protected

2.2.1	*Supervision*	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
77	Health, hygiene and safe food practices
88	Infectious diseases
168	Education and care service must have policies and procedures

Medical Conditions Policy

BACKGROUND & AIM

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

We aim to take every precaution to mitigate risks and efficiently respond to and manage medical conditions at the Service ensuring the safety and wellbeing of all children, staff, families, and visitors.

SCOPE

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

RELATED POLICIES

• Enrolment & Orientation Policy • Acceptance and Refusal of Authorisations Policy • Sick Children Policy • Additional Needs Policy • Administration of First Aid Policy • Incident, Injury, Trauma, and Illness Policy • Immunisation policy • Nutrition, food & beverages policy • Physical environment policy	• Administration of Medication Policy • Anaphylaxis Management Policy • Asthma Management Policy • Epilepsy Management Policy • Work, Health & Safety Policy • Family Communication Policy • Privacy and Confidentiality Policy • Eczema Management Policy • Supervision policy • Control of Infectious Disease policy • Sick Staff policy

PROCEDURES & POLICIES

Our Service aims to efficiently respond to and manage the medical conditions, health care needs or allergies of children and staff ensuring the safety and wellbeing of all children, staff, families, and visitors at our Service. As such, we strive to ensure that key strategies and procedures are in place prior to a child with a medical condition commencing at the Service. It is imperative that all educators and volunteers at the Service follow a child's medical management plan in the event of an incident related to a child's specific health care need, allergy, or medical condition.

We are also committed to adhering to privacy and confidentiality procedures when dealing with individual health and medical requirements.

Duty of Care

Our Service has a legal responsibility to take reasonable steps to ensure the health needs of children enrolled in the Service are met. This includes our responsibility to provide:

- A safe environment for children free of foreseeable harm and
- Adequate supervision of children at all times.

Families will ensure:

- They provide management with information about their child's health needs, allergies, medical conditions, and medication requirements on the enrolment form and through verbal communication/meetings.

- The Service enrolment form is completed in its entirety providing specific details about the child's medical condition.
- They acknowledge they have been provided access to the Service's Medical Conditions Policy and Administration of Medication Policy at time of enrolment.
- They provide the Service with a medical management plan prior to enrolment of their child.
- They consult with management to develop a risk minimisation plan and communication plan.
- They provide written consent for their child's medical management plan to be displayed in the Service.
- They notify the Service if any changes are to occur to the Medical Management Plan.
- They provide adequate supplies of the required medication and medical authorisation of medication record.
- They provide an updated copy of the child's Medical Management Plan annually or evidence from a medical practitioner to confirm the plan remains unchanged.

The Approved Provider/Management will ensure:

- Educators receive appropriate training in managing specific medical conditions.
- At least one staff member or nominated supervisor is in attendance at all times with a current accredited first aid certificate, emergency asthma management and emergency anaphylaxis management certificate (as approved by ACECQA)
- A child is not enrolled at, nor attend the Service without a Medical Management Plan and prescribed medication by their medical practitioner. In particular, medication for life-threatening conditions such as asthma, anaphylaxis or diabetes must be provided at the service each day (e.g., asthma inhalers, adrenaline auto injection devices or Insulin).
- All enrolment forms are reviewed to identify any specific health care need, allergy, or medical condition.
- Educators, staff and volunteers have knowledge and access to this policy and relevant health management policies (*Asthma Management Policy/ Anaphylaxis Management Policy/Epilepsy Management Policy*)
- Educators, staff and volunteers have a clear understanding of children's individual health care needs, allergy or relevant medical condition that may be ongoing or acute/short term in nature.
- Existing enrolment forms are reviewed, and parents contacted to confirm if the existing diagnosed health care need, allergy, or relevant medical condition still applies and whether any new needs have been diagnosed.
- Educators and staff will be informed immediately about any changes to a child's medical management plan and risk management plan.
- Parents are provided with access to relevant medical condition policies.
- Families provide required information on their child's medical condition, including.
    - Medication requirements
    - Allergies
    - Medical Practitioner contact details.
    - Medical Management Plan
- A Medical Management Plan/Risk Minimisation Plan/Communication Plan has been developed in consultation with families and the child's medical practitioner.
- Educators have access to emergency contact information for the child.
- A notice is displayed prominently in the main entrance of the Service stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the Service and providing details of the allergen/s.
- New staff members are provided with induction and ongoing training to assist managers, educators and other staff effectively and children with medical management plans are clearly identified.
- All aspects of operation of the Service must be considered to ensure inclusion of each child into the program

- Procedures are adhered to regarding the administration of medication at all times.
- Information regarding the health and wellbeing of a child or staff member is not shared with others unless consent is provided in writing, or provided the disclosure is required or authorised by law under relevant state/territory legislation. See *Child Protection Policy* for further information regarding legal obligations to sharing of information.

Responsible Persons and Educators will ensure:

- A copy of the child's medical management plan is visibly displayed and known to staff in the Service.
- Procedures are always adhered to regarding the administration of medication.
- Administration of medication record is accurately completed and signed by the educator and witness.
- Casual Staff are informed of children and staff who have specific medical conditions or food allergies, the type of condition or allergies they have, and the Service's procedures for dealing with emergencies involving allergies and anaphylaxis.
- They have a clear understanding of children's individual medical conditions that may be ongoing or acute/short term in nature.
- Communication between families and Educators is ongoing and effective.
- There is always an Educator in attendance with a current accredited first aid and CPR, asthma, and emergency anaphylaxis certificate.
- Educators have a clear understanding about their role and responsibilities when caring for children with a medical condition.
- Copies of children's medical management plans and medication are taken on any excursion or emergency evacuation from the Service.
- Ensure that the Incident, injury, Trauma and illness Record is completed in the event of an incident.

In the event that a child suffers from a reaction, incident, situation, or event related to a medical condition the Service the staff will:

- Follow the child's Emergency Medical/Action Plan.
- Call an ambulance immediately by dialling 000.
- The first aid responder will commence first aid measures immediately as per the child's medical management plan.
- Contact the parent/guardian when practicable (within 24 hours)
- Contact the emergency contact if the parents or guardian can't be contacted when practicable (within 24 hours)
- Ensure the incident injury, trauma and illness record is completed in its entirety.
- The Director of the Nominated Supervisor will notify the regulatory authority (within 24 hours)

Medical Management Plan

- Any Medical Management Plan provided by a child's parents and/or registered medical practitioner should include the following:
  - Specific details of the diagnosed health care need, allergy, or relevant medical condition
  - have supporting documentation if appropriate.
  - Detail current medication and dosage prescribed for the child.
  - A photo of the child.
  - If relevant, state what triggers the allergy or medical condition.
  - First aid that may be required from the Service.
  - Any medication that may be required to be administered in case of an emergency.
  - Further treatment or response if the child does not respond to the initial treatment
  - When to contact an ambulance for assistance

  - Contact details of the doctor who signed the plan.
  - state when the plan should be reviewed.
- A copy of the Medical Management Plan will be displayed for Educators and Staff to see to ensure the safety and wellbeing of the child.

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

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

- That the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised.
- That practices and procedures in relation to the safe handling, preparation, serving and consumption and service of food are developed and implemented.
- That the parents/families are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented
- Practices are developed and implemented to ensure that all staff members 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 Service 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
- Educators will ensure all relevant information pertaining to the child's health and medical condition is communicated to parents at the end of each day.
- Educators will notify parents in advance of any special activities taking place such as celebrations, sporting events and excursions so plans of safe inclusion can be made.
- Educators will ensure appropriate hygiene practices are followed when managing medical conditions in line with the Control of Infectious Diseases Policy

Communication Plan
The communication plan explains how relevant staff members and volunteers are informed about the medical management and risk minimisation plans and how the parent of the child can communicate any changes to the diagnosed health care need, allergy, or medical condition.

A communication plan will be created after the meeting with the parents/guardian to ensure all relevant staff members and volunteers are informed about the medical conditions policy and the Individual Health Management Plan and Risk Minimisation Plan for the child.

At all times, families who have a child attending the Service who have a diagnosed medical condition will be provided with access to this policy which includes a communication plan and any other relevant policies.

SOURCES

- Education and Care Services National Regulation
- Australian Children's Education & Care Quality Authority
- Early Childhood Australia Code of Ethics
- Education and care services national law
- National Health and Medical Research Council
- Childcare Desktop
- Guide to the National Quality Framework

- National Quality Standards
- Occupational Health and Safety Act
- Revised National Quality Standards

REFERENCES

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1	*Health*	Each child's health and physical activity is supported and promoted
2.1.1	*Wellbeing and comfort*	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
2.2	*Safety*	Each child is protected
2.2.1	*Supervision*	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2	*Incident and emergency management*	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
12	Meaning of a serious incident
85	Incident, injury, trauma and illness policy
86	Notification to parents of incident, injury, trauma or illness
87	Incident, injury, trauma and illness record
89	First aid kits
90	Medical Conditions Policy
90(1)(iv)	Medical Conditions Communication Plan
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement—anaphylaxis or asthma emergency
95	Procedure for administration of medication
136	First aid qualifications
162(c) & (d)	Health information to be kept in enrolment record.
168	Education and care services must have policies and procedures
170	Policies and procedures are to be followed
173 (2f)	Prescribed information to be displayed – a notice stating a child has been diagnosed as at risk of anaphylaxis is enrolled at the service.
174	Time to notify certain circumstances to Regulatory Authority

Additional Needs Policy

BACKGROUND & AIM

Supporting children with additional needs requires Educators to extend upon the strategies they already use in providing quality care for children. It is imperative for Educators to develop a comprehensive understanding of each child's interests, abilities and implement a program and environment that is receptive to their needs.

According to the Inclusion Support Program Guidelines (Australian Department of Education, Skills & Employment), there is no national definition of 'additional needs'. This term is used within this policy to describe children who may need or require specific considerations or adaptations to participate fully in our Early Childhood Education and Care service.

We understand that additional needs may be temporary or permanent with diverse origins, which require different responses. Supporting children with additional needs enables them to have equitable access to resources and participation. This can lead to stronger skills in literacy and numeracy, social and emotional development and understanding of diversity. Strategies for supporting children with additional needs can diverge significantly, because every child is unique.

Our Service will work in partnership with families and other professionals to ensure specific consideration and adaptations allow children with additional needs access and participation to achieve positive learning outcomes.

Our Service aims to support each child, irrespective of their additional needs and abilities to engage and fully participate in its education and care program, within an inclusive environment. Educators will remain encouraging, unprejudiced and authentic, ensuring that all children are treated equally and fairly and have the opportunity to grow and develop to their individual potential.

Inclusion Support and Disability & Inclusion Programs

To assist in the provision of an inclusive environment for children with additional needs, our Service may apply for additional support through the Inclusion Support Program (ISP) or the Disability & Inclusion Program (DIP), if the eligibility requirements are met.

The Nominated Supervisors and educators will refer to the *Inclusion Support* and *Disability & inclusion Guidelines* and consult with families to submit an application. The objectives of the Programs include:

- supporting Early Childhood Education and Care Services to increase their capacity and capability to provide quality inclusive practices for all children.
- to address access and participation barriers
- support the inclusion of children with additional needs
- provide parents or carers of children with additional needs with access to appropriate ECEC services

SCOPE

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

RELATED POLICIES

• Enrolment & Orientation Policy • Code of Conduct Policy	• Medical Conditions Policy • Additional Needs Policy

• Supervision Policy • Privacy and Confidentiality Policy • Interactions with Children & Behaviour Management Policy	• Anti-Bias & Inclusion Policy • Service Management Policy • Physical Environment Policy

PROCEDURES & POLICIES

In accordance with The National Quality Standard, our service positively responds to and welcomes children with additional needs who -

- Are Aboriginal or Torres Strait Islanders
- Are recent arrivals in Australia.
- Have a culturally and linguistically diverse background.
- Live in isolated geographic locations
- Are experiencing difficult family circumstances or stress.
- Are at risk of abuse or neglect.
- Are experiencing language and communication difficulties.
- Have a diagnosed disability or development delay—physical, sensory, intellectual or autism spectrum disorder.
- Have a serious medical or health condition.
- Are presenting with trauma related behaviours.
- Are presenting with challenging behaviours and/or behavioural or psychological disorders.
- psychological disorders.
- Have learning difficulties.
- Are gifted or have special talents.
- Have other extra support needs.

Upon Enrolment

Once the enrolment record has been completed it should be reviewed to identify whether the child has a specific additional care requirement. Where an additional need is identified as a medical/health condition, the Preschool will obtain a copy of the medical management plan from the child's parent and prepare an action plan for the child. These plans should be in place prior to the child commencing at the service.

Enhanced transition to school planning

Our Service will promote and support enhanced transition to school programs for children with additional needs by:

- starting the planning for transition to school aged care early
- liaising with key people at the school and other support services to ensure key dates for applications for support are noted
- sharing information about the child's strengths and completing *Transition to School Statements*
- supporting reciprocal visits to strengthen the transition to school for children and families
- provide continuity of learning between our Service and school aged care.

Families will:

- work collaboratively with our Service.
- share information about their child's specific needs- their interests, things they do well, strategies that are used at home to support their child, identify routines or situations that may cause physical or emotional challenges
- provide accurate information about their child's additional needs including relevant reports, documentation, NDIS plans, details about support services and other allied professionals

- help to identify possible barriers for inclusion and reasonable adjustments that may be required
- consent to our Service accessing external professional support if required to assist educators manage the diagnosed, or undiagnosed additional needs of their child
- collaborate with external professional support agencies and educators to implement plans to support inclusion.
- provide written consent for information about their child to be shared if accessing support under the Inclusion Support Program or Disability support program.
- adhere to our policies that should the safety of other children and staff be compromised enrolment may be suspended or terminated.
- If the additional needs' requirements is a medical/health condition then:
    - Inform the service at any time of any specific health care needs, allergies or relevant medical conditions for their child.
    - Inform the service of any relevant changes relating to the nature of, or management of, the child's specific health care need, allergies or relevant medical condition.
    - If necessary, provide a medical management plan to the service for their child & provide an updated medical management plan for the child when required.
    - Participate in the development of an action plan and communication plan in relation to their child's specific health care or additional needs.

Management/Nominated Supervisor will ensure:

- Children's social, cultural and linguistic diversity is considered to inform curriculum decision-making processes to provide an inclusive education.
- Equitable access is provided to support children with additional needs.
- Communication with families is consistent and supportive.
- They have a thorough understanding of the NDIS plan for each child (if applicable) and assist to help achieve goals and build skills and independence
- They develop a Strategic Inclusion Plan and Individual support plan in collaboration with the inclusion agency which will identify any barriers preventing a child's inclusion and implement strategies for improvement.
- Specific plans and programs provided by external resource providers and professionals for children with additional needs are shared with educators and copies are shared with educators and copies filed in the child's individual record.
- The indoor and outdoor environment and equipment is designed or adapted to ensure access and participation for all children to support the inclusion of children with additional needs. This may include:
    - Portable ramps
    - Use of standing frames and support swings
    - Specialised inclusion toys such as sensory or switch toys
    - Specialised furniture such as chairs, tables and positioning of equipment.
    - Communication charts, visual cards, Key word signs
    - Resources and books in languages other than English to support indigenous children and children from linguistically diverse backgrounds.
- The program and curriculum are inclusive and meets the individual needs of children with additional needs.
- The service works with external Early Intervention professionals, allied health professionals and families to verify the educational program and learning environment is suitable for children with additional needs and children and families from culturally diverse backgrounds.

- Children's sensory sensitivities to pressure, texture, smell, noise or colour is considered within the environment.
- Children are encouraged to feel safe and secure during their education and care at the service by developing trusting relationships with educators, other children and the community.
- Families are encouraged to meet with the Educators who will be working with the child to ensure an understanding of the child's needs, appropriate methods for communication, and to ascertain that suitable resources and support is provided to both the family and the child.
- Educators' are supported through professional development and networking with professional agencies to ensure educators are meeting the needs of each child with additional needs.
- Assistance, training and, where possible, financial funding is sought from inclusive support agencies to promote the development of skills in children with identified additional needs.
- Parents/guardians provide written consent for information about their child to be shared with relevant IA, IDFM and the Department if accessing support under the Inclusion Support Program
- Confidentiality for children and families is maintained.

Educators will:

- Treat children equally, fairly and with respect regardless of perceived dissimilarities.
- Meet with families of children with additional needs to familiarise themselves with the specific communication needs of each child. Communication could include verbal and on-verbal communication skills and cues and may necessitate the use of systems such as sign language, use of images, and/or learning key words n the child's home language.
- Create an inclusive program, which is adaptable and supportive of all children.
- Advocate for children's rights.
- Create a flexible environment, which can be adapted to each child's needs within the service to support the inclusion of children with additional needs.
- Implement programming experiences and activities, encouraging children to explore and participate.
- Listen carefully to children's concerns and discuss diverse perspectives on issues of inclusion and exclusion and fair and unfair behaviour.
- Work with other professionals who play a role in supporting the child's development.
- Seek specific professional intervention and training in order to meet the individual child's needs.
- Develop an Inclusion Support Plan (ISP) for each child that will be kept on file at the service and shared with families, the child's medical practitioners and/or professional support services.
- Act as role models by displaying appropriate behaviour and language, being consistently aware of and responsive to children who may require additional support, attention or assistance.
- Discuss a wide range of emotions, thoughts and views constructively with the children within a supportive environment.
- Not judge or compare one child's development with another.
- Work with families to meet children's developmental needs, building strengths and capabilities.
- Work collaboratively with health professionals and families together to discuss and plans to support children.
- Talk to children about differences and acceptance.
- Provide opportunities for all children to play and learn together, promoting cooperative, caring and pro social behaviours.

SOURCE

- Australian Children's Education & Care Quality Authority (2014).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015,
- ECA Code of Ethics.
- Childcare Centre Desktop
- Early Years Learning Framework
- National Quality Standards
- Australian Government Department of Education, Skills and Employment.
- Guide to the National Quality Framework
- Inclusion Support Guidelines
- Disability and Inclusion Program
- Revised National Quality Standards

REFERENCES

National Quality Standard (NQS)

Quality Area 1: Educational program and practice		
1.1.1	*Approved learning framework*	Curriculum decision-making contributes to each child's learning and development outcomes in relation to their identity, connection with community, wellbeing, confidence as learners and effectiveness as communicators.
Quality Area 2: Children's Health & Safety		
2.1	*Health*	Each child's health and physical activity is supported and promoted.
2.1.1	*Wellbeing and comfort*	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation.
2.1.2	*Health practices and procedures*	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	*Safety*	Each child is protected.
2.2.1	*Supervision*	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	*Incident and emergency management*	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

Quality Area 3: Physical Environment		
3.1	*Design*	The design of the facilities is appropriate for the operation of a service
3.1.1	*Fit for purpose*	Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child.
3.2.1	*Inclusive environment*	Outdoor and indoor spaces are organised and adapted to support every child's participation and to engage every child in quality experiences in both built and natural environments.
3.2.2	*Resources support play-based learning*	Resources, materials and equipment allow for multiple uses, are sufficient in number, and enable every child to engage in play-based learning.

Quality Area 5: Relationships with children		

5.1	*Relationships between educators and children*	Respectful and equitable relationships are maintained with each child.
5.1.1	*Positive educator to child interactions*	Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included.
5.1.2	*Dignity and rights of the child*	The dignity and rights of every child are maintained.

Quality Area 6: Collaborative partnerships with families and communities		
6.1	*Supportive relationships with families*	Respectful relationships with families are developed and maintained and families are supported in their parenting role.
6.1.1	*Engagement with the service*	Families are supported from enrolment to be involved in the service and contribute to service decisions.
6.1.2	*Parent views are respected*	The expertise, culture, values and beliefs of families are respected, and families share in decision-making about their child's learning and wellbeing.
6.2	*Collaborative partnerships*	Collaborative partnerships enhance children's inclusion, learning and wellbeing.
6.2.2	*Access and participation*	Effective partnerships support children's access, inclusion and participation in the program

Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
90	Medical conditions policy
91	Medical conditions policy to be provided to parents
155	*Interactions with children*
156	*Relationships in groups*
157	*Access for parents*
168	*Education and care service must have policies and procedures*
170	*Policies and procedures must be followed.*

Control of Infectious Diseases Policy

BACKGROUND & AIM

Our Service will minimise children's exposure to infectious diseases by adhering to all recommended guidelines from relevant authorities regarding the prevention of infectious diseases, promoting practices that reduce the transmission of infection, ensuring the exclusion of sick children and educators, supporting child immunisation and implementing effective hygiene practices.

Our Service is committed to minimise the spread of infectious diseases and viruses by implementing recommendations as stated in the Staying healthy: *Preventing infectious diseases in early childhood education and care services (*Fifth Edition) developed by the Australian Government National Health and Medical Research Council and advice provided from the Australian Health Protection Principal Committee (AHPPC).

We are guided by decisions regarding exclusion periods and notification of infectious diseases by the *Australian Government- Department of Health* and local Public Health Units in our jurisdiction as per the Public Health Act. Recommendations for managing positive cases of COVID-19 in early education and care is provided by NSW Public Health unit (1300 066 055).

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

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

Children may be brought to care with symptoms or signs of illness or whilst in care suddenly develop an illness that has not been previously detected. Many illnesses, even those that do not fit exclusion criteria can transmit disease to other children in care, and many non-exclusion diseases can make a child too ill to participate in normal care activities.

The preschool will minimise the spread of potential infectious diseases between children, non-enrolled children, adults and preschool staff, by excluding children who may have an infectious disease or are too unwell to attend care.

In addition, our Service implements rigorous hygienic practices to limit the spread of illness and infectious diseases including:

- effective hand washing hygiene.
- cough and sneeze etiquette
- appropriate use of gloves
- exclusion of children, educators or staff when they are unwell or displaying symptoms of an infectious disease or virus.
- effective environmental cleaning including toys and resources (including bedding)
- requesting parents and visitors to wash their hands with hand sanitizer upon arrival and departure at the Service.
- physical distancing (if recommended by Australian Health Protection Principal Committee [AHPPC] and/or Safe Work Australia)
- use of face masks (as mandated by PHO or Service decision)
- restricting parents and visitors from entering our service to reduce threat of spread of a community disease (e.g., COVID-19)
- ensuring adequate ventilation
- encouraging children, educators or staff to seek medical attention and get tested if they show symptoms of an infectious disease or virus, including COVID-19.

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

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

Service management is required to notify the local PHU by phone as soon as possible after they are made aware that a child enrolled at the Service is suffering from one of the following vaccine preventable diseases:

- Diphtheria
- Mumps
- Poliomyelitis
- Haemophilus influenzae Type b (Hib)
- Meningococcal disease
- Rubella ('German measles')
- Measles
- Pertussis ('whooping cough')
- Tetanus
- an outbreak of 2 or more people with gastrointestinal or respiratory illness within 48hrs

Management must also notify the Regulatory Authority of any incidence of a notifiable infectious disease or illness or when there is an outbreak of 5 or more people with COVID-19 within a 7-day period via the NQA-ITS.

SCOPE

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

RELATED POLICIES

• Immunisation Policy • Sick Children Policy • Medical Conditions Policy • Administration of Medication Policy • Work, Health & Safety Policy • Incident, Injury, Trauma and Illness Policy • Handwashing Policy • Privacy & Confidentiality Policy	• Sleeping & Rest requirement Policy • Nappy Changing & Toileting Policy • Family Communication Policy • Physical Environment Policy • Enrolment and Orientation Policy • Governance Policy • Covid 19 Policy

POLICY & PROCEDURES

Immunisation Requirements
Immunisation is a reliable way to prevent many childhood infectious diseases. Unvaccinated children due to their parent's conscientious objection are no longer able to

be enrolled in approved early childcare services.

Children who cannot be fully vaccinated due to a medical condition or who are on a recognised catch-up schedule may still be enrolled upon presentation of the appropriate form signed by a medical practitioner who meets the criteria stated by the Australian Government.

Only parents of children (less than 20 years of age) who are fully immunised or are on a recognised catch-up schedule can receive Child Care Subsidy (CCS).

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

Educators and other staff at our Service are highly recommended to keep up to date with all immunisations including yearly influenza vaccinations. These include vaccinations recommended by the National Health and Medical Research Council (NHMRC). Our Service recommends educators and children keep up to date with vaccinations for COVID 19.

To minimise the spread of potential infectious disease between children, adults and preschool staff and to minimise the detrimental impact on a sick child and the ability of the preschool's staff to safely supervise other children, it is a requirement that:

Families are required to:

- Advise the service of their child's immunisation status, by providing a current immunisation History Statement recorded on the Australian Immunisation Register (AIR) for the Service to copy and place in the child's file.
- Advise the Preschool when their child's immunisation/medical condition/management plan is updated and provide this information to the Preschool to ensure that enrolment records are up to date.
- Alert the Service if their child is diagnosed with an infectious illness, including Covid-19.
- Advise the Service when their child has been sick at home prior to bringing their child to care so that the Service can assess whether they are well enough to attend. Once assessed, if the child is too ill to attend or needs to see a doctor, staff may inform the family that the child cannot attend until they have recovered or has a medical clearance from their doctor.
- Adhere to the Service's policy with respect to infectious diseases, including the 24-48hr exclusion from care in the event of a fever, diarrhoea or other contagious infection.
- Adhere to the Service restrictions of entry into the Service in the event of an outbreak of an infectious disease or virus.
- Adhere to the Service's risk minimisation strategies if their child has complex medical needs in the event of an outbreak of an infectious disease or virus.

Management will ensure:

- Safe health and hygiene practices are implemented.
- That all information regarding the prevention of infectious diseases is sourced from a recognised government health authority.
- Implement the recommendations from Staying Health: Preventing Infectious Diseases in early childhood education and care services.
- Children are protected from harm by ensuring relevant policies and procedures are followed regarding health and safety within the service.

- Collect, maintain, and appropriately store the required enrolment documents and enrolment information, including health and immunisation records of children in the Service.
- Children's enrolment records are updated with regards to immunisation as required, (i.e., as children reach age milestones for immunisation), or at least annually.
- Exclusion periods for people with infectious diseases recommended by government authorities are implemented for all staff, children, parents, families and visitors.
- The Public Health Unit is notified as soon as possible after they are made aware that a child enrolled has a vaccine preventable disease.
- The Public Health Unit is notified in the event of an outbreak of viral gastroenteritis. Management must document the number of cases, dates of onset, duration of symptoms. An outbreak is when two or more children or staff have a sudden onset of diarrhoea or vomiting in a 2-day period. (NSW Government- Health 2019)
- A notification is lodged through the NQA-ITS of an outbreak of COVID-19 when there are 5 cases or more within a 7-day period.
- A notice is clearly displayed stating that there has been an occurrence of an infectious disease at the service.
- After confirmation that a child is suffering from an infectious disease, and as soon as practical, the families of all enrolled children must be notified whilst maintaining the privacy of the ill/infectious child.
- Provide families with relevant sourced materials and information on infectious diseases, health and hygiene including:
    - The current National Immunisation Schedule for children
    - Exclusion guidelines in the event of an infectious illness at the service for children that are not immunised or have not yet received all their immunisations.
    - Advice and information regarding any infectious diseases in general, and information regarding any specific infectious illnesses that are suspected/present in the Service.

A Nominated Supervisor/ Education Leader will ensure:

- A hygienic environment is maintained.
- Cleaning charts are completed each day and signed by the Educator.
- Children are supported in their understanding of health and hygiene throughout the daily program and routine.
- Educators and Staff are aware of relevant immunisation guidelines for children and themselves.
- Families are provided with information about an infectious disease by displaying and emailing the Infectious Diseases Notification Form and details.
- All educators are mindful and maintain confidentiality of individual children's medical circumstances.
- That opportunities for educators to source pertinent up to date information from trusted sources on the prevention of infectious and maintaining health and hygiene are provided.
- To notify and implement the advice of the health department, or local health unit regarding Infectious Diseases as required.
- To provide opportunities for staff, children and families to have access to health professionals by organising visits/guest speakers to attend the service to confirm best practice are provided.
- *Children do not attend the Service if they are unwell.* ***If a child has been sick (with a contagious illness/infection) they must be well for 24hrs before returning to the service****. For example, if a child is absent due to illness or is sent home due to illness, they will be unable to attend the next day as a minimum. The Director if in doubt that the child has returned to full health may request a doctor's certificate.*

- Educators or staff who have diarrhoea or an infectious disease do not handle food for others and are not to return to work until they have been symptom free for 48hrs.
- Pregnant staff do not change nappies or assist in toileting or cleaning up toileting accidents to prevent unexpected cross contamination.
- Any risk to a child or adult with complex medical needs is minimised in the event of an outbreak of an infectious disease or virus. This may require a risk assessment and decision-making regarding the suitability of attendance of the child or staff member during this time.

Educators will ensure:

- That any child suspected of having an infectious Illness is isolated from other children and supervised whilst waiting for collection by parents or guardians. The ill child is to be responded to and their health and emotional needs supported at all times.
- That appropriate health and safety procedures are implemented when treating ill children.
- Families are aware of the need to collect their unwell child/children as soon as practicable.
- To ensure resources or items touched by the ill child are thoroughly cleaned and disinfected.
- To complete the register of Incident, Injury, Trauma or illness and/or document incidents of infectious diseases no later than 24 hrs of an illness or infectious disease occurring in the Service.
- Advise families that they will need to alert the service if their child is diagnosed with an Infectious Illness.
- To maintain their own immunisation status and advise the Director/Nominated Supervisor of any updates to their immunisation status.
- To provide diverse opportunities for children to participate in hygiene practices, including routine opportunities, and intentional practice, such as handwashing, etc.
- Ensure confidentiality of any personal or health related information obtained by the staff relating to any family.
- To adhere to the services health and hygiene policy including:
    - Hand washing
    - Daily cleaning of the service
    - Wearing gloves (particularly when in direct contact with bodily fluids)
    - Appropriate and hygienic handling and preparation of food
    - Wearing of masks (if mandated by PHU)
- Maintain up to date knowledge with respect to Health and Safety through on-going professional development opportunities.
- That children rest 'head to toe' to avoid cross infection while resting or sleeping.
- Adhere to cleaning procedures, including but not limited to:
    - Mops used for toilet accidents are to be soaked in disinfectant.
    - If a child has a toileting accident, the items will be placed in a plastic bag with the child's name on it for parents to take home.
    - Cloths are colour coded so that a separate cloth is used for floors, bathroom, art and craft and meal surfaces.
    - Floor surfaces are to be cleaned daily after each meal and at the end of each day.
    - Toilets/bathrooms are to be cleaned in the middle of the day, the end of the day and whenever needed throughout the day using disinfectant.
    - Disposable paper towel and disinfectant are used to clean bodily fluids off beds, floors, bathrooms, etc.
    - Gloves must be worn at any time the worker is likely to come in contact with body fluids, and always when toileting children.

If a child develops symptoms while at the preschool staff will:

- Isolate the child from other children.
- Ensure the child is comfortable and supervised by staff.
- Contact the child's nominated family member. If this family member is unavailable, then contact the next nominated family person. Inform them of the child's condition and ask for the nominated person to pick him/her up as quickly as possible.
- Complete the register of Incident, Injury, Trauma or illness and/or document incidents of infectious diseases no later than 24 hrs of an illness or infectious disease occurring in the Service. When a more detailed illness related incident has occurred, staff will write a written report outlining the details, decisions & actions.
- Notify the Director/Education Leader is the illness is determined to be infectious. The Director/Education Leader will:
  - Inform all Centre families of the presence of an infectious disease and number of cases through a notice including signs, symptoms and exclusion period.
  - Notify the Public Health Unit and the Regulatory Authority within 24hrs.

Exclusion of the ill child from the Service may be required if:

- The child has a fever, which has not yet been assessed by a doctor.
- The child has a fever accompanied by abnormal behaviour or symptoms or signs that indicate a possible severe illness (such as lethargy, drowsiness, severe or prolonged coughing, wheezing, difficulty breathing, unusual irritability or crying) or
- The child has diarrhoea or
- Other contagious illness/infection or
- The child will be unable to participate in normal activities without possible detriment to their care and safety, or
- The child will require extra supervision which may compromise the adequate supervision, care and safety of other children.

For adults (parents, visitors & staff)

- Sick and/or infectious staff members or other adults should be excluded from the premises until they are well again.
- All open sores and wounds are to be kept well covered.

SOURCE

- Australian Children's Education & Care Quality Authority. (2014)
- ACECQA (2021) Policy and procedure guidelines
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015
- Staying Healthy Preventing infectious diseases in early childhood education and care services 5th edition
- ECA Code of Ethics
- Guide to the National Quality Standard
- Childcare Centre Desktop
- Department of Human Resources: National Immunisation Program Schedule NHMRC
- Australian Government Department of health – Australian Health Protection Principal Committee (AHPPC)
- Public Health Act 2010
- Public Health Regulation 2012
- Revised National Quality Standards

REFERENCES

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1.1	*Wellbeing and comfort*	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
2.1.2	*Health practices and procedures*	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	*Safety*	Each child is protected

Education and Care Services National Regulations	
77	Health, hygiene and safe food practices
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
88	Infectious diseases
90	Medical conditions policy
93	Administration of medication
162	Health information to be kept in enrolment record
168	Education and care services must have policies and procedures
170	Policies and procedures to be followed
172(2)(g)	A notice stating that there has been an occurrence of an infectious disease at the premises
173	Prescribed information to be displayed
175(2)©	Prescribes information to be notified to the Regulatory Authority (2) any circumstances arising at the service that poses a risk to the health, safety or wellbeing of a child or children attending the service

Education and care services national Law	
172	Offence to fail to display prescribed information

Coronavirus (COVID-19) Policy

BACKGROUND & AIM

COVID-19 is a new strain of coronavirus that was originally identified in Wuhan, Hubei Province, China in December 2019. The World Health Organization (WHO) declared the COVID-19 outbreak as a 'pandemic'- a Public Health Emergency of International Concern (effective 11 March 2020). This is mainly due to the speed and scale of transmission of the virus in countries around the world, including Australia.

COVID-19 is transmitted from someone who is infected with the virus to others in close contact through contaminated droplets spread by coughing or sneezing or by contact with contaminated hands or surfaces. According to Department of Health, the time of exposure to the virus and when symptoms first occur is anywhere from 2-14 days.

Symptoms can range from a mild illness, similar to a cold or flu, to pneumonia. People with COVID-19 may experience:

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

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

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

The Australian Government is constantly updating the current status of COVID-19 including health recommendations, travel restrictions, and a vast collection of resources and information to help people make informed decisions.

As this information is changing rapidly, our Service is constantly monitoring health alerts and implementing measures suggested by key health experts to minimise the transmission of COVID-19.

If in doubt about current coronavirus guidance, the Service will contact the **Federal coronavirus hotline on 1800 020 080** or the NSW Health Department.

Our Service has been responding to the Coronavirus (COVID-19) pandemic since March 2020 by implementing a range of explicit measures to manage the risk of COVID-19.

The COVID-19 pandemic is still active in Australia, however management of COVID-19 in the community and workplace has changed significantly in each state and territory as the majority of the ECEC workforce is vaccinated and the Omicron COVID-19 variant is less severe than the original Delta strain. However, the chances of reinfection of COVID-19 are higher now due to the emergence of subvariants (such as BA.4 and BA.5) which are better able to evade immunity from vaccination. Vaccination, and booster vaccinations are still recommended to strengthen protection against COVID-19.

As there are NO standard COVID Safe principles for all states and territories Education and Care Services are required to check with the regulatory authority in their state/territory and implement practices in their setting to limit the spread of transmission of any variant of COVID- 19.

Recommendations within this policy should be viewed as best practice.

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

In the current climate, extra precautionary measures will be implemented to mitigate the

risk of infection, including stricter guidelines around unwell children attending the service and increased onsite hygiene measures.

If a child has been unwell, Management and Educators may request families seek medical advice and provide a medical clearance stating that the child is able to return to care.

We understand that it can be difficult for families to know when their child is sick. Families may experience problems taking time off work or study to care for their child at home. However, it is imperative that families preserve a focus not only on the well-being of their own child but also upon the well-being of other children and the childcare professionals at the Service.

SCOPE

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

RELATED POLICIES

• Control of Infectious Diseases Policy • Additional Needs Policy • Incident, injury, trauma and illness Policy • Family Communication Policy • Work, Health and Safety Policy	• Medical Conditions Policy • Administration of Medication Policy • Administration of First Aid Policy • Handwashing Policy • Privacy and Confidentiality Policy • Sick Children Policy • Sick Staff Policy

POLICY & PROCEDURES

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

As outlined in our Control of Infectious Diseases and Sick Children Policies, the Approved Provider, Nominated Supervisor, Director, educators and staff implement strict hygiene and infection control procedures at all times to prevent or minimise the spread of contagious illnesses. Hygiene measures and exclusion principles outlined in these policies continue to apply, and will be informed by current guidance on coronavirus issued by relevant Commonwealth and State/Territory Governments including:

- Federal Department of Health coronavirus health alerts
- State/Territory Education Departments which issue coronavirus updates directly to service providers.
- Federal Department of Health

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

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

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

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

Minimising the Transmission of COVID-19

Our Service has effective and systematic risk management processes in place to identify any possible risks and hazards to our learning environment and practices related to COVID-19. Where possible, we have eliminated or minimised these risks. Control measures are reviewed in consultation with staff members and effectively communicated with families and visitors.
Due to the constant changes in managing our Service during the pandemic, our approach to risk management is ongoing and fluid.
Our Service implements health and safety procedures as stated in the Staying healthy: *Preventing infectious diseases in early childhood education and care services* (Fifth Edition) developed by the Australian Government National Health and Medical Research Council as part of our day-to-day operation of the Service. During the pandemic, we have increased our health and safety procedures by implementing a combination of COVID-safe practices including:

- adhering to mandated COVID-19 vaccinations for all ECEC staff and visitor (while applicable)
- maintaining an accurate workplace attendance register for all staff, parents, visitors at all times (including contact phone numbers) as per National Regulations
- wearing of face masks and other PPE (as required)
- ensuring staff maintain physical distancing of 1.5m from each other (where possible)
- enhanced personal hand and respiratory hygiene for children, staff and parents (including cough and sneeze hygiene)
- Enforcement of the Handwashing policy
- Adherence to our *Health and Safety Policy* for cleaning and disinfecting surfaces and equipment (such as toys, puzzles, outdoor toys, bedding, playdough etc) as per *Staying healthy: Preventing infectious diseases in early childhood education and care services* recommendations.
- improving ventilation in indoor spaces
- where possible, moving lessons and activities to outdoors to reduce transmission between groups.
- full adherence to the NHMRC childcare cleaning guidelines and cleaning and disinfecting high touch surfaces at least twice daily, washing and laundering play items and toys.
- restricting the number of visitors to our service
- communicating with parents of children who have chronic medical conditions or immunosuppression as they may be at an increased risk of disease and require additional ongoing support/care.
    - conducting COVID-safe risk assessments for any group outings to public places and large group celebrations and adhering to restrictions for groups size, square metre allowance and other measures
    - Families are requested to undertake the following measures to reduce the spread of germs:
        - if your child is sick, do not send them to our Service.

- do not visit our Service if you or another family member is unwell.
- sanitise your hands at entry to and exit from our Service.
- avoid physical contact with other people who may be sick.
- promote strictest hygiene measures when preparing food at home and at the Service.

Vaccinations for Covid-19

Vaccination is the leading public health prevention strategy to ending the Covid-19 pandemic. However, children aged 0-4 years are not currently eligible for covid-19 vaccinations, as such reinforcing prevention strategies is our Service priority.

While vaccinations for ECEC staff are no longer mandatory in NSW, our Service actively promotes vaccinations and recruits vaccinated staff members in order to ensure operational functionality and to mitigate the spread of the infection.

Managing a positive case of COVID-19 at Our Service

Testing and isolation are no longer mandatory in ECEC settings as per the updated health advice and NSW Protocols (Positive cases in ECE).
However, to assist our service manage the risk of transmission of COVID-19 (especially the Omicron and other subvariants) management will:

- remind families that any person (employee, enrolled child, parent, caregiver, visitor or contractor) who is displaying symptoms such as: fever, coughing, sore throat, fatigue and shortness of breath, should have a PCR or Rapid Antigen Test and not attend our Service under any circumstance until they are symptom free or test negative on a RAT or have a medical clearance.
- For children or staff with seasonal allergic rhinitis or other conditions that have similar symptoms to COVID-19, an initial negative COVID-19 test is requested before returning to ECEC.
- Request families notify the Service in the event of a positive covid test and remain at home until they test negative.
- Notify families in the event of a positive covid case at the Service that may impact their child.
- Notify the department through the National Quality Agenda IT System (NQAITS) if there is an outbreak of COVID in the service (5 or more cases within a 7-day period) or if the service is to be closed due to the impacts of COVID-19.

In the event of a positive case, management will:

- If the notification is part of an outbreak of COVID (5 cases or more within a 7-day period) and the Service:
  - haven't lodged a notification in the previous 7 days, lodge a notification in NQA ITS.
  - have lodged a notification in the previous 7 days, keep a record of all cases and upload this as additional documentation to the original notification in NQA ITS.
- Determine infectious period of positive case (48 hours prior to positive COVID test or from the onset of symptoms, whichever is earlier).
- Determine children who were in attendance with the case during their infectious period.
- Send the parent or authorised emergency contact of each child in attendance the risk of COVID-19 letter (DOCX, 40KB) and refer them to the guidance information from NSW Health. While testing and isolation is no longer mandatory for exposures in ECE services, NSW Health has provided testing and isolation recommendations that should be considered by anyone exposed to COVID-19.
- Undertake a thorough clean of your service.

Unwell children at the Service

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

- have a contagious illness or infectious disease.
- have been in close contact with someone who has a positive confirmed case of COVID-19 and display COVID symptoms.
- are unwell and unable to participate in normal activities or require additional attention.
- have had a temperature/fever in the last 24 hours.
- have had diarrhoea or vomiting in the last 48 hours.
- have been given medication for a temperature prior to arriving at the Service.

Allowable absences from childcare

For the 2022-23 financial year, all Australian families can access 10 extra allowable absence days per child (i.e., 52 days) due to COVID-19.

These extra absences are to help services and families affected by COVID-19 but can be used for any reason. They will be applied automatically.

What happens if our Service is directed to close?

The current health advice is that ECEC services should continue to remain open unless otherwise directed with risk mitigation measures in place. The decision to temporarily close our Service will be made in collaboration with our Regulatory Authority. This may be due to an outbreak of COVID-19 in our Service community.

Should this occur, all families will be notified immediately via email and/or phone.

The Service will notify the Regulatory Authority within 24 hours of any closure via the NQA IT System.

Waiving of gap fees

The gap fee is the difference between the Child Care Subsidy (CCS) the Government pays to a service and the remaining fee paid by the family. Until 30 June 2023, services can waive the gap fee and receive Child Care Subsidy (CCS) if a child is unable to attend care because:

- they, or a member of their immediate household, must isolate due to COVID-19.
- the service, or a room at the service, is closed on advice from the state or territory government due to COVID-19.
- the state or territory has restricted access to childcare in a region due to COVID-19.

Services must keep a record of the advice by a state or territory authority advising that they close and accurately reflect waived gap fees in the fee statements provided to parents. Check the Australian Government Department of Education, Skills and Employment website for further information regarding gap fee waiving general information.

The decision to waive gap fees is at the Service's discretion.

Staff entitlements if sick or suspected to have COVID-19

In the event of a Confirmed COVID-19 case:

If an educator or staff member is confirmed to have COVID-19, they are unable to attend the workplace and cannot return unless they have a clearance from a General Practitioner or Public Health Unit.

Full and part-time employees who cannot attend work due to illness can take paid sick leave. If no sick leave is available the staff member will be able to access annual leave or time in lieu entitlements, or unpaid personal leave.

If caring for a family member or emergency
If a permanent employee cannot attend work due to caring for a family member with COVID-19, they are entitled to take paid carer's leave. If no paid carer's leave is available the staff member will be able to access annual leave or time in lieu entitlements, or unpaid personal leave.

Service closure
Should our Service be requested to close for a period of time due to COVID-19, permanent employees will be paid, as long as the Service remains financially viable. The Service reserves the right to re-assess continued employee payments based on the duration of the closure period, in consultation with Fair Work and the Regulatory body.

Waivers for staff shortages
The Service may apply to the Regulatory Authority for waivers for staff qualifications to minimise disruptions to our provision of care. Waivers for ratios will only be considered in exceptional circumstances. Waivers will be considered on a case-by-case basis. see: NGA ITS Portal Emergency Management Help Guide

Communicating with families
Our Service is committed to continuing to provide quality education and care to all children and support families responsibly during this unprecedented challenge with the COVID-19 outbreak.

We will continue to promote a safe and supportive environment for the children in our care and will communicate relevant updates as they emerge and impact the Service. These will be communicated via email, newsletters and social media.

Families with concerns are encouraged to contact the National Coronavirus Health Hotline on 1800 020 080 for advice.

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

SOURCES

- Australian Children's Education & Care Quality Authority (2014)
- Australian Govt Fair Work Ombudsman – Coronavirus and Australian workplace laws (updated 13 March 2020)
- Federal Department of Health coronavirus health alerts
- Australian Government Department of Health and Aged Care
- NSW Govt Department of Education
- Education and Care Services National Regulation 2015
- Work, Health and Safety Laws and Regulations
- National Health and Medical Research Council
- NSW Public Health Unit
- Revised National Quality Standards
- Childcare Desktop
- CCSA
- Public Health Act

REFERENCES
National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1	*Health*	Each child's health and physical activity is supported and promoted
2.1.1	*Wellbeing and comfort*	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.2	*Health practices and procedures*	Effective illness and injury management and hygiene practices are promoted and implemented
2.2	*Safety*	Each child is protected

Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
77	Health, hygiene and safe food practices
85	Incident, injury, trauma and Illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
88	Infectious diseases
90	Medical conditions policy
93	Administration of medication
110	Ventilation and natural light
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
173(2)(g)	Prescribed information to be displayed – Centre based service and family day care service, a notice stating that there has been an occurrence of an infectious disease at the premises or venue.

Anaphylaxis Management Policy

BACKGROUND & AIM

Anaphylaxis is a severe and sometimes sudden allergic reaction which is potentially life threatening. It can occur when a susceptible person is exposed to an allergen (such as food or an insect sting). Reactions usually begin within minutes of exposure and can progress rapidly over a period of up to two hours or more. Anaphylaxis should always be treated as a medical emergency, requiring immediate treatment. Most cases of anaphylaxis occur after a person is exposed to the allergen to which they are allergic, usually a food, insect sting or medication. Any anaphylactic reaction always requires an emergency response.

The most common allergens in children are:

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

Signs of anaphylaxis include any 1 of the following:

- Difficult/noisy breathing
- Swelling of tongue
- swelling/tightness in throat
- Difficulty talking/and or a hoarse voice.
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)
- Abdominal pain and/or vomiting (signs of a severe allergic reaction to insects)

The key to the prevention of anaphylaxis in Childcare Services is awareness and knowledge of those children who have been diagnosed as at risk, awareness of allergens that could cause severe reaction, and the implementation of preventative measures to minimise the risk of exposure to those allergens. It is important to note however, that despite implementing these measures, the possibility of exposure cannot be completely eliminated. Communication between the Service and families is vital in understanding the risks and in helping children avoid exposure.

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

The Education and Care Services National Regulation requires approved providers to ensure services have policies and procedures in place for medical conditions including anaphylaxis.

The aim of this policy is to:

- Minimise the risk of an anaphylactic reaction occurring at the childcare service.
- Ensure members of staff are adequately trained to respond appropriately and competently to an anaphylactic reaction.
- Raise awareness about diagnosis throughout the childcare community through education and policy implementation.

SCOPE

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

RELATED POLICIES

• Administration of Medication Policy • Administration of First Aid Policy • Enrolment and Orientation Policy • Family Communication Policy • Incident, Illness, Accident and Trauma Policy	• Sick Staff Policy • Sick Children Policy • Supervision Policy • Privacy & Confidentiality Policy • Medical Conditions Policy

PROCEDURES & POLICIES

Our focus is keeping children safe and promoting the health, safety and wellbeing of children attending our Service. We aim to minimise the risk of an anaphylactic reaction occurring at our Service by implementing risk minimisation strategies and ensuring all staff members are adequately trained to respond appropriately and competently to an anaphylactic reaction.

Our Service has a legal responsibility to provide:

a. A safe environment for children free of foreseeable harm and
b. Adequate Supervision

Children diagnosed with anaphylaxis will not be enrolled into the Service until the child's medical management plan is completed and signed by their medical practitioner. A risk minimisation and communication plan will be developed in consultation with parents/guardians to ensure risks are minimised and strategies developed for minimising any risk to the child.

A copy of all medical conditions policies will be available to all educators and volunteers and families of the Service.

Staff members, including relief staff, will be made aware of children at the Service who suffer from allergies that may cause an anaphylactic reaction. Management will ensure all staff are aware of the location of children's medical management plans, risk minimisation and communication plans and required medication. All educators and staff will be required to follow a child's medical management plan in the event of an incident related to a child's specific health care need, allergy or medical condition.

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

Whenever a child with severe allergies is enrolled at the Service, or newly diagnosed as having a severe allergy, all staff will be informed of:

- The child's name and room.
- Where the child's ASCIA Action Plan will be located.
- Where the child's adrenaline auto-injector is located.

All new and relief/casual staff or students will be given information about children's special needs (including children with severe allergies) during the orientation process.

Risk minimisation strategies

The strategies used to reduce the risk of anaphylaxis for individual children will depend

on the nature of the allergen, the severity of the child's allergy and the maturity of the child.

Allergy awareness is regarded as an essential part of managing allergies. Therefore, our Service will educate children about allergies and anaphylaxis by:

- Talking to children about foods that are safe and unsafe for the anaphylactic child. They will use terms such as 'this food will make .... sick', 'this food is not good for ....', and '.... is allergic to that food'.
- Talking to children about the seriousness of allergies and the importance of identifying symptoms of allergic reactions (e.g., itchy, furry, scratchy throat, itchy or puffy skin hot, feeling funny).
- Including information and discussions about food allergies in the programs they develop for the children, to help children understand about food allergy and encourage empathy, acceptance and inclusion of the allergic child.
- Staff will help the child at risk of anaphylaxis to develop trust and confidence that they will be safe while they are at the Service by:
    - talking to the child about their symptoms to allergic reactions so they know how to describe these symptoms to an educator when they are having an anaphylactic reaction.
    - taking the child's and their parent's/guardian's concerns seriously.
    - making every effort to address any concerns they may raise.

Wherever possible Armidale Montessori Pre-school will minimise exposure to known allergens by ensuring the following:

- A child at risk of food anaphylaxis should only eat lunches and snacks that have been prepared at home. Children should not swap or share food, food utensils and food containers.
- Special care will be taken to avoid cross contamination occurring at the Service by providing separate utensils for a child with allergies, taking extra care when cleaning surfaces, toys and equipment, and ensuring strict compliance with the Service's hygiene policies and procedures.
- Informing all parents/guardians of specific food allergies and how they can assist the Service minimise the risk of exposure to known allergens.
- Some children have severe allergic reactions to insect venoms. Prevention of insect stings from bees and wasps include measures such as:
    - wearing shoes when outdoors
    - closing windows in classrooms
    - taking great care when drinking out of cans or when walking in grasses which are in flower.
    - Staff will regularly inspect for bee and wasp nests on or near the property and store garbage in well-covered containers so that insects are not attracted.
- Particular care will be taken when planning cooking or craft activities to avoid inadvertently exposing the child to allergens. The same level of care will be employed to outside activities.

<u>If a child suffers from an anaphylactic reaction the Service and staff will:</u>

- Follow the child's anaphylaxis medical management/action plan.
- Call an ambulance immediately by dialling 000.
- Commence first aid measures.
- Record the time of administration of adrenaline autoinjector (if available).
    - If after 5 minutes there is no response, a second adrenaline autoinjector should be administered to the child (if available).
- Ensure the child experiencing anaphylaxis is lying down or sitting with legs out flat and is not upright.
- Do not allow the child to stand or walk (even if they appear well)
- Contact the parent/guardian when practicable.

- Contact the emergency contact if the parents or guardian can't be contacted when practicable.
- Notify the regulatory authority within 24 hours.

The above procedure will also be followed in the event where an undiagnosed child suffers what appears to be an anaphylactic reaction.

Reporting Procedures

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

- The Responsible Person/Nominated Supervisor will inform the Service management about the incident.
- Staff involved in the incident are to complete an Incident Report, which will be countersigned by the Director at the time of the incident.
  - Ensure a parent or guardian signs the Incident Report.
  - If necessary, the Director will send a copy of the completed form to the insurance company; and
  - File a copy of the Incident Report on the child's file.
- The Responsible Person/Nominated Supervisor/Director will inform the Regulatory Authority of the incident within 24 hours through the NQA IT System.
- Staff will be debriefed after each anaphylaxis incident and the child's Individual Anaphylaxis Medical Management plan/Action plan and risk minimisation plan will be evaluated, including a discussion of the effectiveness of the procedures used.
- Staff will discuss the exposure to the allergen and the strategies that need to be implemented and maintained to prevent further exposure.

Families will:

- Inform management and staff at the Service, either on enrolment or on diagnosis, of their child's allergies and/or risk of anaphylaxis.
- Develop an anaphylaxis risk minimisation and communication plan in collaboration with Service staff.
- Provide staff with an anaphylaxis medical management action plan signed by a Registered Medical Practitioner giving written consent to use the auto-injection device in line with this action plan.
- Provide staff with a complete auto-injection device kit each day their child attends the Service.
- Maintain a record of the adrenaline auto-injection devise expiry date to ensure it is replaced prior to expiry.
- Assist staff by offering information and answering any questions regarding their child's allergies.
- Notify the staff of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance with these changes.
- Communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child.
- Comply with the service's policy that a child who has been prescribed an adrenaline auto-injection device is NOT permitted to attend the Service or its programs without that device.
- Read and be familiar with this policy.
- Provide an updated plan every 12-18 months or if changes have been made to the child's diagnosis.

Management, Nominated Supervisor/ Responsible Person will ensure:

- That as part of the enrolment process, all parents/guardians are asked whether their child has been diagnosed as being at risk of anaphylaxis or has severe allergies and clearly document this information on the child's enrolment record.
- If the answer is yes, the parents/guardians are required to provide a medical management plan and ASCIA Action Plan signed by a registered medical practitioner prior to their child's commencement at the Service.
- That all staff members have completed first aid and anaphylaxis management training approved by ACECQA at least every 3 years and is recorded, with each staff members' certificate held on the Service's premises.
- That all staff members, whether or not they have a child diagnosed at risk of anaphylaxis undertakes training in the administration of the adrenaline auto-injection device and cardio- pulmonary resuscitation.
- That at least one educator with a current accredited first aid certificate, emergency asthma management and emergency anaphylaxis management certificate is in attendance at all times education and care is provided by the Service.
- That all staff members are aware of any child at risk of anaphylaxis enrolled at the Service, the child's individual medical management plan/action plan, symptoms of an anaphylactic reaction, the child's allergies, and location of the EpiPen/Anapen kit.
- That a copy of this policy is accessible to all staff members and families.
- A copy of this policy will be provided to a parent or guardian of each child diagnosed at risk of anaphylaxis at the Service, along with copies of other medical policies.
- Updated information, resources and support are regularly given to families for managing allergies and anaphylaxis.
- Provide information to the service community about resources and support for managing allergies and anaphylaxis.
- *Where a child diagnosed at risk of anaphylaxis is enrolled Management/Nominated Supervisor/Responsible Person shall also:*
    - Assess the potential for accidental exposure to allergens while child/children at risk of anaphylaxis are in the care of the Service and develop a risk minimisation plan and communication plan for the Service in consultation with staff and the families of the child/children.
    - Ensure that a child who has been identified as at risk of anaphylaxis does not attend the Service without the provision of a medical management plan.
    - Ensure that a child who has been prescribed an adrenaline auto-injection device is NOT permitted to attend the service without the device.
    - Display a medical management plan or an Australasian Society of Clinical Immunology and Allergy Inc. (ASCIA) for each child with a diagnosed risk of anaphylaxis, in key locations at the service, for example, in the children's room, the staff room or near the medication cabinet.
    - Ensure that a child's individual anaphylaxis medical management action plan is signed by a Registered Medical Practitioner and inserted into the enrolment record for each child.
    - Ensure the medical management plan includes:
        - Specific details of the child's diagnosed medical condition
        - Supporting documentation (if required)
        - A recent photo of the child
        - Triggers for the allergy/anaphylaxis (signs and symptoms)
        - First aid/emergency action that will be required.
        - Administration of adrenaline autoinjectors
        - ASCIA Action Plan
        - Contact details and signature of the registered medical practitioner.
        - Date the plan should be reviewed.
    - Ensure that all staff responsible for the preparation of food are trained in managing the provision of meals for a child with allergies, including high

levels of care in preventing cross contamination during storage, handling, preparation and serving of food.
- Ensure that a notice is displayed prominently in the main entrance stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the Service, and providing details of the allergen/s.
- Ensure that all relief staff members in the Service have completed training in anaphylaxis management including the administration of an adrenaline auto-injection device, awareness of the symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, the individual anaphylaxis medical management action plan and the location of the auto-injection device kit.
- Implement the communication strategy and encourage ongoing communication between parents/guardians and staff regarding the status of the child's allergies, this policy and its implementation.
- Ensure that all staff in the Service know the location of the anaphylaxis medical management plan and that a copy is kept with the auto-injection device Kit.
- Ensure that the staff member accompanying children outside the Service carries the anaphylaxis medication and a copy of the anaphylaxis medical management action plan with the auto-injection device kit.
- Ensure risk assessments for excursions consider the risk of anaphylaxis.
- Ensure an up-to-date copy of the medical management plan and/or ASCIA action plan is provided every 12 to 18 months or whenever any changes have occurred to the child's diagnosis or treatment.

Educators will:

- Read and comply with the Anaphylaxis Management Policy and other medical policies including the Administration of Medication Policy.
- Ensure that an anaphylaxis medical management action plan signed by the child's Registered Medical Practitioner and a complete auto-injection device kit (which must contain a copy the child's anaphylaxis medical management action plan) is provided by the parent/guardian for the child while at the Service.
- Ensure that the auto-injection device kit is stored in a location that is known to all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to children; stored in a cool dark place away from direct sources of heat (but not refrigerated); and contains a copy of the child's medical management plan.
- Ensure a copy of the child's anaphylaxis medical management action plan is visible and known to staff, visitors and students in the Service.
- Follow the child's anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to anaphylaxis.
- Practice the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and 'anaphylaxis scenarios' on a regular basis, or as part of first aid training.
- Ensure the child at risk of anaphylaxis only eats food that has been prepared according to the parents or guardians' instructions.
- Ensure tables and bench tops are washed down effectively before and after eating.
- Ensure hand washing for all children upon arrival at the service and before and after eating.
- Increase supervision of a child at risk of anaphylaxis on special occasions such as excursions, incursions, parties and other special events.
- Ensure that the auto-injection device kit containing a copy of the anaphylaxis medical management action plan for each child at risk of anaphylaxis is carried by a staff member accompanying the child when the child is removed from the service e.g., on excursions that this child attends or during an emergency evacuation.

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

SOURCE

- Australian Children's Education & Care Quality Authority.
- ASCIA Action Plans, Treatment Plans & Checklists for Anaphylaxis and Allergic Reactions.
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics.
- Education and Care Services National Law Act 2010 (Amended 2018)
- Education and Care Services National Regulations (2011)
- Childcare Centre Desktop
- Guide to the National Quality Standard.
- Staying Healthy in Child Care. 5th Edition
- National Allergy strategy
- National Health and Medical Research Council
- Revised National Quality Standards

REFERENCES

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1.1	*Wellbeing and comfort*	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
2.1.2	*Health practices and procedures*	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	*Safety*	Each child is protected
2.2.1	*Supervision*	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2	*Incident and emergency management*	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented

Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
12	Meaning of a serious incident
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness records
89	First aid kits
90	Medical conditions policy
90(1)(iv)	Medical Conditions Communication Plan
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement—anaphylaxis or asthma emergency

95	Procedure for administration of medication
101	Conduct of risk assessment for excursions
136	First aid qualifications
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
173(2)(f)	Prescribed information to be displayed – a notice stating that a child who has ben diagnosed as at risk of anaphylaxis is enrolled at the service
174	Time to notify certain circumstances to Regulatory Authority

Asthma Management Policy

BACKGROUND & AIM

Asthma is a chronic health condition, which is one of the most common reasons for childhood admission to hospital.

Asthma is clinically defined as a chronic lung disease, which can be controlled but not cured. It is a condition in which the bronchi (air tubes of the lungs) go into spasm and become narrower. Excess mucous is produced, causing the person to have difficulty breathing. Asthma affects approximately one in 10 Australians and is particularly common in children.

COMMON ASTHMA TRIGGERS INCLUDE:

- viral infections- such as colds, flu and respiratory conditions
- cigarette smoke
- physical exercise
- allergens- mould, pollens, pets
- irritants in the environment- dust, pollution, wood/bush fire smoke
- weather- changes in air temperature or thunderstorms
- chemicals and strong smells- perfumes, cleaning products
- stress or high emotions (including laughter or crying)

Betterhealth.vic.gov

SIGNS AND SYMPTOMS

Symptoms of asthma include wheezing, coughing (particularly at night), chest tightness, difficulty in breathing and shortness of breath, and symptoms may vary between children.

The casualty may be: - unable to get air - progressively more anxious, short of breath, subdued or panicky - focused only on breathing - coughing, wheezing - blue around lips, earlobes and fingertips – unconscious.

Note: A wheeze may be audible. However, in a severe asthma attack there may be so little air movement that a wheeze may not be heard.

Correct asthma management will assist to minimise the impact of asthma. Children under the age of six usually do not have the skills or ability to recognise and manage their own asthma effectively. With this in mind, our Service recognises the need to educate its staff and families about asthma and to promote responsible asthma management strategies.

SCOPE

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

RELATED POLICIES

• Enrolment and Orientation Policy • Family Communications Policy • Incident, Illness, Accident and Trauma Policy • Privacy and Confidentiality Policy	• Medical Conditions Policy • Administration of Medication Policy • Administration of First Aid Policy • Supervision Policy

POLICY & PROCEDURES

Armidale Montessori Preschool aims to create a safe and healthy environment for all children enrolled at the service and provide an environment in which all children with asthma can participate to their full potential.

We are committed to being an Asthma Friendly service as outlined by Asthma Australia. This means:

- The majority of staff have current training in Asthma First Aid and routine Asthma management.
- There will be at least one staff member on duty (at all times children are at the Service) who holds a current ACECQA approved Emergency Asthma Management certificate.
- All staff are aware of children's medical management plans and risk management plans.
- Parent provided Asthma Emergency medication are accessible to staff and include in-date reliever medication and single person use spacers.
- Asthma First Aid posters are on display and information is available for staff and parents.

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

A copy of all medical conditions policies will be readily available to all educators and volunteers and families of the Service. It is important that communication is open between families and educators to ensure appropriate asthma management.

All educators and volunteers at the Service will follow a child's Medical Management Plan/Action Plan in the event of an incident related to a child's specific health care need, allergy or medical condition.

Families will:

- Inform management and staff, either on enrolment or on initial diagnosis, that their child has asthma.
- Read and be familiar with the services Asthma Management Policy.
- Provide a copy of their child's Asthma Action/Medical Management Plan to the service ensuring it has been prepared in consultation with, and signed by, a medical practitioner. The medical management plan should include:
    - specific details of the child's diagnosed medical condition
    - supporting documentation (if required)
    - a recent photo of the child
    - triggers for asthma (signs and symptoms)
    - list of usual asthma medicines including doses
    - response for an asthma emergency including medication to be administered.
    - contact details and signature of the registered medical practitioner.
    - date the plan should be reviewed.
- Have the Asthma Action Plan reviewed and updated at least annually or whenever mediation or management of their child's asthma changes.
- Ensure all details on their child's enrolment form and medication record are completed prior to commencement at the service.
- Work with staff to develop a Risk Minimisation and Communication Plan for their child.
- Always provide an adequate supply of appropriate asthma medication and equipment for their child.
- Complete the Authority to Administer Medication Form whenever the administration of medication is required for a child.

- Notify staff, in writing, of any changes to the information on the Asthma Action/Management Plan, enrolment form or medication record.
- Communicate regularly with educators/staff in relation to the ongoing health and wellbeing of their child, and the management of their child's asthma.
- Encourage their child to learn about their asthma, and to communicate with Service staff if they are unwell or experiencing asthma symptoms.

Management, Nominated Supervisor and Responsible Persons will ensure:

- In relation to Families
    - That as part of the enrolment process, all parents/guardians are asked whether their child has a medical condition and clearly document this information on the child's enrolment record.
    - If the answer is yes that the parents/guardians provide a medical management/action plan signed by a medical practitioner prior to their child's commencement at the Service.
    - Written consent is requested from families on the enrolment form to administer emergency asthma medication or treatment if required.
    - Parents are provided with/or have access to a copy of the Service's Medical Conditions Policy, Asthma Management Policy and Administration of Medication Policy upon enrolment of their child.
    - To communicate any concerns with parents/guardians regarding the management of children with asthma at the Service.
    - To develop a Risk Minimisation and Communication Plan for every child with asthma, in consultation with parents/guardians.
    - Families of all children with asthma provide reliever medication and a spacer (including a child's face mask, if required) at all times their child is attending the Service.
    - Discuss the requirements for completing an Administration of Medication Record for their child.
- That medication is administered in accordance with the Administration of Medication Policy.
- That in the event of a serious incident such as a severe asthma attack, notification to the regulatory authority is made within 24 hours of the incident
- That when medication has been administered to a child in an asthma emergency, the parent/guardian of the child are notified as soon as is practicable or within 24 hours of the incident
- A medication record is kept for each child to whom medication is to be administered by the Service.
- The expiry date of reliever medication is checked regularly and replaced when required, and that spacers and facemasks are replaced after every use.
- The asthma first aid procedure is consistent with current national recommendations.
- That updated information, resources, and support for managing asthma is regularly provided for families.
- Children with asthma can participate in all activities safely and to their full potential.
- Children with asthma are not discriminated against in any way.
- Communication between management, educators, staff and parents/guardians regarding the Service's Asthma Management Policy and strategies are reviewed and discussed regularly to ensure compliance.
- In relation to staff
    - All staff read and are aware of all medical condition policies and procedures, and that they are aware of asthma management strategies upon employment at the Service.
        - That all staff members are aware of
            - any child identified with asthma enrolled in the service.
            - the child's individual medical management plan/action plan
            - the child's risk management and communication plan
            - symptoms and recommended first aid procedure for asthma and

- the location of the child's asthma medication
- That all educators approved first aid qualifications, anaphylaxis management training and Emergency Asthma Management (EAM) training are current, meet the requirements of the National Law and National Regulations, and are approved by ACECQA and are kept on file.
- At least one staff member with current approved Emergency Asthma Management (EAM) and Emergency Anaphylaxis Management training is on duty at all times education and care is being provided to children.
- All staff members are able to identify and minimise asthma triggers for children attending the Service where possible.
- That all staff members are aware of the asthma first aid procedure.

Educators will ensure:

- They are aware of the Services Asthma Policy and asthma first aid procedure (ensuring that they can identify children displaying the symptoms of an asthma attack and locate their personal medication, and Asthma Action Plans).
- To maintain current approved Emergency Asthma Management qualifications.
- A copy of the child's medical management plan is visible and known to staff, visitors and students in the Service.
- Families provide reliever medication and a spacer (including a child's face mask, if required) whilst their child is attending the Service.
- Regularly check the expiry date of reliever medication and ensure that spacers and facemasks are cleaned after every use.
- Families update their child's asthma medical management/action plan regularly or whenever a change to the child's management of asthma occurs.
- They are able to identify and, where possible, minimise asthma triggers as outlined in the child's Asthma Action Plan and Risk minimisation plan.
- Parents complete the Authority to Administer Medication Form whenever the administration of medication is required for a child.
- Asthma first aid kit, children's personal asthma medication and Asthma Action/Management Plans are taken on excursions or other offsite events, including emergency evacuations and drills.
- To administer prescribed asthma medication in accordance with the child's Asthma Action Plan and the services Administration of Medication Policy.
- Complete the Administration of Medication Record whenever medication is provided to a child.
- Any asthma attack is clearly documented in the Incident, Injury, Trauma or Illness Record, and advise parents as a matter of priority, when practicable.
- A Risk Minimisation Plan and Communication Plan is developed for every child with asthma in consultation with the Director/parents/guardians.
- To consult with the parents/guardians of children with asthma in relation to the health and safety of their child, and the supervised management of the child's asthma.
- Communicate any concerns to parents/guardians if a child's asthma is limiting his/her ability to participate fully in all activities.
- Children with asthma are not discriminated against in any way.
- Children with asthma can participate in activities safely and to their full potential, ensuring an inclusive program. Where necessary modify activities for the child with asthma in accordance with their current needs and abilities.

If a child suffers from an asthma emergency the Service and staff will:

- Follow the child's Asthma Management/Action Plan.
- If the child does not respond to steps within the Asthma Management/Action Plan call an ambulance immediately by dialling 000
- Continue first aid measures.

- Contact the parent/guardian when practicable.
- Contact the emergency contact if the parents or guardian can't be contacted when practicable.
- Notify the regulatory authority within 24 hours.

In the event a child has difficulty breathing but has no pre-existing asthma diagnosis, the Service and staff will:

- Step 1: Call an ambulance immediately (dial 000) and state that the child is having breathing difficulty.
- Step 2: Administer four separate puffs of a blue/grey reliever puffer via a spacer. Use one puff at a time and ask the child to take four breaths from the spacer after each puff. Use a First Aid inhaler (if available) or borrow one.
- Step 3: Keep giving four separate puffs of a blue reliever puffer every four minutes until the ambulance arrives.

This treatment could be life saving for a child whose asthma has not been previously recognised and it will not be harmful if they collapse, or the breathing difficulty was not due to asthma. Asthma reliever medicine is unlikely to harm the child even if they do not have asthma.

NB: Single use masks and spacers must be disposed of after use.

Procedure in the event of a serious incident

Any incident involving serious illness of a child while the child is being educated and cared for by the Service for which the child attended, or ought reasonably to have attended a hospital e.g., severe asthma attack is considered a serious incident (Regulation 12).

- staff members involved in the incident are to complete an *Incident, Injury, Trauma and Illness Record* which will be countersigned by the Nominated Supervisor/Director of the Service at the time of the incident.
- ensure the parent or guardian signs the *Incident, Injury, Trauma and Illness Record*
- place a copy of the record in the child's file.
- the Nominated Supervisor or Responsible Person will inform the Service management about the incident.
- Service Management will inform the executive Committee about the incident.
- the Nominated Supervisor or the Director will inform Regulatory Authority of the incident within 24 hours through the NQA IT System (as per regulations)
- staff will be debriefed after each serious incident and the child's individual medical management/action plan and risk minimisation plan will be evaluated, including a discussion of the effectiveness of the procedure used
- staff will discuss the exposure to the allergen/trigger and the strategies that need to be implemented and maintained to prevent further exposure.

Risk Minimisation Plan

The staff/Nominated Supervisor, together with the parents/guardians of a child with asthma, will discuss and agree on a risk minimisation plan for the emergency management of an asthma attack based on the child's asthma medical management/action plan. This plan will be included as part of, or attached to, the child's asthma medical management/action plan (located in the medication folder) and enrolment record.

The plan will assess and minimise risks relating to the child's diagnosed health care need including any known allergens and will include strategies for minimising the risk.

The risk minimisation will be reviewed and updated (if required) whenever the child's medical management plan is changed or updated.

Communication Plan

A communication plan will be created in accordance with our *Medical Conditions Policy.* The communication plan will be developed in collaboration with parents/guardians. It will detail the negotiated and documented manner to communicate any changes to the child's medical management plan and risk management plan with relevant staff, educators, and volunteers.

Any changes to a child's medical management plan and risk minimisation plans will be documented in the communication plan.

Asthma and Covid-19

There is no specific data yet to suggest people with asthma are at greater risk of contracting COVID-19, however as this is a serious respiratory illness, anyone with asthma should implement strict hygiene measures to protect themselves and others.

Health practitioners have encouraged parents of children with asthma to:

- update their child's asthma medical management/action plan with their general practitioner.
- ensure their child uses their reliever and preventer medicines (if required) as prescribed
- ensure their child continues taking medication to keep their asthma well controlled
- practice good hygiene and other measures to reduce contact with people who may be infected
- have their child tested for COVID-19 if they develop any symptoms (cough, fever, shortness of breath, sore throat)

(Asthma Australia, June 2020)

SOURCES

- Australian Children's Education & Care Quality Authority. (2014)
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics
- National Asthma Council Australia https://www.asthmahandbook.org.au/
- Revised National Quality Standard (2018)
- Child Care Desktop
- Education and Care National Law 2010 (Amended 2018)
- Education and Care Services National Regulations
- Guide to the National Quality Standard
- Childcare Desktop
- Staying Healthy in Child Care. 5th Edition
- Asthma Australia – https://asthma.org.au
- Revised National Quality Standards

REFERENCES

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1.1	*Wellbeing and comfort*	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation

2.1.2	*Health practices and procedures*	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	*Safety*	Each child is protected
2.2.1	*Supervision*	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2	*Incident and emergency management*	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented

Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
12	Meaning of a serious incident
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parent of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
89	First aid kits
90	Medical conditions policy
90(1)(iv)	Medical Conditions Communication Plan
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement—anaphylaxis or asthma emergency
95	Procedure for administration of medication
136	First Aid qualifications
162	Health information to be kept in enrolment records
168	Education and care services must have policies and procedures
170	Policies and procedures to be followed
174	Time to notify certain circumstances to Regulatory Authority

Epilepsy Management Policy

BACKGROUND & AIM

Epilepsy refers to recurrent seizures where there is a disruption of normal electrical activity in the brain that can cause momentary lapses of consciousness and/or loss of body control. The effects of epilepsy can vary, wom3 dhile43n 2ill wurr34 no qef34w3 3rr3dw 2hil3 wpil3pwy may impact other greatly. Some children will suffer no adverse effects while epilepsy may impact others greatly. Some children with epilepsy may have absence seizures where they are briefly unconscious. 1 in 200 children live with epilepsy. There is often no way to accurately predict how a child's abilities, learning and skills will be affected by seizures, because the child's brain is still developing.

The most important thing to do when working with a child with epilepsy is to get to know the individual child and their condition. All children with epilepsy should have a Medical Management Plan. It is important that all those working with children living with epilepsy have a good understanding of the effects of seizures, required medication and appropriate first aid.

National Regulations of the Education and Care Services requires the Approved Provider to ensure that there is at least one educator on duty at all times who has a current approved first aid qualification. As a demonstration of duty of care and best practice, it is recommended that all educators have current approved first aid qualifications.

Our Service will implement inclusive practices to cater for the additional requirements of children with epilepsy in a respectful and confidential manner.

Definitions:

FOCAL SEIZURES

Focal Seizures without impaired consciousness	Formerly called simple partial seizures, these arise in parts of the brain not responsible for maintaining consciousness, typically the movement or sensory areas. Consciousness is NOT impaired, and the effects of the seizure relate to the part of the brain involved. If the site of origin is the motor area of the brain, bodily movements may be abnormal (e.g., limp, stiff, jerking). If sensory areas of the brain are involved the person may report experiences such as tingling or numbness, changes to what they see, hear or smell, or very unusual feelings that may be hard to describe. Young children might have difficulty describing such sensations or may be frightened by these.
Focal Seizures with impaired consciousness	Formerly called complex partial seizures, these arise in parts of the brain responsible for maintaining awareness, responsiveness and memory, typically parts of the temporal and frontal lobes. Consciousness is lost, and the person may appear dazed or unaware of their surroundings. Sometimes the person experiences a warning sensation or 'aura' before they lose awareness, essentially the simple partial phase of the seizure. Behaviour during a complex partial seizure relates to the site of origin and spread of the seizure. Often the person's actions are clumsy, and they will not respond normally to questions and commands. Behaviour may be confused, and they may exhibit automatic movements and behaviours e.g., picking at clothing, picking up objects, chewing and swallowing, trying to stand or run, appearing afraid and struggling with restraint. Colour change, wetting and vomiting can occur in complex partial seizures. Following the seizure, the person may remain confused for a prolonged period and may not be able to speak, see, or hear if these

	parts of the brain were involved. The person has no memory of what occurred during the complex partial phase of the seizure and often needs to sleep.
Focal Seizures becoming bilaterally convulsive.	Focal seizures may progress due to spread of epileptic activity over one or both sides of the brain. Formerly called secondarily generalised seizures, bilaterally convulsive seizures look like generalised tonic-clonic seizures.

GENERALISED SEIZURES

Tonic-clonic Seizures	Tonic-clonic seizures produce sudden loss of consciousness, with the person commonly falling to the ground, followed by stiffening (tonic) and then rhythmic jerking (clonic) of the muscles. Shallow or 'jerky' breathing, bluish tinge of the skin and lips, drooling of saliva and often loss of bladder or bowel control generally occur. The seizures usually last one to three minutes and normal breathing, and consciousness then returns. The person is tired following the seizure and may be confused. If the seizures last more than five minutes an ambulance should immediately be called.
Absence Seizures	Absence seizures produce a brief cessation of activity and loss of consciousness, usually lasting less than 10 seconds. Often the momentary blank stare is accompanied by subtle eye blinking and mouthing or chewing movements. Awareness returns quickly, and the person continues with the previous activity. Falling and jerking do not occur in typical absences.
Myoclonic Seizures	Myoclonic seizures are sudden and brief muscle contractions usually only lasting a second or two, that may occur singly, repeatedly or continuously. They may involve the whole body in a massive jerk or spasm or may only involve individual limbs or muscle groups. If they involve the arms, they may cause the person to spill what they were holding. If they involve the legs or body the person may fall.
Tonic Seizures	Tonic seizures are characterised by generalised muscle stiffening, lasting 1-10 seconds. Associated features include brief cessation of breathing, colour change and drooling. Tonic seizures often occur during sleep. When tonic seizures occur suddenly with the child awake, they may fall violently to the ground and injure themselves. Fortunately, tonic seizures are rare and usually only occur in severe forms of epilepsy.
Atonic seizures	Atonic seizures produce a sudden loss of muscle tone that, if brief, may only involve the head dropping forward ('head nods'), but may cause sudden collapse and falling ('drop attacks').

SCOPE

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

RELATED POLICIES

• Administration of Medication Policy • Administration of First Aid Policy • Enrolment and Orientation Policy • Family Communication Policy	• Sick Staff Policy • Sick Children Policy • Supervision Policy • Privacy & Confidentiality Policy

• Incident, Illness, Accident and Trauma Policy	• Medical Conditions Policy

PROCEDURES & POLICIES

Our Service is committed to providing a safe and healthy environment that is inclusive for all children, staff, visitors and family members that are diagnosed with Epilepsy. The aim of this policy is to ensure that educators, staff and families are aware of their obligations in supporting children with epilepsy and work with partnership with families and health professional to manage seizures by following the child's medical management plan.

We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The Service will adhere to privacy and confidentiality procedures when dealing with individual health needs including having families provide written permission to display the child's Medical Management Plan in prominent positions within the Service.

A copy of all Medical Policies will be accessible to all educators and volunteers and families of the Service. Communication between families and educators will remain open and transparent so that management of epilepsy is effective.

Children diagnosed with epilepsy will not be enrolled into the Service until the child's medical management plan is completed and signed by their medical practitioner. A risk minimisation and communication plan will be developed with parents/guardians to ensure risks are minimised and strategies developed for minimising any risk to the child.

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

Duty of Care

Our service has a legal responsibility to provide:

c. A safe environment free from foreseeable harm and
d. Adequate Supervision

Staff members including relief staff need to know enough about epilepsy and managing seizures to ensure the safety of children diagnosed with epilepsy.

Families will ensure they:

- Inform staff at the children's service, either on enrolment or on diagnosis, of their child's medical condition-epilepsy.
- Provide staff with an Epilepsy Management Plan developed and signed by a Registered Medical Practitioner for implementation within the Service.
- Develop an individual Medical Conditions Risk Minimisation Plan and Communications plan in collaboration with Service staff.
- Provide staff with the prescribed medications each day their child attends care and ensure adequate supply of emergency medication for their child at all times.
- Maintain a record of the expiry date of medication and ensure it is replaced prior to expiry.
- Assist staff by offering information and answering any questions regarding their child's medical condition.
- Notify the staff of any changes to their child's medical condition and provide a new Epilepsy Medical Management Plan in accordance with these changes.
- Communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child.

- Comply with the Service's policy that no child who has been prescribed medication for epilepsy is permitted to attend the Service or its programs without that medication.
- Read and be familiar with the medical policies, in particular, the Epilepsy Management Policy.
- Bring relevant issues to the attention of Service management.

Management, Nominated Supervisor/ Responsible Person will ensure:

- All staff including volunteers are provided with access to a copy of the Epilepsy Management Plan along with the Medical Conditions Policy.
- All staff members have completed first aid training approved by ACECQA at least every 3 years and is recorded, with each staff members' certificate held on the Service's premises.
- All staff attend regular training on the management of epilepsy and, where appropriate, emergency management of seizures using emergency epileptic medication, when a child with epilepsy is enrolled at the Service.
- All staff members are trained to identify children displaying the symptoms of a seizure and are aware of the child's epilepsy medical management plan and required medication (if applicable).
- All children enrolled at the Service with epilepsy must have an Epilepsy Management Plan, seizure record and, where relevant, an Emergency Action Plan, filed with their enrolment record. Records must be no more than 12 months old and updated regularly by the child's registered medical practitioner and/or neurologist.
- The medical management plan will describe the prescribed medication for that child and the circumstances in which the medication should be administered.
- A Medical Conditions Risk Minimisation plan is completed in consultation with the parents/guardians for each child diagnosed, outlining procedures to minimise the incidence and effect of a child's epilepsy. The plan will cover the child's known triggers and where relevant other common triggers which may cause an epileptic seizure.
- Implement a communication strategy in consultation with parents/guardians and encourage ongoing communication between parents/guardians and staff regarding the current status of the child's medical condition, this policy and its implementation.
- Individual Epilepsy Management and Emergency Action Plans will be displayed in key locations throughout the Service.
- A copy of this policy will be accessible to a parent or guardian of each child diagnosed with Epilepsy at the Service and reviewed regularly.
- Ensure that no child who has been prescribed epilepsy medication attends the Service without the medication.
- Ensure that a staff member accompanying children outside the Service carries the prescribed medication and a copy of the Epilepsy Management and Emergency Action Plan for children diagnosed with epilepsy.
- That they notify the Regulatory Authority of any serious incident of a child while being education and cared for at the Service within 24 hours.

Educators will:

- Read and comply with the Epilepsy Management Policy, Medical Conditions Policy and Administration of Medication Policy.
- Ensure a copy of the child's Epilepsy Medical Management Plan and Emergency Action Plan are visible and known to staff and volunteers in the Service.
- Identify and where possible minimise possible seizure triggers as outlined in the child's Epilepsy Management Plan and risk minimisation plan.
- Consult with the parents/guardians of children with epilepsy in relation to the health and safety of their child, and the supervised management of the child's epilepsy.

- Ensure that children with epilepsy can participate in all activities safely and to their full potential.
- Increase supervision of a child diagnosed with epilepsy on special occasions such as excursions, incursions, parties and other special events.
- Regularly check and record the expiry date of the prescribed Epilepsy Management medication so as to ensure it is replaced prior to expiry.
- Be able to recognise the symptoms of a seizure.
- Follow the child's Epilepsy Management Plan in the event of a seizure and administer prescribed medication when needed in accordance with the plan and Service procedures.
- Ensure a suitably trained and qualified Educator will administer prescribed medication when needed according to the child's Epilepsy Medical Management Plan and the service's Administration of Medication Policy.
- Record all epileptic seizures according to the Epilepsy Management Plan.
- Take all personal Epilepsy Management Plans, seizure records, medication records, Emergency Action Plans and any prescribed medication on excursions and other events.

<u>If a child who is diagnosed with epilepsy has a seizure, a suitably trained and qualified Educator will:</u>

  - Follow the child's Epilepsy Medical Management/Action Plan.
  - Protect the child from injury- Remove any hazards that the child could come into contact with.
  - Not restrain the child or put anything in their mouth.
  - Gently roll them on to the side in the recovery position as soon as possible (not required if, for example, child is safe in a wheelchair and is safe and airway is clear)
  - Monitor the airway.
  - Call an ambulance by dialling 000 if:
    - A seizure continues for more than three minutes.
    - Another seizure quickly follows the first.
    - It is the child's first seizure.
    - The child is having more seizures than is usual for them.
    - Certain medication has been administered.
    - They suspect breathing difficulty or injury.
  - Continue First Aid measures.
  - Contact the parent/guardian when practicable.
  - Contact the emergency contact if the parents or guardian can't be contacted when practicable.
  - 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 through the NQA IT System.
- The above procedure should be followed if a child who is not diagnosed as epileptic experiences a seizure whilst attending the Service.

<u>SOURCE</u>

- Australian Children's Education & Care Quality Authority (2014).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics
- Education and Care Services National Law Act 2010 (Amended 2018)
- Epilepsy action Australia
- Childcare Desktop
- Guide to the National Quality Standard

- Staying Healthy in Child Care. 5th Edition
- The Royal Children's Hospital Melbourne **http://www.rch.org.au/neurology/patient_information/about_epilepsy/**
- Revised National Quality Standards

REFERENCES

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1.1	*Wellbeing and comfort*	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
2.1.2	*Health practices and procedures*	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	*Safety*	Each child is protected
2.2.1	*Supervision*	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2	*Incident and emergency management*	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented

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90	Medical conditions policy
90(1)(iv)	Medical Conditions Communication Plan
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement—anaphylaxis or asthma emergency
95	Procedure for administration of medication
136	Frist aid qualifications
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
174	Time to notify certain circumstances to Regulatory Authority

Eczema Management Policy

BACKGROUND & AIM

Eczema is a chronic inflammatory skin condition causing dry and itchy skin and can affect children and adults. For most children, eczema tends to resolve itself by age five.

Eczema presents as an itchy rash that appears dry and scaly. In toddlers it will generally be seen on the insides of wrists and on the fronts of ankles and knees, and in older children the rash is generally all over the body. However, in any age group it can be seen in other places on the body.

Eczema is **not** contagious.

Common eczema triggers include:

- Teething in babies and children
- An illness or cold when the child's body is fighting the illness.
- Stress
- Over-tiredness
- Scratching if the skin is dry – eczema can arise from an 'itch, scratch, itch' cycle
- Heat
- Bathing too often (especially in hot water)

Other irritants can include:

- Sand
- Grass
- Chlorine (or strong bleaches
- Household or hospital grade disinfectants and cleaners
- Clothing made from synthetic fibres or rough fabrics.
- Hot showers or baths
- Fragrances in soaps or washing powders.
- Wind, heat or cold
- Food items can also be a trigger for some children.

Managing eczema involves regularly applying creams or ointments throughout the day, as allowing the skin to dry out can cause 'flare-ups' and infections. Therefore, children with eczema must ensure that creams are applied to affected areas to:

- Prevent further moisture loss; and
- Prevent irritants from entering the skin.

An infection is generally indicated if there is red, weeping, or crusty skin. The child will require antibiotics to treat any infection. Generally, if there has been a flare up, a topical ointment will be prescribed to apply underneath the moisturiser.

SCOPE

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

RELATED POLICIES

• Administration of Medication Policy • Administration of First Aid Policy • Medical Conditions Policy • Family Communication Policy	• Incident, Injury, Trauma and illness Policy • Handwashing Policy • Supervision Policy • Privacy & Confidentiality Policy

POLICY & PROCEDURES

The aim of this policy is to ensure that educators, staff and families are aware of their obligations in supporting children with eczema.

We aim to create and maintain a safe and healthy environment for all children enrolled at the Service where all children can participate in as many experiences as their medical condition will safely allow.

The Service will adhere to privacy and confidentiality procedures when dealing with individual health needs.

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

All educators and volunteers at the Service will follow a child's Medical Management Plan in the event of any eczema flare up, advising parents as soon as practicable.

Families will ensure they:

- Read and adhere to the Service's *Eczema Management Policy.*
- Ensure all details on their child's enrolment form are completed prior to commencement at the Service, including details of diagnosed medical conditions.
- Inform staff, either on enrolment or on initial diagnosis, that their child has eczema.
- Provide a copy of their child's Medical Management Plan or ascia Action Plan for Eczema ensuring it has been prepared in consultation with, and signed by, a medical practitioner.
- Collaborate with management and educators to develop a Communication Plan and Risk Minimisation Plan for their child.
- Notify staff in writing, of any changes to the information on the Medical Management Plan (ascia Action Plan for Eczema), enrolment form, or medication record
- Have the *Medical Management Plan* (ascia Action Plan for Eczema) reviewed and updated at least annually or as indicated by review date.
- Communicate regularly with educators/staff in relation to the ongoing health and wellbeing of their child, and the management of their child's eczema.
- Provide an adequate supply of eczema creams topical ointments (as required) and soap substitutes for their child at all times.
- Ensure all medication and ointments provided comply with labelling requirements.
- Complete an Administration of Medication Authority Form if providing medication/ointments for administration by the Service.
- Ensure they provide adequate and appropriate spare clothing for their child each day that will not cause a flare up or discomfort (e.g., no woollen fabrics).
- Encourage their child to learn about their eczema, and to communicate with Service staff if they are experiencing discomfort or a flare up.

Management, Nominated Supervisor/ Responsible Person will ensure:

- Eczema treatment procedures are consistent with current national recommendations.
- All staff including volunteers are provided with access to a copy of all medical conditions policies, including the Eczema Management Policy, Medical Conditions Policy, Administration of Medication Policy and Administration of First Aid Policy.
- A copy of this policy is accessible to a parent or guardian of each child diagnosed with Eczema at the Service.
- Children with eczema are identified during the enrolment process and staff are informed.
- Families provide a Medical Management Plan, detailing the treatment required by their child throughout the day (i.e., the name and quantity of the cream to be applied and the frequency of application) prior to enrolment of their child at the

Service or if the diagnosis occurs after enrolment, as soon as they are aware of the diagnosis. An ascia Action Plan for Eczema may also be provided.

- Families of all children with eczema provide creams and soap substitutes for use whilst their child is attending the Service. All creams and soap substitutes must show the expiry date and be clearly labelled with the child's name. If any creams are prescribed by a medical practitioner, it must be in the original container/tube, bearing the original label and instructions with the name of the child clearly displayed and before the expiry date.
- A Medical Conditions Risk Minimisation plan is completed for each child diagnosed, outlining procedures to minimise the incidence and effect of a child's eczema. The plan will cover the child's known triggers and, where relevant, other common triggers which may cause a flare up of eczema.
- A Communications Plan is completed in consultation with the parent/guardian and encourage ongoing communication between parents/guardians and staff regarding the current status of the child's medical condition.
- All staff members have completed first aid training approved by the Education and Care Services National Regulations at least every 3 years and is recorded, with each staff members' certificate held on the Service's premises.
- All staff have access to the children's Eczema Management Plans, which detail individual children's eczema treatment requirements, and use only topical ointments and moisturisers that have been provided by the family.
- All staff adhere to high levels of hygiene when applying creams or ointments to children with eczema.
- All staff maintain an *Administration of Medication Record* of when creams have been applied or other treatments administered to a child with eczema.
- All staff members can identify and minimise eczema triggers for children attending the Service where possible.
- children with eczema are not discriminated against in any way.
- children with eczema can participate in all activities safely and to their full potential.
- Ensure that a staff member accompanying children outside the Service carries the prescribed medication and a copy of the Medical Management Plan for children diagnosed with eczema attending excursions.

Educators will:

- They are aware of the Service's Eczema Management Policy and treatments required for each individual child with eczema.
- Ensure a copy of the child's Eczema Management Plan is visible and known to staff in the Service.
- Follow the child's Eczema Management Plan in the event of a flare up.
- Take all personal Eczema Management Plans, medication records and any prescribed medication/ointments on excursions and other events, including emergency evacuations and drills.
- A suitably trained and qualified Educator will administer prescribed medication when needed according to the Medical Management Plan in accordance with the Service's Administration of Medication Policy.
- Recognise the symptoms of eczema and treat appropriately in accordance with the child's Medical Management Plan.
- Identify and where possible minimise possible eczema triggers as outlined in the child's Medical Management Plan.
- Adhere to the highest levels of hygiene when applying creams or ointments.
- Consult with parents/guardians of children with eczema in relation to the health and safety of their child, and the supervised management of the child's eczema.
- Communicate any concerns to parents/guardians if a child's eczema is limiting his/her ability to participate fully in all activities.
- Ensure that children with eczema can participate in all activities safely and to their full potential.

- Regularly check and record the expiry date of the prescribed Eczema Management medication.
- Ensure any eczema flare ups are treated according to the child's Medical Management Plan and documented, advising the parents as soon as practicable.
- if a child with eczema needs a bath or shower (for example, due to a toileting accident, the following precautions will be taken:
    - bath or shower water will be tepid – no more than 30°C.
    - the child will remain under/in the water for as little time as required.
    - soap and shampoo (if required) substitutes will be used: regular soap will not be used.
    - skin will be patted dry, not rubbed, with a clean towel (that has been laundered with a fragrance-free washing powder).
    - creams provided by the family will be immediately applied.
    - topical ointments (if provided) will be applied **before** applying the moisturising cream.

SOURCES

- Australian Children's Education & Care Quality Authority (2014).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics
- Guide to the National Quality Standard
- Staying Healthy in Child Care. 5th Edition
- The Sydney Children's Hospitals Network
- Childcare Desktop
- Australian Society of Clinical Immunology and Allergy
- Revised National Quality Standards

REFERENCES

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1.1	*Wellbeing and comfort*	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
2.1.2	*Health practices and procedures*	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	*Safety*	Each child is protected
2.2.1	*Supervision*	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2	*Incident and emergency management*	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented

Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
90	Medical conditions policy
90(1)(iv)	Medical Conditions Communication Plan
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication

94	Exception to authorisation requirement—anaphylaxis or asthma emergency
95	Procedure for administration of medication
136	First aid qualifications

Administration of Medication Policy

BACKGROUND & AIM

In supporting the health and wellbeing of children, the use of medications may be required for children enrolled at Armidale Montessori Preschool. Any medication must be administered as prescribed by medical practitioners and first aid guidelines to ensure the continuing health, safety and wellbeing of the child. Under the Education and Care Services national Law and Regulations, early childhood services are required to ensure medication records are kept for each child to whom medication is or is to be administered by the Service.

This policy is to ensure all educators of the Service understand their liabilities and duty of care to meet each child's individual health care needs and can safely administer children's required medication with the written consent of the child's parent or guardian.

SCOPE

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

RELATED POLICIES

• Administration of First Aid Policy • Control of Infectious Diseases Policy • Child Protection Policy • Enrolment & Orientation Policy • Privacy & Confidentiality Policy • Epilepsy Management Policy • Eczema Management Policy • Family Communication Policy • Supervision Policy	• Arrival & Departure Policy • Sick Children Policy • Medical Conditions Policy • Asthma Management Policy • Incident, Injury, Trauma & Illness Policy • Work, Health & Safety Policy • Coronavirus Policy • Code of Conduct Policy

POLICY & PROCEDURES

Families requesting the administration of medication to their child will be required to follow the guidelines developed by Armidale Montessori Preschool to ensure the safety of children and educators. The Service will follow legislative guidelines and standards to ensure the health of children, families and educators at all times.

For children with a diagnosed health care need, allergy or relevant medical condition a Medical Management Plan must be provided prior to enrolment and updated regularly. A Risk Minimisation Plan and Communication Plan will be developed in consultation with parents/guardians to ensure risks are minimised and strategies developed for minimising any risk to the child.

Management will ensure:

- Safe practices are adhered to for the wellbeing of both the child and educators.
- Families are informed of the Service's medical and medication policies.
- Enrolment records for each child outlines the details of persons permitted to authorise the administration of medication to the child.
- Children with specific health care needs or medical conditions have a current medical management plan detailing prescribed medication and dosage by their medical practitioner.

- Written consent is requested from families on the enrolment form to administer emergency asthma, anaphylaxis, or other emergency medication or treatment if required.
- Educators receive information about the medical conditions and medication policies during their induction.
- Educators and staff have a clear understanding of children's individual health care needs, allergies or relevant medical conditions as detailed in the Medical Management Plans, Asthma or Anaphylaxis Action Plans.
- Children's privacy is maintained, working in accordance with the Service Privacy and Confidentiality Policy.
- Medication is only administered by the Service with written authority signed by the child's parent or other responsible person named in the child's enrolment record that is authorised by the child's parents to make decisions about the administration of medication.
- If medication is administered without authorisation in the event of an asthma or anaphylaxis emergency the parent of the child and emergency services are notified as soon as practicable.
- If an incident presented imminent or severe risk to the health, safety and wellbeing of a 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 ensure the records are archived for the regulatory prescribed length of time following the child's departure from the Service.

<u>A Nominated Supervisor/ Responsible Person /Educators will ensure:</u>

- The Authority to Administer Medication & Medication Record is completed for each child enrolled at the Service who requires medication. A separate form will be completed for each medication if more than one is required.
- Medication is only administered by the Service with written authority signed by the child's parent or other responsible person named in the child's enrolment record that is authorised by the child's parents to make decisions about the administration of medication.
    - An exception may be made 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.
- Medication provided by the child's parents/guardians must adhere to the following:
    - Completion of an Authority to Administer Medication form by a parent or guardian or authorised person.
    - Medication is prescribed by a registered medical practitioner (with instructions either attached to the medication, or in written form from the medical practitioner.)
    - Medication must be in the original container/packaging.
    - Medication has the original label clearly showing the name of the child.
    - Medication is within the expiry/use by date.
- Any person delivering a child to the Service does not leave medications in the child's bag or locker. Medication must be given directly to an educator for appropriate storage upon arrival.
- Ensure that medications are stored in the refrigerator, inaccessible to children. Medications not requiring refrigeration will be stored in a labelled medication container inaccessible to children.
- Ensure adrenaline autoinjectors and asthma medication are 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 autoinjector or asthma medication.

- Ensure that two educators always administer and witness administration of medications. One of these educators must have approved First Aid qualifications. Both educators are responsible for:
    - Checking the Administration of medication record is completed by the Parent/guardian.
    - Checking the prescription label for the child's name, the amount of medication being administered, method of administration and the use-by date.
    - Confirming that the correct child is receiving the medication.
    - Signing and dating the Administration of medication form
    - Returning the medication back into the medication container.
- Follow hand-washing procedures before and after administering medication.
- Discuss any concerns or doubts about the safety of administering medications with the Nominated Supervisor/Director to ensure the safety of the child.
- Seek further information from the family, the prescribing doctor, or the Public Health Unit before administering medication if required.
- Ensure that the instructions on the Medication Record are consistent with the doctor's instructions and the prescription label. If there are inconsistencies, the medication is not to be administered to the child.
- Ask the family to request an English translation from the medical practitioner for any instructions written in a language other than English.
- Ensure that the Administration of Medication Record is completed correctly, including name and signature of witness, time and date.
- If the child refuses to take the medication after repeated attempts, then contact the parent or guardian. Educators cannot use restrictive practices to make a child take medication at any time.
- Observe the child post administration of medication to ensure there are no side effects and contact the parents immediately if there are any unusual side effects from the medication.
- If a child is not breathing or having difficulty breathing following administration of any medication, the educator will contact emergency service on 000 immediately and notify the Director and Nominated Supervisor.

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.
- Consult with Service Management on developing a Risk Minimisation and Communication Plan for their child for long term medication plans.
- Notify educators verbally when children are taking any short-term medications at home.
- Complete an Authority to Administer Medication Form for a child requiring medication whilst they are at the Service.
- Assist Educators to complete long-term medication records in accordance with the medical practitioner, completing and signing the plan.
- Update long term medication records and Medical Management Plans annually or as the child's medication needs change.
- Provide prescribed medications in original containers with pharmacy labels. 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 Sick Children's Policy and Control of Infectious Diseases Policy:

  - Keep children away from the Service while any symptoms of an illness remain.
  - Keep children away from the Service for 24 hours from commencing antibiotics to ensure they have no side effects to the medication.
- NOT leave any medication in children's bags and give any medication for their children to an educator who will provide the family with an Authority to Administer Medication Record to complete.
- Complete the Authority to Administer Medication Record and ensure the educator signs to acknowledge the receipt of the medication. No medication will be administered without written consent from the parent or authorised person.
- Provide any herbal/naturopathic remedies or non-prescribed medications (including Paracetamol or cold medications) with a letter from the doctor detailing the child's name, dosage and the expiry date for the medication.

Guidelines for administration of Paracetamol

- Families must provide their own Paracetamol for use as directed by a medical practitioner.
- Paracetamol will be kept in the medication container for emergency purposes if required to be kept on site.
- To safeguard against the incorrect use of Paracetamol and to 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 stating the reason for administering, the dosage and duration it is to be administered for, except for in emergency situations (onset of high fever whilst at the Service).
- If a child presents with a temperature whilst at the Service, the family will be notified immediately and asked to organise collection of the child as soon as possible (within 30 minutes).
- Administration of Paracetamol must follow the administration of medication procedure detailed in this policy, including the presence of 2 educators to witness the administration of medication and the completion of an Administration of Medication Form.

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.
- Monitor the child for any additional symptoms.
- Always maintain supervision of the ill child, 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 monthly for expiry dates.
- A list of first aid kit contents close to expiry or running low will be given to the Nominated Supervisor/Education Leader 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 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.

Emergency Administration of Medication

In the occurrence of an emergency and where the administration of medication must occur, the Service will attempt to receive verbal authorisation by a parent/guardian of the child, or an authorised person named in the child's Enrolment Form.

- If all the child's nominated contacts are non-contactable, the Service will contact a registered medical practitioner or emergency service on 000.
    - Post administration of medication, written notice will be provided to a parent of the child or other emergency contact person listed on the child's Enrolment Form.
- The child will be comforted, reassured, and removed to a quiet area under the direct supervision of a suitably experienced and trained educator.
- The Service will contact the regulatory authority within 24 hours as soon as practicably possible (if urgent medical attention was sought or the child attended hospital).

Emergency Involving Anaphylaxis or Asthma

- For anaphylaxis or asthma emergencies, medication/treatment will be administered to a child without authorisation, following the correct action plan has been provided.
- If a child is in severe respiratory distress, and is not known to have asthma or anaphylaxis, the emergency plan for first aid will be followed immediately:
    - An ambulance will be called immediately.
    - The child will be seated in an upright position.
    - 4 separate puffs of an available reliever medication (e.g., Ventolin) will be administered to the child using a spacer if required.
    - The administration of the reliever medication will be repeated every 4 minutes until the ambulance arrives.
- In the event of an anaphylaxis emergency where any of the following symptoms are present, an EpiPen will be administered (if available):
    - Difficulty/noisy breathing
    - Swelling of the tongue
    - Swelling or tightness in throat
    - Difficulty talking
    - Wheeze or persistent cough
    - Persistent dizziness or collapse
- The Service will contact the following as soon as practicably possible -
    - Emergency Services 000
    - A parent 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.

SOURCES

- Australian Children's Education & Care Quality Authority.
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- Australian Government Department of Education
- ACECQA policy guidelines
- Education and Care Service National Regulations
- Education and Care Services National Law
- Childcare Desktop
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- NSW Department of Health - www.health.nsw.gov.au
- National Health and Medical Research Council - **www.nhmrc.gov.au**
- Revised National Quality Standards

REFERENCE

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1.1	*Wellbeing and comfort*	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
2.1.2	*Health practices and procedures*	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	*Safety*	Each child is protected
2.2.1	*Supervision*	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2	*Incident and emergency management*	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented

Education and Care Services National Regulations

Children (Education and Care Services) National Law	
90	Medical conditions policy
90(1)(a)	The management of medical conditions, including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement - anaphylaxis or asthma emergency
95	Procedure for administration of medication
136	First Aid qualifications
168	Education and care service must have policies and procedures
170	Policies and procedures are to be followed.

Administering First Aid Policy

BACKGROUND & AIM

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

First aid is the emergency aid or treatment given to persons suffering illness or injury following an accident and prior to obtaining professional medical services if required. It includes emergency treatment, maintenance of records, dressing of minor injuries, recognition and reporting of health hazards and participation in safety programs. Legislation that governs the operation of approved children's services is based on the health, safety, and welfare of children, and requires that children are protected from hazards and harm.

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

- Preserve life.
- Provide immediate and effective first aid to children or adults.
- Relieve pain if possible.
- Ensure that ill or injured persons are stabilised and comforted until medical assistance intervenes.
- Monitor ill or injured persons and promote recovery.
- Apply additional first aid tactics if the condition does not improve.
- Ensure the environment is safe and other people are not in danger of becoming ill or injured.

SCOPE

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

RELATED POLICIES

• Administration of Medication Policy • Anaphylaxis Management Policy • Asthma Management Policy • Epilepsy Management Policy • Family Communication Policy • Incident, Illness, Accident and Trauma Policy • Enrolment & Orientation Policy • Water Safety Policy • Sun Safety Policy	• Sick Children Policy • Sick Staff Policy • Supervision Policy • Work, Health and Safety Policy • Privacy & Confidentiality Policy • Medical Conditions Policy • Emergency & Evacuation Policy • Responsible Persons Policy • Safe Transportation of Children Policy

POLICY & PROCEDURES

Our Service will ensure:

- All educators, including casual staff, hold a first aid qualification.
- First aid administered at the Service will be done according to guidelines and recommended practices identified in first aid qualifications.
- All incidents will be documented and stored according to regulatory

requirements.
- A risk management approach to health and safety shall be adopted.

The Approved Provider/Management is responsible for:

- Ensuring every reasonable precaution is taken to protect children at the Service from harm and/or hazards that can cause injury, by introducing preventive measures or eliminating risk where feasible or implementing control measures to minimise risk.
- Ensuring that at least one educator with the following qualifications is in attendance at all times at the Service while education and care is being provided to children:
    - An ACECQA approved first aid qualification.
    - A current, approved anaphylaxis management training.
    - A current, approved emergency asthma management training.

  (One staff member may hold one or more of the three qualifications).
- Ensuring there is an induction process for all new staff, casual and relief staff, that includes providing information on the location of first aid kits and specific first aid requirements and individual children's allergies and individual medical management plans.
- Appointing a nominated first aid officer.
- Guiding staff in regularly conducting risk assessments of the environment to determine likely injuries and illnesses that might occur and rectify their potential causes.
- Ensuring that enrolment records for each child includes a signed consent form for the administration of first aid and the approved products to be used.
- Ensuring a risk assessment is conducted prior to an excursion or regular outing to identify risks to health, safety, or wellbeing and specifying how these risks will be managed and minimised.
- Reviewing and signing off on all documentation when first aid has been administered.
- Ensuring records are confidentially stored for the specified period of time as required by the Regulations.
- Ensuring the Regulatory Authorities are notified within 24 hours if a child is involved in a serious incident, injury, trauma or illness at the Service.
- Ensuring that staff members are offered support and debriefing after a serious incident requiring the administration of first aid.
- Ensuring a resuscitation flow chart is displayed in a prominent position in the indoor and outdoor environments of the Service.
- Providing internal training of the administration of an auto-injection device.
- Keeping up to date with any changes in procedures for administration of first aid and ensuring that all educators are informed of these changes.
- Provide an appropriate number of up-to-date, fully equipped first aid kits that meet Australian Standards.
- Provide a transportable first aid kit that can be taken to excursions and other activities.
- Ensure that all educators approved first aid qualifications, anaphylaxis management training and emergency asthma management training are current and meet the requirements of the National Act and National Regulations and are approved by ACECQA.

A Nominated Supervisor/ Responsible Person will:

- Maintain a current approved first aid qualification.
- Support staff when dealing with a serious incident or trauma.
- Monitor the contents of all first aid kits and arrange replacement of stock, including when the use-by date has been reached.
- Dispose of out-of-date materials appropriately.

- Ensure safety signs showing the location of first aid kits are clearly displayed.
- Maintain a register of first aiders.
- Keep up to date with any changes in the procedures for the administration of first aid.
- Ensure that parents are notified when practicable or within 24 hours if their child is involved in an incident, injury, trauma or illness at the Service and that details are recorded on the Incident, Injury, Trauma, and Illness Record.
- Contact families immediately if a child has had a head injury whilst at the Service.
- Ensure that appropriate documentation is being recorded by educators in regard to incidents, injury, trauma & illnesses and the administration of first aid.

Educators will:

- Implement appropriate first aid procedures, when necessary, in line with this policy.
- Maintain current approved first aid qualifications, and qualifications in anaphylaxis management and emergency asthma management, as required.
- Practice CPR and administration of an auto-injection device.
- Ensure that all children are adequately supervised while providing first aid and comfort for a child involved in an incident or suffering trauma.
- Ensure that the details of any incident requiring the administration of first aid are recorded on the Incident, Injury, Trauma and Illness Record accurately.
  Documentation must include the following information:
    - Name and age of the child.
    - Circumstances leading to the incident, injury, trauma, or illness (including any symptoms).
    - Time and date.
    - Details of action taken by the service including any medication administered, first aid provided, or medical personnel contacted.
    - Details of any witnesses.
    - Names of any person the service notified or attempted to notify, and the time and date of this.
    - Signature of the person making the entry, and time and date of this.
- Ensure that a copy of the accident/incident report is made available for parents/guardians on request.
- When administering first aid:
    - Administration of first aid will be done in accordance with first aid training and undertaken by a qualified first aider.
    - Where feasible, first aid will be administered by the person who has witnessed the incident/injury/illness.
    - The person administering first aid will be the person who completes the incident/illness/injury/trauma record and passes to the responsible person for verification and signing by parent or guardian.

Families will:

- Sign Service records of accidents or injuries that have occurred, acknowledging they have been made aware of the incident and the first aid treatment that was given to the child.
- Provide the required information for the Service's medication record.
- Provide written consent (via the enrolment record) for service staff to administer first aid and call an ambulance, if required.
- Be contactable, either directly or through emergency contacts listed on the child's enrolment record.
- Provide the service with a medical management plan for their child if required.
- Provide written consent for the approved provider, nominated supervisor or educator to seek medical treatment for their child by a registered medical practitioner, hospital or ambulance service and if required, transport the child to hospital.

Managing serious incidents

The Approved Provider/Director will ensure:

- Educators and staff are aware of the procedures around managing serious incidents.
- Any serious incident occurring at the Service will be documented on a SI01 Notification of serious incident form and reported to the Regulatory authority (ECEC, NSW Department of Education) within 24 hours.
- Review incident documentation for accuracy and detail.
- Provide a copy of the incident report to the family as soon as possible.
- Debrief staff after the incident.

The Nominated Supervisor or responsible person will:

- Notify the parents of any serious incident; and
- Arrange for medical intervention if required.

Educators and staff will:

- Manage serious incidents as per this policy.
- Provide first aid.
- Document the incident in the incident/illness/injury/trauma record.
- Notify the Nominated Supervisor and Director immediately after the serious incident has occurred.

First aid supplies

The Education Leader of the Service will ensure that first aid kits are kept in accordance with National Education and Care Service Regulations.

All First Aid Kits at the service will:

- Not be locked.
- Not contain paracetamol.
- Be suitably equipped for the number of employees and children at the Service and sufficient for the immediate treatment of injuries at the Service.
- Be easily accessible and recognisable to staff and educators.
- Contain a list of the contents of the kit.
- Be regularly checked using the First Aid Kit Checklist to ensure the contents are as listed and have not degraded or expired.
- Have a white cross on a green background with the words 'First Aid' prominently displayed on the outside.
- Have a list of first aid trained educators posted above it
- Be taken on excursions and be attended by First Aid qualified educators.
- Be maintained in proper condition and the contents restocked as required.

First Aid Officer

Our First Aid delegated individual responsible for maintaining all First Aid kits at the Service is the Education Leader.

This individual is responsible for conducting and maintaining each first aid kit by complying with the First Aid Checklist, certifying each kit has the required quantities, items are within their expiry dates, and sterile products are sealed. This will be done as required or at least on a six-monthly basis. If the kit requires additional resources, the first aid officer will advise the Director and follow up with purchase of the required items.

First Aid Checklist

Our Service will use the Checklist in Safe Work Australia's First Aid in the Workplace Code of Practice as a guide to what to include in our First Aid Kit.

https://www.safeworkaustralia.gov.au/doc/model-code-practice-first-aid-workplace

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

SOURCE

- Australian Children's Education & Care Quality Authority. (2014)
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2017
- ECA Code of Ethics
- Childcare Desktop
- Education and Care Services National Law Act 2018
- Education and Care Services National Regulations (2011)
- Guide to the National Quality Framework
- Safe Work Australia First Aid in the Workplace Code of Practice
- Work Health and Safety Act
- Safe Work Australia Legislative Fact Sheets First Aiders
- Revised National Quality Standards

REFERENCES

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1.1	*Wellbeing and comfort*	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
2.1.2	*Health practices and procedures*	Effective illness and injury management and hygiene practices are promoted and implemented
2.2	*Safety*	Each child is protected
2.2.1	*Supervision*	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2	*Incident and emergency management*	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented

Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
12	Meaning of serious incident
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
88	Infectious diseases
89	First aid kits
90	Medical conditions policy
92	Medication record
93	Administration of medication
94	Exception to authorization requirement – anaphylaxis or asthma emergency
97	Emergency and evacuation procedures
101	Conduct a risk assessment for excursion

102C	Conduct a risk assessment for transporting of children by the education and care service
136	First aid qualifications
161	Authorisations to be kept in enrolment record
162	Health information to be kept in enrolment record
168 (2)(a)(iv)	Education and care service must have policies and procedures
170	Policies and procedures to be followed
174	Prescribed information to be notified to Regulatory Authority
176	Time to notify certain information to Regulatory Authority

Handwashing Policy

BACKGROUND & AIM

Having and encouraging good hygiene practices in early childhood is essential for reducing the risk of infection. Helping children to develop appropriate personal hygiene habits will become embedded as they grow and develop.

Our Service is committed to ensuring the health and safety of all educators, staff, volunteers, families, and children by providing a safe and healthy environment. Effective hand hygiene significantly reduces the risk of infection and is therefore of the utmost importance. We aim to implement specific hand washing hygiene practices to minimise the risks associated with cross infection of viral and bacterial borne diseases.

Infection can be spread through direct physical contact between people, airborne droplets from coughing and sneezing or from contact with surfaces and objects. Children come into contact with a number of other children and adults, toys, eating utensils, and equipment whilst being cared for in early education and care services. This high degree of physical contact with people and the environment creates a higher risk of children being exposed to and spreading infectious illnesses. Whilst it is not be possible for services to prevent the spread of all infections, we aim to create a hygienic environment to minimise the spread of diseases and infections.

Effective hand washing is a vital strategy in the prevention of spreading many infectious diseases. Research emphasises good handwashing as the single most important task you can do to reduce the spread of bacteria, germs, viruses, and parasites that infect yourself, other staff, and children in early childhood services and in our general population.

Micro-organisms such as bacteria, germs, viruses, and parasites are present on the hands at all times and live in the oil that is naturally produced on your hands. The use of soap or detergent and water remove most of these organisms and decreases the risk of cross infection.

SCOPE

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

RELATED POLICIES

• Control of Infectious Diseases Policy • Sick Children Policy • Incident, Illness, Accident and Trauma Policy • Administration of Medication Policy • Administration of First Aid Policy	• Medical Conditions Policy • Work, Health & Safety Policy • Nappy Change and Toileting Policy • Supervision Policy • Covid-19 Policy

POLICY & PROCEDURES

Our Service will adhere to National Regulation requirements, standards, and guidelines to support the effectiveness of our hand washing policy. We aim to educate and encourage children to wash their hands effectively which will help to reduce the incidence of infectious diseases, adhering to guidelines provided in *Staying healthy: Preventing infectious diseases in early childhood education and care services* and recommendations from the Department of Health – Australian Health Protection Principal Committee (AHPPC) to guide best practice.

To ensure the greatest level of personal hygiene our Service will ensure:

- All employees, parents, children, and visitors wash their hands with soap and water for at least 20 seconds upon arrival to the Service or, use the alcohol-based

sanitiser provided at the entrance (under adult supervision for children).
- Hands are thoroughly dried using hand towels and disposed of in the bin provide.
- Disposable tissues are used to wipe noses, eyes or mouths and disposed of in the bin provided immediately after use.
- Signage is provided to prompt visitors and children to wash their hands regularly and effectively when visiting the Service.
- Hands are washed following the use of tissues and the toilet.
- Educators and staff adhere to effective food preparation and food handling procedures.

It is a requirement of the Service to wash your hands:
- On arrival at the Service
- Before and after toileting or changing nappies
- After going to the toilet
- After wiping a runny nose or blowing your own nose
- Before and after administering first aid
- Before and after administering medication
- After using chemicals
- Before and after eating, preparing, and serving food
- Before and after preparing bottles
- After cleaning up bodily fluids
- After removing protective gloves
- After touching animals
- After cleaning or mopping floors
- After cleaning high touch surfaces
- Whenever hands are visibly dirty
- Before and after applying sunscreen
- After handling garbage and/or contaminated materials
- Before going home

Children will be encouraged to follow educators modelling and wash their hands at appropriate and frequent times throughout the day. Educators will ensure all required equipment is easily accessible and appropriate for use. Children will be explicitly taught the correct process of hand washing and carefully supervised when hand washing. Information about routines and songs for hand washing will be shared with families to encourage routines at home.

Strategies Educators will use to encourage effective hand hygiene practice include:
- Talking about the importance of hygiene
- Talking about when hand washing is appropriate and why (in an age-appropriate manner)
- Singing a song or reciting a poem as a guide to how long it should take to wash hands (e.g., singing happy birthday is a sufficient time frame)
- Using a clear visual poster with step-by-step instructions
- Using positive language
- Encouraging and using positive reinforcement
- Ensuring equipment is accessible.
- Providing clear simple routines
- Giving children sufficient time to practice and develop their skills.
- Ensuring adequate supervision and assistance is available when required.
- Use STEM opportunities to teach about germs and prevention.

We believe the hygiene practices of children being cared for should be as rigorous as those of staff and educators. Our environment supports appropriate hygiene practice.

Hand Drying
Effective hand drying is just as important as comprehensive hand washing. Research states that wet hands can pick up and transfer up to 1000 times more bacteria than dry hands. Drying hands thoroughly also helps remove any germs that may not have been rinsed off.

We provide children, staff, and educators with disposable paper towels to ensure effective hand hygiene. Bins are provided to dispose of used paper towels.

Where possible, our Service aims to find sustainable alternatives to paper towels that may

harm the environment, such as individual cloth hand towels which are washed daily.

Hand washing procedure:

- Wet hands with clean running water turn off the tap
- Rub soap all over your hands
- Rub hands together for as long as it takes to sing "Happy birthday" twice or "Twinkle Twinkle little star" or "Row Row Row your boat"
- Ensure backs of hands wrists, between fingers and under fingernails are soaped and scrubbed
- Rinse the soap off your hands under running water
- Dry your hands using paper towel

Alcohol-based hand sanitiser

Where possible, staff will use soap and water to clean their hands, however, if this is not possible and hands are not greasy or visibly dirty, an alcohol-based hand sanitiser may be used.

The hand sanitiser will be kept out of reach of children and used under adult supervision.

Our Service will ensure that the sanitiser is at least 60% alcohol to ensure the effectiveness of the hand sanitiser to kill microorganisms and prevent their growth.

- Hand sanitiser procedure:
  - Apply liquid to the palm of one hand
  - Rub it all over both hands until the sanitiser dries (approximately 20 secs.)
  - Be careful not to wipe the sanitiser off before it is dry.

SOURCE

- Australian Children's Education & Care Quality Authority (2014)
- Federal Department of Health coronavirus health alerts
- Federal Department of Health coronavirus Information Sheets which include:
  1. Environmental Cleaning and Disinfection Principles for COVID-19
- National Health and Medical Research Council (2013). Staying Healthy: Preventing infectious diseases in early childhood education and care services.
- Guide to the Education and Care Services National Regulations (2017)
- NSW Public Health Unit
- Revised National Quality Standards
- Childcare Desktop
- Education and are Services National Law Act 2010 (amended 2018)
- Education and are services national regulations (2011)
- Safe Work Australia (2020) Early childhood education and care workers: Minimising the risk of exposure to Covid-19
- Early Childhood Australia Code of Ethics (2016)
- Guide to the national quality framework

REFERENCES

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1	*Health*	Each child's health and physical activity is supported and promoted
2.1.2	*Health practices and procedures*	Effective illness and injury management and hygiene practices are promoted and implemented
2.2	*Safety*	Each child is protected

2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
77	Health, hygiene, and safe food practices
88	Infectious diseases
93	Administration of Medication
106	Laundry and hygiene facilities
109	Toilet and hygiene facilities
168	Education and care service must have policies and procedures

Incident, Injury, Trauma & Illness Policy

BACKGROUND & AIM

The health and safety of all staff, children, families and visitors to our Service is of the utmost importance.

In early childhood illness and disease spreads easily from one child to another, even when implementing the recommended hygiene and infection control practices. When groups of children play together and are in new surroundings accidents and illnesses may occur.

Under the *Education and Care Services National Regulations*, an approved provider must ensure that policies and procedures are in place for incident, injury, trauma and illness and take reasonable steps to ensure policies and procedures are followed.

Armidale Montessori Preschool is committed to preventing illness and reducing the likelihood of accidents through its risk management and effective hygiene practices. Our Service aims to minimise illnesses by adhering to all recommended guidelines from relevant government authorities regarding the prevention of infectious diseases and adhere to exclusion periods recommended by public health units.

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

SCOPE

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

RELATED POLICIES

• Enrolment & Orientation Policy • Sick children Policy • Sick staff Policy • Administration of First Aid Policy • Administration of medication Policy • Anaphylaxis Policy • Asthma Policy • Supervision Policy • Privacy and Confidentiality Policy • Work Health and Safety Policy • Family Communication Policy • Safe Transportation Policy	• Medical Conditions Policy • Additional Needs Policy • Physical Environment Policy • Control of Infectious Diseases Policy • Arrival and Departure Policy • Epilepsy management Policy • Eczema management Policy • Immunisation Policy • Arrival & Departure Policy • Covid-19 Policy • Emergency and Evacuation Policy

POLICY & PROCEDURES

We have a duty of care to ensure that all children, educators, carers, families, management, volunteers and visitors are provided with a high level of protection during the hours of the service's operation.

We aim to reduce the likelihood of incidents, illness, accidents and trauma through implementing comprehensive risk management, effective hygiene practices and the ongoing professional development of all staff to respond quickly and effectively to any incident or accident.

Our Service implements risk management planning to identify any possible risks and hazards to our learning environment and practices. Where possible, we have eliminated or minimised these risks as is reasonably practicable.

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

If a child has an accident or illness while attending the Preschool, staff will ensure that:

- The child is kept away from other children, under adult supervision until the child recovers or a parent or other responsible person takes charge of the child, and
- If the child requires medical assistance or first aid treatment, that all reasonable attempts are taken to secure that attention, and
- Every reasonable attempt is made to notify a parent/emergency contact of the accident as soon as possible, and
- The child is returned as soon as practical to the care of a parent or person responsible.
- If First Aid is administered, an **Incident, injury, Trauma and illness form** must be completed as soon as possible. The Nominated Supervisor must ensure that a record of the accident is shown to the child's parent and signed by the child's parent.
- Wherever possible, consent for medical treatment will be sought from the child's parents or the emergency contacts, if not already indicated on the enrolment documentation. If necessary, a doctor or dentist may carry out emergency medical treatment on a child without the consent of a parent under section 20A of the Children (Care and Protection) Act, and as stated in each child's enrolment form.
- In the event of a serious incident, the Director is immediately notified, and a report is made to the Regulatory authority within 24 hrs of the incident.

Identifying Signs and Symptoms of illness

Early Childhood Educators and Management are not doctors and are unable to diagnose an illness or infectious disease. As such, our educators will err on the side of caution.

Children who appear unwell at the Service will be closely monitored and if any symptoms described in our Sick Children Policy (including, but not limited to fever of 38C or above, diarrhoea, vomiting, persistent coughing, etc.) 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.

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

- are unwell and unable to participate in normal activities or require additional attention.
- have had a temperature/fever in the last 24 hours.
- have had diarrhoea or vomiting in the last 48 hours.
- have been given medication for a temperature prior to arriving at the Service.
- have started a course of anti-biotics in the last 24 hours or

- have a contagious or infectious disease.

Management reserves the right to send children home if they appear unwell due to a cold or general illness.
Please refer to the Sick Children's Policy for further details on symptoms, treatment of illnesses and prevention strategies implemented at the Service.

Diarrhoea and Vomiting (Gastroenteritis)

Gastroenteritis (or 'gastro') is a general term for an illness of the digestive system. Typical symptoms include abdominal cramps, diarrhoea, and vomiting.

In the event of an outbreak of viral gastroenteritis, management will contact the local Public Health Unit on **1300 066 055** Public Health Unit- Local state and territory health departments and document the number of cases, dates of onset, duration of symptoms. An outbreak is when two or more children or staff have a sudden onset of diarrhoea or vomiting in a 2-day period.

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

An *Incident, Injury, Trauma and Illness* record will be completed as per regulations and a notification of serious illness will be lodged with the Regulatory Authority and Public Health Unit.

Parent/family notification

COVID-19

Isolation in ECEC settings is no longer mandatory, however, our Service strongly recommends exclusion from the Service until symptom free or negative RAT (Rapid Antigen Test) is obtained.

Any person who tests positive to COVID-19 is requested to notify the Service if they have been onsite 48 hours prior to symptom onset.

The Director will submit a notification through the National Quality Agenda IT System (NQAITS) when there is an outbreak of 5 or more people with COVID-19 within a 7-day period.

If there is an outbreak of COVID in our Service, the Director will notify the service community via the Service Communications Ap as soon as practicable. The dates of attendance and the affected age group/room will be included. Families will be required to monitor for symptoms and if symptomatic test using a RAT.

Other Infectious Illness- [gastroenteritis, whooping cough etc.]

Parents will be notified of any outbreak of an infectious illness (e.g.: Gastroenteritis) within the Service via our communications ap to assist in reducing the spread of the illness.

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

Incident, injury, trauma and illness record

Our educators will complete an *Incident, Injury, Trauma and Illness* record detailing any incident, injury, trauma or illness that occurs while the child is being educated and cared for at the service. This includes recording incidences of biting, scratching, dental or mouth injury. The record will include:

- name and age of the child
- circumstances leading to the incident, injury, illness.
- time and date the incident occurred, the injury was received, or the child was subjected to trauma.
- details of any illness which becomes apparent while the child is being cared for including any symptoms, time and date of the onset of the illness.
- details of the action taken by the educator including any medication administered, first aid provided, or medical professionals contacted.
- details of any person who witnessed the incident, injury or trauma.
- names of any person the educator notified or attempted to notify, and the time and date of this.
- signature of the person making the entry, and the time and date the record was made.

Due to Confidentiality and Privacy laws, only the name of the child injured will be recorded on the Incident, Injury, Trauma or Illness Record. Any other child/ren involved in the incident will not have their names recorded. If other children are injured or hurt, separate records will be completed for each child involved in the incident. Parents/Authorised Nominee must acknowledge the details contained in the record, sign and date the record on arrival to collect their child.

All Incident, Injury, Trauma and Illness Records will be kept until the child is 25 years of age.

Serious Injury, Incident or Trauma

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

Any workplace incident, injury or trauma will be investigated, and records kept as per WHS legislation and guidelines.

Procedures as per our Administration of First Aid and Medication Policies will be adhered to by all staff.

Regulations require the Approved Provider or Nominated Supervisor to notify Regulatory Authorities *within 24 hours of any serious incident at the Service* through the NQA IT System. The definition of serious incidents that must be notified to the regulatory authority are:

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 where the attendance of emergency services at the Education and Care Service premises was sought, or ought reasonably to have been sought

(e.g., severe asthma attack, anaphylaxis or seizure).

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.

Should an incident occur where a child is missing from the Service, educators and the Nominated Supervisor will:

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

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

Head Injuries

It is common for children to bump their heads during everyday play, however it if difficult to determine whether the injury is serious or not. Therefore, any knock to the head is considered a *head injury* and should be assessed by a doctor. In the event of any head injury, the First Aid officer will assess the child, administer any urgent First Aid and notify parents/guardians to collect their child.

Emergency services will be contacted immediately on 000 if the child:

- has sustained a head injury involving high speeds or fallen from a height (play equipment)
- loses consciousness.
- seems unwell or vomits several times after hitting their head.

Trauma

Trauma is defined as the impact of an event or a series of events during which a child feels helpless and pushed beyond their ability to cope. There are a range of different events that might be traumatic to a child, including accidents, injuries, serious illness, assault, and threats of violence, domestic violence, neglect or abuse, etc.

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 responses in children who have experienced trauma may include:

- Nightmares and fear of going to sleep.
- Unusual aggression
- 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 everyday experiences

- difficulties enjoying activities.
- being jumpier or easily frightened
- physical complaints with no known cause such as stomach pains and headaches
- blaming themselves and thinking the trauma was their fault.

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.

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 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?').

Procedure for Hospital

If a serious accident or illness occurs that causes the hospitalisation of a child, the Nominated Supervisor/Director must ensure that the parent is advised as soon as possible. The Nominated Supervisor is also required to notify the NSW regulatory authority *within 24 hours of the incident warranting the hospitalisation* through the NQA IT System.

Where a child requires hospitalisation the Preschool Management Committee must be advised immediately.

In the event that a carer or parent is not able to accompany the child in the ambulance a staff member will accompany the child for as long as needed and ratios will be resumed as soon as possible.

An Incident, injury, trauma and Illness form will be completed, providing thorough information about the incident, including relevant file notes. Copies of the documentation will be provided to the parent.

If a death of a child occurs, the Police and Workcover NSW will also be notified.

Management/Nominated Supervisor/Responsible Persons/Educators will ensure:

- Service policies and procedures are adhered to at all times.
- Each child's enrolment record includes authorisations by a parent (or person named in the record) for the Service to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and if required, transportation by an ambulance service.
- Parents or Guardians are notified as soon as practicable no later than 24 hours of the illness, accident or trauma occurring.
- To complete an Illness, injury, trauma and illness record accurately and in a timely manner as soon after the event as possible.
- That if the incident, situation or event presents imminent or severe risk to the health, safety and wellbeing of any person present at the Service or if an ambulance

was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours of the incident.
- First aid qualified staff are present at all times on the roster and in the Service.
- First aid kits are easily accessible, suitably equipped and are present at the Service and during excursions.
- First aid, anaphylaxis management training and asthma management training is current and updated.
- Adults or children who are ill are excluded for the appropriate period.
- Staff and children always practice appropriate hand hygiene and cough and sneezing etiquette.
- Appropriate cleaning practices are followed.
- Educators or Staff who have diarrhoea do not prepare food for others.
- Notify parents of any infectious diseases circulating the Service within 24 hours of detection.
- Exclude children from the Service if they feel the child is too unwell to attend or is a risk to other children.
- Toys and equipment are cleaned and disinfected on a regular basis or immediately if a child who is unwell has mouthed or used these toys or resources.
- Cold food is kept cold (below 5 °C) and hot food, hot (above 60°C) to discourage the growth of bacteria.
- Information regarding the health and wellbeing of a child or staff member is not shared with others unless consent has been provided, in writing, or provided the disclosure is required or authorised by law under relevant state/territory legislation.

Families will:

- Provide authorisation in the child's enrolment record for the approved provider, nominated supervisor or educator to seek medical treatment from a medical practitioner, hospital or ambulance service and if required, transportation by ambulance service.
- Provide up to date medical and contact information in case of an emergency.
- Provide emergency contact details and ensure details are kept up to date.
- Provide the Service with all relevant medical information, including Medicare and private health insurance.
- Provide a copy of their child's Medical Management Plans and update annually or whenever medication/medical needs change.
- Adhere to recommended periods of exclusion if their child has a virus or infectious illness.
- Complete documentation as requested by the educator and/or approved provider- *Incident, Injury, Trauma and Illness record* and acknowledge that they were made aware of the incident, injury, trauma or illness.
- Inform the Service if their child has an infectious disease or illness.
- Provide evidence as required from doctors or specialists that the child is fit to return to care if required.
- Provide written consent for educators to administer first aid and call an ambulance if required (as per enrolment record)
- Complete and acknowledge details in the *Administration of Medication Record* if required.

SOURCES

- Australian Children's Education & Care Quality Authority. (2014).
- ACECQA Policy and Procedures Guidelines – Incident, injury, trauma and illness guidelines
- Department of Education – Belonging, Being and Becoming – The Early Years Learning Framework of Australia

- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- NSW Public Health Unit
- Staying healthy in childcare. 5th Edition
- Revised National Quality Standards

REFERENCES

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1.2	*Health practices and procedures*	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	*Safety*	Each child is protected
2.2.1	*Supervision*	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2	*Incident and emergency management*	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
2.2.3	*Child Protection*	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
88	Infectious diseases
89	First aid kits
93	Administration of medication
95	Procedure for administration of medication
97	Emergency and evacuation procedures
103	Premises, furniture and equipment to be safe, clean and in good repair
104	Fencing
117	Glass
161	Authorisations to be kept in enrolment record
162	Health information to be kept in enrolment record
165	Offence to inadequately supervise children
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
174	Prescribed information to be notified to Regulatory Authority
176	Time to notify certain information to Regulatory Authority

Sleep & Rest Policy

BACKGROUND & AIM

The Education and Care Services National Regulations requires approved providers to ensure their services have policies and procedures in place for children's sleep and rest. Our Sleep & Rest Policy will assist management, educators and staff ensure that all children have appropriate opportunities to sleep, rest and relax in accordance with their individual needs whilst attending the Service.

All children have individual sleep, rest and relaxation needs. Our objective is to meet these needs by providing a supervised, comfortable, relaxing and safe space to enable their bodies to rest.

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

Safe sleep practices are informed by Red Nose (formerly SIDS and Kids) and guidance from ACEQCA.

SCOPE

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

RELATED POLICIES

• Supervision Policy • Family Communication Policy • Interactions with children & Behaviour Management Policy • Administration of First Aid Policy	• Physical Environment Policy • Work, Health and Safety Policy • Enrolment & Orientation Policy • Staffing Arrangements Policy • Emergency and Evacuation Policy

POLICY & PROCEDURES

Our Service will ensure that all children have appropriate opportunities to sleep, rest and relax in accordance with their individual needs. The risk of Sudden Infant Death Syndrome (SIDS) will be minimised by following practices and guidelines set out by the national authority on safe sleeping practice for infants and children. Our policy sets out quality practice and is informed by recognised and evidence-based principles – Red Nose and guidance from ACEQCA.

Our Service defines 'rest' as a period of inactivity, solitude, calmness or tranquillity, and can include a child being in a state of sleep. Considering the busy and energetic nature of children's day, we feel that it is important for children to participate in a quiet/rest period during the day in order to rest, relax and recharge their body. Effective rest strategies are important factors in ensuring a child feels secure and safe in an early childhood environment.

Our Service will consult with families about their child's individual needs, ensuring they are

aware of the different values and parenting beliefs and practices, cultural or opinions associated with sleep requirements.

If a family's beliefs and requests are against current recommended evidence-based guidelines, our Service will determine if there are exceptional circumstances that allow for alternate practices. Our Service will only approve an alternative practice if the Service is provided with written advice from a registered medical practitioner accompanied by a risk assessment and risk minimisation plan for individual children.

We have a duty of care to ensure children are provided with a high level of safety when sleeping and resting and every reasonable precaution is taken to protect them from harm and hazard. In meeting the Service's duty of care, it is a requirement that all Educators implement and adhere to this policy and associated procedures to ensure we respect and cater for each child's specific needs.

Approved Provider/Management will ensure:

- The child's safety is always the first priority.
- Reasonable steps are taken to ensure that the needs for sleep and rest of children being educated and cared for by the Service are met, having regard to the ages, developmental stages and individual needs of each child.
- Every reasonable precaution has been taken to protect children from harm and from hazards likely to cause injury. Hazards posing a risk of suffocation, choking, crushing or strangulation risk to children must be removed from the sleep and rest environment.
- All nominated supervisors, educators, staff and volunteers follow the policy and procedures.
- There are adequate numbers of mats available to children that meet Australian Standards.
- Sleep and rest environments are safe and free from hazards, including cigarette and tobacco smoke.
- That areas for sleep and rest are well ventilated and have natural lighting.
- The children are adequately supervised during rest/sleep times, with an educator always present in the sleeping room when a child is sleeping.
- Safe sleep practices are documented and shared with families. Nominated Supervisors and Educators are not expected to endorse practices requested by a family, if they are different from 'Red Nose' safe sleeping recommendations.
- Provide opportunities for educators to participate in Red Nose professional training.
- All equipment and furniture used are safe, clean and in good repair.
- Up to date knowledge regarding safe sleeping practices is maintained and is provided to parents and families.

Parents/Families will:

- Provide educators with regular updates on their child's sleeping routines and patterns.
- Provide clean bedding for their child each day.
- Ensure bed linen is taken home each day and washed before each use.
- Provide educators with written authorisation from a medical practitioner if their requirements for their child's sleep differs from Red Nose sleeping recommendations.

A Nominated Supervisor/ Responsible Person will:

- Take reasonable steps to ensure that the needs for sleep and rest of children being educated and cared for by the Service are met, having regard to the ages, development stages and individual needs of the children.

- All educators and new employees are provided with access to this policy as part of their induction procedure.
- Ensure all educators understand and follow the Sleep and Rest Policy.
- Maintain up to date knowledge regarding safe sleeping practice and communicate this information to Educators and families.
- Ensure there are appropriate opportunities to meet each child's need for sleep, rest and relaxation including providing children with comfortable spaces away from the main activity area for relaxation and quiet activities.
- Ensure that sleeping infants are closely monitored and that all sleeping children are within hearing range and observed, so they can easily monitor a child's breathing and the colour of their skin. This involves checking/inspecting sleeping children at regular intervals (e.g., 10-minute intervals).
- Negotiate sleep and rest routines and practices with families to reach agreement on how these occur for each child at the Service.
- Ensure they receive information and training to fulfil their role effectively, including being made aware of the sleep and rest policies, their responsibilities in implementing these, and any changes that are made over time.
- Ensure the child's safety is always the priority.
- Ensure children who are sleeping or resting have their face always uncovered.
- Ensure the sleep and rest environment is free from cigarette or tobacco smoke.
- Sleep surfaces are checked for firmness in accordance with Australian Standards.
- If any requirements differ from Red Nose sleeping recommendations, written authorisation from a medical practitioner will be required and shared with the Director.
- Risk assessments are conducted at least annually to ensure all potential hazards are controlled in sleep areas in line with Red nose and ACECQA guidelines.

Educators will:

- Consult with families about children's sleep and rest needs.
- Be sensitive to each child's needs so that sleep and rest times are a positive experience.
- Ensure there are appropriate opportunities to meet each child's need for sleep, rest and relaxation.
- Ensure each child's comfort is provided for.
- Ensure that sleeping mats are clean and in good repair.
- Ensure that provided bed linen is clean and in good repair.
- Ensure mats are wiped over with warm water and neutral detergent (or vinegar solution) between each use.
- Arrange children's sleeping mats to allow easy access for children and staff.
- Ensure children rest/sleep head to toe, with their mats positioned at least 1.5m apart.
- Not elevate or tilt mats.
- Ensure the environment is tranquil and calm for both Educators and children - Create a relaxing environment for sleeping children by playing relaxation music, reading stories, turning off lights, closing blinds and ensuring children are comfortably clothed.
- Sit near children encouraging them to relax and/or listen to music.
    - Children do not need to be patted to sleep. Providing a quiet, tranquil environment is adequate to allow children to sleep if their body needs it.
- Maintain adequate supervision and maintain Educator ratios throughout the sleep period – ensure all sleeping children are within hearing range and observed.
- Ensure physical checks of a sleeping child occur at least every 10 minutes – check that the child is breathing by checking the rise and fall of the child's chest and the child's lip and skin colour from the side of the mat.

- If the child's face/body appears blue and the child is not breathing, initiate first aid immediately including calling an ambulance and beginning resuscitation.
- Ensure a record is maintained recording the time and observation of each physical check immediately after checks are made on the Safe Sleep Record.
- Ensure there are no loose aspects of clothing that could entangle the child during sleep/rest.
- Assess each child's circumstances and current health to determine whether higher supervision levels and checks may be required.
- Communicate with families about their child's sleeping or rest times and the service policy regarding sleep and rest times.
- Respect family preferences regarding sleep and rest and consider these daily while ensuring children feel safe and secure in the environment. Conversations with families may be necessary to remind families that children will neither be forced to sleep nor prevented from sleeping.
- Encourage children to dress appropriately for the room temperature when resting or sleeping. Lighter clothing is preferable, with children encouraged to remove shoes, jumpers, jackets and bulky clothing.
- Monitor the room temperature to ensure maximum comfort for the children.
- Ensure that children who **do not** wish to sleep are provided with alternative quiet activities and experiences, while those children who **do** wish to sleep are allowed to do so, without being disrupted. If a child requests a rest, or if they are showing clear signs of tiredness, regardless of the time of day, there should be a comfortable, safe area available for them to rest. It is important that opportunities for rest and relaxation, as well as sleep, are provided.
- Respond to children's individual cues for sleep (yawning, rubbing eyes, disengagement from activities, crying etc)
- Develop positive relationships with children to assist in settling children confidently when sleeping and resting.

For Pre-school Age children who do not wish to sleep, Educators will:

- Discuss children's sleep and rest needs with families and include children in decision making.
- Encourage children to rest their bodies and minds for 20-30mins.
- Provide a tranquil and calm environment for children to rest by turning off lights, playing relaxing music, reading stories, etc.
- Provide quiet activities for children – puzzles, books, drawing, yoga, etc.
- Introduce relaxation techniques into rest routines.
- Record sleep and rest patterns to provide information to parents/families.

SOURCES

- Australian Children's Education & Care Quality Authority
- ACECQA guidelines – safe sleep and rest practices https://www.acecqa.gov.au/resources/supporting-materials/infosheet/safe-sleep-and-rest-practices
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015.
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- Guidelines for SIDS and Kids Safe Sleeping in Childcare Facilities
- SIDS & Kids Safe Sleeping Kit – www.sidsandkids.org
- Standards Australia – www.standards.org.au
- NSW Department of Education (2022). Sleep and rest for children-Policy

guidelines for early childhood education and care services. https://education.nsw.gov.au/early-childhood-education/whats-happening-in-the-early-childhood-education-sector/resource-library/safe-sleep-red-nose
- The NSW Work Health and Safety Act 2011 & the NSW Work Health and Safety Regulation 2011
- Safe sleep and rest practices from October 2017 (ACECQA)
- Revised National Quality Standards
- Red Nose https://rednose.com.au/section/safe-practices

REFERENCES

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1	*Health*	Each child's health and physical activity is supported and promote.
2.1.1	*Wellbeing and comfort*	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
2.2	*Safety*	Each child is protected
2.2.1	*Supervision*	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

Quality Area 3: Physical Environment		
3.1	*Design*	The design of the facilities is appropriate for the operation of a service
3.1.2	*Upkeep*	Premises, furniture and equipment are safe, clean and well maintained

Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
Section 165	Offence to inadequately supervise children
Section 167	Offence relating to protection of children from harm and hazard
81	Sleep and Rest
82	Tobacco, drug an alcohol-free environment
87	Incident, Injury, Trauma and Illness record
103	Premises, furniture and equipment to be safe, clean and in good repair
105	Furniture, materials and equipment
106	Laundry and hygiene facilities
107	Space requirements – indoor space
110	Ventilation and natural light
115	Premises designed to facilitate supervision
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be available
172	Notification of change to policies and procedures
176	Time to notify certain information to Regulatory Authority

Nappy Changing & Toileting Policy

BACKGROUND & AIM

Armidale Montessori Preschool aims to meet the needs of children by providing a clean, safe and hygienic place for nappy changing and toileting. We believe that nappy changing, and toileting rituals are valuable opportunities to promote children's learning, meet individual needs and to develop strong relationships with children. Having their needs met in a caring and responsive way builds children's sense of trust and security—which relates strongly to the Early Years Learning Framework.

We aim to ensure best practice guidelines are adhered to for nappy changing and toileting, ensuring that children's bathrooms and nappy change areas are maintained in a hygienic state in order to eliminate or reduce the spread of infectious disease.

Decisions about when to begin toilet training will be made by families or may occur through shared decision making between families and early childhood professionals.

Early signs of readiness for toilet training may start to appear when children are around two years old, but generally appear closer to the child's third birthday. However, generally boys will show signs of readiness later than girls. These signs may include:

- Showing interest in the toilet, including having an interest in others using the toilet
- Indicating a need to go to the toilet either before, or while they are passing urine or faeces.
- Staying dryer for longer periods of time
- Beginning to dislike wearing a nappy and perhaps trying to pull it off when it's wet or soiled.
- Indicating a desire to sit on the toilet.

SCOPE

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

RELATED POLICIES

• Supervision Policy • Family Communication Policy • Interactions with children & Behaviour Management Policy • Administration of First Aid Policy	• Control of Infectious Diseases Policy • Hand Washing Policy • Work, Health and Safety Policy

POLICY & PROCEDURES

Armidale Montessori Preschool accepts enrolments of children who have not yet been toilet trained. Nappy Changing and Toileting transpires at designated routine times and when meeting children's individual needs. Educators will collaborate with parents to develop stability with their child's nappy changing and toileting practices. Educators will be responsive to special requirements related to culture, religion or privacy needs.

Toileting and nappy changing will be carried out at frequent intervals throughout the day. Children who are in nappies will have each nappy change recorded in the Nappy Change Register by Educators. This is situated in the Bilby Room for parents to sight.

All Educators will carry out nappy changing, however at times if a trainee/student

placement is required to carry out this as part of their practical requirements - they will be under constant supervision of a qualified Educator. Should a parent be in the bathroom helping their child, a staff member must accompany any other children needing to use the bathroom at the same time.

Appropriate hygiene practices must be maintained, and procedures followed to minimise any risk of infection at all times. Educators will continuously role model and promote healthy hygiene practices and hand washing procedures; encouraging the children to follow these practices.

Families will:

- Provide wet wipes adequate for the needs of their child/ren and re-stock as required when advised by the Educators.
- Provide nappies adequate for the needs of their child/ren and re-stock as required when advised by the Educators.
- Ensure a change of clothing is provided for their child/ren on a daily basis. The change of clothing will be used in the event of a toileting accident.
- Where a child is undergoing toilet training, multiple changes of clothing as well as pull-ups may need to be provided for their child. The clothing and pull-ups will be used in the event of toileting accidents.

The Approved Provider will:

- Provide adequate and appropriate hygienic facilities for nappy changing and toileting.
- Ensure nappy change facilities are designed and located in a way that prevents unsupervised access by children which is compliant with National Regulations and Health and Safety Standards
- Ensure nappy changing and toileting areas are safe and do not pose a risk to children.
- Ensure that adult and children's hand washing facilities are located within easy access to the nappy change area.
- Ensure that the nappy change facilities are designed and maintained in a way that facilitates supervision of children at all times, having regard to the need to maintain the rights and dignity of the children.
- Ensure nappy change bins have a 'hands-free' lid.
- Ensure nappy bins are located out of children's reach, in a child-proof cupboard where possible.
- Implement policies, procedures and training with educators to ensure nappy change procedures that support children's safety, protection, relationships and learning.
- Ensure Nappy change procedure remain compliant and up to date.
- Provide information to families at time of enrolment about:
    - Use of disposable nappies
    - Procedures if their child develops or presents with nappy rash.
    - Administration of Medication authorisation for application of products to treat nappy rash including prescription treatments or over the counter creams.
    - Requests to provide adequate supplies of clothes for children who are toilet training.
    - The importance of ongoing and open communication between educators and families about nappy changing and toilet training with their child.

The Nominated Supervisor/Responsible Person will:

- Develop systems with educators to ensure that soiled clothing and soiled nappies are disposed of or stored in a location children cannot access.
- Ensure children's nappies are changed at scheduled intervals.
- Ensure Educators check nappies throughout the day to ensure children are not susceptible to nappy rash and discomfort. A system to record this routine will be maintained for reporting purposes which will be kept up to date.
- Ensure nappy change and hand washing procedures are displayed visually in the nappy change area and children's bathrooms.
- Nappy Change and Toileting supplies are readily accessible to staff to ensure efficiency and the health and safety of each child.
- Ensue nappy change table/mats are hygienically cleaned and kept in excellent condition at all times to reduce the spread of infection – no holes, cracks and creases.
- Ensure documentation to record information about nappy changing and toileting is consistent and monitored.
- Ensure handwashing posters are displayed in bathrooms and nappy change areas.
- Ensure nappy bins are emptied once during the day and at the end of each day. This may need to be done more regularly if there are soiled nappies.
- Request families to provide additional change of clothes for children who are toilet training.

Educators will:

- Discuss children's individual needs professionally with families to ensure practices are reflective of their home environment and are culturally sensitive.
- Provide information to families regarding children's nappy changes and toileting progress.
- Utilise nappy change times to interact with children on an individual basis. The nappy change time will allow educators to converse, sing, play and generally interact with the child.
- Organise the nappy change area to promote positive interactions and promote positive learning experiences, e.g., place pictures or mobiles to stimulate children's interactions and to encourage learning.
- Ensure physical contact and direct supervision with children throughout the nappy change experience.
- Ensure no child is left alone on a nappy change mat or bench.
- Keep nappy change areas fully stocked with all required materials at all times.
- Assist the child to walk up the steps onto the nappy change bench to minimise lifting by educators and to promote children's agency.
- Follow service's documentation requirements for nappy changing and toileting.
- If the application of nappy rash cream is required, ensure that families have filled out an administration of medication form.
- Only apply nappy cream to a child if authorisation is provided in an Administration of Medication form.

Toilet Training:

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

Decisions about when to begin toilet training will be made by families or may occur through shared decision making between families and early childhood professionals. Families may have strong views and preferences about when and how their child learns to use the toilet, which may come from their cultural background or individual preferences which will be

respected by Educators and Staff and implemented where feasible. However, the priority of the individual child's wellbeing is paramount, and the decision to begin assisting the child to learn to use the toilet should be based on signs of readiness from the child and discussion with families.

Toilet training is to be undertaken by families and the educators and staff of Montessori will support the process as practicable.

Where a child is undergoing toilet training, multiple changes of clothing as well as pull-ups may need to be provided for their child. The clothing and pull-ups will be used in the event of toileting accidents.

Families and Educators can expect occasional accidents, which should be treated respectfully and with a supportive manner.

Educators and families will collaborate and communicate how the toilet learning is going, both in care and at home. This will support children to become more familiar and comfortable with the toilet training process. Children should be given the opportunity to complete the toileting procedure, such as toileting, washing hands, flushing the toilet, keeping the bathroom environment clean independently, while at the same time keeping in mind the importance of hygiene and aiding when needed.

Educators and Families need to remember that comparing children is inappropriate and unacceptable behaviour.

If a child has soiled or wet their clothes:

- Place soiled clothes in a plastic bag or alternative and keep these in a designated area for parents to take home.
- Wash their own hands after helping children use the toilet.
- Wear disposable glove, use paper towels, disposable cloths, detergent and disinfectant, if necessary, when dealing with spills – such as urine, faeces or vomit.

SOURCES

- Australian Children's Education & Care Quality Authority
- Australian Children's Education & Care Quality Authority. National Quality Standard Information Sheet – *Toileting and Nappy Changing Principles and Practices*
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- Staying Healthy in Child Care. 5th Edition
- Childcare Desktop
- Revised National Quality Standard 2018

REFERENCES

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1	*Health*	Each child's health and physical activity is supported and promoted

2.1.1	*Wellbeing and comfort*	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
2.1.2	*Health practices and procedures*	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	*Safety*	Each child is protected
2.2.1	*Supervision*	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2	*Incident and emergency management*	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
2.2.3	*Child Protection*	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
103	Premises, furniture and equipment to be safe, clean and in good repair
105	Furniture, materials and equipment
106	Laundry and hygiene facilities
109	Toilet and hygiene facilities
112	Nappy change facilities
115	Premises designed to facilitate supervision
155	Interactions with children
156	Relationships in groups
168	Education and Care Services must have policies and procedures.
170	Policies and procedures are to be followed

Nutrition, Food & Beverages Policy

BACKGROUND & AIM

Early childhood education and care (ECEC) Services are required by legislation to ensure the provision of healthy foods and drinks that meet the requirements for children according to the *Australian Dietary Guidelines*. It is essential that our Service partners with families to provide education about nutrition and promote healthy eating habits for young children to positively influence their health and wellbeing. Dietary and healthy eating habits formed in the early years are shown to continue into adulthood and can reduce the risk factors associated with adult chronic conditions such as obesity, type 2 diabetes and cardiovascular disease.

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

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

From Friday 8 December 2023, Early Education and Care Services who prepare food, including ready to eat food or meals that have been brought into the service by families, must adhere to requirements relating to food safety outlined within the Food Standards Code and Food Act 2003 (Standard 3.2.2A). The revised requirements involve the appointment of a Food Safety Supervisor who must be available to supervise food handlers at the service. It is a requirement that both the Food Safety Supervisor and all food handlers attend food safety training. Additionally, records must be maintained relating to receiving, storage, processing, displaying and transportation of food. These records must be retained for a period of 3 months.

SCOPE

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

RELATED POLICIES

• Enrolment and Orientation Policy • Medical Conditions Policy • Family Communication Policy • Incident, Injury, Trauma and Illness Policy • Administration of First Aid Policy	• Control of Infectious Diseases Policy • Anaphylaxis Management Policy • Administration of Medication Policy • Work, Health and Safety Policy • Excursion/Incursion Policy

PROCEDURE & POLICIES

This policy affirms our position on the provision of healthy food and drink while children are in our care and the promotion and education of healthy choices for optimum nutrition.

We believe in providing a positive eating environment that reflects dietary requirements, cultural and family values, and promotes lifelong learning for children, as we commit to implementing and embedding the healthy eating key messages outlined in the NSW Health's *Munch & Move* program into our curriculum and to support the *National Healthy Eating Guidelines for Early Childhood Settings* outlined in the *Get Up & Grow* resources.

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

Our care and education service will:

- Ensure management, educators and staff are aware of their responsibilities and obligations under the Education and Care Services National Law and National Regulations in relation to this policy and relevant procedures to ensure awareness of safe food handling practices while promoting healthy eating.
- Appoint a Food Safety Supervisor to oversee food handlers.
- Ensure the Food Safety Supervisor and all staff and food handlers attend basic safe food handling training, including an appropriate Food Safety and Food Hygiene Certificate.
- When possible, ensure educators role model healthy eating behaviour.
- Promote the six key Munch and Move messages to promote healthy, active habits in children from a young age.
- Support families in educating their children about healthy food choices.
- Food will be served at various times throughout the day to cater for all children's nutritional needs.
- Ensure mealtimes reflect a relaxed and pleasant environment where educators engage in meaningful conversations with children.

Promote healthy food and drinks based on the Australian Guide to Healthy Easting and the Dietary Guidelines for Children

- Provide families with up-to-date information on dietary requirements of young children to ensure optimal growth and development and provide families with opportunities to discuss ways to maximise the health and well-being of their child/ren.
- Encourage children to eat the more nutritious foods provided in their lunchbox, such as sandwiches, fruit, cheese and yoghurt, before eating any less nutritious food provided.
- Discourage the provision of highly processed snack foods high in fat, salt and sugar and low in essential nutrients in children's lunchboxes. Examples of these foods include lollies, chocolates, sweet biscuits, chips, juices and cakes.

Management/Nominated Supervisor/Educators will:

- Keep records relating to receiving, storage, processing, displaying and transportation of food (to be kept for 3 months).
- Record temperature of foods upon delivery in the Food delivery register.
- Ensure healthy eating is promoted.
- Ensure enrolment forms include information relating to child's food preferences, allergies, intolerances, cultural or religious considerations or medical conditions which involve food or food practices.
- Encourage children to make healthy food choices.
- Ensure all mealtimes are positive, relaxed and social.
- Encourage children to try new foods, and their food likes, and dislikes are respected.
- Positively involve children in mealtimes.

- Ensure water is readily available for children to drink throughout the day in both the indoor and outdoor environment.
- Be aware of children with food allergies, food intolerances and special diets and consult with families to develop individual management plans.
- Ensure that as per the Medical Conditions Policy the centre shall remain a nut free centre and that all dietary requirements relating to medical conditions are adhered to.
- Ensure that educators and staff are aware of the need to implement adequate health and hygiene practices and use safe practices for handling, preparing, heating and storing food to minimise risks to children being educated and cared for by the service.
- Ensure young children do not have access to foods that may cause choking.
- Ensure all children remain seated while eating and drinking.
- Ensure all children are always supervised while eating and drinking.
- Display nutritional information for families and keep them regularly updated.
- Ensure age and developmentally appropriate utensils and furniture will be provided for each child.
- Not allow food to be used as a form of punishment or to be used as a reward or bribe.
- Not allow the children to be force fed, i.e., being required to eat food they do not like or more than they want to eat.
- Ensure food and beverages are offered to children regularly during the day.
- Encourage toddlers to be independent and develop social skills at mealtimes.
- Establish healthy eating habits in the children by incorporating nutritional information into the classroom program.
- Support families' choices regarding infant feeding, including breastfeeding and bottle feeding.
- Talk to families about their child's food intake and voice any concerns about their child's eating; and
- Encourage parents to the best of their ability to continue our healthy eating message in their homes.

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

Our Service will:

- Ensure gloves (or food tongs) are used by all staff handling 'ready to eat' foods.
- Ensure breastmilk or infant formula is stored within the main section of the fridge and clearly labelled with the child's name and date of preparation.
- Ensure that all foods stored in the refrigerator are stored in strong food-safe containers with either a tight-fitting lid, or tightly applied plastic wrap or foil.
- Ensure all bottles and jars are refrigerated after opening.
- Ensure foods are defrosted in the fridge or microwave.
- Wash fruit and vegetables thoroughly under clean running water before preparation.
- Ensure unused washed fruit or vegetables are thoroughly dry before returning to storage.
- Ensure food that has been dropped on the floor is immediately discarded.
- Ensure children and staff wash and dry their hands (using soap, warm running water and single use or disposable towels) before handling food or eating meals and snacks.
- Ensure food is stored and served at safe temperatures i.e., below $5^{o}C$ or above $60^{o}C$.
- Separate cutting boards are used for raw meat and chicken, fruit and vegetables and utensils and hands are washed before touching other foods.
- Avoid cross-contamination by ensuring that separate knives and utensils are used for different foods.

- Discourage children from handling other children's food and utensils.
- Ensure food-handling staff members attend relevant training courses and pass relevant information onto the rest of the staff.
- Ensure all educators and staff are aware of children who have severe allergic reactions to certain foods as per ASCIA Action Plans.
- Ensure that unwell staff do not handle food.
- Ensure left-over food is stored immediately in the fridge or thrown away.

Cleaning

Our Service will:

- Ensure that food preparation areas and surfaces are cleaned both before, after and during any food preparation.
- Ensure that all cooking and serving utensils are cleaned and sanitised before use.
- Ensure that all dishwashing sponges, brushes, and scourers are cleaned after each use and allowed to air dry.
- Ensure the foods storage area is clean.
- Ensure refrigerators and freezers are cleaned regularly and door seals checked and replaced if not in good repair.
- Prevent pest infestations by cleaning spills as quickly as possible and ensuring rubbish and food scraps are disposed of frequently.
- Replace any cleaning equipment that shows signs of wear or permanent soiling.

Personal hygiene for food handlers

Our service will ensure:

- Clean clothing is worn by food handlers.
- Long hair is tied back or covered with a net.
- Hand and wrist jewellery are not worn while preparing food.
- Nails are kept clean.
- Strict hand-washing hygiene is adhered to, including washing hands each time they return to the kitchen before continuing with food preparation duties.
- Wounds or cuts are covered with a waterproof dressing and gloves will be worn over any dressings.
- Staff who are not well will not prepare of handle food.

Creating a positive learning environment

Our service will:

- Ensure that educators sit with the children at meal and snack times to role model healthy food and drink choices and actively engage children in conversations about the food and drink provided.
- Choose water as a preferred drink.
- Endeavour to recognise, nurture and celebrate the dietary differences of children from culturally and linguistically diverse backgrounds.
- Create a relaxed atmosphere at mealtimes where children have enough time to eat and enjoy their food as well as enjoying the social interactions with educators and other children.
- Encourage older toddlers and pre-schoolers to assist to set and clear the table and serve their own food and drink - providing opportunities for them to develop independence and self-esteem.
- Respect each child's appetite. If a child is not hungry or is satisfied, do not insist he/she eats.
- Be patient with messy or slow eaters.
- Encourage children to try different foods but do not force them to eat.
- Do not use food as a reward or withhold food from children for disciplinary purposes.
- Role model and discuss safe food handling with children.

Service Program

Our Service will:

- Foster awareness and understanding of healthy food and drink choices through including in the children's program a range of learning experiences encouraging children's healthy eating.
- Educators will engage children in learning experiences that are fun and enjoyable and incorporate key messages around healthy eating.
- Implemented learning experiences will be guided by the EYLF principles and incorporate the child's identity.
- Encourage children to participate in a variety of 'hands-on' food preparation experiences.
- Provide opportunities for children to engage in discovery learning and discussion about healthy food and drink choices.
- Embed the importance of healthy eating and physical activity in everyday activities and experiences.

Communicating with families

Our Service will:

- Request that details of any food allergies or intolerances or specific dietary requirements be provided to the service and work in partnership with families to develop an appropriate response so that children's individual dietary needs are met.
- Communicate regularly with families about food and nutrition related experiences within the service and provide up to date information to assist families to provide healthy food choices at home.
- Communicate regularly with families and provide information and advice on appropriate food and drink to be included in children's lunchboxes. This information may be provided to families in a variety of ways including factsheets, newsletters, during orientation, information sessions and information meetings.
- Families will be provided with current information about recommended guidelines around dietary requirements, screen time and physical activity.

SOURCES

- Australian Children's Education & Care Quality Authority. (2014).
- Guide to the Education and Care Services National Law (amended 2023) and the Education and Care Services National Regulations (amended 2023).
- Australian Government Department of Education - ***Belonging, Being and Becoming: The Early Years Learning Framework for Australia.V2.0, 2022***
- Guide to the National Quality Standard
- Guide to the National Quality Framework (updated 2023)
- Early Years Learning Framework
- Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood
- Australian Dietary Guidelines 2013
- NSW Food Authority
- Munch and Move- NSW Health initiative**.**
- Revised National Quality Standard

REFERENCES

Quality Area 2: Children's Health and Safety		
2.1	*Health*	Each child's health and physical activity is supported and promoted

2.1.2	*Health practices and procedures*	Effective illness and injury management and hygiene practices are promoted and implemented.
2.1.3	*Healthy lifestyles*	Healthy eating and physical activity are promoted and appropriate for each child.

Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
77	Health, hygiene and safe food practices
78	Food and beverages
79	Service providing food and beverages
80	Weekly menu
90	Medical conditions policy
91	Medical conditions policy to be provided to parents
160	Child enrolment records to be kept by approved provider and family day care educator
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
172	Notification of change to policies or procedures

Sun Protection Policy

BACKGROUND & AIM

Australia has the highest rate of skin cancer in the world with 2 in 3 Australians developing some form of skin cancer before the age of 70. Too much of the sun's UV radiation can cause sunburn, skin and eye damage and skin cancer. Infants and toddlers up to four years of age are particularly vulnerable to UV damage due to lower levels of melanin and a thinner stratum corneum (the outermost layer of skin).

Research has shown that excessive exposure during the first 15 years of life can greatly increase the risk of developing skin cancer in later life.

Early childhood services play a major role in minimising a child's UV exposure as children attend during times when UV radiation levels are highest.

It is also recognised that Vitamin D is essential for children to produce adequate absorption of calcium for bone growth and development. Vitamin D is obtained almost exclusively (90%) from exposure to the sun.

Armidale Montessori Pre-School will follow best practice guidelines to protect children, family members, educators, and staff from the damaging effects of sun exposure whilst recognising that children require exposure to the sun to ensure adequate vitamin D synthesis.

Our service is a recognised SunSmart service.

SCOPE

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

RELATED POLICIES

• Enrolment and Orientation Policy • Excursion/Incursion Policy • Supervision Policy • Administration of First Aid policy	• Work health and safety policy • Physical environment policy • Arrival & Departure Policy

POLICY & PROCEDURES

Our Service will work in compliance with the National SunSmart Early Childhood Program to ensure children's health and safety is always maintained whilst at the Service.

This policy & procedures aim to protect all children and staff from the harmful effects of ultraviolet (UV) radiation from the sun while engaged in activities on and off site.

Monitoring UV Levels

Sun protection is required when UV levels reach level 3 or above. Our Service will monitor the UV levels daily through one of more of the following methods:

- Using the smartphone SunSmart app available at the App Store and Google Play store

- Viewing the Bureau of Meteorology website http://www.bom.gov.au/
- Visiting www.myuv.com.au

Outdoor Activities

The Armidale Montessori Pre-School will use a combination of sun protection measures whenever **UV Index levels reach 3 and above**.

Sun protection times are a BOM forecast for the time-of-day UV levels will reach 3 or above. At these levels, sun protection is recommended for all skin types and the policy areas will be implemented. In NSW, UV levels are high enough (UV 3 or above) to damage unprotected skin most months of the year. UV levels are particularly high during the summer months and highest in the middle of the day.

UV levels and daily sun protection times will be used to plan daily activities and ensure a correct understanding of local sun protection requirements. During high UV level times, outdoor activities will be minimised including reducing both the frequency and the duration children are outside.

A combination of the sun protection measures listed below will be considered when engaging in outdoor activities or planning excursions and incursions.

Shade

- All outdoor activities will be planned in accordance with the UV Index levels. Play activities will be set up in the shade and moved throughout the day to take advantage of shade patterns.
- The Service will provide and maintain adequate shade for outdoor play.
- Shade options can include a combination of portable, natural, and built shade.
- Children will still be required to wear hats, protective clothing and sunscreen when playing under natural or portable shade.
- Regular risk assessments and reviews will be made of the outdoor area to assist in planning for further shade requirements.

Hats

- Staff and children are required to wear sun safe hats that protect their face, neck, and ears when they are outdoors.
- Children without a sun safe hat will be provided with a spare hat by the Service.
- Sun safe hats are:
    - Soft legionnaire style hats with a flap at the back to protect the neck.
    - Bucket hats with a deep crown and brim size of at least 5cm for children and at least 6cm for adults and must shade the face, neck, and ears.
    - Broad brimmed hat with a brim size of at least 6cm (adults 7.5cm).

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

Clothing

- When outdoors, staff and children will wear sun safe clothing that covers as much of the skin (especially the shoulders, back and stomach) as possible.
- This includes wearing: Loose fitting shirts and dresses with sleeves and collars or covered neckline. Longer style skirts, shorts, and trousers.
- Children who are not wearing sun safe clothing will be provided with spare clothing or will be required to play under the veranda or in the shade.

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

therefore are not recommended.

Sunscreen

Sunscreen is provided and available for children to apply, with supervision or assistance if required, before all outside activity during sun exposure.

As per Cancer Council Australia recommendations:

- staff and children will apply SPF30 or higher broad-spectrum water-resistant sunscreen 20 minutes before going outdoors and reapply every 2 hours or more frequently if washed or wiped off.
- permission to apply sunscreen is included in the Service enrolment form.
- where children have allergies or sensitivity to the sunscreen, parents are asked to provide an alternative sunscreen. A record of any allergy must be provided in writing from the parent/guardian and recorded on the child's enrolment record. Cancer Council Australia recommends usage tests before applying a new sunscreen.
- To help develop independent skills ready for school, children from three years of age are given opportunities to apply their own sunscreen under supervision of staff and are encouraged to do so.
- sunscreen is stored in a cool, dry place and the use-by-date monitored.

Risks of Summer Play

Australia has a hot climate and inevitably playground equipment and surfacing can heat up rapidly and retain heat, and if young children encounter these surfaces, they can get hurt.

Our Service will ensure the following to minimise any risks associated with overheated play equipment and surfaces:

- ensure risk assessments are conducted to identify any potential hazards to children during summer months that could cause harm or injury to children. Risk minimisation control measures will be put in place to protect children. Potential hazards could include:
    - hot equipment- slides, poles, any metal surfaces
    - hot surfaces- rubber and synthetic grass, walkways, concrete surfaces
    - sun burn
- complete a *Daily Playground Surface Temperature Check* during summer months or extreme hot weather:
    - use a thermometer or their hand to test surface temperature and make an informed decision about permitting children to play on equipment or in the outdoor space. If the surface temperature is determined to be too hot or is recorded as at or above 50°C it is recommended by Kidsafe Australia that children do NOT play on the surface
    - ensure children wear shoes when playing in the outdoor area.

Role Modelling

Staff, families and visitors will act as role models and demonstrate sun safe behaviour by:

- As part of WH&S UV risk controls and role modelling, staff, families, and visitors will demonstrate SunSmart behaviours when outside, including:
    - Wearing a SunSmart hat, protective clothing, and wearing sunglasses (optional).
    - Applying SPF30 (or higher) broad-spectrum water-resistant sunscreen.
    - Promoting the use of shade.
    - Discussing sun protection with children and demonstrating a positive and proactive approach to the management of sun protection in the service.

Sun safety is everyone's responsibility. By being role models ourselves and leading the way with our own sun safety, we can inspire our children to be SunSmart when they step outside.

Education and Information

- Sun protection will be incorporated regularly into learning programs.
- Sun protection information will be promoted to staff, families, and visitors.
- Further information is available from the Cancer Council website www.cancer.org.au/cancer-information/causes-and-prevention/sun-safety
- The Sun Safety Policy will be made available to all Educators, Staff, Families, and Visitors of the service to ensure a compressive understanding about keeping sun safe.
- When enrolling their child/ren to our Service, parents will be required to give permission for educators to apply sunscreen to their child.

SOURCE

- Australian Children's Education & Care Quality Authority. (2014).
- Bureau of Meteorology. Home page (for UV Index): **http://www.bom.gov.au/uv/**
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2017,
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- Occupational Health and Safety Act 2004
- Children's Services Act 1996
- Childcare Desktop
- The Early Years Learning framework for Australia.
- Safe work Australia
- Revised National Quality Standard
- Cancer Council **www.cancercouncil.com.au/sunsmart**
- **SunSmart Child Care http://www.imagineeducation.com.au/files/CHC30113/Sunsmart__20Childcare_A_Guide_for_Service_Providers.pdf**
- **Revised National Quality Standards**

REFERENCES

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1	*Health*	Each child's health and physical activity is supported and promoted

2.1.1	*Wellbeing and comfort*	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest, and relaxation
2.1.3	*Healthy lifestyle*	Healthy eating and physical activity are promoted and appropriate for each child.
2.2	*Safety*	Each child is protected
2.2.1	*Supervision*	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
Quality Area 3: Physical environment		
3.1.1	*Fit for Purpose*	Outdoor and indoor spaces, buildings, fixtures, and fittings are suitable for their purpose, including supporting the access of every child.

Education and Care Services National Regulations & Law

Education and Care Services National Regulations	
100	Risk assessment must be conducted before excursions
113	Outdoor space natural environment
114	Outdoor space shade
168	Education and care service must have policies and procedures
168 (2)(a)(ii)	Sun Protection
Education and Care Services National Law	
167	Protection from harm and hazards

Water Safety Policy

BACKGROUND & AIM

Under the Education and Care Services National Regulations, an approved provider must ensure that policies and procedures are in place for managing water safety, including during any water-based activities, and take reasonable steps to ensure that those policies and procedures are followed.

According to Kidsafe, drowning is one of the leading causes of unintentional death for Australian children. Every year a number of children are killed and hundreds more rescued from near drowning situations. Non-fatal drowning incidents are also of great concern as they can have potential long term effects including brain damage and permanent disability.

The most common factor in childhood drowning is lack of supervision. A child can drown in as little as a few centimetres of water. Items such as mop buckets, sinks, pet drinking bowls, ponds, pools, water features, water tanks are all potential drowning hazards.

Definition

Water Hazard is defined as any water body that poses a potential drowning risk to children and could include:

- Large bodies of water such as rivers, creeks, dams, ponds, swimming pools, jetted bathtubs (or jacuzzies), in-ground spas, above ground portable spas (or hot tubs) or any container with poor drainage that allows water to pool.
- Smaller bodies of water such as baths, mop buckets, sinks, water features, water troughs and pet water containers.

SCOPE

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

RELATED POLICIES

• Administration of First Aid Policy • Excursion/Incursion Policy • Physical Environment Policy • Incident, Illness, Accident and Trauma Policy	• Supervision Policy • Emergency and Evacuation Policy • Child Protection Policy

POLICY & PROCEDURES

Our Service recognises that the safety and supervision of children is paramount in or around water. This relates to water play, excursions near water, hot water, drinking water and hygiene practices with water in the Service environment. Children will be supervised at all times during water play experiences to help keep children safe in and around water and support children's learning in a safe environment.

Children's safety and wellbeing will:

- be protected in and around water through supervision and prevention; and
- be promoted through the availability of clean, hygienic water for play and for drinking.

Operational Safety

- Water tanks will be labelled with "Do Not Drink" signage and the children will be supervised in this area to make sure they are not accessing this water for drinking.
- Educators will discuss with the children the use of water tank water and how it differs from drinking water.
- Hot water accessible to children will be maintained at the temperature of 45° which will be tested annually.
- A risk assessment will be conducted prior to any excursion taking place. Particular attention will be focused upon water safety where the excursion is near a body of water.
- Adults may carry and consume hot drinks only in a thermal cup or mug with a screw lid that prevents spilling.
- Water for pets at the service must be changed daily and only be accessible to children when educators are present.

Important: parents will be notified as soon as practicable but within 24 hours if their child is involved in an incident/accident at the Service or while under Service care. Also, details of the incident/accident will be recorded on an Incident, Injury, Trauma and Illness Record.

If the incident/accident, situation or event presents imminent or severe risk to the health, safety and wellbeing of the child or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours. Educators will follow emergency procedures and contact emergency services if a child appears to be missing or unaccounted for or is involved in a serious incident or accident.

The Management/Nominated Supervisor/Responsible Person will:

- Complete detailed risk assessments that identify and assess risks associated with any water hazards and water-based activities.
- Ensure water hazards and water play are always highly supervised including:
    - Direct and constant monitoring of children
    - Careful and intentional positioning of educators
    - Scanning and moving around the environment
    - Observing play and anticipating behaviour
    - Ensuring higher adult to child ratios
    - Ensuring no child is left unattended when in proximity to water
- Provide guidance and education to educators, staff and families on the importance of children's safety and supervision in and around water.
- Ensure work, health and safety practices incorporate approaches to safe storage of water and water play.
- Ensure premises adjacent to (or providing access to), any water hazards that are not able to be adequately supervised at all times (e.g., dams, swimming pool) are to be isolated from children by a child resistant barrier or fence.
- Conduct a risk assessment in accordance with Regulation 101 prior to taking children on an excursion, which contains or may contain water.
- Ensure at least one Educator who holds a current approved first aid qualification is in attendance at all times.
- Display a Cardiopulmonary Resuscitation (CPR) guide near any swimming pool, wading pool, or body of water.
- Ensure hot water above 45 degrees is inaccessible to children.
- Ensure water hazards and water play are always highly supervised.

Educators and staff will:

- Always supervise children near water.
- Never leave children alone near any water
- Ensure water troughs or containers for water play are filled to a safe level. These activities will be supervised at all times and containers, or troughs will be emptied onto garden areas after use. Children will be discouraged from drinking from these water activities.
- Teach children about staying safe in and around water.
- Empty buckets used for cleaning and wading pools immediately after every use. No buckets are left in play areas or accessible to children.
- Always provide clean drinking water. This water will be supervised to ensure that it is safe and hygienic for consuming. Water containers will be securely sealed. At the end of each day, the water container will be emptied and cleaned thoroughly.
- Ensure fish / frog ponds and water features that are not able to be adequately supervised at all times and/or pose an unacceptable risk to children are guarded or effective barriers are in place.
- Complete a daily Safety Inspection of premises to ensure that all hazards are known and minimised. When a hazard or potential hazard is detected, Educators will complete a risk assessment to address any concerns and children will be excluded from the area until the hazard has been rectified.
- Utilise water activities in appropriate weather as part of the planned program.
- Monitor all taps and ensure it is turned off securely when not in use.
- Safely cover or make inaccessible to children all water containers, e.g., mop buckets
- Incorporate water safety awareness into the educational program.
- Check for and empty any water that has collected in holes or containers after rainfall or watering gardens.
- Ensure water troughs are not used without a stand to keep it off the ground and that children remain standing on the ground whilst using them.
- Ensure laundry, storerooms and Educator areas are to have **No Children Allowed/Staff only Signs** on doors to remind adults to close doors behind them.
- Ensure any wading pools are hygienically cleaned, disinfected and chlorinated appropriately.

SOURCE

- Australian Children's Education & Care Quality Authority. (2014).
- ACECQA policy guidelines
- KidSafe (2021) Water Safety
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2017
- Education and Care Services National Regulations (2011)
- Kidsafe – water safety
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- National Health and Medical Research Council – **www.nhmrc.gov.au**
- Revised National Quality Standards
- NSW Department of Health **www.health.nsw.gov.au**

REFERENCES

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety

2.1.2	*Health practices and procedures*	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	*Safety*	Each child is protected
2.2.1	*Supervision*	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2	*Incident and emergency management*	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
25 (1)(c)	Additional information about proposed education and care service premises
101	Conduct of risk assessment for excursions
115	Premises designed to facilitate supervision
122	Educators must be working directly with children to be included in ratios
126	Centre based services-general educator qualifications
168(2)(a)(iii)	Education and care service must have policies and procedures in relation to – water safety, including safety during any water-based activities
170	Policies and procedures to be followed
274	Swimming pools (NSW)
Sec 102C	Conduct of risk assessment for transporting of children by the education and care service
Sec 165	Offence to inadequately supervise children
Sec 167	Offence relating to protecting children from harm and hazards

Excursion/Incursion Policy

BACKGROUND & AIM

Excursions/Incursions are a valuable experience for children, families and staff. Excursions enhance children's learning by providing them the opportunity to participate in curriculum planned activities and experiences to gain skills and knowledge in their current interests. It enhances children's experiences and affords opportunities to explore different environments and engage in meaningful ways with the wider community.

Our Service recognizes that excursions are valuable opportunities to extend on the educational program provided.

Excursions require appropriate planning and risk management to ensure the best experience and enjoyment for all.

Armidale Montessori Pre-School is committed to providing excursions and incursions that are well considered and planned, provide meaningful experiences and ensure the health, safety and wellbeing of children at all times in accordance with National Legislation. We believe excursions/incursions provide the children with the opportunity to expand and enhance their skills and knowledge gaining insight into their local community.

We will:

- Make excursions a part of the program of education and care.
- Plan for excursions with careful consideration for the safety of children and adults
- Carry out excursions only where full documentation and permissions have been completed and obtained.
- Undertake full risk assessments, consideration of value of educational excursions, and plan for health, safety and first aid requirements.

SCOPE

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

RELATED POLICIES

• Acceptance and refusal of Authorisations Policy • Administration of Medication Policy • Administration of First Aid Policy • Child Safe Environment Policy • Code of Conduct Policy • Arrival and Departure Policy • Educational Program Policy • Emergency Evacuation Policy • Family Communication Policy	• Incident, Injury, Trauma and Illness Policy • Interaction with Children, Family and Staff Policy • Enrolment and Orientation Policy • Privacy and Confidentiality Policy • Safe Transportation Policy • Sun Safety Policy • Supervision Policy • Water Safety Policy •

POLICY & PROCEDURES

Under the Education and Care Services National Regulations, the approved provider must ensure policies and procedures are in place for managing excursions. (ACECQA, June 2021).

Excursions and incursions will be conducted with the children's safety and wellbeing in mind at all times.

This policy relates to excursions that may be a 'regular outing' or a one-off excursion for a particular purpose and incursions, where visiting performers, groups or community services may visit our Service.

This policy is to be read in conjunction with other related policies such as:

Definitions

Excursion: means an outing organised by an education and care service, where the children leave the Service premises. Some excursions may be offered free of charge whilst others may incur a small participation cost

Regular outing: Is a walk, drive or trip to and from a destination

(a) that the service visits regularly as part of its educational program; and
(b) where the circumstances relevant to the risk assessment are substantially the same on each occasion.

Some regular outings may be offered free of charge whilst others may incur a small participation cost

Incursion: means an activity organised by the service, whereby an outside body is employed or engaged to visit the service to run an educational program and to promote culture and diversity. This could include a visit from a dentist, the Rural Fire Service, an Aboriginal Cultural awareness group, science or reptile show or a musical or drama performance. Some incursions may be offered free of charge whilst others may incur a small participation cost.

Planning and Preparations

All excursions and incursions will be planned in advance to:

- Maximise both children's developmental experiences and their safety (Risk Assessments will be completed and signed by the Nominated Supervisor in advance of the excursion/incursion)
- Reflect the age, capacity accessibility and interests of the children.
- Ensure they are properly supervised and conducted in a safe manner, with fully informed written parental permission.
- Ensure proper Parent Authorisation is received for each child participating in the excursion.
- Ensure adequate consideration is given to time away from the Service, method of transportation and cost.
- Ensure alternate wet-weather arrangements are in place.

All excursions and incursions will be thoroughly researched to ensure:

- Supervision is adequate and meet ratio requirements, so children cannot be separated from the group.
- Access to hazardous equipment and environments are minimised.
- Adequate access to food, drink and other facilities (toilets, hand washing etc.)
- A pre-excursion risk assessment is undertaken.

- If the excursion goes near a body of water, then the school's water policy is to be reviewed and enforced by all staff.
- Consideration is given to the mobility and supervision requirements of children with additional needs.
- That adequate sun safety measures are followed, and shade protection is available.

Excursion Risk Assessment

- Management must conduct a risk assessment which reflects national regulation 101 before an authorisation is required under regulation 102 to determine the safety and appropriateness of the excursion/incursion.
- If the excursion involves transporting children, the risk assessment must adhere to **all** components of regulations 101 and 102 (effective 1 October 2020).
- The Service will use an Excursion Risk Assessment
- The Service will notify families about the excursion using an Authorisation for Excursion.
- If an authorisation is required for an incursion, the Service will notify families using an Authorisation for Incursion.
- Families have a right to view the risk assessment prior to the excursion upon request to which the Service must comply with ensuring all information is available.
- A risk assessment must
    1. Identify and assess risks that the excursion may pose to the safety, health and wellbeing of any child being taken on the excursion.
    2. Specify how the identified risks will be managed and minimised.
    3. Consider the proposed route and destination for the excursion and any water hazards.
    4. Reflect on any risks associated with water-based activities.
    5. Consider the transport to and from the proposed destination for the excursion.
    6. Consider any requirements for seatbelts or safety restraints under a law for our state/territory jurisdiction
    7. Outline procedures for embarking and disembarking the means of transport, including how each child is to be accounted for on embarking and disembarking
    8. Consider the process for entering and exiting the education and care service premises and the pick-up location or destination (as required)
    9. Ensure Working with Children Checks are conducted for all adults visiting the service on incursions
    10. Ensure the visiting group/performance is covered by insurance
    11. Consider the ratio of adults to children involved in the excursion/incursion.
    12. Consider the risks posed by the excursion/incursion, the number of educators or other responsible adults that is appropriate to provide supervision and whether any adults with specialised skills are required (for example: life-saving skills)
    13. Consider the planned activities.
    14. Determine the duration of the excursion/incursion.
    15. Consider items that should be taken on the excursion (mobile phone, emergency contacts, first aid kit, medical plans etc)
    16. Consider strategies to ensure supervision is consistent at all times during the excursion- transitions, toileting, departure from the service and conclusion of the excursion

If the excursion is a regular excursion, or 'regular outing' a risk assessment authorisation is only required to be carried out once in a 12-month period, however, must be regularly reviewed. If circumstances around the excursion change, a new risk assessment is required.

Parent Authorisation

- The Nominated Supervisor must ensure that a child is not taken outside the Service premises on an excursion unless written authorisation has been provided.
- The authorisation must be given by a parent or other authorised person named in the child's enrolment record as having authority to authorise transportation of a child.
- The authorisation form must state.
    1. The child's name.
    2. The reason the child is to be taken outside the premises.
    3. The date the child is to be taken on the excursion (unless the authorisation is for a regular outing).
    4. A description of the proposed destination for the excursion.
    5. The method of transport to be used for the excursion.
    6. The proposed activities to be undertaken by the child during the excursion.
    7. The period the child will be away from the premises.
    8. The anticipated number of children likely to be attending the excursion.
    9. The anticipated ratio of educators attending the excursion to the anticipated number of children attending the excursion.
    10. The anticipated number of staff members and any other adults who will accompany and supervise the children on the excursion.
    11. That a risk assessment has been prepared and is available at the Service.
    12. if the authorisation is for a regular outing, a description of when the child is to be taken on the regular outing
    13. any requirements for seatbelts or safety restraints under a law of each jurisdiction in which the children are being transported
    14. that written policies and procedures for transporting children are available at the Service

If the excursion is a regular outing, the authorisation is only required to be obtained once in a 12-month period.

Staffing Arrangements

The Nominated Supervisor will ensure that:

- educator to child ratios are no less than the prescribed ratios as per National Regulations
- additional educators/staff are engaged to provide care and support to children with additional needs
- consideration is given to ensuring adequate supervision, taking into account the number, age and ability of the children, as well as the activity involved and physical environment.
- educators are aware of their responsibility to provide supervision to other responsible adults or volunteers assisting on the excursion and that no volunteer is to be left alone with a child.
- educators are aware the procedures to follow in the event of an emergency
- at least one educator or the nominated supervisor must hold current First Aid qualification, approved emergency Asthma management and approved anaphylaxis management training

Transportation for Excursion

- It is a requirement of the National Regulation that the means of transport is stated on the risk assessment record and parent authorisation record. Information must be included in the risk assessment about the process for embarking and disembarking the means of transport, including how each child is to be accounted for.
- The means of transport may mean:
    1. Walking

Educators must ensure children and adults use the safest footpaths and safe crossings where possible, such as pedestrian crossings and traffic lights.
Educators will ensure all children and adults obey road rules.
Educators will ensure children follow the 'stop, look, listen and think' process when walking near roads.
Educators will remain vigilant that no child runs ahead or lags behind the group.

2. Bus
   Management must ensure that the seating capacity as displayed on the compliance registration is not surpassed. All children must sit on seats, preferably with, or close to, an adult. Seat belt guidelines must be followed depending on the bus. If the bus has seat belts, they must be worn at all times.
3. Train
   Management will be required to contact the local station prior to the excursion to inform them of the time you will be travelling, the destination and the number of children and adults who will be travelling.
   Provisions should be made to ensure children have ample time to board the train safely and in an unhurried way. This will allow the station to inform the train guard so that they can hold the train for the period of time for safe boarding and descending. All children should be seated at all times, with an adult close by. All children should be seated in the one carriage, if possible.

4. Car
   Any motor vehicle that is used to transport children on an excursion (other than a motor vehicle seating more than nine persons) must be fitted with child restraints and/or seatbelts that are appropriate for the age and weight of each child, that conform to the Australian Standards, and are professionally installed or checked by an authorised restraint fitter.
   The vehicle must be registered and free of any defects that could put any passenger at harm.
   All children must be fastened in the vehicle according to National Child Restraint Laws for Vehicles (below). The educator or staff member driving the vehicle must hold a current Australian driver's licence.

National Child Restraint Laws for Vehicles

- children aged from six months old but under four years old must be secured in either a rear or forward-facing approved child restraint with an inbuilt harness
- children under four years old cannot travel in the front seat of a vehicle with two or more rows
- children aged from four years old but under seven years old must be secured in a forward-facing approved child restraint with an inbuilt harness or an approved booster seat
- children aged from four years old but under seven years old cannot travel in the front seat of a vehicle with two or more rows, unless all other back seats are occupied by children younger than seven years in an approved child restraint or booster seat
- children in booster seats must be restrained by a suitable lap and sash type approved seatbelt that is properly adjusted and fastened, or by a suitable approved child safety harness that is properly adjusted and fastened.
- If the child is too small for the child restraint specified for their age, they should be kept in their current-sized child restraint until it is safe for them to move to the next level.
- If the child is too large for the child restraint specified for their age, they may move to the next level of child restraint.

Source: NSW Government Centre for Road Safety, 2017

Insurance
Management must review their insurance policy prior to the excursion/incursion to ensure liability is protected by the Service.

On the day of the excursion

The staff member/s responsible for the excursion will ensure and prepare the following:

- A pre-excursion staff meeting will be held to discuss potential hazards and safety measures.
- The completed Risk Assessment will be reviewed by all staff members and volunteer parents/carers.
- An Excursion "Go Kit" will be prepared containing the following:
    - Emergency Contact list
    - Children's attendance records
    - First aid kit
    - Emergency phone (this may be a fully charged, personal mobile)
    - Nappies & wet wipes
    - Medication and medical management plans
    - Spare clothing
    - Water & food (if needed)
    - items required for excursion circumstances- such as sunscreen, hats, other equipment
- Educators will ensure:
    - all children are accounted for when embarking/disembarking the car/vehicle or bus
    - Ensure children and adults have adequate footwear and sun protection.
    - children's names are marked off as they enter and leave the vehicle including time and date
    - a thorough check is made of the vehicle to ensure no child is left in the vehicle (a second person should repeat this check for safety)
    - the vehicle is parked to avoid other vehicles, driveways or car parks
    - the vehicle is parked as close as possible to the Service premises or visiting venue
    - children only disembark the vehicle when it is safe to do so
    - where possible, educators hold children's hands to supervise them walking into the Service/destination premises
    - head counts are conducted at least every 30 minutes whilst on the excursion
    - bathrooms and toilets are checked for any potential hazard before children enter, and children are escorted to the bathrooms and supervised

Lost Child During an Excursion

In the event of a child being unaccounted for during an excursion, educators will immediately:

- inform another educator and provide supervision for groups
- conduct a head count
- ask children/parent helpers/other educators if they have seen the missing child
- search the premises
- check organised meeting points (use mobile phone to contact other educators)
- alert the venue management and request that an announcement is made

- if the child is still unaccounted for after checking as above, the nominated supervisor, educator will contact the Police on 000 and report the incident
- the nominated supervisor will contact parents/guardian
- educators will reassure other children and provide supervision
- the Approved Provider must make a notification to the Regulatory Authority within 24 hours of a serious incident

SOURCES

- Education and Care Services National Regulation 2015
- National Quality Standards
- Early Years Learning Framework
- Revised National Quality Standards
- Australian Children's Education & Care Quality Authority. (2014).
- ACECQA 2021. Policy and Procedure Guidelines. Excursion Guidelines.
- Australian Government Department of Education, Skills and Employment. (2009) Belonging, Being and Becoming: The Early Years Learning Framework for Australia.
- Education and Care Services National Law Act 2010. (Amended 2018).
- NSW Government Centre for Road Safety, 2017
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).

REFERENCES

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.2	*Safety*	Each child is protected
2.2.1	*Supervision*	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2	*Incident and emergency management*	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented

National Education and Care Services National Regulations

4 (1)	Children leaving the education and care service premises
89	Definition regular outing
90	First Aid Kits
97	Medical conditions policy
98	Emergency and evacuation procedures
99	Children leaving the education and care service premises
100	Risk assessment must be conducted before excursion.
101	Conduct of risk assessment for excursion.
102	Authorisation for excursion.
123	Educator to child ratios-centre-based services
136	First Aid qualifications
161	Authorisations to be kept in enrolment record
168	Policies and Procedures are required
170	Policies and procedures to be followed

Safe Transportation of Children Policy

BACKGROUND & AIM

Under the Education and Care Services National Regulations, an approved provider must ensure that policies and procedures are in place in relation to safe transportation of children (Reg 168) and take reasonable steps to ensure that those policies and procedures are followed (reg 170).

While our Service does not provide a pickup and drop off service, transportation of children is sometimes provided as part of our education and care activity, e.g., in the event of excursions and emergency situations. In the event that our service commences the provision of regular transportation, this policy will be revised to include additional parameters, including notification to the regulatory authority and the maintenance of a transportation attendance record.

Compliance with the Education and Care Services National Law and Regulations is mandatory to always ensure the safety of children and new provisions and amendments to these regulations are reflected in our procedures and policy for transportation and the safe handover of children.

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

Definitions

Regular Outing: in relation to an education and care service, means a walk, drive or trip to and from a destination.

a) That the Service visits regularly as part of its educational program; and
b) Where the circumstances relevant to the risk assessment are substantially the same on each outing.

Regular Transportation: in relation to an education and care service, means the transportation by the service or arranged by the service (other than as part of an excursion) of a child being educated and cared for by the service, where the circumstance relevant to a risk assessment are substantially the same for each occasion on which the child is transported.

Excursion: An outing organised by an education and care service.

Transportation (that is part of the education and care service): Transportation forms part of an education and care service if the service remains responsible for children during the period of transportation. The responsibility for, and duty of care owed to children applied in scenarios where services are transporting children, or have arranged for the transportation of children, including between an education and care service premises and another location, for example their home, school or a place of excursion.

Written Authorisation: authorisation given by a parent or other person named in the child's enrolment record as having authority to authorise the child being transported by the service or on transportation arranged by the service. If the transportation is regular, the authorisation is only required to be obtained once in a 12-month period. The authorisation must state:

a) the child's name; and
b) the reason the child is to be transported; and

c) if the authorisation is for a regular outing, a description of when the child is to be taken on the regular outings; and
d) if the authorisation is not for a regular transportation, the date the child is to be transported; and
e) a description of the proposed pick-up location and destination; and
f) the means of transport; and
g) the period of time during which the child is to be transported; and
h) the anticipated number of children likely to be transported; and
i) the anticipated number of staff members and any other adults who will accompany and supervise the children during the transportation; and
j) any requirements for seatbelts or safety restraints under a law of each jurisdiction in which the children are being transported; and
k) that a risk assessment has been prepared and is available at the education and care service; and
l) that written policies and procedures for transporting children are available at the education and care service.

SCOPE

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

RELATED POLICIES

• Administration of First Aid Policy • Enrolment & Orientation Policy • Arrival & Departure Policy • Family Communication Policy • Excursion/Incursion Policy • Incident, Illness, Accident and Trauma Policy • Staffing arrangements Policy • Emergency & Evacuation Policy	• Supervision Policy • Work, Health and Safety Policy • Medical Conditions Policy • Child Protection Policy • Interactions with Children & Behaviour Management Policy • Responsible Persons Policy • Acceptance and Refusal of Authorisations Policy

POLICY & PROCEDURES

We are committed to ensuring the safe transportation of children by our Service, including for excursions. Every precaution is taken to protect children from harm and from any hazard likely to cause injury. We ensure all educators and staff are familiar with and are able to implement the policies and procedures associated with the safe transportation of children.

The safety of children enrolled at our Service is paramount, and therefore, appropriate safety measures have been implemented through risk assessment processes to ensure supervision is always adequate, including at times of transportation. Educator to child ratios is adhered to in addition to ensuring the maximum numbers on the Service approval are not breached at any time.

Procedures are in place to ensure a responsible person or educator is present and accounts for each child (documenting attendance) when children embark and disembark the vehicle at the service premises and the interior of the vehicle is thoroughly checked to ensure no child is left behind.

Transport specific risk assessment

Our Service will conduct comprehensive transport specific risk assessments to minimise and manage all potential risks for transporting children before authorisation is sought to transport a child. [Reg. 102B, 102D (4)].

A risk assessment will be undertaken at least annually if '*regular transportation'* of children is required. Each time our Service transports, or arranges, the transport of children as part of an excursion, a new risk assessment will be conducted. All risk assessments will be regularly assessed and evaluated as to facilitate continuous improvement in our Service.

Our risk assessment process is guided by the following process:

- identify any hazards or potential hazards that the transportation may pose to the safety, health and wellbeing of the child.
- assess the risk of harm or potential harm using a risk matrix
- specify how the identified risks will be managed by eliminating or minimising the impact using control measures
- evaluate the current risk or potential harm by implementing control measures
- review and monitor the risk or potential harm to ensure it continues to be managed as a low risk.

Our risk assessment will consider:

a) the proposed route and duration of the transportation.
b) the proposed pick-up location and destination.
c) the means of transport.
d) any requirements for seatbelts or safety restraints (as per the law of our jurisdiction).
e) any water hazards at the destination.
f) the number of adults and children involved in the transportation.
g) The educator to child ratio and supervision requirements (e.g., whether any adults with specialised skills are required).
h) whether any items should be readily available during transportation (mobile phone, list of emergency contact numbers).
i) the process for entering and exiting-
    i. the education and care service premises; and
    ii. the pick-up location or destination (as required).
j) procedures for embarking and disembarking the means of transport, including how each child is to be accounted for on embarking and disembarking.
k) the age, ability, health, needs and skills of children and adults being transported (non-ambulant, infants)
l) the experience of adults involved in transportation and their capacity for supervising children.
m) traffic conditions.
n) extreme weather conditions and environmental hazards (e.g., smoke).
o) first aid provision and management of illness, injuries and emergencies
p) health needs of all children and adults

Picking up children and during transportation

- the vehicle/bus will be parked in a safe location where children are not required to cross any roads (if this is unavoidable, a risk assessment and dedicated procedure for crossing the road will be completed)
- a 'head count' and check of the children's attendance record is made by the supervising educator/staff member as children assemble in a predetermined location prior to boarding

- children are continuously supervised during transportation by a designated educator/staff member sitting in a location that provides clear vision of all children
- children are to remain seated and secured in appropriate child restraints until the vehicle/bus has completely stopped
- under no circumstances will the driver and educators/employees supervising children be under the influence of alcohol or drugs
- the designated driver of the vehicle has the right, *if required* to stop in a safe place until the children conform to the safety guidelines. Parents will be notified if their child continues to be challenging and/or behaving in a dangerous manner.

Dropping off children

- the driver must park the vehicle in a safe location close to the entry to the service or location
- children are to remain seated until the vehicle/bus has completely stopped
- a designated educator/staff member will assist children to safely disembark the vehicle/bus
- children will exit the vehicle/bus using the 'safety door' or door located near the kerb
- a 'head count' of children against the attendance record will be checked by the supervising educator/staff as they assemble in a predetermined location at the end of the journey and verified by a witness
- educators/staff will conduct a final sweep of the vehicle/bus, checking on and under seats to ensure there are no children or belongings left behind
- once inside (or on location) the children will be signed in (ticked off the attendance list) which will provide an additional attendance check to confirm all are present
- educators will record the time when children are signed in to the service or other venue (Children should only be singed in upon being seen).

Management/ Nominated Supervisor/Responsible Person will ensure:

- all staff and volunteers have been briefed on the Service's *Safe Transportation Policy* and procedure.
- risk assessments are carried out prior to seeking authorisation for transporting children and provided to staff and volunteers attending the excursion and to families on request.
- any updates to procedures are clearly communicated to all staff, volunteers and parents.
- A procedure document is formulated for each excursion detailing staff and volunteer responsibilities.
- An educator or staff member is designated the responsibility of undertaking regular headcounts to account for all children.
- details of the safest route for travel, type of vehicle and required restraints are included in the risk assessment.
- every reasonable precaution is taken to protect children from harm and hazards likely to cause injury
- adequate supervision is provided - educator to child ratio requirements are always maintained, including when children are being transported as part of the service activity. Consideration of ratios will include:
    - the number, age and ability of children
    - visibility and accessibility
    - physical positioning of educators
    - risks related to the mode of transportation (including travel on foot)
    - risks in the environment, location, route and while travelling.
    - the experience, knowledge and skill of each educator
    - the capacity of an educator to immediately respond to a situation requiring urgent intervention.

- children are never left unattended on the vehicle.
- compliance with first aid requirements of Regulation 136 at all times
- parents/guardians complete a written authorisation for transportation of their child and a copy of this is filed in the child's file
- children are instructed on processes for entering and exiting the service premises and are aware of the pick-up and destination locations
- children's attendance is checked by the supervising educator/staff before departure from the designated pick-up location and marked as present as they disembark from the vehicle
- safety rules are developed with children to ensure a clear understanding of appropriate and inappropriate behaviour.
- a working mobile phone or other similar means of communication to communicate with the service, parents/carers is provided in case of emergency
- an easily recognised and suitably equipped first aid kit is easily accessible during transportation
- educators carry medication, health plans and risk assessments for individual children
- educators are aware of emergency procedures in case of an incident, injury or illness of a child.
- at least one staff member accompanying children during transportation holds:
    - an approved first aid qualification and
    - a current approved anaphylaxis management training qualification and
    - an approved emergency asthma management training qualification.
- a list of emergency contact numbers for the children, staff and volunteers being transported is available.
- every effort will be made to notify parents/carers of delays returning to the Service if applicable
- staff are aware of appropriate procedures to be followed in the event of a vehicle crash or vehicle break down, involving staff and children from the service.
- Once all children have exited the vehicle/bus, a final check is conducted, including the interior of the vehicle, to ensure no child is left on the vehicle.
- A secondary educator conducts a final sweep of the vehicle as best practice.
- any allegation of misconduct by an educator or staff member will be reported immediately as per the Reportable Conduct Scheme detailed in our *Child Protection Policy.*
- education on road safety for children is included in the Service's programming.

Educators will ensure:

- they adhere to the Safe Transportation of Children Policy.
- They are aware of their roles and responsibilities while transporting children.
- They have reviewed the provided risk assessment for each excursion.
- Effective and adequate supervision is provided when transporting children.
- every reasonable precaution is taken to protect children from harm and from any hazard likely to cause injury.
- they adhere to the road rules and regulations mandated by law within each state/territory
- the vehicle is parked in a secure and safe location for children to access
- children wear approved seatbelts/restraints whilst the vehicle is in motion in accordance with NSW Road Rules and Road Transport Act
- children remain seated and do not behave in a dangerous or inappropriate manner during transportation.
- children are never left unattended in the vehicle.
- they carry medication, health plans and risk assessments for individual children
- they are aware of emergency procedures in case of an incident, injury or illness of a child.

- they are aware of appropriate procedures to be followed in the event of a vehicle crash or vehicle break down, involving staff and children from the service
- once all children have exited the vehicle/bus, a final sweep of the vehicle will be made checking that there are no children or belongings left behind.

Families will:

- adhere to the Service's *Arrival and Departure Policy* and *Safe Transportation of Children Policy*
- ensure written permission for transportation of their child by the Service is granted by either the parent or authorised nominee named in the child's enrolment record
- update emergency contact numbers regularly
- keep informed about the Service's Safe Transportation processes, including for excursions (e.g., pick-up location and destination, means of transport, the number of educators and staff and any other adults involved in the transportation)
- Reinforce safe transportation practices with their child (e.g., wearing seatbelts and appropriate behaviours)

SOURCES

- Australian Children's Education & Care Quality Authority. (2014)
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2017
- ECA Code of Ethics
- Australian Government Department of Education – Belonging Being and Becoming: The Early Years Learning Framework for Australia
- Education and Care Services National Amendment Regulation 2022
- Guide to the National Quality Framework
- Childcare Desktop
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations (2011)
- ACECQA policy and procedure guidelines – Safe Transportation of Children
- ACECQA – Changes to regular transportation of children
- ACECQA – Risk assessment and management – Safe Transportation of children safety checklist and regular transportation record form
- ACECQA – Guidance for Adequate Supervision during transportation
- ACECQA – Minimising the risk of children being left behind in vehicles.
- Kids and Traffic Early Childhood Road Safety Education Program
- Road Transport Act 1999
- Revised National Quality Standards

REFERENCES:

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.2	*Safety*	Each child is protected
2.2.1	*Supervision*	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2	*Incident and emergency management*	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented

Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
4 (1)	Definition regular transportation
24(ha)	Application for service approval – centre-based service A description of any proposed regular transportation of children by or arranged by the education and care service.
85	Incident, injury, trauma and illness policies and procedures
89	First aid kits
98	Telephone or other communication equipment
99	Children leaving the education and care service premises
100	Risk assessment must be conducted before excursion
101	Conduct a risk assessment for excursion
102	Authorisations for excursions
102A	Transportation of children other than as part of an excursion
102B	Transport risk assessment must be conducted before service transports child
102C	Conduct risk assessment for transporting of children by the education and care service
102D	Authorisation for service to transport children
102E	Children embarking a means of transport – centre-based services
102F	Children disembarking a means of transport – centre-based services
122	Educators must be working directly with children to be included in ratios
123	Educator to child ratios apply wherever the service is operating
136	First aid qualifications
158	Children's attendance record to be kept by approved provider
161	Authorisations to be kept in enrolment record
168	Education and care service must have policies and procedures
168(2)(ga)	Education and care service must have policies and procedures (transportation)
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
172	Notification of change to policies and procedures
175(2)(f)(g)	A notification must be made to the regulatory authority if regular transportation starts or ceases being provided or arranged by the service
177(1)(o)(p)	Prescribed enrolment and other documents to be kept by the approved provider: A record of children embarking a means of transportation the education and care services premises as set out in regulation 102E(4)©; a record of children disembarking a means of transport at the education and care service premises as set out in regulation 105F(4)(d)
183	Storage of records and other documents
S51(4A)	The approved provider must ensure that the number of children educated and cared for by the service at any one time doesn't exceed the maximum number of children specified in the service approval.
Section 165	Failure to adequately supervise children
Section 167	Failure to take reasonable precautions to protect children from harm and hazards

Acceptance and Refusal of Authorisations

BACKGROUND & AIM

Under the Education and Care Services National Law and Regulations, early childhood services are required to obtain written authorisation from parents/guardians, and authorised nominees in some circumstances, to ensure that the health, safety, wellbeing and best interests of the child are met.

Education and Care Services National Regulations require parent or guardian authorisation to be provided in matters relating to administration of medication, medical treatment of the child including transportation by an ambulance service, collection of children from the service and excursions (including regular outings) and providing access to personal records.

Our priority is ensuring the health, safety and wellbeing of children. We aim to ensure that all educators, staff and volunteers are consistent in how authorisations are managed and understand what does or does not constitute a correct authorisation, which consequently may lead to a refusal. Our governance and quality management processes are effective and transparent and meet all regulatory requirements. Decisions around refusing an authorisation will be made on a case-by-case basis by the service in discussion with the Nominated Supervisor, Police or other authorities.

This policy outlines authorisation requirements for the service and actions to be taken where an authorisation submitted by parents or guardians is incomplete and therefore could lead to refusal to enact the authorisation.

SCOPE

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

RELATED POLICIES

• Administration of Medication Policy • Anaphylaxis Management Policy • Arrival and Departure Policy • Asthma Management Policy • Child Protection Policy • Diabetes Management Policy • Emergency and evacuation Policy • Enrolment & Orientation Policy • Epilepsy Management Policy	• Excursion/Incursion Policy • Governance Policy • Incident, Injury, Trauma and Illness Policy • Medical Conditions Policy • Nutrition Food Safety Policy • Safe Transportation Policy • Sun Safe Policy • Water Safety Policy

POLICY & PROCEDURES

Our Service will ensure we comply with the current Education and Care Services National Regulations, which require parent or guardian authorisation to be provided in matters, which include but are not limited to:

- Administration of medication to children
- Administration of medical treatment
- Administration of emergency medical treatment
- Emergency Ambulance transportation

- Transportation- including regular outings and regular transportation
- Excursions/Incursions including regular outings.
- Taking of photographs by people who aren't educators.
- Use of photos in social media/marketing collateral.
- Water based activities.
- Enrolment of children including naming of authorised nominees and persons authorised to consent to medical treatment or trips outside the service premises.
- Children leaving the premises in the care of someone other than a parent.

Management will ensure:

- That the Service has an acceptance and refusal authorisation policy in place, which is to be adhered to and maintained by educators at all times.
- Parent/guardians are provided with a copy of relevant policies for our Service or know where to access them.
- That all staff follow the policies and procedures of our Service
- All staff understand circumstances that may lead to refusal of an authorisation
- That all parents/guardians have completed the authorised person's section of their child's enrolment form (refer to Enrolment and Orientation Policy), and that the form is signed and dated before the child is enrolled at the Service.
- That permission forms for excursions are provided to the parent/guardian or authorised person prior to the excursion (refer to Excursion Policy).
- Attendance records are maintained to account for all children attending the Service.
- A written record of all visitors to the Service, including time of arrival and departure and reasons for visit is documented.
- Where a child requires medication (excluding Paracetamol), to be administered by educators/staff, that this is authorised in writing, signed and dated by the parent/guardian or authorised person and included with the child's record. (Refer to Administration of Medication Policy)
- Educators/staff do not administer medication without the authorisation of parent/guardian or authorised person, except in the case of an emergency, including an asthma or anaphylaxis emergency (refer to Administration of Medication Policy, Incident, Injury, Trauma and Illness Policy, Emergency and Evacuation Policy, Asthma and Anaphylaxis Policy).
- Educators and staff allow a child to participate in excursion only with the written authorisation of a parent/guardian or authorised person.
- Educators/staff allow a child to depart the Service only with a person who is the parent/guardian or authorised person, or with the written authorisation of one of these, except in the case of a medical emergency or an excursion (Refer to Arrival and Departure of Children Policy and Child Safe Environment Policy).
- There are procedures in place if an inappropriate person attempts to collect the child from the Service (refer to Arrival and Departure of Children Policy)
- notify families at least 14 days before changing the policy or procedures (Reg. 172).

A Nominated Supervisor/ Responsible Person will:

- Ensure documentation relating to authorisations contains:
    1. The name of the child enrolled in the service.
    2. Date
    3. Signature of the child's parent/guardian and nominated contact person who is on the enrolment form.
- Keep all authorisations relating to children in their enrolment record.

- Exercise the right to refusal if written or verbal authorisations do not comply with National Regulations. If an authorisation is refused by the Service, it is best practice to document:
    1. The details of the authorisation
    2. Why the authorisation was refused.
    3. Actions taken by the service. For example: if the service refused an authorised nominee named in the child's enrolment record to collect the child from the service as they were under the influence of alcohol, what action was 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 or asthma. In accordance with National Regulations and Standard, the Service can administer medication without authorisation. In these cases, Management will be required to contact the parent/guardian as soon as practicable after the medication has been administered.
- Follow the policy and procedures of the Service.
- 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 and asthma or anaphylaxis emergency (refer to Administration of Medication Policy, Incident, Injury, Trauma and Illness Policy, Emergency and Evacuation Policy, Asthma and anaphylaxis Policy).
- Ensure a child only departs from the Service with a person who is the parent/guardian or authorised person, or with the written authorisation of one of these, except in the case of a medical emergency or an excursion (refer to Delivery and Collection of Children Policy)
- Ensure a child is not taken outside the Service premises on an excursion except with the written authorisation of a parent/guardian or authorised person.
- Inform the Approved Provider when a written authorisation does not meet the requirements outlined in the Service's policies.

Educators will:

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

Families will:

- Read and comply with the policies and procedures of the Service.
- Complete and sign the authorised person section of their child's enrolment form before their child commences at the Service.
- Sign and date permission forms for excursions
- Sign the attendance record as their child arrives and departs from the Service.

- Ensure that changes to nominated authorised persons are provided to the Service in a timely manner
- Advice nominated authorised persons that they will require photo identification (such as a driver's licence) in order to collect their child from the Service
- Sign and date permission forms for regular transportation and regular outings
- Provide written authorisation where children require medication to be administered by educators/staff, including signing and dating it for inclusion in the child's medication records.
- provide completed Medical Management Plans and Action Plans where relevant for their child
- be familiar with circumstances where authorisations may be refused/not applicable.

Authorisation Requirements

Authorisation documents are required for the following situations and must have details recorded as specified:

1. *Administration of medication*
    - The name of the child.
    - The authorisation to administer medication, signed by a parent or person named in the child's enrolment record as authorised to consent to administration of medication.
    - The name of the medication to be administered.
    - The time and date the medications are to be administered.
    - The dosage of the medication to be administered.
    - Method of dosage (e.g. inhalation or oral)
    - The period of authorisation from and to.
    - The date the authorisation is signed.
    - Medication must be in its original container and bearing the correct child's name
    - Medication is not past its expiry or use-by date
    - Medication is administered in accordance with any instructions attached to the medication or provided by a registered medical practitioner.
    - A second person checks the signed Administration of Medication Record, checks the dosage of the medication, and witnesses its administration
    - The educator administering medication and the witness must write their full name and sign the medication record
    - Details of the administration must be recorded in the medication record

2. *Medical treatment of the child including transportation by an ambulance service (included and authorised initially as part of the child's enrolment record):*
    - The name of the child.
    - Authorisation to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service.
    - Authorisation for the transportation of the child by an ambulance service.
    - The name, address and telephone number of the child's registered medical practitioner or medical service and if available the child's Medicare number.
    - The name of the parent or guardian providing authorisation.
    - The relationship to the child.
    - The signature of the person providing authorisation and date.

3. *Emergency medical treatment (included and authorised initially as part of the child's enrolment record or as updates during enrolment):*

- The service is able to seek emergency medical assistance for a child as required without seeking further authorisation from a parent or guardian in the case of an emergency (i.e., medical practitioner, ambulance or hospital) including for those emergencies relating to asthma and anaphylaxis.

4. *Collection of children (included and authorised initially as part of the child's enrolment record or as updated during enrolment):*
    - The name of the child.
    - The name of the parent or the guardian of the child or the authorised nominee on the enrolment form providing authorisation.
    - The name of the person/s authorised by a parent or authorised nominee named in the child's enrolment record to collect the child from the premises.
    - The relationship to the child of the persons authorised to collect the child from the premises.
    - The signature of the person providing authorisation and date.

5. *Transportation (other than as part of an excursion) the following is required:*
    a. If the transportation is 'regular transportation' the authorisation is only required to be obtained once in a 12-month period
    b. Name of the child
    c. the reason the child is to be transported
    d. if the authorisation is for regular transportation, a description of when the child is to be transported and the date the child is to be transported
    e. a description of the proposed pick-up location and destination
    f. the means of transport
    g. the period of time during which the child is to be transported
    h. the anticipated number of children likely to be transported
    i. the anticipated number of staff members and any other adults who will accompany and supervise the children during the transportation
    j. any requirements for seatbelts or safety restraints under a law of each jurisdiction in which the children are being transported
    k. that a risk assessment has been prepared and is available at the education and care service
    l. that written policies and procedures for transporting children are available at the education and care service

6. *Excursions (regular outings)*

A regular outing means a walk, drive or trip to and from a destination that the service visits regularly as part of its educational program and where the circumstances relevant to the risk assessment are the same on each outing. Written authorisation only needs to be given once in a specified 12-month period for a regular outing. (Reg. 102(5)). If the conditions of the regular outing change, a new authorisation is required. The written authorisation must include:

- Name of the child
- a description of when the child is to be taken on the regular outings
- a description of the proposed destination
- method of transportation (including walking)
- proposed activities to be undertaken
- anticipated ratio of educators to the anticipated number of children
- that a risk assessment has been prepared and is available at the service

7. *Excursions (regular outings)*

If the excursion is not a regular outing, the authorisation must include:

a. Name of the child, date of the excursion, reason for the excursion, proposed destination and method of transport used
b. Route to be taken to and from the excursion
c. Period of time away from premise- include time leaving premise and time returning to premise
d. Proposed activities to be undertaken by the child during the excursion
e. Anticipated number of children likely to be attending the excursion
f. Ratio of educators attending the excursion to the number of children attending the excursion
g. Number of staff members and any other adults who will accompany and supervise the children on the excursion (including parents, students, volunteers)
h. Statement that a risk assessment has been prepared and is available at the service
i. Name of the parent or guardian-providing authorisation
j. Relationship to the child
k. Signature of the person providing authorisation and date of authorisation
l. Details of any water hazards and risks associated with water-based activities (to be included in risk assessment).
m. Items that should be taken on the excursion

8. *Sunscreen and Insect repellent application (permission to apply sunscreen is included in enrolment form)*

Must include:

a. Name of child
b. Permission authorised for staff to apply SPF 30 or higher broad-spectrum, water-resistant sunscreen supplied by the service or
c. Permission authorised for staff to apply SPF 30 or higher broad-spectrum water-resistant sunscreen supplied by parent/guardian (for children who may have allergies)
d. Parent signature and date
e. Safety Data Sheet required for all products
f. Permission authorised for staff to apply insect repellent supplied by the service or,
g. Permission authorised for staff to apply insect repellent supplied by the parent/guardian [adjust for your own service requirements]

- Note: the use of sunscreen on babies under 6 months is not recommended due to their sensitive skin.

Confirmation of Authorisations:

All authorisation forms received (except the initial enrolment form) from parents or guardians are to be checked for completion and checked that the authoriser (name and signature) is the nominated parent or guardian on the enrolment form. If incomplete or inappropriately signed, the authorisation form will be returned to the parent or guardian for correction. Unless confirmation has been proven, the activity will be suspended for the child's participation until the form has been completed and authorised correctly.

The authorisations will be retained in the child's enrolment records.

Exception:

The service may waive compliance where a child requires emergency medical

treatment for conditions such as anaphylaxis or asthma. The service can administer medication without authorisation in these cases, provided they contact the parent/guardian as soon as practicable after the medication has been administered.

SOURCES

- Australian Children's Education & Care Quality Authority.
- ACECQA 2021 Policy and procedures guidelines
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- Revised National Quality Standard 2018.

REFERENCES

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.2	*Safety*	Each child is protected
2.2.1	*Supervision*	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2	*Incident and emergency management*	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented
2.2.3	*Child Protection*	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect

Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement- anaphylaxis or asthma emergency
99	Children leaving the education and care service
102	Authorisation for excursions
102D	Authorisation for service to transport children
157	Access for parents
160	Child enrolment records to be kept by approved provider
161	Authorisation to be kept in enrolment record
168	Education and care services must have policies and procedures
170	Policies and procedures must be followed
171	Policies and procedures to be kept available
172	Notification of change to policies and procedures

Emergency Evacuation & Lockdown Policy

BACKGROUND & AIM

Under the Education and Care Services National Regulations an approved provider must ensure that policies and procedures are in place for emergency and evacuation situations and take reasonable steps to ensure that policies and procedures are followed.

An emergency is any event or situation where there is an imminent or severe risk to the health, safety or wellbeing of children at the Service. (Guide to the NQF)

Emergency and evacuation situations in early education and care services may arise for a variety of reasons, often suddenly and unexpectedly. It is vital that if an emergency arises, staff are confident to manage the situation effectively and efficiently, maintaining the safety and wellbeing of all involved.

Our Service has a duty of care to maintain the safety and wellbeing of each child, educator, and all persons using or visiting the Service during an emergency or evacuation situation. The National Quality Standard, Element 2.2.2 encourages Services to effectively manage incidents and emergencies in consultation with relevant authorities, and to practice and implement best practice for the safety of children.

Circumstances under which an emergency evacuation will occur may include:

- Fire within the building or playground
- Fire in the surrounding area where the Service may be in danger (If you are unsure how close the fire is call; Local Fire Station: 02 6771 5076 or Rural Fire Services on: 02 6771 2400)
- Flood (call State Emergency Service – 000)
- Cyclone, severe storm or dust storm or other natural weather event
- dangerous animal, insect or reptile
- Terrorist threat
- Other circumstances may include:
    - gas explosion, traffic accident, or any event which could render the building unsafe (e.g.: earthquake).

Regularly practicing drills for emergency situations also provides an opportunity to help support and build on children's coping mechanisms and resilience.

Jurisdiction specifications for each state

New South Wales (NSW)
• NSW Police - www.police.nsw.gov.au • NSW Rural Fire Service - www.rfs.nsw.gov.au • NSW State Emergency Services – www.ses.nsw.gov.au

SCOPE

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

RELATED POLICIES

• Enrolment & Orientation Policy	• Family communications Policy

• Acceptance and Refusal of Authorisation Policy • Administration of First Aid Policy • Arrival and Departure Policy • Supervision Policy	• Work Health and Safety Policy • Incident, injury, trauma and illness Policy • Service Management Policy • Physical Environment Policy

POLICY & PROCEDURES

We aim to maintain the safety and wellbeing of each child, educator and individual using the Service during an emergency or evacuation situation.

We are committed to identifying risks and potential hazards of emergency and evacuation situations by conducting thorough risk assessments/action plans on an annual basis and continually planning for further risk minimisation and improvement to our policy and procedures.

We define an emergency as an unplanned, sudden or unexpected event or situation that requires immediate action to prevent harm, injury or illness to persons or damage to the Service's environment. It is a risk to an individual's health and safety.

Armidale Montessori Preschool will ensure compliance with National Regulations by ensuring the emergency and evacuation procedure sets out:

- Instructions for what must be done in the event of an emergency.
- An emergency evacuation floor plan

The Emergency evacuation plan will be practiced quarterly and reviewed regularly and will be displayed in prominent positions near each exit and in the children's environment with a compliant floor plan for ease of reference.

Emergency and Evacuation Procedures Implemented

- National Regulations state that Evacuation rehearsals are to be practiced every 3 months by staff members, volunteers and children present at the service on the day. To ensure best practice our Service will conduct emergency evacuation drills every term on a different day of the week so that all children and staff have experienced an evacuation.
- A record will be kept ensuring that all children participate in the emergency evacuation rehearsals.
- Each Educator will have a turn at finding the emergency and initiating the evacuation.
- The evacuation is to be timed during rehearsal.
- Notes on any areas that need improving or revising are to be documented in the Emergency Evacuation Rehearsal Record.
- In the event of limited Educators i.e., early morning or late afternoon, staff members are to work together to perform the duties above.
- In the event of an evacuation causing an inability to use Service phones, e.g., damaged phone lines, a staff member will seek assistance from neighbouring residents or businesses and / or use the mobile phone taken by a staff member as per our Emergency Evacuation Plan.
- Inspecting, testing, and servicing fire extinguishers, blankets and other emergency equipment thoroughly is imperative to safety, and compliance to Australian regulations. The maintenance regime for the inspection and testing of fire extinguishers & hydrants is specified in the Australia Standard AS 1851 Maintenance

of Fire Protection Systems and Equipment. Armidale Montessori Preschool will ensure:

- All extinguishers will be inspected at six monthly intervals by an authorised contractor.
- Extinguishers will be emptied; pressure tested and refilled every five years. There may be other servicing requirements at 3, 5 or 6 years.
- The tests and intervals are to be recorded on a label or metal tag attached to the unit.
- Smoke detectors will be tested annually by an authorised contractor.

Important

Following the emergency evacuation, the educator will complete an *Emergency Evacuation Incident Report* and an *Incident, Injury, Trauma and Illness Record*.

The approved provider will make a notification of a serious incident to the regulatory authority (within 24 hours) through the NQA IT System when emergency services have attended an education and care service in response to an emergency (rather than as a precaution or for any other reason).

The Approved Provider and Nominated Supervisor will:

- Ensure the development of an emergency evacuation floor plan.
- Emergency and evacuation policies and procedures are available for inspection at the Service's premises at all times.
- emergency evacuation plans are displayed in prominent positions near each exit at the Service premises.
- the emergency and evacuation procedures include instructions for what must be done in the event of an emergency.
- emergency evacuation plans include a floor plan for ease of reference with clearly defined assembly points and clearly marked exit routes from all locations within the Service.
- all exits have exit signs clearly visible.
- there are no obstructions in hallways, stairways or emergency exits.
- Conduct annual risk assessments/action plans to identify potential emergencies that are relevant to the Service.
- Relevant stakeholders/authorities are consulted for advice and guidance to improve risk mitigation strategies as part of the Service emergency and evacuation plan.
- Maintain an up-to-date register of emergency telephone numbers that must be taken in an emergency or evacuation. Placed in the emergency evacuation go bag.
- Emergency telephone numbers will be displayed prominently throughout the Service in the kitchen, office, staff room and each childcare room.
- The Nominated Supervisor is responsible for ensuring all educators, including relief educators and staff members, are responsive to our Emergency Evacuation Policy and procedure.
- Ensure educators and staff have ready access to an operating telephone or similar means of communication.
- Ensure educators and staff have ready access to emergency equipment such as fire extinguishers and fire blankets, and that staff are adequately trained in their use.
- Ensure that emergency equipment is tested as recommended by recognised authorities.
- Ensure that up to date portable emergency contact lists & emergency go bag are held within the centre and that evacuation procedures include the carrying of this list & bag to the point of evacuation.

- Seek training opportunities for staff to participate in emergency evacuations.
- Ensure that all staff are trained in the emergency evacuation procedures.
- Ensure that all staff are aware of emergency evacuation points.
- Ensure that families are regularly reminded of the emergency procedures in place at the service.
- Ensure that rehearsals of evacuation procedures are regularly scheduled, every three months as a minimum, and that the schedule maximises the number of children and staff participating in the procedures.
- Ensure that staff are aware of when scheduled emergency evacuation drills are to take place.
- Ensure that spontaneous rehearsals also take place to ensure staff participate in the simulation of an unplanned, emergency evacuation events.
- Debrief with staff after each scheduled and spontaneous rehearsal to assist in refining the risk management procedures around the safe evacuation of staff and children.
- Families are informed when a rehearsal or drill has occurred.

Educators will:

- Assist the Nominated Supervisor in identifying risks and potential emergency situations.
- Assist the Nominated Supervisor in developing procedures to lessen the risks associated with emergency evacuations.
- Ensure they are aware of the placement of operating communications equipment and emergency equipment and are confident in their ability to operate them.
- Ensure they are aware of the emergency evacuation procedures.
- Ensure the emergency evacuation procedures and floor plan are displayed.
- Be aware of upcoming scheduled emergency evacuations and be ready in the event of a spontaneous simulated evacuation.
- Provide children with learning opportunities about emergency evacuation procedures.
- Be alert to the immediate needs of all children throughout the scheduled and spontaneous evacuation drills.
- Collect medical management plans for children in the event of an evacuation.
- Collect children's medication in the event of an evacuation.

Families will:

- ensure contact details are kept up to date.
- provide emergency contact details on their child's enrolment form and advise the service of any change of name or phone number.
- ensure the attendance record for their child is completed each day.
- ensure they are aware of the service's *Emergency and Evacuation Policy* and procedures.
- follow the directions of the Approved Provider/Incident Manager in the event of an emergency or evacuation.

Dealing with Trauma

Emergencies and natural disasters are extremely stressful, and it is normal for children and adults to feel overwhelmed and distressed. People cope with trauma in many different ways. Children look to adults for reassurance, care and opportunities to share their feelings. It is important for educators to understand the impact of disasters and seek help when needed.

The Approved Provider/Nominated Supervisor will support educators to provide information to parents and families following any emergency or natural disaster including:

- will the service be open in the days and weeks ahead?
- how to find alternative care and education
- how to contact services for support with dealing with trauma

Several organisations offer support for educators in these situations:

- Emerging Minds
- BeYou- Trauma informed practice

SOURCES

- Australian Children's Education & Care Quality Authority.
- ACECQA – Emergency and Evacuation Guidelines
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics.
- Fire System services
- Guide to the National Quality Standard.
- Work Health and Safety Act 2011
- Childcare Desktop
- NSW Rural Fire Service www.rfs.com.au
- Armidale Fire & Safety
- Revised National Quality Standard 2018

REFERENCES

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.2	*Safety*	Each child is protected
2.2.1	*Supervision*	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2	*Incident and emergency management*	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
Quality Area 7: Governance and Leadership		
7.1.2	*Management Systems*	Systems are in place to manage risk and enable the effective management and operation of a quality service.
7.1.3	*Roles and responsibilities*	Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service.

Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
12(d)	Meaning of a serious incident – any emergency for which emergency services attend
97	Emergency and evacuation procedures
98	Telephone or other communication equipment

136	First aid qualifications
168	Education and Care Services must have policies and procedures
170	Policies and procedures are followed
171	Policies and procedures to be kept available

Armidale Montessori Preschool

Emergency Evacuation Plan

In the event of an emergency internal to the preschool the Nominated Supervisor or Responsible Person will be directly informed and raise the alarm.

The fire alarm is 3 short sharp whistles.

The Chief Warden is the Director or Nominated Supervisor, or in their absence the presiding Responsible Person. The role of the Chief Warden is to:

1. Provide instruction to the Fire Wardens.
2. Ensure 000 is called.
3. Collect the emergency go bag and provide instructions to the Fire Wardens.
4. Collect the children's sign in/out, staff sign in/out, and visitor sign in/out.
5. Collect the phone.
6. Collect the emergency contact list.
7. Be present at the Assembly Point to take a headcount from the Fire Wardens.
8. Liaise with the Emergency Services providing an accounting of events.

All Educators are Fire Wardens for the Preschool. The role of the Fire Warden is to:

1. Follow the instructions of the Chief Warden.
2. Investigate the emergency (where instructed by the Chief Warden)
3. Implement First Attack Fire training if safe and practicable to do so.
4. Call 000 (if instructed by Chief Warden)
5. Assist in the evacuation of the Service.
6. Collect the children's medication and medical management plans.
7. Check the centre for any persons and close doors and windows if practical to do so (being the last person out and closing the front door)
8. Lead children out of the premises to the designated Assembly Point

Armidale Montessori Preschool

Emergency Lock Down Plan

In the event of an emergency **external** to the preschool the Nominated Supervisor or Responsible Person will be directly informed and raise the alarm.

The lock down alarm is 1 long, extended whistle.

When the lock down alarm is sounded all children should be promptly gathered together into one safe place in the preschool (i.e., the Staff Room if emergency is at the front, the Bambini Room if emergency is at the back).

Room leaders should lock all doors and windows and quickly collect the rolls and ensure that all children and staff are accounted for.

The Nominated Supervisor or Responsible Person should contact emergency services (000) immediately and remain in contact with support (if appropriate).

Where there is no Room leader on duty this is the responsibility of the Responsible person who sounds the alarm.

Family Communications Policy

BACKGROUND & AIM

Family participation is an important part of making the Armidale Montessori Preschool a true part of the community. We believe in creating an environment that is welcoming and inclusive and supports a sense of belonging for children, families and educators.

We always strive to build positive relationships with families to help build collaborative partnerships, as together we share a common objective and responsibility for reaching quality outcomes and goals for children.

Partnerships are based on the foundations of respecting each other's perspectives, expectations and values, and building on the strength of each other' knowledge and skills. Learning Outcomes are most likely to be achieved when educators work in partnership with children, families, other professionals and communities, including schools.
EYLF. V2.0, 2022. p.14

SCOPE

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

RELATED POLICIES

• Anti-Bias and Inclusion Policy • Complaints and Grievance Policy - General • Incident, Illness, Accident and Trauma Policy • Privacy and Confidentiality Policy	• Bullying, Discrimination and Harassment Policy • Interactions with Children & Behavior management Policy • Enrolment & Orientation Policy • Sick Children Policy

POLICY & PROCEDURES

Armidale Montessori Preschool encourages family participation and open communication within our Service. Families are invited to actively participate in the preschool curriculum and assist with projects which works in collaboration with our open-door policy.

We aim to ensure open communication through the enrolment and orientation process, policy review, feedback forms, parent committee, daily program, documentation, special events, open days, family involvement sessions, formal and informal meetings, parent teacher meetings, emails and conversations.

We understand the primary influence that families have in their children's lives and that effective relationships between educators and families are fundamental to achieve quality outcomes for children. Community partnerships that focus on active communication, consultation and collaboration also contribute to children's learning and wellbeing.

We will strive to provide regular information about the Service and ongoing opportunities for families to contribute to our curriculum. All staff will communicate with families in a positive and supportive manner that encourages respectful and trusting relationships.

Approved Provider/Management will ensure:

- All families are welcomed and respected at our Service.
- Families are aware of our open-door policy, unless such entry would pose a risk to the safety of children/educators or breach court orders regarding access to children.
- Families are provided with a range of communication methods which will include emails, verbal communication, communal signage in the Service, communications app, open days, parent and educator meetings, sign-in sheets, Notice Board and notes sent home.
- Information communicated with families is reliable and accurate, especially if it involves the health and safety of children, employees and visitors to the Service.
- Families are provided with the Enrolment information pack during the enrolment and orientation process.
- The enrolment and orientation process provide families with information about the philosophy, policies and practices of the Service.
- Families are informed about the processes for providing feedback and making complaints.
- Respect, confidentiality and sensitivity are key elements of effective communication with families.
- Processes are in place to communicate with families for whom literacy is an issue, or for whom English is not a first language.
- Families have access to their child's developmental records outlining their strengths, needs and interests and developmental progress against the framework.
- The early childhood environment has an administrative space that is adequate for consulting with parents and for conducting private conversations and meetings.
- Families are notified of changes to Service policies and National Regulations at least 14 days before making changes that may have a significant impact on:
    - The service's provision of education and care to any child enrolled in the service or
    - The family's ability to utilise the service.
    - Changes to the way fees are charged and collected.
- The current Education and Care Services National Regulations is available for parents to access.
- A Parent Committee is in place to encourage family involvement and input into the Service's organisation and activities.
- Encourage families to contribute to the continuous quality improvement progression within the Service through their involvement in the self-assessment and QIP review.
- A communication plan is developed with families when required (for example: Behaviour guidance and inclusion support plans).
- Families are encouraged to complete surveys to contribute and share ideas about their child, provide suggestions about the program or give feedback.

Educators & Education Leader will:

- Inform families about the processes for providing feedback and making complaints.
- Create a welcoming and safe environment where children and families are respected regardless of background, ethnicity, languages spoken, religion, family makeup or gender.

- Be available for families on arrival and pick up to pass on feedback and information about their child's participation in the curriculum.
- Provide information to families regarding the content and operation of the educational program; in relation to their child and that a copy of the educational program is available for inspection at the Service.
- Endorse continuous open and direct two-way communication with families, assisting them to feel associated with their children's experiences, developing trust and collaboration.
- Develop collaborative partnerships with families that involve respectful communication about all aspects of a child's learning.
- Share insights and perspectives about each child with families.
- Acknowledge the diversity of families and their aspirations for their children.
- Engage in shared decision making to support children's learning development and wellbeing.
- Encourage families to be involved in the curriculum through the sharing of cultures/traditions/skills, providing feedback, visiting the Service, bringing in items from the home environment and giving feedback on children's emerging interests and needs.
- Ensure families are notified of any incident, injury, trauma or illness that affects their child whilst at the Service either immediately after the incident or when they collect their child, depending on the severity of the incident. Notification must be made within 24 hours of the incident.
- Ensure Comm app is utilised on a regular basis to communicate the developmental and learning progress of children to their parents.

Families will:

- Provide accurate information on enrolment and medical information forms during the enrolment, including information on identified behaviour management issues and high support needs.
- Notify management/Director when any information changes, e.g., address, medical management plans, court orders, authorised nominee, etc.
- Participate in informal and formal interactions with educators to discuss their child's learning and develop learning goals.
- Be requested to contribute to the quality improvement progression within the Service.
- Be encouraged to attend children's excursions to help meet required ratios and to support their children's knowledge of and engagement in their community.
- Be invited to assist with working bees held at the service.
- Be invited to family events to be held periodically to help family's network and develop friendships in the local community.
- Be asked to participate in Service Surveys.
- Be asked to contribute to the learning program and share their culture/language/tradition/skills with the children as part of the preschool curriculum.
- Be invited to review the Service's policies and routines.
- Be invited to be part of the Preschool Committee.
- Be required to work collaboratively with the Director and educators in formulating a Communications plan and risk minimisation plan if required.

SOURCES

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

- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015,
- Education and Care Services National Regulations (2011)
- ECA Code of Ethics.
- Guide to the National Quality Framework.
- Early Years Learning Framework for Australia: Belonging, Being and Becoming, 2009
- Childcare Desktop
- Revised National Quality Standards

REFERENCES

National Quality Standard (NQS)

Quality Area 6: Collaborative Partnerships		
6.1	*Supportive relationships with families*	Respectful relationships with families are developed and maintained and families are supported in their parenting role
6.1.1	*Engagement with the service*	Families are supported from enrolment to be involved in their service and contribute to service decisions
6.1.2	*Parent views ae respected*	The expertise, culture, values and beliefs of families are respected, and families share in decision-making about their child's learning and wellbeing.
6.1.3	*Families are supported*	Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing.
6.2	*Collaborative partnerships*	Collaborative partnerships enhance children's inclusion, learning and wellbeing.
6.2.1	*Transitions*	Continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities.
6.2.2	*Access and participation*	Effective partnerships support children's access, inclusion and participation in the program
6.2.3	*Community and engagement*	The service builds relationships and engages with its community

Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
111	Administrative space
157	Access for parents
160	Child enrolment records to be kept by approved provider and family day care educator
161	Authorisations to be kept in enrolment record
162	Health information to be kept in enrolment record
168	Education and care Service must have policies and procedures
172	Notification of change to policies or procedures
181	Confidentiality of records kept by approved provider

Safe Use of Digital Technologies and Online Environments Policy

BACKGROUND & AIM

As a child safe organisation, our Service embeds the Child Safe Standards under the NSW Child Safe Scheme, governed by the Office of the Children's Guardian.

Children's safety and wellbeing is paramount, and our Service has the responsibility to provide and maintain a safe and secure working and learning environment for staff, children, visitors and contractors, including online environments. We aim to create and maintain a positive digital safe culture that works in conjunction with our Service philosophy, and privacy and legislative requirements to ensure the safety of enrolled children, educators and families.

We believe that children's safety, rights, and best interests are a paramount consideration for all Service operations, decisions and functions.

This policy provides the framework for:

- the safe use of digital technologies and electronic devices at the Service
- the capture, use, storage and destruction of images and videos of children whilst being educated and cared for by the Service
- obtaining written authorisation from parents to take, use and store images and videos of children
- the use of any optical surveillance device at the Service (CCTV)
- the use of digital devices by children whilst being educated and cared for at the Service
- the responsible use of online environments, including artificial intelligence (AI) tools and software platforms

Definitions as it pertains to content within the policy:

Artificial intelligence (AI)	An engineered system that generates predictive outputs such as content, forecasts, recommendations, or decisions for a given set of human defined objectives or parameters without explicit programming.
Capturing	An image includes filming, recording or taking a photo/image of a child
Cyberbullying	When someone uses the internet to be mean to a child or young person, they feel bad or upset.
Cyber safety	Safe and responsible use of the internet and equipment/devices, including mobile phones and devices.
Digital devices	All electronic equipment capable of capturing, storing, transmitting or receiving data, images or video- including computers, tablets, mobile phones, cameras, smart watches, wearable devices, baby monitors, smart toys and any other internet-connected data-enabled devices
Disclosure	Process by which a child conveys or attempts to convey that they are being or have been sexually abused, or by which an adult conveys or attempts to convey that they were sexually abused as a child.
Generative artificial intelligence (AI)	A branch of AI that develops generative models with the capability of learning to generate novel content such as images, text and other media with similar properties as their training data.

Harmful content	Harmful content includes sexually explicit material; false or misleading information; violence; extremism or terrorism; hateful or offensive material
ICT	Information and Communication Technologies.
Illegal content	Content that includes images and videos of child sexual abuse, content that includes terrorist acts, content that promotes, incites or instructs in crime or violence or footage of real violence, cruelty and criminal activity.
Images and videos of children	Any photographic, video or audio recording of children being education and cared for by the Service, whether captured on Service-supplied or personal devices
National Model Code	The National Model Code for Early Childhood Education and Care, released by ACECQA, provides guidelines about the use of personal electronic devices in education and care services, including taking images or video of children.
Online hate	Any hateful posts about a person or group based on their race, religion, ethnicity, sexual orientation, disability or gender
Online environments	Any internet-connected platform, application, website or digital service accessed or used at or in connection with the Service
Optical Surveillance Device	Including closed-circuit television (CCTV) systems and any device used for visual monitoring at the Service
Personal electronic devices	A device that is owned by a person (NOT owned/supplied by an approved provider for education and care purposes) and is capable of capturing, storing or transmitting an image or video. Includes personal mobile phones, tablets, smart watches, META sunglasses (wearables), personal cameras and personal storage media such as SD/memory cards, USB drives, hard drives and cloud storage and other new emerging technologies
Service-supplied devices	A device owned or supplied by an approved provider and is used exclusively to provide education and care. It may capture, store or transmit images and videos of children. Examples include phones, cameras, tablet computers and hard drives.
Smart toys	Smart toys generally require an internet connection to operate as the computing task is on a central server
Sexting	Sending a sexual message or text, with or without a photo or video, using a phone service or any platform that allows online messaging or chat
Transmitting	Includes sharing a photo by text message, email, USB/hard drive, uploading to social media or information sharing platform or any other form of distributing an image or recording, including live streaming
Unwanted contact	Any type of online communication that makes you feel uncomfortable, unsafe or harassed

SCOPE

This policy applies to approved providers, children, families, staff, management, students, volunteers and visitors of the Service.

RELATED POLICIES

• Enrolment and Orientation Policy • Family Communication Policy • Complaints & Grievance Policy – General • Child Protection Policy • Educational Program Policy • Physical Environment Policy • Transition to School Policy • Interactions with Children & Behaviour management Policy	• Code of Conduct Policy • Privacy and Confidentiality Policy • Complaints & Grievance Policy – Staff • Arrival & Departure Policy • Bullying, Discrimination & Harassment Policy • Excursion/Incursion Policy • Governance Policy • Volunteers and Students Policy

PROCEDURES & POLICIES

Our Service is committed to ensuring the security and safety of information relating to children, families, and educators of the Service. It has practices in place to ensure the privacy and confidentiality of information.

Our Service uses digital technology and electronic devices to support children's learning and development, document educational programs, communicate with families and the wider community, and facilitate administration and safety systems including sign in/out platforms.

The use of digital technologies is guided by the paramount consideration of child safety and wellbeing. Our Service ensures that all digital environment, devices and online platforms are used in ways that protect children from harm, uphold privacy and confidentiality and prevent inappropriate conduct.

Software Programs

Our Service uses Smart Central, Centre Easy pay, Early Works, along with onsite Excel & MYOB accounting software to maintain information relating to children and families.

Communications with families is undertaken utilising Outlook express email software, Early works and a Mad Mimi (third party provider) software.

All software packages are password protected with restricted access. All personnel using the software have their own log in username and password.

All third-party software is protected under contractual agreements which ensure privacy and confidentiality of information.

Access to a child's information and development is only granted to a child's primary guardians.

Any breaches of data security will be notified to the Office of the Australian Information Commissioner (OAIC) by using the online Notifiable Data Breach Form in the event of a possible data breach. This could include:

- a device containing personal information about children and/or families being lost or stolen (parent names and phone numbers, dates of birth, allergies, parent phone numbers)
- a data base with personal information about children and/or families being hacked.

- personal information about a child being mistakenly given to the wrong person (portfolios, child developmental report)
- this applies to any possible breach within the Service or if the device is left behind whilst on an excursion.

Smart Central

Smart Central is a third-party provider software which is registered with CCMS (Child Care Management System). This software is cloud based and contains all enrolment and attendance information relating to children and their parents/guardians. Smart Central facilitates communication with the CCMS. The software uploads the children's enrolment and attendance information to CCMS via the internet. The CCMS is a national online computer system which administers Australian Government childcare fee subsidies. The uploaded information allows Services Australia to calculate the Child Care Subsidy (CCS) fee reductions to be paid to the service on behalf of eligible families.

All Personnel using the software have their own log in username and password. Each Personnel who is responsible for submitting attendances and enrolment notices to CCSS (Childcare Subsidy System) will be registered with PRODA as a Person with Management or Control of the Provider or as a Person with Responsibility for the Day-to-Day Operation of the Service.

The Director will review staff log ins on a yearly basis and ensure this procedure is followed by all staff who access CCS software to submit data to CCSS.

Centre EasyPay

Centre EasyPay is a third-party provider software which enables us to direct debit nominated accounts to access payments for school fees incurred by families.

Fees are processed through a secure payment system, where the privacy and confidentiality of your information is protected under a contractual agreement.

Early Works app

Our Service uses Early Works which is a password protected private program for children, educators, and families to share observations, photos, videos, daily reports, and portfolios. Families can view their child/children's learning and development and contribute general comments relating to their child or comment on an observation or daily report.

Educators are alerted via email and on their dashboard when a family member has added a comment. Likewise, families are notified when a relevant educator has posted a photo/comment about their child.

Access to a child's information and development is only granted to a child's primary guardians and is controlled by the administrator of the software. No personal information is shared with any third party.

Artificial Intelligence (AI) Use

Educators or staff using AI must be aware of limitations, privacy risks, and the potential for errors in the information it provides.

- AI may be used to support documentation tools; however, educators and staff must verify accuracy and not rely upon AI as an authoritative source
- Educators and staff must enter original work and verify that information obtained from AI is contextually relevant

- Educators and staff must not enter personal or identifying details of individual children (such as names and dates of birth) into AI tools.
- Data and privacy concerns must be addressed in accordance with this policy and the *Privacy and Confidentiality Policy.*

Personal Device Restrictions

The Service is committed to ensuring the safe and appropriate use of electronic devices in line with the Education and Care Services National Law and any relevant regulatory directions. All staff; educators, volunteers, students, and visitors are required to comply with legislative requirements regarding the supply, authorisation, and use of electronic devices.

The use of personal electronic devices (including smart watches) to capture, store, or transfer images or videos of children is strictly prohibited. Personal devices must not be in the possession of any relevant person—including approved providers, service leaders, educators, employees, volunteers, or visitors, while working directly with children. These restrictions do not apply to individuals who are not engaged in the direct education and care of children.

Third-party professionals (such as NDIS-funded or Inclusion Support professionals) may only use devices issued by their employing organisation, which must be designated for work purposes only.

Families are exempt from these restrictions when dropping off or collecting their child.

Staff may have access to their personal devices during designated breaks, provided no enrolled children are present in, or have access to, the staff room.

<u>Exemptions to Use of Personal Devices</u>

The Director (in consultation with the Executive Committee) may permit written limited exemptions to electronic device restrictions in accordance with the Education and Care Services National Law, for prescribed circumstances.

Any person granted an exemption must not use a personal device to capture images or videos of children while working directly with them. Exemptions are only provided where necessary to support safe operations or the delivery of education and care, such as during excursions or transportation, and must consider whether a service-issued device could reasonably meet all safety requirements before reliance on a personal device is approved.

Exemptions may include circumstances such as:

- emergency communication during incidents (e.g. lost child, injury, lockdown, evacuation)
- personal health needs requiring device use (e.g. medical monitoring)
- disability-related communication requirements
- urgent family matters (e.g. critical illness)
- receiving alerts during local emergency events (e.g. bushfire or evacuation notifications)
- temporary device failure where a service-issued device is unavailable

All exemptions must be reviewed at least every three months, and written authorisations must be retained for a minimum of three years. Each written authorisation must clearly include the approved provider's details, the individual's name and role, the name of the

person granting the authorisation, a description of the device, the reason for the exemption, and the duration of approval.

The Director (in consultation with the Executive Committee) reserves the right to revoke any authorisation at any time, with all revocations appropriately documented.

Service Supplied Devices

The Service will ensure that all images and videos of children are captured only on Service-supplied or issued devices, in accordance with the Education and Care Services National Law.

All devices purchased for use within the Service must be formally recorded using the Electronic Service-Supplied Device Form (mandatory in NSW), which includes the date of supply, device type, make, model, serial number, the approved provider's name and signature, and a declaration confirming the device is configured in line with this policy. The Service will maintain a comprehensive Electronic Device Register (mandatory in NSW) to track each device's unique identifier, allocation, usage, return dates, and any revocations.

Records relating to the supply and use of devices will be stored securely for a minimum of three years from the date of creation. All Service-issued devices must be securely stored in a locked cabinet when not in use, and appropriate records will be maintained for any devices that are revoked or no longer in use.

The Service will ensure all devices are properly configured, monitored, and maintained to prevent unauthorised access or misuse, and that devices are not shared across multiple services unless permitted by regulatory guidance.

Use of Service Supplied Devices off site

The Service may permit staff to take a Service-supplied electronic device off-site for the purpose of completing work; however, this must be authorised in writing by the Education Leader or Director prior to the device leaving the premises. All such authorisations must be recorded in the office communications book, including the staff member's name, the device details, and the duration of the arrangement. Devices taken off-site must only be used for work-related purposes in line with this policy and the requirements of the Education and Care Services National Law and must be returned to the Service as soon as practicable.

Our Service adheres to the following Confidentiality and privacy requirements:

- We ensure that the principles of confidentiality and privacy extend to accessing or inadvertently viewing and disclosing information about personnel, or children and their families, which is stored on the Service's network or any device.
- Educators and staff seek advice from Service management regarding matters such as the collection and/or display/publication of images (such as personal images of children or adults), as well as text (such as children's personal writing)
- Parents are required to indicate on enrolment forms (or in writing) their permissions in relation to their children's privacy, safety and copyright associated with the online publication of children's personal details, photos, or work.
- We follow Department of Education guidelines regarding issues of privacy, safety and copyright associated with the online publication of children's personal details or work.

- All material submitted for publication on the Service Internet/Intranet site is vetted to ensure it is appropriate to the Service's learning environment.
- Material can be posted only by those given the authority to do so by Service management.
- Material can be posted only by those given the authority to do so by Service management.
- The Service management is consulted regarding links to appropriate websites being placed on the Service's Internet/Intranet (or browser homepages) to provide quick access to sites.

Committee & Management will ensure:

- That the obligations under the Education and Care Services National Law (including Part 6A) and National Regulations and regulator directions are met.
- Every reasonable precaution to prevent breaches of this policy and related legislation has been taken.
- Ensure mandatory national child safety training is completed by the committee members, management, staff, Educators, Students and volunteers.
- Child safe practices are embedded into organisational practice as per Child Safe Standards
- Remain informed of updates to privacy legislation and guidance from the Office of the Australian Information Commissioner (OAIC)
- All staff; families and visitors are aware of this policy as well as the Service's Code of Conduct and Confidentiality and Privacy Policies.
- Backups of important and confidential data are made monthly.
- Backups are stored securely either offline, or online (using a cloud-based service).
- Ensure images or videos do not show children in distress, in positions that may be perceived as sexualised or in a state of undress.
- All laptop, desktop and tablet devices are equipped with up-to-date protection software to ensure security and safety of information.
- All third-party provider software is utilised under contractual agreements which address privacy and confidentiality requirements.
- Access to confidential information is restricted to designated personnel.
- All software/files containing sensitive/confidential information is password protected.
- Processes ensure families who speak languages other than English understand the authorisation requirements.
- Families are referred to the Complaints & Grievances policy and procedure when raising concerns regarding digital technologies and personal data.
- All staff are aware that a breach of this policy may initiate appropriate action including the termination of employment.
- Risk assessments are undertaken regarding the use of digital technologies by staff and children
- Risk assessments are reviewed annually or as soon as practicable after becoming aware of circumstances that affect child safety
- A review of practices is conducted following an incident involving digital technologies and online environments, including an assessment of areas for improvement
- Reasonable precautions are taken to prevent personal device use in breach of National Law.
- Installation and maintenance of anti-virus and internet security systems including firewalls to block access to unsuitable websites, newsgroups and chat rooms
- Authorisation from families is sought to capture, use, store and destroy digital documentation including images and video of children at time of enrolment

- Images or videos of children are not taken, used or stored without prior parent/guardian authorisation
- Develop, maintain and share a confidential record of all children who are NOT to be photographed or videoed.
- Obtain written authorisation to collect and share personal information, images or videos online (Service website, Facebook or Early Works)
- ensure staff, educators, visitors and volunteers do not transfer images or videos from Service-supplied devices to personal devices. Unauthorised transferring of digital data may result in disciplinary action.
- Induction, Training and Professional Learning is provided to all staff:
    - ensure new employees, students and volunteers are provided with a copy of the *Safe Use of Digital Technologies and Online Environments Policy* and procedure as part of their induction and are advised on how and where the policy can be accessed
    - provide professional learning to educators and staff regarding the safe use of digital technologies and online environments.

A Nominated Supervisor/ Responsible Person /Educators will:

- Adhere to the Safe Use of Digital Technologies and Online Environments Policy and associated procedures.
- Be aware of current child protection law, Child Safe Standards and their duty of care to ensure that reasonable steps are taken to prevent harm to children
- promote and contribute to a culture of child safety and wellbeing in all aspects of our Service's operations, including when accessing digital technologies and online learning environments
- not use, or have access to, any personal electronic devices (including smart watches) while working directly with children, unless an exemption has been authorised
- ensure images and videos do not show children in distress, in a position that may be perceived as sexualised or in a state of undress, including where genitalia may be exposed
- ensure any digital media, television programs or online content accessed at the Service is age-appropriate, culturally respectful and consistent with the Service's *Educational Program and Physical Activity Policies*
- report any concerns related to child safety, including inappropriate use of digital technology to the Director or nominated supervisor.
- Ensure personal mobile phones or other personal digital devices (including smart watches) are not used to take photographs, store images, video, or audio recordings of children at the Service.
- Use appropriate netiquette (internet etiquette) by adhering to Service policies and procedures for staying safe online.
- Ensure all students, visitors and volunteers are supervised at all times and never left alone with a child
- Keep passwords confidential and not share it with anyone.
- Log out of sites to ensure security of information.
- Never request a family member's password or personal details via email, text, or Messenger.
- Ensure that children are never left unattended with a computer or mobile device connected to the internet.
- Only use educational software programs and apps that have been thoroughly examined for appropriate content prior to allowing their use by children.
- Ensure that appropriate websites are sourced for use with children **prior** to searching in the presence of children.

- Use a search engine such as 'Kiddle' rather than Google to search for images or information with children.
- Participate in professional development regarding online safety.

Families:

- Adhere to these police and associated procedures
- not use personal electronic devices to take photos, record audio or capture video of children being educated and cared for at the Service
- provide written authorisation indicating whether or not the Service may take, use, store or destroy images or videos of their child
- provide written notification if they wish to withdraw the authorisation at any time
- When sharing anything using technologies such as computers, mobile devices, email, or any device that connects to the internet it is important you and everyone else invited to your account understands about netiquette and staying safe online, ensuring privacy is adhered to.
- When it comes to your own children, it is your choice what you share outside of the service.
- Sometimes other children in the Service may feature in the same photos, videos, and observations as your children. In these cases, never duplicate or upload them to the internet/social networking sites or share them with anyone other than family members without those children's parents' permission.

SOURCE

- Child Care Subsidy Secretary's Rules 2017
- Surveillance Devices Act 2004
- Australian Children's Education & Care Quality Authority.
- Australian Government eSafety Commission (2020)
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015,
- Australian Government Office of the Australian Information Commissioner
- ECA Code of Ethics
- Privacy Act 1988
- Childcare Desktop
- https://esafety.gov.au
- Guide to the National Quality Standard.
- Revised National Quality Standards
- Guide to the National Quality Framework
- eSafety Early Years Online safety for under 5s.

  https://www.esafety.gov.au/sites/default/files/2020-02/Early-years-booklet.pdf
- Kiddle is a child-friendly search engine for children that filters information and websites with deceptive or explicit content: https://www.kiddle.co/

REFERENCES

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.2	*Safety*	Each child is protected
2.2.1	*Supervision*	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

2.2.2	*Incident and emergency management*	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
2.2.3	*Child Safety and Protection*	Management, educators and staff are aware of their roles and responsibilities regarding child safety, including the need to identify and respond to every child at risk of abuse or neglect

Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
S. 2A	Paramount consideration—safety, rights and best interests of children
S. 3A	Paramount consideration [NSW]
S. 162A	Child protection training
S. 162B	Child safety training
S. 165	Offence to inadequately supervise children
S. 166A	Offence to subject child to inappropriate conduct [NSW]
S. 167	Offence relating to protection of children from harm and hazards
S.174(2)(a)	Notification of serious incident
Part 6A	Devices in education and care services
12	Meaning of serious incident
73	Educational Program
76	Information about educational program to be given to parents
84	Awareness of child protection law
115	Premises designed to facilitate supervision
122	Educators must be working directly with children to be included in ratios
123	Educator to child ratios – centre-based services
149	Volunteers and students
155	Interactions with children
156	Relationships in groups
168(2) (ha)	The safe use of digital technologies and online environments at the service
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
172	Notification of change to policies or procedures
175	Prescribed information to be notified to Regulatory Authority
176	Time to notify certain information to Regulatory Authority
179A	Prescribed information to be kept in written record of authorisation to possess or control personal device [NSW]
179B	Prescribed period to keep written record of authorisation to possess or control personal device [NSW]
181	Confidentiality of records kept by approved provider
183	Storage of records and other documents
184	Storage of records after service approval transferred

APPENDIX A

ELECTRONIC SERVICE SUPPLIED DEVICE FORM

This form outlines the requirements for the supply, configuration, recording, and management of any electronic Service-supplied device in accordance with approved provider obligations relating to child safety and device security.

RECORD OF SUPPLY	
Date of supply	
Type of device	
Make of device	
Model of device	
Serial number of device	
Identification label on device	☐ Yes ☐ No
DEVICE DETAILS	
Location of device when not in use	
Assigned user/Room (if any)	
Intended use	
Connectivity (internet accessible?)	
Recording or storage capabilities	
Security setting applied	
Is the device issued for all service staff or individual use?	☐ Service/all staff use ☐ Individual use Name of individual: Role: Signature:

Declaration

I declare the electronic device as documented above is configured to operate in line with Armidale Montessori Preschool policies and procedures that relate to child safety and the use of digital technology within our education and care Service.

Images or videos which are filmed, recorded or taken are only for the purpose of providing education and care. All images and videos will be securely stored as per *Privacy and Confidentiality Policy*. All images and videos will be destroyed as per *Record Keeping and Retention Policy*.

This authorisation must be kept on record for a period of 3 years from the date of authorisation.

Approved provider providing the device Representative name		Date	
Approved provider representative's signature			

REVOCATION OF DEVICE			
Reason for revocation of device			
Approved provider representative name		Date	
Approved provider representative's signature			

APPENDIX B

ELECTRONIC DEVICE EXEMPTION FORM

An exemption may be requested by a staff member to use and/or have possession of a personal electronic device for essential purposes (other than taking images or videos of children) as outlined within the National Model Code and Education and Care Services (Supply, Authorisation and Use of Devices) Order 2025.
Individuals, including staff, educators or volunteers, may have prescribed circumstances for needing access to a personal electronic device when working directly with children, prescribed exemption criteria may be due to:

- personal health requirements: where the device is used to monitor or help manage a health condition
- disability: where the device is used for an adjustment for a disability or learning difficulties
- personal circumstances: where the device is required for family necessity
- in an emergency.
- if a Service-supplied device stops working and another device is temporarily required

Exemptions will be reviewed every 3 months, and may be revoked as required, with revocation properly documented.

When an exemption has been approved, the individual is aware the personal electronic device is NOT to be used to take images, capture video or record audio of children who are being educated and cared for at the Service.

SERVICE DETAILS	
Name of Service	Armidale Montessori Preschool
Address	1 West Avenue Armidale NSW 2350
PERSONAL DETAILS	
Full name	
Date of request	
Address	
Date of birth	
Duration of exemption (insert date period of exemption)	

REQUESTED ADJUSTMENTS

Reason for request			
Supporting documentation attached			
I declare the information contained within the form is true and accurate. I acknowledge the personal electronic device is NOT to be used to take images, capture video or record audio.			
Name		Date	
Signature			

EXEMPTION APPROVAL			
Exemption approved	☐ Yes ☐ No		
Reason if not approved			
Location of where device is to be stored			
Approved provider rep name		Date	
Approved provider rep signature			

REVIEW OF EXEMPTION (must be reviewed every 3 months for NSW Services)			
Review date		Exemption continued	☐ Yes ☐ No
Exemption review approved by (name)		Signature	
Review comments			
Review date		Exemption continued	☐ Yes ☐ No
Exemption review approved by name		Signature	
Review comments			
Review date		Exemption continued	☐ Yes ☐ No
Exemption review approved by name		Signature	
Review comments			
Review date		Exemption continued	☐ Yes ☐ No

Exemption review approved by name		Signature	
Review comments			
Note: *a new form is required every 12 months of review*			

APPENDIX C

ELECTRONIC DEVICES REGISTER

Service name	Armidale Montessori Preschool

Device Type	Brand/Model	Date of Purchase	Serial Number	Assigned User/Room	Intended Use	Connectivity	Recording or Storage Capabilities	Security Settings Applied	Notes
					Documentation (early works), Taking of images and videos, Interactive learning	Connected to Service Wifi, Bluetooth connects to speaker	Camera, microphone, internal storage, connects to Service One Drive storage	Password protected, auto security updates enabled, placed in locked cabinet at the end of each day	

Physical Environment Policy

BACKGROUND & AIM

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

SCOPE

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

REALTED POLICIES

• Work Health & Safety • Sleeping and Rest Requirements Policy • Incident, Illness, Accident and Trauma Policy • Water Safety Policy	• Bullying, Discrimination and Harassment Policy • Interactions with Children & Behavior management Policy • Sun Safety Policy • Supervision Policy

POLICY & PROCEDURES

Our Service will ensure the environment is safe, clean and well maintained for children, families, educators and visitors. Children's awareness of the environment and sustainable practice will be supported through daily practices, resources and interactions. The physical environment will support children's learning, safety, levels of engagement and access to positive experiences and inclusive relationships.

Our Service provides an environment free from the use of tobacco, alcohol and illicit drugs.

Armidale Montessori Preschool is committed to providing an environment that promotes safety and enhances children's learning and development by:

Choosing appropriate design, resources and equipment

- Provide a space where children can experience quality care and education in a safe and healthy environment.
- Meet licencing requirements for buildings, space requirements, fencing, light, ventilation, firefighting equipment, emergency evacuation exits and safety glass for National Regulations, the Building Code of Australia (BCA), NSW Department of Planning and Environment, local councils and regulatory authorities.
- Ensure all fences and barriers that enclose outdoor spaces used by children are of a height and design that children cannot go through, over or under.
- Provide appropriately sized furniture and equipment in both the indoor and outdoor environment for the age ranges within the service.
    - The Director (subject to Committee approval) will be responsible for any large purchases of equipment. The Education Leader is responsible for the daily running purchases of the service.

- Ensure the resources are adequate in number for the number of children attending our Service and be developmentally appropriate.
- The Service will ensure that the resources/equipment inspire appropriate challenges and risk taking in accordance with children's individual developmental level and interests.
- Educators will provide ideas for equipment and materials purchase based on the needs and interests of children in their particular room.
- Educators will complete the provided maintenance log for equipment that needs maintenance on a prioritised and ongoing basis (as required). This list will be provided to the Director for rectification.
- Resources and equipment will be chosen to reflect the cultural diversity of the Service's community and the cultural diversity of contemporary Australia, including the incorporation of the Aboriginal and Torres Strait Islander community.
- The Service will ensure the environment is organised to optimise safety and minimal disruption for children.
- Integrate precise requirements of children with additional needs to ensure an inclusive environment.
- Ensure climbing equipment is set up in a safe way and compliant with Australian Safety Standards. For example, incorporating soft fall materials wherever climbing equipment is set up.
- Conduct consistent and regular risk assessments of the indoor and outdoor environment in order to minimise risk and hazards.
- Provide a natural environment for children to explore and experience (e.g., plants, trees, gardens, rock, mud or water)
- Work in collaboration with our Sun Safety policies and procedures, providing adequate shading for children that work in accordance with the recommendations of relevant authorities.
- Provide an environment that ensures children are appropriately supervised at all times.
- Ensure all required fencing is in working condition and is compliant with current regulations.
- Provide an environment where children can explore, solve problems, create, construct and engage in critical thinking that is developmentally appropriate.
- Provide an environment that permits children to participate in activities independently or in small groups and access resources autonomously.
- Provide an environment that incorporates commercial, natural, recycled, homemade and real resources that can be used in a variety of ways to encourage children's learning.
- Provide sufficient and accessible handwashing, toileting, eating and sleeping facilities.
- Ensure toileting and hand-washing facilities are accessible from both the indoor and outdoor environments.
- Provide adequate and appropriate hygienic facilities for nappy changing, which are properly constructed ensuring children's safety.
- Incorporate natural and artificial lighting, appropriate ventilation, heating and cooling and fresh air.
- Provide appropriate areas for food preparation.
- Provide adequate storage to meet the needs and requirements of the Service.
- Provide an area for managerial purposes, consultation with children's parents and for private conversations to occur.
- Ensure power points not in use have safety caps, all double adaptors and power-boards are out of reach of children and all electrical cords are secured and not dangling.
- Implement a register of equipment.

- Ensure all equipment, including resources, etc. meets relevant Australian Standards.
- Childrens ideas and suggestions in planning the indoor and outdoor environments will be facilitated.
- Children will be encouraged to make decisions about the use of equipment and resources.

Laundering of Soiled Items

- Soiled clothing will be returned to a child's home for laundering. Educators will remove soiled content and place into a plastic bag. Items will be stored securely in a sealed container and not placed in the child's bag.

The Sleep/Rest Environment

- Educators and staff will adhere to the Sleep and Rest Policy and procedures.
- Sleeping mats should be positioned to encourage a calm and relaxing environment. They should also be separated by a minimum of 300mm to reduce the possibility of cross infection.
- Sleeping mats should be stored in a dry safe area that is easy to access for all educators and other staff.
- Sleeping mats should be cleaned after each use.
- Checks will be done to identify any hazards to ensure a safe environment, e.g., hanging cords, strings from blinds, curtains or electrical devices will be away from mats.

Ongoing Maintenance

- The Service will continuously reflect on its environment and put in place a plan to ensure that the environment is safe, stimulating and engaging for all who interact within it.
- The Education Leader and Educators will document required maintenance on the maintenance log and bring to the attention of the Director on an ongoing basis (as required). This will then be implemented throughout the year in accordance with priority, hazard removal, safety precautions and any relevant policies.
- The Director is responsible for completing a building safety checklist of the service and its grounds bi-annually and ensure any work deemed necessary is done to Australian standards.
- The Director (in conjunction with the Committee) will ensure that the Service and its grounds comply with Local Government and BCA regulations.
- Education Leader will implement an indoor and outdoor safety audit annually.
- Educators will undertake an outdoor safety checklist daily.
- The Director will stay up to date with banned/recalled products and remove these immediately from the Service if required.
- The Service will have a pest spray and inspection carried out annually by an accredited pest control company. Documentation of these inspections will be kept and any findings from the pest control check will be carried out in line with the recommendation of the pest control company.

Grouping of Children

- Our Service groups the children in accordance with their age and/or developmental stage. The Bilby Room groups together 2 yr. old and the Bambini Room groups together the 3-5yr old. Within that space, there are a variety of different learning areas and opportunities for play experiences.

- Each age group has varying adult to child ratios, which are adhered to at all times in both the indoor and outdoor environment.
- Our indoor and outdoor environments provide opportunities for developmentally appropriate planned experiences, intentional teaching and spontaneous play throughout the day.

Safety Checks

A daily inspection of the premises will be undertaken by the Responsible Person on duty and the educators before children begin to arrive. The Opening/Closing checklists and Outdoor Safety checklist will be used as the procedure to conduct these safety checks. A record of these will be kept by the Service. The Director will make the appropriate arrangements to have any identified repairs carried out as soon as possible.

This inspection will include the:

- Service perimeters
- Fences/Fence Line
- Gates
- Paths
- buildings
- All rooms accessible by children
- Fixed equipment
- Sand Pit
- Outdoor furniture

This must be done in order to identify any dangerous objects in the grounds ranging from sharps to poisonous or dangerous plants and animals. In the event of a sharp object being found (for example a syringe) educators will wear gloves and use tongs to pick up the object and place it in the 'sharp object box'. This box will be disposed of as per the recommendations of our local council.

Similarly, trees in the grounds must be checked regularly for overhanging, dead or dangerous looking branches as well as checked for any infestations or nests.

Cleaning of Buildings, Premises, Furniture and Equipment

General Cleaning:

- The Service will use structured cleaning schedules to ensure that all cleaning is carried out regularly and thoroughly.
- Educators will clean the service throughout the day as needed. The end of the day clean will be done by an external contractor. The Director will assess the requirements for external cleaners and revise as required.
- Accidents and spills will be cleaned up as quickly as possible to ensure that the service always maintains a high level of cleanliness and hygiene.
- The external environment will be cleaned/tidied up throughout the day by educators, as required.
- The garden maintenance will be undertaken by an external contractor, educators and families, as required.
- Educators will adhere to our Work, Health and Safety Policy while undertaking these tasks.

When purchasing, storing and/or using any dangerous chemicals, substances, medicines or equipment, our service will:

- Ensure all procedures are followed to maintain a safe environment.

- Adhere at all times to manufacturer's advice and instructions when using products to clean furniture and equipment at the service.
- Store all dangerous chemicals, substances and medicines in their original containers provided by the manufacturer. All labels and/or use by dates should be kept intact at all times.
- Any substance found to be stored in a different container than originally provided, or with destroyed labels and/or unknown use by dates where appropriate will not be used under any circumstances.
- Containers should be disposed of correctly following local council guidelines, and not reused under any circumstances.
- All dangerous chemicals, substances and equipment must be stored in a locked place or facility that is labelled, secure and inaccessible to children. These materials may include, but are not limited to, all cleaning materials, detergents, poisonous or dangerous substances, dangerous tools and equipment including those with sharp and razor edges and toiletries.
- Educators should follow the instructions of manufacturers, particularly of any product, which may need to be stored in a refrigerated environment pursuant to the aforementioned directives.
- Any substances that need to be refrigerated must be stored in a labelled, child resistant container, in the staff refrigerator which is inaccessible to children.
- All hazardous chemicals must be supplied with a **Safety Data Sheet** (SDS) formerly called a Material Data Safety Sheet. Our Service will adhere to the manufacturer's instructions for use, storage, and first aid instructions recorded on the SDS.
- The Service will keep a register of all hazardous chemicals, substances and equipment used at the Service. Information recorded should include where they are stored, their use, any risks, and first aid instructions and the current SDS. The register will be readily accessible.
- Appropriate personal protective clothing should be worn in accordance with the manufacturer's instructions when using and disposing of hazardous substances or equipment.
- Seek medical advice immediately if poisoning or potentially hazardous ingestion, inhaled, skin or eye exposure has occurred, or call the Poisons Information Line on **13 11 26**, or call an Ambulance on **000.**
- In the case of any child or educator becoming injured by a chemical, substance or equipment, the Service will initiate our emergency, medical and first aid procedures, notify the appropriate authority that administers workplace health and safety immediately and any other person or authority as required by regulations or guidelines.
- In any major emergency involving a hazardous chemical or equipment, a hazardous gas or a fire or explosion hazard, call the emergency services, dial 000 and notify the appropriate authority that administers workplace health and safety and any other person or authority as required by regulations.

Children's bathroom:

- Supervision in the bathroom is provided when in use.
- Educators and other staff will encourage children to follow hygiene practices.
- Bathrooms will be cleaned at least twice a day and when required.
- Bathroom floors will be mopped daily.
- Signage is to be used after mopping to ensure that the children, educators and other staff and families are warned that the floor is wet.
- Educators are to ensure they follow the bathroom and toilet cleaning procedure.

Inspection and Testing of Electrical Equipment

- Our Service will ensure that all electrical equipment is tested and tagged by a qualified, competent person on an annual basis. Any equipment identified as non-compliant will be disposed of according to provided instructions.
- A record of all electrical testing and tagging must be attached and kept until the equipment is next tested or disposed of and must specify:
    a) The name of the tester
    b) The date and outcome of the testing.
    c) The date on which the next testing must be carried out.

Maintenance of Fire Equipment

- All fire equipment at our Service will be maintained by an external agency in line with the required legal standards.

Sun Safety

The temperature of outdoor equipment and surfaces will be monitored during the day to ensure the area and equipment is safe for children to play.

Water Safety

- at all times children near water are closely supervised. A child will never be left unattended near any water.
- Staff will ensure that all water containers are made inaccessible to children.
- All wading pools/water troughs etc. will be immediately emptied after every use: storage will prevent the collection of water e.g., upright/inverted. The grounds will also be checked after rain or watering and water that has collected in holes or containers will be emptied/removed.
- wading/water troughs are hygienically cleaned, disinfected, and chlorinated appropriately:
    - on a daily basis remove leaves and debris, hose away surface dirt and scrub inside with disinfectant.
    - wash away disinfectant before filling trough.

Service Closure

- Two Educators must close the Service each night.
- Both Educators are to check the entire premises to ensure that all children and families have departed by checking sign in and out sheets for all rooms and physically checking all rooms and areas.
- Educators are to follow Service-closing procedures each night.
- In the case where a parent has omitted to sign their child out, and the educators did not witness the child leave the service, the educators must take every step to get in contact with the parent to ensure the child has safely left the Service.
    - If unable to contact the family, the educators are to contact other educators present on that day for confirmation that the child has been collected. The Director is to then be notified before leaving the Service.
- Individuals visiting our Service must also sign in when they arrive at the Service and sign out when they leave.
- Details of absences during the day must also be recorded.

SOURCES

- Australian Children's Education & Care Quality Authority. (2014)
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015.
- Cancer Council NSW
- KidSafe Australia
- Guide to the National Quality Standard
- Work Health and Safety Act 2011
- Childcare Desktop
- Revised National Quality Standard- 2018
- Guide to the National Quality Framework

REFERENCES

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1	*Health*	Each child's health and physical activity is supported and promoted
2.1.1	*Wellbeing and comfort*	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
2.1.2	*Health practices and procedures*	Effective illness and injury management and hygiene practices are promoted and implemented.
2.1.3	*Healthy Lifestyles*	Healthy eating and physical activity are promoted and appropriate for each child
2.2	*Safety*	Each child is protected
2.2.1	*Supervision*	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2	*Incident and emergency management*	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
Quality Area 3: Physical Environment		
3.1.1	*Fit for Purpose*	Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child.
3.1.2	*Upkeep*	Premises, furniture and equipment are safe, clean and well maintained.

Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
73	Educational program
74	Documenting of child assessments or evaluations for delivery of educational program
75	Information about the educational program to be kept available
76	Information about educational program to be given to parents
81	Sleep and rest
82	Tobacco, drug and alcohol-free environment
86	Notification to parents of incident, injury, trauma and illness

98	Telephone or other communication equipment
99	Children leaving the education and care service premises
102	Authorisations for excursions
103	Premises, furniture and equipment to be safe, clean and in good repair
104	Fencing and security
105	Furniture, materials and equipment
106	Laundry and hygiene facilities
107	Space requirements—indoor
108	Space requirements—outdoor space
109	Toilet and hygiene facilities
110	Ventilation and natural light
111	Administrative space
112	Nappy change facilities
113	Outdoor space—natural environment
114	Outdoor space—shade
115	Premises designed to facilitate supervision
123	Educator to child ratios – centra based services
156	Relationships in groups
168	Education and care service must have policies and procedures
171	Policies and procedures to be kept available

Transition to School Policy

BACKGROUND & AIM

Children are challenged with several transitional changes during early childhood. This includes orientating children into early childhood, transitioning between routines and rooms, and then transitioning into primary school.

Children respond in different ways to transitions - some with confidence and others with hesitation. Children's confidence will be enhanced when changes happen gradually and when time is prioritised to support these transitions with sensitivity, planning and preparation.

This first experience children have of school has a great impact on their progress and future schooling. Transition to school should be prepared for in an understanding, calm, organised and knowledgeable manner.

Starting school is a significant milestone in the life of any child and family. Armidale Montessori Preschool supports continuity of learning and transitions for each child by sharing relevant information, clarifying responsibilities and by developing strategies that support a positive transition to school. Further, we are committed to engaging children, families, professionals, educators and community members in the transition to school process to ensure the implementation of this policy is meaningful, supportive and reflective of best practice. Transition is viewed as a collaborative and dynamic process occurring over time ensuring a sense of belonging in all environments.

Our Service aims to liaise with local schools to develop a smooth and comprehensive transition to school for all children. We will support children and families by strengthening the development and delivery of transition programs and provide a shared understanding between our Service and local primary schools about what is important for children and their families during the transition to school process.

We believe it is vital to enhance children's social and emotional development to ensure a successful transition to school. By developing these skills and abilities and by promoting their creativity and individuality, we promote children's ability to become confident and successful learners.

As an Early Childhood Education Service who are instrumental in influencing children's learning patterns for later life, it is our responsibility to set them on a course that will inspire investigation, exploration, problem solving, questioning, discovery and challenges.

NEW SOUTH WALES (NSW) SPECIFICATIONS

- Children can begin compulsory Kindergarten at the beginning of the school year if they turn 5 on or before 31 July in that year. All children must be enrolled in school by the time they turn 6.
- Transition to School Statement
- Starting school: https://education.nsw.gov.au/public-schools/going-to-a-public-school/primary-schools/starting-school
- Transition to school: https://education.nsw.gov.au/public-schools/going-to-a-public-school/primary-schools/starting-school
- Getting ready for primary school: https://education.nsw.gov.au/content/dam/main-education/public-schools/going-to-a-public-school/media/documents/getting-ready-for-school.pdf

- Strong and successful start to school Transition guidelines (2020). https://education.nsw.gov.au/content/dam/main-education/teaching-and-learning/curriculum/early-learning/media/documents/el-strong-and-successful-start-to-school-transition-guidelines.pdf

NSW Department of Education – transition to school statement

The NSW Transition to School Statement is a practical and simple tool designed to enable information to be shared between families, early childhood services and schools. The statement summarises a child's strengths, interests and approaches to learning.

The Statement is completed by the child's early childhood educator in cooperation with the child and the family. All information is provided voluntarily. The Statement is communicated to the child's intended school where it provides the school and teachers with information they can use in planning and preparing for the child's arrival and transition into the new learning environment.

The Transition to School Statement is completed by a child's early childhood teacher or educator and is sent to their new school. The statement:

- summarises a child's strengths, interests and approaches to learning.
- passes this information between families, early childhood teachers and educators.
- gives children a voice in the process of meeting new people in the school environment.
- helps link the Early Years Learning Framework to the Early Stage 1 Syllabus

Use of the statement is optional. Armidale Montessori preschool, in collaboration with the family will prepare a "Transition to School" statement, and the family will choose whether to make it available to the child's intended school and teacher.

The Transition to School Digital Statement is now available for all Department of Education preschools, community preschools and long day care centres. Click the link below to access the digital statement.
NSW Transition Statement

SCOPE

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

RELATED POLICIES

• Enrolment & Orientation Policy • Additional Needs Policy • Family communications Policy • Anti-bias and Inclusion Policy	• Staffing Arrangements Policy • Service Management Policy • Interactions with Children & Behaviour management Policy

POLICY & PROCEDURES

Armidale Montessori Preschool acknowledges the critical role we have in providing an educational environment that supports children's wellbeing, promotes equity and celebrates

diversity. Our transition to school program is developed in collaboration with all stakeholders and ensures children are active participants in their transition to school.

For children attending school the following year, our 'Transition to School Program' provides additional activities and experiences to help prepare them for a smooth transition to a primary school environment. This program refers to daily programmed activities and experiences that are implemented throughout the year, encouraging the developmental skills that are optimal for children to attain before commencing school.

Our Montessori approach focuses on building skill sets required for a successful transition to school, through its curriculum focus on practical life activities, sensorial activities, grace and courtesy, numeracy and literacy.

Transition to School Program

To ensure the transition to school is a positive experience for children and families, we will implement a range of activities and experiences that may include, but is not limited to:

- Exchanging information about a child's individual strengths and needs
- Networking with Educators, Primary school teachers and Principals
- Parent teacher meetings at the start and end of the final year in Preschool to set collaborative objectives.
- Identification of shortfalls in competencies at the start of the year to ensure progressive development and focus in these areas.
- Child-centred Montessori developmental program which extends on a child's interests and competencies.
    - Developing children's talking and listening skills
    - Alphabet and number recognition
    - Shapes and colour recognition
    - Social and emotional enhancement
    - Pre-writing development
    - Reading skill development
    - Name writing and recognition.
    - Numeral and quantity recognition
    - Concentrating on the task at hand
    - Persistence at difficult tasks
    - Listening to instructions
    - Sitting at a desk
    - Responding positively to new situations
    - Taking responsibility for their own behaviour
    - Developing the communication skills necessary for group or individual play
    - Developing positive feelings about themselves and others
    - Experiencing a sense of self-satisfaction resulting from achievement.
    - Development of independence and self-help skills, such as eating from a lunch box, dressing/undressing, caring for personal items, toileting, etc.

Preparing Children as they transition to School.

There are many unique differences in the school environment which children should become familiar with as they prepare to transition to school. This includes:

- Having one teacher for the majority of the day
- Toileting without supervision
- Wearing uniforms

- Transport – school bus
- Specific focused lessons
- A school bell or siren indicating set breaks.
- Negotiating a large playground
- Homework
- The canteen or tuck shop
- Before and After School Care

Education Leader and Director will:

- Deliver the Montessori developmental program tailored to each individual child to ensure a smooth transition for children from the education and care environment to the school environment.
- Establish methods across our Service to ensure there is continuity of learning when children transition to school.
- Advocate for 'Ready' by ensuring children are ready to transition into the school environment.
- Discuss expectations with families for their child as they prepare to transition to school.
- Work in partnership with families to ensure children's transition to school is positive, informed and enhances individual development.
- Be aware of critical cut off dates with various Education Departments to accommodate children with a disability or developmental delay into new educational settings and share this information with families.
- Support and advocate for enhanced transition programs for children with a disability or developmental delay with feeder primary schools.
- Be flexible and ensure transition programs are tailored to the specific needs of all children in our Service.
- Support each family's decision about when to send children to school, acknowledging the NSW Department of Education and Training's policy that "children must turn five by July 31 in the year they start Kindergarten. All children in NSW must start school by their 6th birthday".
- Facilitate relationships and networking with local schools to support children and families with the transition process and to open lines of communication. The importance of school preparation through school visits, orientation days and meeting the kindergarten teachers will be regularly promoted.

Educators will:

- Deliver the Montessori developmental transition to school program to ensure a smooth transition for children from the education and care environment to the school environment.
- Facilitate each child's development as a capable learner through Montessori learning experiences.
- Hold designated parent teacher meetings for focus children at the start and end of year, to set collaborative objectives to ensure a smooth transition to school.
- Complete the Montessori developmental assessment.
- Complete the digital Transition to School statement – Digital NSW Transition to School Statement
- Incorporate transition to school into the daily program by encouraging children to think and talk about school by exploring various elements of primary school. (This may include talking about school and how a school environment is different.)
- Talk with children about starting school, respecting any concerns and communicating these to families.
- Ensure children are active participants in their transition to school.

- Communicate with families to ensure we meet the individual strengths and needs of all children and families (with reference to the developmental milestones attached to this policy).
- Consider family priorities and any concerns about the transition process. Each family's cultural and linguistic needs will be respected, along with family diversity.
- Contemplate the individual rest or sleep needs of children in the months leading up to the transitioning to school and whether a reduction in sleep times may prepare some children for the longer school day routine. Children will continue to have rest periods and quiet activities during the day. Mats will be available for any child who requires rest or sleep.
- Discuss children's development, strengths and competencies for transition to school with families.
- Be supported to access and attend professional development opportunities to ensure current knowledge and practice regarding transition to school.
- Effectively evaluate our Service's transition program.
- Be flexible and responsive to the needs of children and families.
- Take into account contextual aspects of community, and of individual families and children within that community.

When a child is not ready to transition to school

We understand that all children are unique and achieve milestones in their own time. Families have expectations about what they think their child should be able to do. They may ask Educators their opinion on specific skills such as pre-writing skills, numbers, social and emotional development to assist in making a decision about starting school. The decision for when their child starts school is an individual decision. For some children starting school at age six rather than five may provide them with an additional year to mature and increase independence.

We believe that Early Childhood Educators have professional insight to assist families in making the decision about a child's transition to school as they have developed trusting and supportive relationships over time. However, prior to speaking with families about their personal views, Educators will discuss their thoughts with the Education Leader and Director about the child's individual strengths and needs and any recommendation about beginning school will be communicated with families during a scheduled meeting. We encourage parents/carers to discuss the timing of their child's school entry with other professionals who know their child well such as early intervention practitioners. Our staff will adhere to confidentiality at all times.

SOURCES

- Australian Children's Education & Care Quality Authority. (2014).
- ECA Code of Ethics
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2017.
- Education and Care Services National Regulations
- Australian Government Department of Education – *Belonging, Being and Becoming: The Early Years Learning Framework for Australia*
- Guide to the National Quality Standard
- National Quality Standard Professional Learning Program Newsletter No.70 – Transitions: Moving in, moving up and moving on.

- **NSW Education Standards Authority**
  https://educationstandards.nsw.edu.au/wps/portal/nesa/parents/parent-guide/transitioning-to-school
- NSW Government Education Centre for Education Statistics & Evaluation. (2016). *The Transition to School*
- Revised National Quality Standard. (2018).
- Childcare Desktop
- Revised National Quality Standard

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REFERENCES

National Quality Standard (NQS)

Quality Area 6: Collaborative Partnerships		
6.1	*Supportive relationships with families*	Respectful relationships with families are developed and maintained and families are supported in their parenting role
6.1.1	*Engagement with the service*	Families are supported from enrolment to be involved in their service and contribute to service decisions
6.1.2	*Parent views ae respected*	The expertise, culture, values and beliefs of families are respected, and families share in decision-making about their child's learning and wellbeing.
6.1.3	*Families are supported*	Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing.
6.2	*Collaborative partnerships*	Collaborative partnerships enhance children's inclusion, learning and wellbeing.
6.2.1	*Transitions*	Continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities.

APPENDIX - DEVELOPMENTAL MILESTONES– 3-5 Years

Child's Name:	**Age:**	**Date:**
Educator Name:		

DEVELOPMENTAL AREA	**OBSERVED**	**LINK TO EYLF & NQS**	**COMMENTS**
Physical	□ Dresses and undresses with little help □ Hops, jumps and runs with ease. □ Climbs steps with alternating feet. □ Gallops and skips by leading with one foot. □ Transfers weight forward to throw ball. □ Attempts to catch ball with hands. □ Climb's playground equipment with increasing agility □ Holds crayon/pencil etc. between thumb and first two fingers. □ Exhibits hand preference. □ Imitates variety of shapes in drawing, e.g., circles □ Independently cut paper with scissors. □ Toilet themselves □ Feeds self with minimum spills □ Dresses/undresses with minimal assistance □ Walks and runs more smoothly. □ Enjoys learning simple rhythm and movement routines. □ Develops ability to toilet train at night.	**EYLF Outcome 3:** Children have a strong sense of wellbeing - Children take increasing responsibility for their own health and physical wellbeing. E.g., "Promote continuity of children's personal health and hygiene by sharing ownership of routines and schedules with children, families and the community." (p.32) **NQS: Areas 1, 2, 3, 5, 6**	
Social	□ Enjoys playing with other children. □ May have a particular friend. □ Shares, smiles and cooperates with peers. □ Jointly manipulates objects with one or two other peers. □ Develops independence and social skills they will use for learning and getting on with others at preschool and school.	**EYLF Outcome 1:** Children have a strong sense of identity - Children learn to interact in relation to others with care, empathy and respect. E.g., "express a wide range of	

DEVELOPMENTAL AREA	OBSERVED	LINK TO EYLF & NQS	COMMENTS
		Emotions, thoughts and views constructively." (p.24) **NQS: Areas 1, 5, 6**	
Emotional	□ Understands when someone is hurt and comforts them. □ Attains gender stability (sure she/he is a girl/boy) □ May show stronger preference for same sex playmates. □ May enforce gender-role norms with peers. □ May show bouts of aggression with peers. □ Likes to give and receive affection from parents. □ May praise themselves and be boastful	**EYLF Outcome 2:** Children are connected with and contribute to their world - Children respond to diversity with respect. E.g., "plan experiences and provide resources that broaden children's perspectives and encourage appreciation of diversity." (p.27) **NQS: Areas 1, 2, 5, 6**	
Cognitive	□ Understands opposites (e.g., big/little) and positional words (middle, end) □ Uses objects and materials to build or construct things, e.g., block tower, puzzle, clay, sand and water. □ Builds tower eight to ten blocks. □ Answers simple questions □ Counts five to ten things. □ Has a longer attention span. □ Talks to self during play - to help guide what he/she does. □ Follows simple instructions. □ Follows simple rules and enjoys helping. □ May write some numbers and letters.	**EYLF Outcome 5:** Children are effective communicators - Children express ideas and make meaning using a range of media. E.g., "use language and engage in play to imagine and create roles, scripts, and ideas." (p.42) **NQS: Areas 1, 5**	

DEVELOPMENTAL AREA	OBSERVED	LINK TO EYLF & NQS	COMMENTS
	□ Engages in dramatic play, taking on pretend character roles. □ Recalls events correctly. □ Counts by rote, having memorised numbers. □ Touches objects to count - starting to understand relationship between numbers and objects. □ Can recount a recent story. □ Copies letters and may write some unprompted □ Can match and name some colours.		
Language	□ Speaks in sentences and uses many different words. □ Answers simple questions □ Asks many questions. □ Tells stories. □ Talks constantly. □ Enjoys talking and may like to experiment with new words. □ Uses adult forms of speech. □ Takes part in conversations. □ Enjoys jokes, rhymes and stories. □ Will assert self with words	**EYLF Outcome 5:** Children are effective communicators - Children use information and communication technologies to access information, investigate ideas and represent their thinking. E.g., "Provide children with access to a range of technologies." (p.44) **NQS: Areas 1, 5, 6, 7**	
Seek advice if	□ Is not understood by others. □ Has a speech fluency problem or stammering? □ Is not playing with other children. □ Is not able to have a conversation. □ Is not able to go to the toilet or wash him/herself.	**NQS: Areas 1,5,6,7**	

Termination of Enrolment Policy

BACKGROUND & AIM

Management and staff are dedicated to developing a respectful and effective partnership between the family and Service. This partnership supports children's inclusion, access, engagement, and participation in the Service. Management implements systems to manage risks whilst promoting the health, safety and wellbeing of all children and staff within the Service. There may be some circumstances where this is compromised due to non-compliance with our policies and therefore the appropriate course of action could lead to the termination of a child's enrolment.

SCOPE

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

RELATED POLICIES

• Enrolment and Orientation Policy • Arrival and Departure Policy • Privacy and Confidentiality Policy • Withdrawal of a Child Policy • Immunisation Policy • Bullying, Discrimination & Harassment Policy • Complaints & Grievance Policy • Code of Conduct Policy	• Management and Governance Policy • Additional Needs Policy • Anti-Bias and Inclusion Policy • Service Management Policy • Payment of Fees Policy • Work Health & Safety Policy • Interactions with Children & Behaviour Management Policy

PROCEDURES & POLICIES

We have the legal duty to ensure the health, safety and wellbeing of children, management, educators, families, volunteers and visitors at our Service. To promote respectful and effective partnerships with families, we ensure that parents participate in a comprehensive induction and orientation to the Service, including detailing our terms of enrolment, as per our agreement, which advises the families on the Services' right to terminate a Child's enrolment if a service policy has been breached.

While management and Staff aim to develop a respectful two-way partnership between the family and Service, management recognises that there may be some circumstances where the appropriate course of action is the cancellation of a child's enrolment.

Behaviour Management

There are times when children's behaviour requires guidance, which will be undertaken according to the Service's policies and procedures. Every effort will be made to deal with the behaviour using positive guidance and working closely with families to implement a plan in order to help rectify any unacceptable behaviour. If the child's behaviour continues to be disruptive and harmful, and the safety of other children and staff is compromised, we reserve the right to ask you to withdraw your child from the Service.

Service Policies

Our Service has a range of policies and procedures to ensure the safety, welfare and wellbeing of children, staff, families, and visitors of the Service. We reserve the right to

terminate a child's enrolment if at any time a Service policy has been breached.
This may include:

- Failure to comply with the enrolment contract.
- Disparaging, hurtful, or unsafe behaviour of a child that continues even with parent collaboration and/or support agency involvement in modifying the behaviour.
- Non-payment of childcare or late fees and/or recurring late payment of fees.
- Continuing to pick up the child past the required licensed time, after consistent documented warnings.
- Inability to meet the child's individual needs without additional staff.
- Inability to meet the child's individual needs without family support and commitment to ensure their child receives the best possible support within our Services.
- If a parent knowingly and repeatedly brings their child ill to the Service.
- Consistent child-rearing style differences between the parent and provider.
- False information given by a parent either verbally or in writing.
- Bullying and/or harassing Educators, children or families enrolled at the Service.
- Failure to provide AIR Immunisation History Statement or AIR Immunisation Medical Exemption form or AIR Immunisation History Form (catch up schedule).

Employees with children at the Service
Employees are welcome to enrol their child/ren at the Service, however if an employee is terminated from their position, the Service reserves the right to terminate the child's position due to conflict of interest.

Termination Notification
Management or the Director will advise families in writing that their child's enrolment will be terminated following all attempts to rectify any non-compliance.

Two weeks' notice will be provided to families unless the safety and wellbeing of other children, staff or families is at risk. In this case, an immediate termination of enrolment may apply.

Any outstanding fees will be provided to families and remain due to be paid upon termination of enrolment. The initial bond payment made on enrolment will not be refunded until any outstanding fees are paid.

Management/Nominated Supervisor/ Responsible Person will:

- work in partnership with families to promote inclusion of all children within the Service.
- use positive language and a range of communication strategies with children and families to ensure positive relationships.
- discuss concerns or issues of non-compliance with supervisors/management before communicating with families.
- document all communication and meetings (informal and formal) with families and outside professional support.
- access external professional support to ensure child's inclusion in the Service's program.
- document proposed strategies and practices suggested to resolve any issue.
- develop individual educational plans for children as required.
- implement State and Federal Government requirements for vaccination requirements for enrolment of children.
- remind families of our *Code of Conduct policy*
- document evidence of non-compliance, events, behaviour, grievances, and observations.

- ensure minutes are collected and provided to all parties present at meetings to ensure a true and accurate record of the meeting.

SOURCES

- Australian Children's Education & Care Quality Authority. (2014).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015.
- ECA Code of Ethics.
- Education and Care Services National Regulations (2011)
- Childcare Desktop
- Guide to the National Quality Standard.
- Revised National Quality Standards

REFERENCES

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.2	*Safety*	Each child is protected
2.2.2	*Incident and emergency management*	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
2.2.3	*Child Protection*	Management, educators, and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.
Quality Area 6: Collaborative partnerships with families and communities		
6.1	*Supportive relationships with families*	Respectful relationships with families are developed and maintained and families are supported in their parenting role.
6.2	*Collaborative partnerships*	Collaborative partnerships enhance children's inclusion, learning and wellbeing.
Quality Area 7: Governance and Leadership		
7.1	*Governance*	Governance supports the operation of a quality service.

Education and Care Services National Regulations

155	Interaction with children
168	Education and care service must have policies and procedures
177	Prescribed enrolment and other documents to be kept by approved provider
181	Prescribed enrolment documents to be kept by the Approved Provider
183	Storage of records and other documents

Staffing Arrangement Policy

BACKGROUND &AIM

Under the Education and Care Service National Regulations, the approved provider must ensure that policies and procedures are in place in relation to staffing arrangements (reg 168) and take reasonable steps to ensure those policies and procedures are followed.

This policy is drafted to ensure that Armidale Montessori Preschool adheres to the National Education and Care Service Regulation as we maintain compliance with qualifications and ratio requirements.

Our Service aims to engage educators, staff and Nominated Supervisors who have the qualifications and experience to develop a warm, nurturing and respectful education and care environment for children.

Working with Children Check

A Working With Children Check is a requirement for people who work or volunteer in child-related work. It involves a national criminal history check and a review of findings of workplace misconduct. The result of a Working With Children Check is either a clearance to work with children for five years, or a bar against working with children. Cleared applicants are subject to ongoing monitoring and relevant new records may lead to the clearance being revoked.

Actively working towards an ECEC qualification

An Educator who is enrolled in a course for an approved Early Childhood qualification is considered actively working towards the qualification and may be counted towards qualification requirements for educator to child ratios.

The Educator is required to provide documentary evidence of their course, training plan and progress towards completion of the course.

SCOPE

This policy applies to staff, management, students, and volunteers at the Service.

RELATED POLICIES

• Anti-Bias and Inclusion Policy • Complaints and Grievance Policy – Staff • Complaints and Grievance Policy - General • Code of Conduct Policy • Privacy and Confidentiality Policy • Student & volunteer Policy • Physical Environment Policy • Safe Transportation Policy • Incident, injury, trauma and illness Policy	• Bullying, Discrimination and Harassment Policy • Child Protection Policy • Supervision Policy • Determining Responsible Person Policy • Staff Entitlements & Leave Policy • Emergency Evacuation & Lockdown Policy • Excursion/Incursion Policy • Governance Policy

POLICY & PROCEDURES

Armidale Montessori Preschool will endorse the appropriate number of educators to child ratios, taking into consideration qualification requirements and experience which meet National Regulations and Standards. All staff will be held to the Service Code of Conduct.

We are committed to ensuring that children's health, safety, and wellbeing is protected at all times through providing appropriate and effective supervision according to legislated ratios and best practice. Our Educators, in collaboration with our Educational Leader, will design and implement programs that support children's engagement, interests, learning, and development.

Educator to Child Ratios

Our service will meet the minimum child ratio requirements as stated below.

State	Age	Educator to Child Ratio
NSW	Birth to 24 months	1 Educator to 4 Children
	Over 24 months and less than 36 months	1 Educator to 5 Children
	Over 36 months of age or over (not including children over pre-school age)	1 Educator to 10 Children

National Regulations state that an Educator cannot be included in calculating the Educator to child ratio of a Centre based Service unless the Educator is working directly with children. Our Service will adhere to this requirement, ensuring rostering provides for additional coverage during lunches, programming and portfolio times.

Working with Children Check (WWC)

To comply with National Regulations for those undertaking paid, or voluntary child-related work, all educators and volunteers working at our Service will be required to acquire a Working with Children Check clearance, which will be verified by the Service to protect the safety of children.

Management will keep a record of the expiry date of the Working With Children Check for all staff, and any notifications or concerns regarding a person's WWC will be recorded and steps taken immediately to ensure the person is not working directly with children in accordance with directions from the Office of the Children's Guardian.

Qualifications for Centre based Services with children preschool age or under

- Our Service will comply with the National Quality Framework and ensure 50 percent of Educators meet the relevant Diploma qualification requirement or be actively working towards an approved diploma level education and care qualification.
- All other Educators will have at least an approved certificate III level education and care qualification or be actively working towards their qualification.
- *Actively working towards:*
    - We will support the Educator in completing their qualification through mentoring and assistance.
    - Our Service will obtain documentary evidence of their course progress to ensure they are actively engaged in its completion.

Early Childhood Teacher (ECT)
An Early Childhood Teacher Is a person with an approved early childhood teaching qualification in accordance with ACECQA.

Our Service will comply with National Regulations and will engage and have access to an Early Childhood Teacher based on the number and age of children attending the Service.

NSW Regulations require the following:

- For 24 or less children in attendance per day:
    - Access to an ECT for at least 20% of the time the service provides education and care.'
- For 25 to 29 children in attendance per day:
    - one early childhood teacher must be in attendance for at least 6 hours on that day, if the service operates for 50 or more hours a week: or
    - for 60 per cent of the operating hours of the service on that day, if the service operates for less than 50 hours a week.
- 30 to 39 children preschool age or under in attendance per day:
    - One early childhood teacher must be in attendance at all times that a centre-based service is educating and caring for children preschool age or under.

If an ECT is absent due to short term illness or leave, the following persons can be taken to be the Early Childhood Teacher:

- a person who holds a primary teaching qualification
- a person who holds an approved diploma level qualification (this applies for up to 60 days in a 12-month period only).

We will maintain a record of the period the early childhood teacher is in attendance through rosters and sign in sheets.

Educational Leader
The Approved Provider will nominate a qualified and experienced Educator to take on the Educational Leader role and responsibilities.

The Educational Leader will guide Educators to provide a compliant program and will keep a record about how they mentor and guide Educators of the Service to ensure continuous improvement.

Nominated Supervisor
Armidale Montessori Preschool will appoint a suitable person into the position of The Nominated Supervisor. This appointed person will be legally responsible for the day-to-day operation of the Service, ensuring compliance with the National Law, Regulations and National Standards.

The Service will notify the regulatory authority at least seven days prior to the Nominated Supervisor starting or as soon as practicable (not more than 14 days). The name of the Nominated supervisor will be prominently displayed for all staff, educators, families and visitors.

The Nominated Supervisor will accept the role in writing, to ensure they have a clear understanding about their role and responsibilities.

The Nominated Supervisor will ensure the Service program is reflective of the approved learning framework, incorporate the children's developmental needs, interests and experiences and consider the individual differences of each child.

The Nominated Supervisor will adhere to Service policies ensuring a safe and healthy environment is provided.

Responsible Person

Our Service will ensure that a Responsible Person is physically present at the Service at all times that children are being educated and cared for. The Responsible Person will be the Director, Approved Provider, or a person with management or control placed in day-to-day charge of the Service. The Responsible Person will be at least 18 years old and have adequate knowledge and understanding of the provision of education and care to children. The appointment of a responsible person will be done in writing to ensure that they have a clear understanding about their role and responsibilities.

Our Service will clearly communicate the Responsible Person on duty, which will be displayed in the foyer area for families, educators, staff and visitors.

The Responsible Person will adhere to Service policies and procedures and maintain a safe and healthy environment for children. They will always act with professionalism when dealing with children, educators, visitors and families.

Approved First Aid Qualifications

The regulations require the Approved Provider to ensure at least one staff member with a current qualification for first aid, anaphylaxis management and emergency asthma management training, is present at any place where children are being educated and cared for by the Service.

Armidale Montessori Preschool requires all Educators and Management to have an ACECQA approved qualification in first aid, anaphylaxis management, and emergency asthma management training.

It is the Staff and Educators responsibilities to ensure they maintain up to date First Aid, Asthma, and Anaphylaxis Training, providing the Service with the certificate of completion.

Staff Record

- The Service will keep information about the Nominated Supervisor, Educational Leader, Staff, Volunteers, Students and the Responsible Person at the Service. This information will include name, address, date of birth, evidence of qualifications, evidence of approved training, WWC, etc.
- All Staff, Educators, Students, Volunteers and Visitors are required to sign in and out each day.

Supervision

Adequate supervision will be a consideration for any part of the Service premises where children are educated and cared for and is part of every educators Duty of Care.

Educators ae required to ensure that children are in sight and/or hearing at all times. This includes times of toileting, sleep, rest, nappy changing, transitions and whenever the Service provides transport for children as part of the Service.

Our Service will comply with legislated educator to child ratios and will also ensure the following:

- Educators, who are supervising children, should ensure they are positioned where they can see as much of the environment as possible. Where there are water activities or high-risk experiences, close supervision is required.
- Educators will adjust their level of supervision depending on the area of the Service and the skills, age, dynamics and size of the group of children being supervised.
- Educators will communicate with other Staff and Educators about their supervision points, offer advice and aid to ensure children's safety is upheld at all times.
- Toddlers who are sleeping will be monitored and checked every 10 minutes to assess their breathing and the colour of their skin.
- Older children will be supervised whilst sleeping or resting.
- Children will be supervised when hand washing and during toileting/nappy change times.
- Educators are required to adhere to the Service's Supervision Policy and floor plan to maintain effective supervision.
- Educators will interact with children where pedagogically appropriate whilst supervising.
- Supervising Educators will give their complete attention to the children and not perform other duties or tasks.
- Educators will always be able to observe each child, respond to individual needs and attend to children as necessary.
- Unless discussing child or Service concerns, educators will not congregate together either inside or outside.
- Adequate supervision will be provided when children are being transported. Consideration will be given to risk assessments, number, age, and ability of children.

Rosters

- Our Service will ensure the roster and routine provides adequate supervision of children at all times.
- Rosters will be created to ensure the children receive continuity of care.
- Where possible, casual staff will be chosen from a pool of regular Educators with whom the children are familiar.

Volunteers and Students

- The Service will ensure that a WWC is in place for students and volunteers.
- At no time will volunteers and students be left alone with a child or group of children or be included in the educator to child ratio.
- All Volunteers and Students will be inducted into the Service to ensure they adhere to the Service policies and procedures and code of conduct.
- Inductions will ensure volunteers and students are aware of how to manage medical conditions and to respond to a child in case of illness, injury or trauma, keeping in mind privacy and behaviour management procedures.
- All volunteers and Students will be required to sign in and out in the visitors' book.

Privacy

- All staff will be required to sign a code of conduct.
- Educators will adhere to the Service's privacy and confidentiality policy and Privacy Law in relation to children or matters relating to the Service and will at no time take part in inappropriate or unlawful conversations or discussions.

- The Education Leader/Director will ensure that students and volunteers are made aware of the Services privacy and confidentiality policy and Privacy Law during their initial induction.

Staff employed under 18 years of age.
Our Service will ensure any staff member under 18 years of age does not work at the service alone and is adequately supervised at all times.

Staff Recruitment
Our Service will ensure a rigorous recruitment process is followed to select the best staff possible based on skills, qualifications, experience and suitability for the position available. Each role will refer to the appropriate position description during recruitment and the probation period to ensure applicants are suitable for the role and position.

All potential staff will participate in robust interviews and have reference checks completed before an offer of employment is presented. Reference checks will take into consideration the suitability of the applicant for the role, previous experience and their commitment to child safe practices.

All potential staff are subject to maintenance of a valid Working With Children Card (WWCC) and appropriate qualifications. Valid first aid, asthma and anaphylaxis management, and immunisation status\may also be required.

All new staff will undergo a probation period of three (3) months or more, during this time they will participate in an induction and orientation program.

Staff induction includes (but is not limited to) provision of access to the Service's policies and procedures, children's medical management plans, children's medication, code of conduct, Child Safe Standards, service routines, human resource documentation, physical environment, communication with family's processes and introduction to all staff members and/or mentor.

Performance Management
All new staff will undergo a probationary review at the end of their designated probationary period, which will be conducted by the Director/Education Leader to determine continuation of employment.

Any identified performance or conduct issues will be discussed immediately with the staff in question by their line manager/Education Leader/Director. Continued or persistent issues will be addressed with staff in writing with time frames for rectification. Failure to rectify may result in dismissal or disciplinary action.

All staff will undergo regular performance reviews with their line managers. The performance reviews will incorporate a self-assessment section as well as a management assessment section, to allow for collaborative strategies to be set to address shortfalls in performance. Training opportunities, improvement plans, and succession planning will flow on from these reviews.

SOURCES

- Australian Children's Education & Care Quality Authority.
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ACECQA Policy and procedures guidelines – Staffing Guidelines
- ECA Code of Ethics.
- Childcare Desktop
- National Quality Framework
- Office of the Children's Guardian
- Revised National Quality Standards

REFERENCES

National Quality Standard (NQS)

Quality Area 4: Staffing Arrangements		
4.1	*Staffing arrangements*	Staffing arrangements enhance children's learning and development.
4.1.1	*Organisation of Educators*	The organisation of Educators across the Service supports children's learning and development.
4.1.2	*Continuity of staff*	Every effort is made for children to experience continuity of Educators at the Service.
4.2	*Professionalism*	Management, Educators and staff are collaborative, respectful and ethical.
4.2.1	*Professional collaboration*	Management, Educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills.
4.2.2	*Professional Standards*	Professional standards guide practice, interactions and relationships.

Education and Care Services National Regulations

Children (Education and Care Services) National Regulations NSW	
10	Meaning of actively working towards a qualification
11	Meaning of in attendance at a centre-based service
35	Notice of additional of new nominated supervisor
84	Awareness of child protection law
85	Incident, injury, trauma and illness policies and procedures
90	Medical conditions policy
93	Administration of medication
94	Exception to authorization requirements – anaphylaxis or asthma emergency
95	Procedure for administration of medication
99	Children leaving the education and care services premises
100	Risk assessment must be conducted before excursion
101	Conduct risk assessment for excursion
102	Authorization for excursions
102 – B,C,D	Transport risk assessments/authorisations
117A	Placing a person in day-to-day charge
117B	Minimum requirements for a person in day-to-day charge
117C	Minimum requirements for a nominated supervisor
122	Educators must be working directly with children to be included in ratios
123	Educator to child ratios – Centre based services

126	Centre-based services – general educator qualifications
132	Requirement for early childhood teacher—Centre-based services—25 to 59 children
135	Early childhood teacher illness or absence
136	First Aid qualifications
145	Staff Record
146	Nominated Supervisor
147	Staff Members
148	Educational Leader
149	Volunteers and Students
150	Responsible Person
151	Record of Educators working directly with children
152	Record of access to early childhood teachers
173	Prescribed information to be displayed
174	Time to notify certain circumstances to Regulatory authority
240	Centre based services in remote and very remote areas – qualifications for educators
241	Persons taken to hold an approved early childhood teaching qualification
242	Persons taken to be early childhood teachers
243	Persons taken to hold an approved diploma level education and care qualification
244	Persons taken to hold an approved certificate III level education and care qualification
272	Early childhood teachers – children preschool age or under (NSW)
379	Educators required to be early childhood teachers

Staff Recruitment Policy

BACKGROUND & AIM

Our Service is committed to implementing a thorough and carefully planned recruitment process that prioritises child safety and ensures we select the most suitable candidates to meet the needs of our early childhood education and care environment. We strive to employ individuals who are appropriately qualified, experienced, and passionate about supporting young children's learning and development. This Recruitment Policy outlines the processes we follow to ensure compliance with legislative requirements, uphold our child-safe culture and values, and promote diversity, equity, and inclusion throughout all stages of recruitment and employment.

Definitions as it pertains to content within the policy:

SCOPE

This policy applies to approved providers, staff, management, educators and nominated supervisors of the Service.

RELATED POLICIES

• Child Protection Policy • Privacy & Confidentiality Policy • Anti-Bias & Inclusion Policy • Bullying, Discrimination and Harassment Policy • Complaints & Grievance Policy – Staff • Safe Use of Digital Technologies and Online Environment Policy	• Staffing Arrangements Policy • Code of Conduct Policy • Responsible Person Policy • Volunteers and Students Policy • Governance Policy • Physical Environments Policy

PROCEDURES & POLICIES

Our Service is committed to recruiting qualified, experienced, reliable, and child-focused employees who support the highest standards of early childhood education and care. All recruitment and selection processes comply with relevant legislation, including the Education and Care Services National Law and Regulations, Children and Young Persons (Care and Protection) Act 1998 (NSW), Fair Work Act 2009, Anti-Discrimination Act 1977 (NSW), and Child Safe Standards.

The safety, wellbeing, and best interests of children are paramount and underpin all recruitment decisions. As a child-safe organisation, we implement rigorous screening and recruitment practices to ensure all employees share our commitment to protecting children and promoting their wellbeing.

Our Service values diversity, equity, and inclusion and provides equal employment opportunities. Recruitment decisions are based on merit, qualifications, experience, skills, and alignment with our child-safe culture and values.

Recruitment Decision

Recruitment decisions will be based on the operational needs of the Service, including maintaining compliance with staffing requirements, replacing vacant positions, supporting enrolment growth, and upholding our commitment to the safety and wellbeing of children. Recruitment processes will be fair, transparent, timely, and confidential, with any concerns managed in accordance with the Service's Complaints Policy.

Selection criteria will be established prior to advertising each position and will consider the role requirements, qualifications, experience, skills, employment conditions, and all mandatory screening requirements, including verification of Working with Children Checks, reference checks, and other relevant background checks. Candidates must demonstrate a commitment to child safety, an understanding of child protection responsibilities and mandatory reporting requirements, and alignment with the Service's child-safe culture and values.

Position descriptions will be provided to applicants, and all candidates will be advised of the outcome of their application within an appropriate timeframe.

Advertising Positions

Information provided to applicants will include details of the position, required qualifications and experience, employment conditions, salary, Service philosophy, operating hours, child safety commitments, mandatory screening and immunisation requirements, application process, and contact information.

Vacancies may be advertised internally to encourage career advancement/opportunity or externally through appropriate recruitment channels such as SEEK and social media. All external applicants will be required to submit an employment application.

Interview Process

Shortlisted external candidates will be interviewed by a selection panel comprising at least two representatives of the Service. Interviews will be conducted fairly, consistently, and confidentially, with all applicants asked the same pre-determined questions.

Interview questions will assess the candidate's qualifications, experience, values, commitment to child safety, understanding of Montessori philosophy and understanding of child protection and mandatory reporting responsibilities.

Applicants will be provided the opportunity to request reasonable adjustments throughout the recruitment process and to ask questions about the position and Service during the interview.

Conflict of Interest

Selection panel members must disclose any actual, potential, or perceived conflict of interest before participating in the recruitment process. This may include personal relationships or close past or present professional associations with an applicant.

Management will assess any disclosed conflict to determine whether it may compromise the fairness, integrity, or impartiality of the recruitment process. Where necessary, the panel member may be excluded from the selection process. All conflicts of interest and actions taken to manage them will be documented to ensure transparency, accountability, and equitable recruitment practices.

Pre-employment Screening and Probity Checks

To support a child-safe environment and ensure compliance with legislative and regulatory requirements, all preferred candidates must successfully complete pre-employment screening before an offer of employment is made. This may include verification of qualifications, reference checks, Working With Children Check (WWCC) clearance, immunisation requirements, and, where applicable, National Police Checks.

Candidates must declare any prohibition, suspension, supervision, or disciplinary notices that may affect their suitability to work with children. The Service will verify relevant regulatory records, including prohibition notices through NQA ITS where required. Applicants for nominated supervisor or responsible person positions may also be required to provide compliance history information.

Any adverse findings identified through screening processes will be assessed as part of the recruitment decision. Applicants with relevant prohibition notices, disciplinary actions, or other findings that raise concerns about child safety or suitability for the role

will be deemed ineligible for employment. All screening processes will be conducted fairly, consistently, and free from conflicts of interest.

Reference Checks

A minimum of two reference checks will be conducted for preferred candidates, preferably with current or recent employers. Reference checks will assess the applicant's suitability for the role, including their professional conduct, performance, relationships with children, families and colleagues, commitment to child safety, and any known concerns or complaints.

Reference checks will be documented and retained by the Service. Where applicants have limited employment history, such as trainees or students, suitable professional or character referees may be accepted.

Working With Children Checks

In accordance with NSW legislation, all employees, volunteers, and students aged 18 years and over must hold a valid Working With Children Check (WWCC) clearance before commencing work, placement, or volunteering at the Service.

The Service will verify all WWCC clearances through the NSW Office of the Children's Guardian and maintain records of verification.

Individuals who are unable to provide a valid WWCC clearance, or who are prohibited from working with children, will not be engaged by the Service. Where required, National Police Checks may also be undertaken as part of the recruitment process.

Employees must notify the Approved Provider/Director within the legislated timeframe of any change to their WWCC status, teacher accreditation, registration, or any matter that may affect their suitability to work with children.

Qualification Verification

The Service will verify the qualifications of all prospective employees to ensure they meet regulatory requirements and are valid and authentic. Verification may include reviewing qualification documentation, checking ACECQA-approved qualifications, contacting the issuing Registered Training Organisation (RTO) or relevant registration authority, and confirming records through the Unique Student Identifier (USI) system where applicable.

Any qualification found to be invalid, fraudulent, or misleading will result in the applicant being deemed unsuitable for employment and will be reported to the relevant regulatory authorities (Australian Skills Quality Authority (ASQA), and National Anti-Corruption Commission). Providing false or misleading information regarding qualifications, clearances, identity, or suitability to work with children is considered serious misconduct.

Proda Background Checks

Employees involved in the administration of Child Care Subsidy are required to undertake additional background checks.

Offer of Employment

An employment offer will be made to the preferred candidate following completion of the recruitment and screening process. On acceptance of the offer, the successful applicant will receive a written offer of employment and employment contract outlining the position, employment conditions, remuneration, commencement date, and any applicable probationary period. Required documentation, including qualifications and immunisation records, must be provided prior to commencement.

Employees will be issued with all relevant Fair Work information statements applicable to their employment type. Unsuccessful applicants will be advised of the outcome of their

application within an appropriate timeframe and may request feedback on their application.

Probation and Induction

All new permanent employees are subject to a six-month probationary period, during which their suitability for the role will be assessed and appropriate support, training, supervision, and feedback provided. A formal probationary review will be conducted at the conclusion of the probationary period to determine whether employment will be confirmed, the probationary period extended, or employment terminated in accordance with contractual and legislative requirements. Fixed term contract employees will be subject to a probationary period commensurate with their term of employment (minimum 1 month).

The Service provides a comprehensive induction and orientation program to support employees in understanding their role, workplace responsibilities, organisational structure, Service policies and procedures, child protection obligations, mandatory reporting requirements, child-safe practices, and relevant legislative requirements. A comprehensive induction checklist will be used to guide and document this process.

Employees must demonstrate an understanding of their responsibilities in maintaining the safety, wellbeing, and rights of children. Ongoing mentoring, professional development, supervision, and performance reviews will be provided to support successful integration and continuity of high-quality care across the Service.

New employees will also receive information regarding their employment conditions, workplace rights, and responsibilities under relevant workplace legislation. Casual employees will be provided with the Casual Employee Information Statement (CEIS) in accordance with Fair Work requirements.

SOURCE

- Australian Children's Education & Care Quality Authority.
- Australian Government Department of Education
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015,
- Australian Government Fair Work Ombudsman
- Australian Government anti-discrimination law
- NSW Government – child safe recruitment and employment practices
- NSW Government – Education and care services (supply, authorization and use of devices) order 2026
- NSW Govt Office of the Children's Guardian – Child safe recruitment and the
- ECA Code of Ethics
- Privacy Act 1988
- Childcare Desktop

REFERENCES

National Quality Standard (NQS)

Quality Area 4: Staffing Arrangements		
4.1	Staffing arrangements	Staffing arrangements enhance children's learning and development.
4.1.1	Organisation of educators	The organisation of educators across the service supports children's learning and development.
4.1.2	Continuity of staff	Every effort is made for children to experience continuity of educators at the service.

4.2	Professionalism	Management, educators and staff are collaborative, respectful and ethical.
4.2.1	Professional collaboration	Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills.
4.2.2	Professional standards	Professional standards guide practice, interactions and relationships.
Quality Area 5: Relationships with Children		
5.1.1	Positive educator to child interactions	Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included.
Quality Area 7: Governance & Leadership		
7.1.3	Roles and responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision making and operation of the service.
7.2.3	Development of professionals	Educators, co-ordinations and staff members' performance is regularly evaluated, and individual plans are in place to support learning and development.

Education and care services National Law and Regulations	
S. 2A	Paramount consideration—safety, rights and best interests of children
S. 3A	Paramount consideration
S. 162	Offence to operate education and care service unless responsible person is present
S. 166A	Offences relating to inappropriate conduct. Offence to subject child to inappropriate conduct
S. 174AA	Educators and other staff members of education and care service to notify certain information
S. 174AB	Approved provider must notify Regulatory Authority of event under section 174AA
S. 188	Offence to engage person to whom prohibition notice applies
S. 188A	False or misleading information about prohibition notice
4	Definitions
82	Environment to be free from tobacco, vaping devices, vaping substances, drugs and alcohol
83	Staff members and family day care educators not to be affected by alcohol or drugs
84	Awareness of child protection law
117A	Placing a person in day-to-day charge
117B	Minimum requirements for a person in day-to-day charge
117C	Minimum requirements for a nominated supervisor
137	Approval of qualifications
168	Education and care services must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
172	Notification of change to policies or procedure
188	Compliance directions
Part 4.4	Staffing Arrangements
Division 7	Approval and determination of qualifications
Division 9	Staff and educator records—centre-based services

Work Health & Safety Policy

BACKGROUND & AIM

Work Health and Safety regulations require the Approved Provider to eliminate risks in the workplace or if that is not reasonably practicable, minimise the risks so far as is reasonably practicable. In NSW we are legislated by Work Health and Safety Act 2011 and Work Health (NSW) and regulated by SafeWork NSW. SafeWork NSW administers the Work Health and Safety legislation and has several codes of practice on specific work safety issues which are available online at https://www.safework.nsw.gov.au/.

Early Childhood Services can be a high-risk environment for incidents and accidents to children, families, educators and visitors. Our service is committed to maintaining a safe and healthy environment through comprehensive policies and procedures, managing risks and hazards appropriately and effectively.

Good work health and safety policies, procedures and practices ensure that:

- Management fulfils its responsibility to provide a safe workplace, without any negative impact on the health and wellbeing of employees.
- Employees meet their health and safety obligations AND are safe in the workplace.
- Children, families and all service visitors come to a safe workplace that protects their health and wellbeing; and
- The work environment supports quality early education and care.

Armidale Montessori Preschool is committed to creating and maintaining a safe and healthy environment for its staff, children, families, and visitors. We strive to make our workplace as free of foreseeable risks as is reasonably practical while remaining true to our vision and philosophy.

Our objective is to protect the health, safety and welfare of children, families, educators and visitors within the Service whilst being conscious of moral and legal obligations outlined in Work Health and Safety laws. We aim to go beyond compliance with all relevant legislation and work towards best practice to ensure a safe work environment. Our Service is committed to continuous improvement in all areas of workplace health, safety and wellbeing.

SCOPE

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

REALTED POLICIES

• Immunisation Policy • Sick Children Policy • Excursion/Incursion Policy • Control of Infectious Diseases Policy • Anaphylaxis Management Policy • Asthma Management Policy • Epilepsy Management Policy • Physical Environment Policy • Bullying, Discrimination and Harassment Policy	• Additional Needs Policy • Child Protection Policy • Emergency & Evacuation Policy • Cyber Safety Policy • Sun Protection Policy • Water Safety Policy • Incident, Injury, Trauma and Illness Policy

• Arrival and Departure Policy • Handwashing Policy • Medical Conditions Policy • Supervision Policy • Code of Conduct Policy • Staffing Arrangements Policy • Sick Staff Policy	• Administration of First Aid Policy • Administration of Medication Policy • Sleep & Rest Policy • Nappy change and Toileting Policy • Nutrition, food and beverages Policy

POLICY & PROCEDURES

Armidale Montessori Preschool is dedicated to ensuring that all health and safety needs are met through the implementation of operative hygiene practices to control the spread of infectious diseases, the prevention and management of injuries and illness and providing a safe and secure physical environment for children.

We ensure that educators and staff are aware of and meet their legal and ethical responsibilities as clearly documented in current National Regulations and Work Health and Safety laws. All employees have a duty to take reasonable care for their own health and safety and to not adversely affect the health and safety of others.

We believe in quality education and care in an environment that provides for children's protection through adequate supervision, safe experiences and environments, and emergency vigilance. Educators at the service are dedicated to understanding their legal and ethical responsibility to protect the children enrolled at the service.

We believe that the provision of a safe working and learning environment for children, families, staff and visitors is an integral and essential responsibility during the Service operation.

Our *Work, Health and Safety Policy,* procedures and practices ensure that management fulfils its responsibility to provide a safe workplace, without any negative impact on the health and wellbeing of employees; employees meet their health and safety obligations and are safe in the workplace; and the work environment supports quality early education and care.

Workers' compensation obligations

We will ensure the following to facilitate compliance with WH&S Laws and regulations relating to Workers Compensation obligations:

1. Hold workers compensation insurance.
2. Provide information relating to how employees can make a claim.
    a. NSW If you get injured at work poster
3. Provide information to employees regarding a return-to-work program.
    a. NSW Return to work program
4. Ensure staff incident reports are completed for all near-miss injuries or injuries, with injuries recorded on a register.
5. Ensure staff injuries are reported to workers compensation insurer and state/territory WorkSafe within 48 hours.
    a. SafeWork NSW 13 10 50
6. Support the employee with the following.
    a. Assist with Doctor appointment and certificate of capacity.
    b. Identify suitable duties based on certificate of capacity.

c. Consider modification of existing duties
d. Consider modify of the workplace.

7. Assist with participation of workers injury management plan upon return to work in consultation with insurer and medical practitioner, including providing suitable work conditions and alternative suitable employment if pre-injury role is unsuitable.

Duty of Care

A duty of care is the legal obligation to provide reasonable care while performing any acts or making any omissions that could foreseeably harm others.

Our Educators, staff, management and volunteers have a duty of care which encompasses a wide range of matters, including (but not limited to):

- Provision of adequate supervision
- Ensuring grounds, premises and equipment are safe for children's use.
- Implementing strategies to prevent bullying.
- Complying with 'Positive Duty' obligations, including Sexual Harassment and Psychosocial Hazards Code of Practices.
- Providing medical assistance (if competent to do so) or seeking assistance from a medically trained person to aid a child who is injured or becomes ill at the Service.

Health and Safety Representative

While the appointment of a Health and Safety Representative is not mandatory in NSW, our Service will appoint one if a request is made by staff.

The appointment will be for 12 months, and by nomination and majority vote of all staff. The Health and Safety Representative is not personally liable for anything done or not done in good faith whilst carrying out their role.

The Approved Provider/Director will keep a current list of all Health and Safety Representatives and display a copy at the workplace in a prominent position.

A Health and Safety Representative (HSR) can:

- Inspect the workplace as directed by management.
- Be present and represent a staff member at an interview (with their consent) with the Approved Provider/Director or an inspector regarding health and safety issues.
- Monitor compliance measures by the Approved Provider/Director
- Enquire into any risk to the health or safety of staff at the Service.

Electrical Equipment Testing

Our Service ensures that electrical equipment is tested annually by a qualified person on a regular basis which is recorded with a tag attached to the equipment tested.

Records are maintained including details of electrical equipment tested, tag number, location, test date, pass/fail and when electrical equipment is due to be re-tested.

Maintenance of Fire Equipment

All fire equipment at our Service is maintained as per the Australian Workplace Safety Standards. External agencies are employed to conduct the maintenance of the fire equipment.

Fire extinguishers are inspected every six months.

Manual Handling

Our Service refers to the Manual Handling Code of Practice as part of our commitment to ensure a best practice approach.

Educators are at risk of work-related ergonomic injuries, particularly back injuries, through carrying children, bending, reaching and not using adult sized furniture.

To prevent this, Educators are to be attentive to:

- Use adult height utilities and equipment, including sinks and change tables.
- Use small chairs with good back support instead of squatting or bending for interaction with children.
- Have shelving, filing cabinets and storage cupboards at a suitable height to avoid stretching to reach them.
- Where possible kneel rather than bend to avoid back problems
- Carry children only, when necessary, in the correct way - with one arm under the child's buttocks and the other arm supporting the child's back. At the same time hold the child facing you, as close to your body as possible. Try to avoid carrying a child on your hip because this will strain your back.
- Be careful to lift with a balanced and comfortable posture when lifting awkward loads.
- Minimise the need to reach above shoulder level and use a step ladder.
- Avoid extended reaching forward e.g., leaning into low equipment boxes. Share the load if the equipment is heavy, long or awkward.
- Ask for help and organise a team lift when sliding, pulling or pushing equipment.
- Use equipment and furniture that can be moved around safely, easily and as comfortably as possible.
- Rearranging surroundings to meet the needs of both children and adults where possible.
- Place lighter items higher on shelves
- Lift furniture using at least two or more people.
- Where possible arrange children's activities and sleep around furniture, and equipment to minimise manual handling.
- Avoid twisting when lifting.
- Minimise lifting of children by having steps/foot stools/ladders in areas where lifting of children is likely to be needed, such as nappy change stations.
- Employ safe lifting methods:
    1) Place your feet in a stride position.
    2) Keep your breastbone as elevated as possible.
    3) Bend your knees.
    4) Brace your stomach muscles.
    5) Hold the object close to your centre of gravity, i.e., around your navel.
    6) Move your feet not your spine.
    7) Prepare to move in a forward-facing direction.
    8) Ask for help when it is not possible to lift on your own.

Hazard Identification & Minimisation

A hazard is a source of potential harm or a situation that could cause or lead to harm to people or property. Workplace hazards can be physical, chemical, biological, mechanical or psychological.

Risk Management is part of our Service's commitment to Work Health and Safety (WHS) to ensure that clear processes are in place for the identification of hazards, assessment of risks and implementation of control measures so far as reasonably practicable.

Our Service complies with WHS legislation and ensures all staff and visitors are aware of the potential hazards and risks and are provided with the necessary information and strategies to undertake to help keep them safe and healthy.

The Service takes a systematic and methodical approach to Risk Management, identifying potential risks and hazards within our working and learning environment.

Our Service has in place Risk Action plans for identified major risk factors such as flood, fire, bomb threat, etc. These action plans include risk identification, risk assessment and risk minimisation measures. Plans are reviewed regularly to ensure that they are effective in controlling risks.

Additionally, ad hoc risk assessments are undertaken when presented with a hazard or a planned activity entailing an element of risk, such as an excursion.

All staff, management, volunteers and visitors to our Service have responsibilities to take a risk management approach to all activities and plan for the safety of themselves and children.

Hazardous Materials

Armidale Montessori Preschool strives to minimise the health and safety risks associated with the handling and storage of hazardous materials. We adopt a risk management strategy that enables practices that minimise the risk of harm, injury or illness caused by any hazardous material.

As far as is reasonably practical, our Service will:

- Provide the least hazardous chemical, product or equipment for the task without jeopardising hygiene.
- Ensure that staff, contractors, students and visitors are protected from both short- and long-term health effects of hazardous substances and processes.
- Ensure all staff, contractors, visitors and students have access to Safety Data Sheets and adequate training on the safe use and storage of all hazardous substances prior to any exposure to those substances.
- Ensure that non-toxic plants are planted within the workplace and undertake regular garden and grounds maintenance to minimise the risk of toxic plants within the grounds and premises.

Risky Play

Educators will provide an environment that encourages children to effectively learn in play which involves and immerses them to take risks. No play space is risk free. It is important to children's development for them to become adventurous and create opportunities to explore and test their own capacitates, manage risk, and to grow as capable, resourceful and resilient people.

Educators will assess the risks to children's safety and develop guidelines to encourage children to test their abilities within a safe environment. When we find children exploring risky play, Educators will supervise and assist when appropriate.

The Approved Provider, Management and Nominated Supervisors are committed to:

- Providing all employees with a safe and healthy working and learning environment.

- Ensuring the health and safety of children, volunteers and visitors to the Service so far as reasonably practicable.
- Providing and maintaining an environment free of risks or hazards to health and safety so far as reasonably practicable
- Providing and maintaining an environment that is tobacco, alcohol and drug free.
- Ensuring the provision of adequate facilities to protect all persons from risks to their health and safety including access to adult toilets, provision of hand hygiene resources (soap and water, alcohol-based hand sanitiser, paper towel) and personal protection equipment (PPE) (disposable gloves, masks, glasses)
- Implementing a proactive process of risk management facilitating continuous improvement
- The identification, assessment and management of psychological and psychosocial hazards through detailed risk assessments
- Promoting dignity and respect within the Service and acting to prevent and respond to bullying in its workplace.
- Supporting and promoting health and wellbeing.
- Meaningful consultation with employees regarding work health and safety issues.
- Providing staff with appropriate information, training and guidance to facilitate a safe and productive work and learning environment.
- Providing an effective and accessible safety management policy/procedures for all employees to guide safe working and learning throughout the workplace.
- Reporting incidents and accidents in accordance with National Regulations and Service policy requirements to ensure action can be taken to manage the incident or accident, prevent further incident and accidents and provide support where required.
- Ensuring Safety Data Sheets (SDS) are provided for all hazardous chemicals used at the Service.
- Implementing a thorough induction and orientation program for new staff and employees
- Notifying the regulatory authority within 24 hours of any incident, situation or event that has occurred and presented imminent or severe risk to the health, safety and/or wellbeing of any person present at the Service or if an ambulance was called in response to the incident/situation (not as a precaution)
- Investigating and managing any incident or accident to prevent further reoccurrence.
- Providing return to work programs to facilitate safe and sustainable return to work for employees.
- Implementing safety management systems / procedures
- Ensuring a clear process is in place regarding raising complaints and grievances related to bullying, discrimination and harassment.
- Ensuring complaints or grievances are treated seriously and immediate action is taken in a timely manner.
- Keeping up to date about current health risks and implement risk minimisation measures to reduce the risk of transmission of viruses such as coronavirus (COVID-19)
- Maintaining accurate records of all WHS issues and maintenance.
- Providing a program of continuous improvement through engaging with industry, new technology and reviewing and updating policies and procedures.

The Educators will ensure:

- The health and safety of children, families and visitors to the Service is paramount.
- Service policies and procedures are being followed and adhered to.

- Workplace incidents are reported and investigated to ascertain the circumstances of the incident or accident and take appropriate action to prevent further incidents from occurring.
- Comply with any reasonable instruction or lawful direction, including wearing personal protective equipment supplied by the employer as required.
- Report any incidents and hazards and participate in training and consultation with the support of management.
- That if an incident, situation or event does occur and presents imminent or severe risk to the health, safety and wellbeing of any person present at the Service or if an ambulance was called in response to the incident/situation (not as a precaution) the Director is notified immediately within 2hrs.
- They observe, implement and fulfil the responsibilities under the current Work Health and Safety Act and National Regulations.
- That they know the location of fire extinguishers, blankets or other safety devices and know how to use them.
- They follow the correct manual handling procedures.
- They take practical steps for their own health and safety and of others affected by their actions at work.
- Work areas are safe and help reduce accidents to themselves and others.
- Notify management of any incidents and accidents in the workplace as soon as practicable.
- All safety checklists are implemented as required on a regular basis.
- Correct record keeping procedures for incidents and accidents etc. Including the Quality Improvement Plan and WHS Reporting folder are followed.
- Identified risks are assessed and controlled.
- That any potential and actual hazards in the workplace are reported to the Health and Safety Representative or Director.
- To report any potential and actual hazards in the workplace to the Nominated Supervisor/Management.
- They adhere to label instructions when using chemicals and other hazardous materials, both in relation to usage and PPE.
- Contact the Poison Information line 13 11 26 or call an ambulance on 000 in the event any poisonous chemicals or substances are ingested.
- Children's equipment is regularly checked.
- Supervise children at all times.
- Store all dangerous chemicals appropriately.
- Keep children out of kitchen areas.
- Ensure all power points have safety plugs.
- Do not have hot drinks around children.
- Shut and lock all gates behind them.
- Clean up all spills immediately (to prevent slipping).
- Current work health and safety knowledge is maintained.

Families and visitors are to:

- Take reasonable care of their own health and safety when visiting the Service, including the safety and health of their own children not enrolled in the Service.
- Report health and safety issues and participate in consultation in work health and safety affecting them.
- Take reasonable care to ensure they don't affect the health and safety of other people (e.g.: Health Declaration for infectious diseases)
- Comply with Service policies and procedures in relation to WHS including actions to reduce the risk of transmission of infectious diseases or illnesses such as physical distancing (if recommended by Australian Government Department of Health) personal hygiene practices and exclusion if children and visitors if unwell.

- Comply with Service policies and procedures related to the use of tobacco, alcohol and drugs at all times.
- Provide Working with Children Check details as required (visitors/contractors)
- Ensure they are never left alone with children.
- Follow Service policies and procedures in relation to work health and safety.

SOURCE

- Australian Children's Education & Care Quality Authority. (2014)
- Australian Government Department of Education
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015
- ECA Code of Ethics
- Guide to the National Quality Standard & Framework
- Work Health and Safety Act
- Work Health and Safety Regulations
- Staying Healthy in Child Care 5th Edition
- SafeWork Australia
- Childcare Desktop
- Revised National Quality Standards

REFERENCES

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1	*Health*	Each child's health and physical activity is supported and promoted
2.1.1	*Wellbeing and comfort*	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
2.1.2	*Health practices and procedures*	Effective illness and injury management and hygiene practices are promoted and implemented.
2.1.3	*Healthy Lifestyles*	Healthy eating and physical activity are promoted and appropriate for each child
2.2	*Safety*	Each child is protected
2.2.1	*Supervision*	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2	*Incident and emergency management*	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
2.2.3	*Child Protection*	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

Children (Education and Care Services) National Regulations NSW	
82	Tobacco, drug and alcohol-free environment
83	Staff members and family day care educators not to be affected by alcohol or drugs

168	Policies and procedures are required in relation to health and safety
171	Policies and procedures to be kept available

Code of Conduct Policy

BACKGROUND & AIM

At Armidale Montessori Preschool we believe in forming an inclusive and welcoming environment and workplace by providing experiences that motivate and facilitate personal growth and development for staff and educators. The values that underpin our work ethic include equality, respect, inclusivity, integrity and responsibility.

Our Service aims to establish a common understanding of workplace standards expected of all employees of the Service. We aim to ensure positive working relationships are formed between all educators and management, promoting dignity and respect by avoiding behaviour, which is or may be perceived as harassing, bullying or intimidating. Educators and management will always conduct themselves in an ethical manner and strive to make all interactions positive and compliant in accordance with the Service's philosophy.

Our Service is committed to creating and maintaining an environment that promotes the safety of all children and embeds the National Principles for Child Safe Organisations. All staff and volunteers are responsible for promoting a culture of safety and wellbeing to minimise the risk of child abuse or harm to children whilst promoting children's sense of security and belonging.

Armidale Montessori Preschool will uphold the highest standards in ethical conduct in accordance with the ECA Code of Ethics, Education and Care Services National Law and Regulations, Fair Work Act and service philosophy and policy.

SCOPE

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

RELATED POLICIES

• Child Protection Policy • Privacy & Confidentiality Policy • Complaints & Grievances Policies • Interaction with Children and Behaviour management Policy • Responsible Person Policy • Family Communications Policy	• Staffing arrangements policy • Work, Health and Safety Policy • Anti-Bias & Inclusion Policy • Physical Environment Policy • Bullying Discrimination and Harassment Policy

POLICY & PROCEDURES

The aim of this Code is to establish a common understanding of the standards of behaviour expected of all employees and volunteers. It provides assistance and guidance on how to best support children and how to avoid or better manage difficult situations.

The Approved Provider, Nominated Supervisor, Educators and Staff, Volunteers and Students will adhere to the Early Childhood Australian Code of Ethics, National Regulations and Quality Standard and Service policies and procedures at all times, promoting positive interactions with the Service and the local community.

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

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

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

Our Service takes every reasonable effort to accommodate the diversity of all children in implementing the Child Safe Standards. We are committed to the safety and wellbeing of children and young people. We recognise the importance of and responsibility for, ensuring our Service provides a safe and supportive environment which respects and fosters the rights and wellbeing of children in our care. We are dedicated in promoting cultural safety for Aboriginal children, cultural safety for children from culturally and/or linguistically diverse backgrounds and to providing a safe environment for children with a disability.

Approved Provider, Nominated Supervisor, Director, educators, staff members, Committee members, volunteers and students will maintain the following ethical conduct ideologies at all times, and encourage positive interactions within the Service and the local community.

- All employees, management and Committee members are required by law to undergo a Working with Children Check, which is verified by the Director.
- Employees, Management and Committee members will be committed to the Service philosophy and values, inclusive of best practice in early childhood education and building positive partnerships with children, families and staff.
- Employees & management will adhere to the Service's policies and procedures, including but not limited to Privacy and Confidentiality Policy, Child Protection Policy, Anti-bias and Inclusion policy and Bullying Discrimination & Harassment Policy.
- Ensure effective, open and respectful reciprocal communication and feedback between employees, children, families and management at all times.
- Treat colleagues, children and families with respect. Bullying or insulting behaviour, including verbal and non-verbal aggression, abusive, threatening or derogatory language or intimidation towards other employees, children, visitors or families is unacceptable and will not be tolerated.
- Commit to an Equal Opportunity workplace and culture that values the knowledge, experience and professionalism of all employees, team members and managers, and the diverse heritage of our families and children.
- Ensure honesty, integrity, consistency and dependability in all interactions between children, families, employees, volunteers and managers.
- Commit to a workplace that values and promotes the safety, health and wellbeing of employees, volunteers, children and families.
- Promote a collaborative and collegial workplace by developing a positive working environment in which all can contribute to ongoing development.
- Perform duties to the best of their ability and be accountable for their performance.
- Adhere to the Service *Statement of Commitment to Child Safety* demonstrating a strong culture of child safety within the Service.
- Understand that *child safety is everyone's responsibility.*

- Promote the safety, participation and empowerment of children with culturally and/or linguistically diverse backgrounds (including Aboriginal and Torres Strait islander) to support children to express their culture and enjoy their cultural rights.
- Promote the safety, participation and empowerment of children with a disability.
- Adhere to the comprehensive probation and induction orientation program for all new employees, volunteers and students to include awareness of their roles and responsibilities in relation to Child Safe practices expected codes of conduct.
- Be courteous and responsive in dealing with colleagues, families, Committee members and the community.

Leaders and Management (including Committee) will:

- Promote a collaborative and interconnected workplace by developing a positive working environment where all employees can contribute to the ongoing continuous improvement of the Service.
- Ensure all staff have access to the Service Policies and procedures.
- Promote leadership by working with employees to improve professional development and growth.
- Provide ongoing support and feedback to employees.
- Inform employees about essential information and make documents readily accessible to them.
- Model professional behaviour at all times whilst at the Service
- Implement supportive and effective communication systems, consulting employees in appropriate decision making.
- Take appropriate action if a breach of the code of conduct occurs.
- Promote open and effective communication with all staff regarding *Right to Disconnect* provisions under Fair Work Act- including out of hours emergency contact and expectations of staff.
- Share skills and knowledge with employees
- Give encouragement and constructive feedback to employees, reflecting the value of different professional approaches.
- Ensure all Educators and staff are made aware of their obligations through personal discussions, staff meeting activities and opportunities to critically reflect upon ethical practice.
- Follow recruitment policies and procedures to ensure all potential candidates undergo appropriate background checks, including Working with Children Checks. WWCC to be verified.
- Model and provide guidance to educators and staff to ensure compliance with a zero tolerance of racism within the Service.
- Report any allegations or child related misconduct as per their legislative requirements – this may include reporting the matter to the Police, Child Protection Helpline, Children's Guardian.
- Ensure workplace conflict is managed effectively by:
    - Remaining objective and impartial
    - Addressing any possible breach of the code of conduct by any employee as soon as you become aware of the breach.
    - Investigating and taking remedial action, or disciplinary action (ranging from a caution to dismissal) where allegations of a breach of conduct are made.
    - Considering all relevant facts and making decisions or taking actions fairly, ethically, consistently and with appropriate transparency. If uncertain about the appropriateness of a decision or action, they will consider:
        - whether the decision or conduct is lawful
        - whether the decision or conduct is consistent with our policies and objectives

- whether there will be an actual, potential or perceived conflict of interest involving obligations that could influence the business relationship or conflict with business duties.

Employees will:

- Ensure that they adhere to the Staff Code of Conduct Policy.
- Ensure they hold a current and valid Working With Children Check.
- Complete a prohibition notice declaration on the *Employment Information Form* to acknowledge they do not hold any prohibition notices that would prevent them from working with children
- Notify management immediately of any enforcement actions issued to them during their course of employment
- Ensure their work is carried out proficiently, harmoniously and effectively.
- Act in a professional and respectful manner at all times whilst at work, giving their full attention to their responsibilities and adhering to all Service policies, procedures, laws, regulations and National Quality Standards.
- Act honestly and exercise attentiveness in all Service operations.
- Carry out all lawful directions, retaining the right to question any direction which they consider to be unethical. If uncertain they can seek advice from the Director, Approved Provider, Nominated Supervisor or the Ombudsman.
- Have a solid understanding of the Service's policies and procedures, Child Safe Standards and the ECA Code of Ethics, if uncertain about the content of any policy or procedure with which they must comply; employees should seek clarification from the Director, Nominated Supervisor or Approved Provider.
- Be courteous and responsive when dealing with colleagues, students, visitors, children, committee members and families.
- uphold the rights of children and always prioritise their needs.
- treat all children and young people with respect.
- promote the wellbeing and safety of children and take all reasonable steps to protect children from abuse.
- respect the privacy of children and their families by keeping all information about child protection concerns confidential and only share information to promote child wellbeing or safety and /or manage risk of family violence with other Information Sharing Entities (IES) as per state/territory legislation.
- provide adequate supervision of children at all times.
- understand their legislative responsibility as mandatory reporters to report any allegation of child abuse, neglect or possible risk of harm to management or Child Protection authority.
- understand their legislative responsibility to report any inappropriate action of any other employee that involves children or young people to management as part of the *Reportable Conduct Scheme*
- report any instances of suspected corrupt conduct, mismanagement of government funds or other serious allegation to the Department of Education via their Online contact form.
- follow and comply with the *Complaints and Grievance Policies* when matters are raised regarding Child Safety and Wellbeing
- Work collaboratively with colleagues and recognise and value diversity.
- Be mindful of their duty of care towards themselves and others.
- Be positive role models for children and respect the rights of children at all times.
- Respect the confidential nature of information gained about each child participating in the program.
- Report any breaches in the code of conduct to the Director/management.
- participate in all mandatory training, including update of Child Protection Law training and reporting process every 12 months.

- ensure compliance with a zero tolerance of racism within the Service
- report any incidents or bullying, discrimination or harassment, including sexual harassment they have experienced or witnessed
- engage in critical reflection to inform individual and collective decision making and ensure continual improvement, including a review of Child Safe policies and procedures.

The Director, Approved Provider, Nominated Supervisor, educators, staff members and volunteers will NOT:

- Use Abusive, derogatory or offensive language.
- Engage in conduct that is detrimental to the professional standing of our Service, is improper or unethical, is an abuse of power, or harasses, discriminates against, victimises, humiliates, intimidates or threatens other educators, staff members, volunteers or visitors at the Service, either directly or indirectly via information technology such as email, text or social media. Additionally, they will not support those who do this.
- Accept an offer of money, regardless of the amount.
- Seek or accept a bribe.
- Acquire personal profit or advantage because of their position (e.g., through the use of Service information).
- Exchange any property of the Service for own use unless properly authorised.
- Approach other employees, managers or visitors directly on individual matters that are irrelevant to them.
- Engage in any action in breach of our Privacy and Confidentiality Policy, including but not limited to disclosure of confidential Service or customer information, or the improper or illegal use of that confidential information. Authorised persons will only access confidential information for the purpose intended.
- Engage in or support any action in breach of Service policies and/or procedures.
- Drink alcohol or use illicit substances on the Service's premises or come to the Service under their influence.
- Smoke on the Service's premises.
- Condone or participate in illegal, unsafe or abusive behaviour towards children, including physical, sexual or psychological abuse, ill-treatment, neglect or grooming.
- Exaggerate or trivialise child abuse issues.
- Fail to report information to the Director/approved provider if they know a child has been abused.
- Engage in unwarranted and inappropriate touching involving a child.
- Persistently criticise and/or denigrate a child.
- Verbally assault a child or create a climate of fear.
- Share details of sexual experiences with a child
- Use sexual language or gestures in the presence of children.
- Discriminate against any child, because of culture, race, ethnicity or disability.
- Put children at risk of abuse- refusing food/play, making threats, exposing children to inappropriate language or material (movies, internet, photos)
- Show preferentialism towards any child.

Families, visitors and children will:

- Treat all children at the service equally and respectfully.
- Report any suspicious behaviour to the Director, Nominated Supervisor or Approved Provider and encourage a safe and supportive Service environment.
- Respect the rights, dignity and worth of every person, regardless of their abilities, gender, religion or cultural background.
- Refrain from bullying, harassing or discriminating against any child or adult at the Service.

- Tell the Director, an educator or the Education Leader/Nominated Supervisor if witness to any instances of bullying, harassment or discrimination at the Service.
- Cooperate and follow classroom and Service rules.
- Adhere to Service policies and procedures.
- Speak to the Director or the Education Leader/Nominated Supervisor if they are worried, concerned or have a grievance about something.

Families and visitors will not:

- Drink alcohol or use illicit substances while on the Service's premises or come to the Service under their influence.
- Smoke or vape on the service's premises including in the outdoor environment.
- Use abusive, derogatory or offensive language.
- Engage in or support any action in breach of Service policies and/or procedures.
- Condone or participate in illegal, unsafe or abusive behaviour towards children including physical, sexual or psychological abuse, ill-treatment, neglect or grooming.
- Use sexual language or gestures in the presence of children.

Duty of Care

- The approved provider, management and employees have a responsibility to take reasonable care for the health and safety of themselves and others at the workplace to enable compliance with the work health and safety legislation outlined in the *Work Health and Safety Policy*
- Duty of Care relates to both physical and psychological wellbeing of individuals
- The approved provider, management and employees must provide adequate supervision of children at all times and ensure the health, safety and welfare of children and young people in their care. This includes taking all reasonable action to protect children and young people from risk of harm that can be reasonably predicted.

Adhering to Service Confidentiality

- Unless authorised to do so by legislation, employees must not disclose or use any confidential information without appropriate approval (including written approval as required)
- Lawful sharing of information with other parties must be to promote the wellbeing or safety of children and adhere to guidelines under Child and Family Information Sharing Schemes.
- All employees are to ensure that confidential information is not accessed by unauthorised people
- Employees will adhere to the Service's *Privacy and Confidentiality Policy*.

Baby- Sitting by Educators

- All employees of the Service are expected to strictly adhere to the Service Out of Hours Babysitting Policy.
    - All employees of Armidale Montessori Preschool are strongly discouraged from engaging in babysitting services for Service enrolled children, due to legal, insurance, child protection and operational concerns. *The intent is to ensure employees* ***do not*** *engage in private babysitting arrangements for enrolled children as it exposes the Service to greater risk.*
        - Private babysitting arrangements crosses the relationship from professional to personal between the employee and family, often

creating favouritism and unhealthy attachments/reliance by children on the employee, which can have significant disruptive impacts on the Service environment. These arrangements can often have other far-reaching consequences in terms of Safeguarding, public liability and confidentiality.

- Most requests for babysitting are made by families, predicated on a trust relationship built with the staff member as a result of their work at the Service. The foundation of which is the assumption that the Service has done its due diligence with respect to its staff during the recruitment process. Therefore, should an incident occur during a private babysitting arrangement it is likely that the Service will become embroiled in any dispute and be held liable, impacted or discredited.

- There are 2 exceptions to this:
  - Employees can engage in private babysitting arrangements for children or families not enrolled at Armidale Montessori Preschool.
    - However, staff must disclose the arrangement to the Director and make the families aware that the The Service will not take responsibility or be made accountable for any health and safety issues, conduct, grievances or any other claims arising out of the staff member's private arrangements outside of Service hours.
    - While babysitting, staff are bound by contract to the Service's Privacy and Confidentiality Policy, where they are unable to discuss any issues regarding the Service, other staff members, parents or other children.
  - Employees can engage in private babysitting arrangements if a pre-existing relationship exists prior to the enrolment of the child at Armidale Montessori Preschool or prior to the commencement of employment at the Service. In this instance, the procedure detailed in the Out of Hours Babysitting Policy must be strictly followed, with the following exceptions:
    - Out of Hours Babysitting Agreement Waiver will only need to be completed at the time of disclosure of the pre-existing arrangement.
    - The staff member will be eligible to hold a leadership role within the Service.

- Should employees undertake private babysitting arrangements with families, despite Service expectations, they are required to strictly adhere to the procedure detailed in the Service Out of Hours Babysitting Policy:
  - Employees acknowledge that private babysitting arrangements are contrary to Service expectations. As such they will not be able to hold or be promoted into leadership roles within the Service, as Service leaders are expected to uphold, role model and enforce Service policies and expectations and act in the best interests of the Service to mitigate risks.
  - Our Service takes no responsibility for any private arrangements between staff members and families. However, we do expect staff to inform the Director if they are babysitting or caring for a child that attends the Service.
  - At each instance of babysitting, the employee and family will be required to complete the '*Out of Hours Babysitting Agreement Waiver'* acknowledging that they waive the right to hold the Service liable and/or accountable should a child be harmed whilst an employee is in their employment outside of the Service.
  - Babysitting arrangements must not interfere with the employee's job/work, or availability to work at the Service

- The Service will not take responsibility or be made accountable for any health and safety issues, conduct, grievances or any other claims arising out of the staff member's private arrangements outside of Service hours.
- The staff member will not be covered by the Service's insurance whilst babysitting as a private arrangement. Any injuries or medical conditions sustained as a result of babysitting, which impacts their ability to work at the Service will not be covered by the Service insurance.
- Staff must understand that an incident whilst babysitting could have an impact on their suitability to work at the Service
- While babysitting, staff are bound by the contract of the Service's Privacy and Confidentiality Policy, where they are unable to discuss any issues regarding the Service, other staff members, parents or other children. Violation of this policy will result in disciplinary action.

Use of alcohol, drugs and tobacco

- Smoking or vaping is NOT permitted in or on surrounding areas of the Service. If an employee is found smoking or vaping on the premises, that employee may be dismissed.
- It is expected that the odour of cigarette smoke will not be detected on an employee's clothing. If an employee is found smoking/vaping on the premises, that employee's employment may be terminated. Our Service supports the Smoke Free Environment Act 2000. The Service and its employees will follow all conditions outlined in this act.
- Our Service is bound by the Education and Care National Regulations. As such, alcohol, drugs or other substance abuse by employees can have serious adverse effects on their own health and the safety of others. As such, all employees must not:
  - Consume alcohol nor be under the influence of alcohol while working.
  - Use or possess illegal drugs at any workplace.
  - Drive a vehicle, having consumed alcohol or suffering from the effects of illegal substances.
  - Bring alcohol or any illegal drugs on the premises.
- If a co-worker suspects another to be affected by drugs or alcohol, they must inform the Director or the Nominated Supervisor immediately. No employee will be allowed to work under the influence of drugs or alcohol.
- Employees undergoing prescribed medical treatment with a controlled substance that may affect the safe performance of their duties are required to report this to the Director or the Nominated Supervisor. Consideration will be given as to whether the particular medication affects the person's capacity to provide education and care to children.
- All issues pertaining to these matters shall be kept strictly confidential. A breach of this policy may initiate appropriate action including the termination of employment.

Dress Code

All employees must adhere to the Service uniform requirements when on duty.

The Armidale Montessori Preschool uniform consists of a sky blue short-sleeved Polo shirt, a navy jumper and navy jacket with Service logo and black pants/skirt/shorts. The polo shirt, jumper and jacket will be provided to all staff members by the Service.

Educators/staff must ensure:

- Pants /shorts worn do not hinder on the delivery of appropriate supervision and

care of the children. They are sufficient in length (knee or below) to maintain a professional manner at all times. E.g., short shorts are not acceptable.

- They wear closed in shoes at all times. Thongs or high heels are not acceptable and may provide a hazard not only to staff but the children within their care.
- Jewellery is kept to a minimum with care taken to not wearing sharp, raised stones on rings. Multiple/long/hooped earrings and necklaces will not be worn as they may invite children to pull on them or could get caught on objects whilst performing daily tasks.
- Body piercing is kept to a minimum. Body piercing that may cause a risk to the educators/staff member or children, are to be removed or covered appropriately.
- Not to wear or display items of clothing or tattoos that contain offensive language and/or graphics. Professional dress is required at all times.
- A high level of good personal hygiene and grooming at all times.
- Strong perfumes will not be worn as they may cause allergic reactions in children.
- No offensive logos or political statements are to be displayed on clothing.

Personal Phone Calls/Mobile Phones/Smart Watches

- Employees are not authorised to use the Service's phones for personal reasons unless in the case of an emergency or with permission from management.
- No personal mobile phones are to be used or carried during working hours, unless authorised by management.
- No personal mail or deliveries should be directed to the Service unless pre-approval is received from management.
- Educators and staff are not to contact families or children of the Service for personal reasons.
- Employees are not permitted to use smartwatches to access emails and social media during working hours. Smart watches are only to be used for viewing the time.
- If it becomes apparent that educators are using their Smart watches to check and respond to messages during shifts, they will be asked to either leave them at home or place in a designated locker / secure location until the end of their shift.
- Children are at no time to be given access to staff mobile phones.
- If, for personal reasons a staff member needs to remain contactable from someone outside the Service they should ensure that the situation is explained to management and that the service's primary contact details are passed on to the persons/family outside the Service.
- personal mobile phones and Smart watches may be used during shift breaks when employees are free from work and supervision duties. They are not to be used in general sight of children, unless a situation arises where there is an emergency.

Social Networking sites

- The Service offers a Facebook page as a communication and marketing tool. The administrator of the account is the Service's Director and Education Leader.
- The Administrators control the content on the page and ensures that the postings are relevant and respectful of the Service, the children, the staff, families, and greater community.
- Staff members who have a personal Facebook account are not permitted to post any negative comments relating to the Service, children, colleagues, or families.
- Staff members are to use their own personal discretion when adding a family of the Service as a 'friend' on Facebook. The Service does not recommend staff to add families of the Service as they will be seen still as a representative of the Service and held to the Service's Code of Conduct on all posts on their private 'wall' if families have access.

- Families are required to respect that staff may have a personal policy on adding families due to their professional philosophy and that the Service does not recommend staff to have families as friends on their private account.
- Staff members are not permitted to request the 'friendship' of families from the Service.

Taking images of Children

- Only service-issued/approved devices are to be used when taking images or video of children
- Written consent must be provided by parents/guardians for children's images to be used/shared on the Service communications ap, social media platforms, website or for marketing purposes.
- Strict protocols are implemented for appropriate storage and retention of images and videos of children

Service Email

- Email is to be used only for Service usage, not for private communications.
- Passwords and access privileges are treated as strictly confidential to the Educator issued with that access or persons delegated to know and use that access in the normal course of operation. It is the responsibility of the authorised user to take fair and reasonable steps to ensure the passwords and other forms of access are held safe.
- Employees are to be aware that their Service email account may be accessed by Management at any time.

Record Keeping

- Employees and management will maintain full, accurate, and honest records as required by the Education and Care Services National Regulations
- Employees must not destroy records without permission from management
- Records must be retained and stored securely.

Reporting a breach of the Code of Conduct

Our Service aims to foster a culture of transparency and accountability while supporting employees to report any reasonable suspicion of reportable matters of improper, illegal or misconduct within the service to management including, but not limited to:

- breaches of the Service code of conduct or service policies
- breaches of Education and Care Services National Law or Regulations
- breaches of legislation or law
- criminal activity
- corruption
- conduct that poses a danger or harm to any person/s
- harassment or discrimination
- improper or misleading financial practices

Breaches of the Code of Conduct resulting in Disciplinary Action

All staff members are made fully aware that the following breaches of the Code of Conduct and role responsibilities may result in disciplinary action.

- Violation of Service Policies and Procedures
- Unprofessional conduct
- Failure to uphold their duty of care.

- Refusal to complete mandated professional training.
- Using a personal mobile phone or devise to take unauthorised photographs or videos of children
- Continued personal phone calls.
- Poor work standards
- Carelessness or negligence
- Lack of personal cleanliness
- Failure to report health, fire or safety hazards.
- Repeated tardiness
- Taking excessive breaks
- Refusing to work as directed.
- Interfering with work schedules

Breaches of the Code of Conduct resulting in Dismissal

All staff members are made fully aware that the following breaches of the Code of Conduct and role responsibilities may lead to termination of employment:

- Reporting to work under the influence of alcohol or drugs
- Possessing or selling drugs at the Service
- Immoral, immature or indecent conduct while at the Service
- Inappropriate use of company equipment
- Possessing a dangerous weapon while at the Service
- Bringing disrepute to the Service
- Bringing disrepute to the relationship between a family and the Service
- Disclosure of confidential information
- Inability to maintain or hold a current Working With Children Check.
- Unauthorised solicitation or distribution of money or materials
- Taking, abusing or destroying company property
- Falsification of reports, documents or wages information
- Stealing, abusing, defacing, or destroying company property
- Failure to report for work.
- Walking off the job
- Unauthorised absences
- Vulgarity, disrespectful conduct to families, management, committee or colleagues
- Making or publishing false, vicious or malicious statements about any client, employee, supervisor, the company or its services
- Failure to hand in lost property is regarded as stealing and dismissal will follow. Lost property is to be handed to the Nominated Supervisor.

SOURCES

- Australian Children's Education & Care Quality Authority.
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics.
- Guide to the National Quality Standard and Framework.
- National Principles for Child Safe Organisations
- NSW Office of the Children's Guardian
- Anti-Discrimination Act
- Fair Work Act
- Industrial Relations Act
- Work Health and Safety Act
- Ombudsman Act
- Childcare Desktop

- Privacy and Personal Information Protection Act
- Revised National Quality Standard 2018

REFERENCES

National Quality Standard (NQS)

Quality Area 4: Staffing Arrangements		
4.1	*Staffing arrangements*	Staffing arrangements enhance children's learning and development
4.1.2	*Continuity of staff*	Every effort is made for children to experience continuity of educators at the service
4.2	*Professionalism*	Management, educators and staff are collaborative, respectful and ethical
4.2.1	*Professional collaboration*	Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills
4.22	*Professional Standards*	Professional standards guide practice, interactions and relationships

Quality Area 7: Governance and Leadership		
7.1.1	*Service philosophy and purpose*	A statement of philosophy guides all aspects of the service's operations. 7
7.1.3	*Roles and responsibilities*	Roles and responsibilities are clearly defined, and understood, and support effective decision making and operation of the service.

Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
82	Tobacco, drug and alcohol-free environment
84	Awareness of child protection law
155	Interactions with children
168	Education and care services must have policies and procedures
170	Policies and procedures to be followed

Out of Hours Babysitting Policy

BACKGROUND & AIM

The approved provider and management are responsible for any actions or activities that staff members may engage in that could breach confidentiality protocols. This applies whether at the Childcare Service, or in situations that may arise outside of operating hours.

The Service works to develop a positive and supportive relationship with children and families. We understand that for convenience, families may request individual staff members to babysit or nanny for them outside the Service hours of operation. These requests are usually predicated on a trust relationship that is built as a result of the staff members employment at the Service. The foundation of which is the assumption that the Service has done its due diligence with respect to its staff during the recruitment process. Therefore, should an incident occur during a private babysitting arrangement it is likely that the Service will become embroiled in any dispute and be held liable, impacted or discredited.

While we pride ourselves on employing staff who are suitably qualified, experienced, reliable and suitable for our Service, we are unable to provide assurance to families of a staff members suitability to look after a child or children unsupervised in a babysitting environment away from our Service.

Private babysitting arrangements crosses the relationship from the professional to the personal between the employee and family, often creating favouritism and unhealthy attachments/reliance on the employee by the child/ren, which can have significant disruptive impacts on the Service environment. These arrangements can also often have far reaching consequences in terms of Safeguarding, public liability and confidentiality.

SCOPE

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

RELATED POLICIES

• Child Protection Policy • Staff Code of Conduct Policy • Interactions with Children and Behaviour Management Policy • Family Communications Policy	• Privacy and confidentiality Policy • Supervision Policy • Arrival & Departure Policy • Code of Conduct Policy

POLICY & PROCEDURES

With this policy we aim to provide guidelines to staff and families regarding out of hours babysitting arrangements for enrolled children of the Service, which is a separate arrangement to the care and education we provide.

Due to possible legal and insurance implications, and child protection legislation and privacy, we strongly discourage employees from babysitting enrolled children outside of work hours.

Should staff undertake private babysitting arrangements with families, contrary to Service expectations, they are required to strictly adhere to the procedures detailed below:

- Staff must advise the Director of the Service that a request has been made by a family.
- Staff acknowledge that private babysitting arrangements are contrary to Service expectations, and as such they will not be able to hold or be promoted into leadership roles within the Service, as Service leaders are expected to uphold, role model and enforce Service policies and expectations and act in the best interests of the Service to mitigate risks.
- At each instance of babysitting, the employee and family will be required to complete the '*Out of Hours Babysitting Agreement Waiver'* acknowledging that they waive the right to hold the Service liable and/or accountable should a child be harmed whilst an employee is in their employment outside of the Service.
- Babysitting arrangements must not interfere with the employee's job/work, or availability to work at the Service
- The Service will not take responsibility or be made accountable for any health and safety issues, conduct, grievances or any other claims arising out of the staff member's private arrangements outside of Service hours.
- The staff members will not be covered by the Service's insurance whilst babysitting as a private arrangement. Any injuries or medical conditions sustained as a result of the babysitting, which impacts on their ability to work at the Service will not be covered by the Service insurance.
- Staff must understand that an incident whilst babysitting could have an impact on their suitability to work at the Service
- While babysitting, staff are bound by the contract of the Service's Privacy and Confidentiality Policy, where they are unable to discuss any issues regarding the Service, other staff members, parents or other children. Violation of this policy will result in disciplinary action.
- Staff must ensure favouritism does not emerge in the daily delivery of their role duties and responsibilities within the Service, as a consequence of the babysitting.
- If a staff member is to collect a child from the Service, they must be authorised and/or listed as having authority to do so on the child's enrolment form (a record of written authorisation will be kept in the child's enrolment record)
- Families must understand that our Service has a duty of care to protect children whilst on the premises and in our care; this duty of care does not extend to private arrangements between staff and families outside of the Service. However, staff do have a duty to report any health, safety, and/or wellbeing concerns in and outside of work, including child protection concerns.
- Families must be made aware that other adults who may accompany the babysitter may not have the relevant working with children checks, which may render them inappropriate persons to care for children

Babysitting exceptions:

There are a couple of exceptions to the above:

Non-enrolled children

Employees can engage in private babysitting arrangements for children or families not enrolled at Armidale Montessori Preschool.

However, staff must disclose the arrangement to the Director and make the families aware that the The Service will not take responsibility or be made accountable for any health and safety issues, conduct, grievances or any other claims arising out of the staff member's private arrangements outside of Service hours.

While babysitting, staff are bound by the contract of the Service's Privacy and Confidentiality Policy, where they are unable to discuss any issues regarding the Service, other staff members, parents or other children. Violation of this policy will result in disciplinary action.

Pre-existing relationship

If an employee has a pre-existing relationship prior to the child's enrolment at the Service or the employee's commencement of employment at the Service (relative, family friend, etc.) babysitting is not discouraged. However, to ensure the child's health and safety employees will:

- disclose the relationship to the Director and follow the procedures detailed above for babysitting of enrolled children, with the following exceptions:
    - Out of Hours Babysitting Agreement Waiver will only need to be completed at the time of disclosure of the pre-existing arrangement.
    - The staff member will be eligible to hold a leadership role within the Service.

Management/Approved Provider/Nominated Supervisor will:

- keep a record of the babysitting arrangement on the employee's staff file.

SOURCE

- Australian Children's Education & Care Quality Authority. (2014).
- Care for Kids https://www.careforkids.com.au/child-care-articles/article/59/an-overview-on-babysitting
- Education and Care Services National Regulations. (Amended 2023).
- Office of the Children's Guardian. (2023). https://ocg.nsw.gov.au
- *Privacy Act 1988.*
- Revised National Quality Standard. (2018).

REFERENCES

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.2	Safety	Each child is respected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
2.2.3	Child Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

Education and Care Services National Regulations & Law

Education and Care Services National Regulations	
84	Awareness of child protection law
145	Staff record
147	Staff members
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available

Staff Entitlements and Leave Policy

BACKGROUND & AIM

The Staff leave entitlement policy aims to comply with Government legislation and workplace laws to provide clear guidelines in relation to employment conditions and entitlements set by Fair Work Australia through the National Employment Standards and relevant Awards, including but not limited to Children Services 2010 Award and Education Services (Teachers) 2020 Award.

Staff are entitled to leave as provided by their industrial awards and the National Employment Standards.

Our Service aims to ensure staff health and wellbeing, while maintaining:

i. continuity for children and families
ii. financial viability for Armidale Montessori Preschool Inc.

This policy has been developed to communicate expectations and obligations regarding applying for leave from the Service including- Annual leave, Personal/Carer's Leave, Parental Leave Pay, Long Service Leave, Community Service Leave, Family and Domestic Violence Leave, Compassionate Leave, Rostered Days Off, Superannuation, Termination/Resignation of employment and Overtime/ Time in Lieu.

Types of Employment - Full Time/ Part Time/ Casual

A full-time employee is engaged to work an average of 38 ordinary hours per week.

A part-time employee is an employee who is engaged to work on a regular basis for less than 38 hours per week.

Casual employment means employment on a day-to-day basis. Casuals will be paid a minimum of two hours pay for each engagement.

National Employment Standards (NES)

The NES sets minimum employment standards and conditions for employees within Australia including maximum weekly hours, requests for flexible working arrangements, offers and requests to convert from casual to permanent employment, parental leave and related entitlements, annual leave, personal/carer's leave, compassionate leave and unpaid family and domestic violence leave, community service leave, long service leave, public holidays and notice of termination and redundancy pay.

SCOPE

This policy applies to staff and management of the Service.

RELATED POLICIES

• Code of Conduct Policy • Child Protection Policy • Sick Staff Policy • Staffing arrangement Policy	• Governance & Management Policy • Service Management Policy • Privacy and Confidentiality Policy • Responsible Person Policy • Volunteers and Students Policy

POLICY & PROCEDURES

Armidale Montessori Preschool is committed to providing a safe and healthy workplace that supports employees to take breaks away from the workplace to balance work with rest, recreation and family responsibilities.

We will adhere to the minimum staff entitlements dictated under the relevant industrial awards and the National Employment Standards as set out by Fair Work Australia.

All documentation relating to Leave Entitlements is to be stored confidentially in individual staff files.

Annual leave

Annual leave entitlements are provided for under the National Employment Standards (NES).

The Director is responsible for allocating and approving annual leave, using a planned approach.

Annual leave (also known as holiday pay) allows an employee to be paid while having time off from work. All employees (except for casual employees) get paid annual leave.

Full time and part time employees get 4 weeks of annual leave per year, based on their ordinary hours of work (pro-rata basis). Casual employees are not entitled to annual leave.

> ***Example: annual leave for part-time employees***
> Jane is a part-time employee who works 20 hours per week for a year.
> For one year, she will accumulate 80 hours of annual leave (the equivalent of 4 weeks work for her).

Annual leave accumulates from the first day of employment, even if an employee is in a probation period. The leave accumulates gradually during the year and any unused annual leave will roll over from year to year.

Annual leave accumulates when an employee is on:

- paid leave such as paid annual leave and paid sick and carer's leave.
- community service leave including jury duty.
- long service leave.

Annual leave does not accumulate when the employee is on:

- unpaid annual leave
- unpaid sick/carer's leave
- unpaid parental leave.
- Unpaid family and domestic violence leave
- Cashed out annual leave.
- The Australian Government's Paid Parental Leave Scheme if the person is taking unpaid leave from their employer at this time.

Annual leave loading

In addition to the payment provided for by the NES our Service will pay leave loading of 17.5% of that payment.

Taking annual leave

1. Annual leave must be accumulated before it can be taken as paid leave.
2. To apply for annual leave an employee must lodge an annual leave request form at least four weeks before the date they want to start leave.
3. All leave will be subject to approval by the Director. The operational and key staff requirements of the business will be taken into consideration prior to leave being approved. This includes ensuring the Education and Care Services National Regulation (2011) requirements for staffing are met at all times.
4. Where staff need annual leave at short notice for personal emergencies the Service will try to be flexible in trying to help meet the staff member's needs.
5. Once leave has been approved, it should only be changed by agreement between the staff member and the Director.
6. Leave must be taken in each 12-month period and not later than 18 months from the beginning of each 12-month period.
7. To maintain continuity of care, no more than one educator can take annual leave at any one time.
8. Where more than one staff member (educator) wants annual leave at the same time, the leave submitted first will be granted, unless there are extenuating circumstances, in which case the Director will try to reach a decision which meets the needs of everyone concerned, preferably by agreement.

Direction to take Annual Leave

Employees may be directed to take Annual Leave if the employee has an excessive accumulation of Annual leave, usually if the balance of Annual Leave is over 8 weeks.

Christmas Shutdown

Our Service closes for 2 weeks over the Christmas holiday period. Employees are required to reserve adequate Annual Leave entitlements to cover the shutdown period. If the employee does not have sufficient Annual Leave accumulated (due to extenuating circumstances) they will be directed to take Leave Without Pay during the shutdown period.

Sick & Carer's leave

The National Employment Standards includes both paid and unpaid leave sick and carer's leave entitlements. All employees except casuals are entitled to paid sick and carer's leave.

Sick and carer's leave comes under the same leave entitlement.

Sick and carer's leave (also known as personal leave or personal / carer's leave) lets an employee take time off to help them deal with personal illness, caring responsibilities and family emergencies.

An employee can take paid sick leave when they can't work because of a personal illness or injury. This can include stress and pregnancy related illnesses.

An employee can take paid carer's leave to care for or support a member of their immediate family or household who is sick, injured or has an unexpected emergency.

An immediate family member is a:

- spouse or former spouse
- de facto partner or former de facto partner
- child
- parent

- grandparent
- grandchild
- sibling, or
- child, parent, grandparent, grandchild or sibling of the employee's spouse or de facto partner (or former spouse or de facto partner).
- This definition includes step-relations (e.g., stepparents and stepchildren) as well as adoptive relations.
- A household member is any person who lives with the employee.

All Full-time and part-time employees accumulate sick and carer's leave during a year of work. It starts to build up from an employee's first day of work and is based on the number of hours they work. The balance at the end of each year carries over to the next year.

Sick and carer's leave accumulates when an employee is on:

- paid leave such as paid annual leave and paid sick and carer's leave.
- community service leave including jury duty.
- Long service leave
- Paid Parental Leave (not the Government's Paid Parental Leave Scheme)

Sick and carer's leave does not accumulate when the employee is on:

- unpaid annual leave
- unpaid sick/carer's leave
- unpaid parental leave.
- Unpaid family and domestic violence leave

An employee can take as much paid sick or carer's leave as they have accumulated. There is no minimum or maximum amount of paid sick or carer's leave that can be taken at a time.

In certain cases, Armidale Montessori Preschool Inc. many need to review individual staff health and wellbeing in relation to the individual's ability to fulfil their position description and duties. Employees may be requested to provide a medical clearance if management is concerned that the employee may have an injury or illness that provides a risk to their own health or wellbeing or the health or wellbeing to children or colleagues. The employee may be requested to take personal leave or leave without pay until a medical clearance is provided.

Employees leave entitlement:

- 10 days each year for full-time employees
- pro rata of 10 days each year depending on their hours of work for part-time employees.

Example: Sick and carer's leave entitlements for part-time employees
Suzanne is a full-time employee who works 38 hrs, 5 days a week. Rebecca is a part-time employee who works an average of 19 hrs per week, working a 5-day fortnight. Suzanne gets 10 days paid sick and carer's leave per year. Rebecca gets 5 days paid sick and carer's leave per year as she works half the hours Suzanne works.

Notification of Absence due to illness

If an employee is unwell and cannot attend work, they must contact the Education Leader or Director at least 4hours before the commencement of their shift. Text messages/emails/private messages are not an acceptable form of contact, if a response is not received.

If the employee does not notify the Education Leader or Director and do not attend their shift, it will be considered an abandonment of responsibilities and their employment may be terminated.

Taking Sick & Carer's leave

Sick leave will be granted with reference to the staff member's accrued and allocated leave (under their award).

4. Personal leave should not be requested in advance. We encourage all medical appointments to be arranged outside of work hours.
5. The Director may approve sick leave in advance only if it is for a scheduled medical procedure and the staff member supplies medical certificate/evidence.
6. Inability to attend work- If you are unable to attend work you must contact the Director/Education Leader to inform them that you are unable to attend work. Ideally you will make contact at least 4hrs before your shift begins, or in the case of a 7.30am start, phone by 6.00am.
4. A medical certificate signed by a medical practitioner, or a statutory declaration is required for the following absences due to sick and carer's leave:
    - Absence of two consecutive days or longer
    - Absences of one day or longer on either side of a public holiday / RDO / Annual Leave
    - All absences of one day or longer where all your accumulated entitlement has been previously used.
5. When a staff member needs more sick leave than that's accrued under the award allowance, the Director will approve sick leave without pay if the staff member provides a medical certificate.
6. If the required medical certificate is not provided, the staff member may be required to take the days as annual leave or time in lieu.

Unpaid Carer's Leave

All employees, including casual employees are entitled to 2 days unpaid carer's leave.

Employees get 2 days unpaid carer's leave each time an immediate family member or household member of the employee needs care and support because of:

- illness
- injury or
- an unexpected emergency.

Full-time and part-time employees can only get unpaid carer's leave if they don't have any paid sick / carer's leave left.

Unpaid carer's leave can be taken:

- in 1 continuous period (e.g., 2 working days in a row) or
- in separate periods as agreed between the employee and employer (e.g., 4 half days could be taken in a row).

Domestic Violence Leave

The National Employment Standards (NES) provides conditions for all employees, including full-time, part-time and casual employees, to access 10 days of paid family and domestic violence leave within a 12-month period.

The leave is not pro-rated for part-time or casual employees. Family and Domestic Violence Leave does not accumulate each year if it is not used; the 10 days of leave is renewed every 12 months on the employee's work anniversary. Employees are able to take paid Family and Domestic Leave in accordance with the conditions set from Fair Work Australia.

The new 10-day leave entitlement will be introduced from August 1, 2023. The paid Family and Domestic Violence Leave replaces the unpaid Family and Domestic Leave of 5 days.

You must give the Director notice of taking the leave and the period of leave. You must give evidence that the leave is taken for the correct purpose. Depending on the circumstances such evidence may include a document issued by the police service, a court or a family violence support service, or a statutory declaration.

Compassionate & bereavement leave

All employees (including casual employees) are entitled to compassionate leave (also known as bereavement leave).

Compassionate leave can be taken when a member of an employee's immediate family or household:

- dies or
- contracts or develops a life-threatening illness or injury.
- A baby in their immediate family or household is stillborn.
- They have a miscarriage.
- Their current spouse or de facto partner has a miscarriage.

Employees will be able to take compassionate leave for other relatives (e.g., cousins, aunts and uncles) if they are a member of the employee's household, or if the employer agrees to this.

All employees are entitled to 2 days compassionate leave each time an immediate family or household member dies or suffers a life-threatening illness or injury.

The compassionate leave can be taken as:

- a single continuous 2-day period, or
- 2 separate periods of 1 day each, or
- any separate periods the employee and the Service management agree.

Payment for compassionate leave

Full-time and part-time employees receive 2 days paid compassionate leave and casual employees receive unpaid compassionate leave, for each instance.

An employee does not accumulate compassionate leave and it doesn't come out of their sick and carer's leave (or annual leave) balance. It can be taken any time an employee needs it.

If an employee is already on another type of leave (e.g., annual leave) and needs to take compassionate leave, the employee can use compassionate leave instead of the other leave.

Full-time and part-time employees are paid at their base pay rate for the ordinary hours they would have worked during the leave.

This doesn't include separate entitlements such as incentive-based payments and bonuses, loadings, monetary allowances, overtime or penalty rates.

Compassionate leave can't be cashed out.

Notice and evidence.

An employee taking compassionate leave must give the Service Director notice as soon as they can (this may be after the leave has started). The employee must tell the Director of the period, or expected period, of the leave.

The employee will need to provide evidence to substantiate the compassionate leave (e.g., a death or funeral notice or statutory declaration).

If the employee doesn't provide the requested notice or evidence, they may not get compassionate leave.

Community service leave

Employees, including casual employees, can take community service leave for certain activities such as:

- voluntary emergency management activities (e.g., RFS/SES)
- jury duty (including attendance for jury selection).

With the exception of jury duty, community service leave is unpaid.

The Director has the authority to approve and administer the Community Service leave provisions of the Awards.

An employee is entitled to take community service leave while they are engaged in the activity and for reasonable travel and rest time. There is no limit on the amount of community service leave an employee can take.

Voluntary emergency management activity

An employee engages in a voluntary emergency management activity if:

- the activity involves dealing with an emergency or natural disaster.
- the employee engages in the activity on a voluntary basis.
- the employee was either requested to engage in an activity, or it would be reasonable to expect that such a request would have been made if circumstances had permitted, and
- the employee is a member of or has a member-like association with a recognised emergency management body.

A recognised emergency management body is:

- a body that has a role or function under a plan that is for coping with emergencies / natural disasters (prepared by the Commonwealth or a state or territory)
- a firefighting, civil defence or rescue body
- any other body which is mainly involved in responding to an emergency or natural disaster.
- This includes bodies such as:
    - the State Emergency Service (SES)
    - Country Fire Authority (CFA)
    - the RSPCA (in respect of animal rescue during emergencies or natural disasters).

An employee who takes community service leave must give their employer:

- notice of the absence as soon as possible (this may be after the leave starts in the case of an emergency)
- the period or expected period of absence.

An employer may request an employee who has given notice, to provide evidence that they're entitled to community service leave.

Jury Duty

Employees, including casual employees, can take leave to attend jury selection and jury duty.

Employees must advise the Service Director of the period or expected period of leave as soon as possible. If an employee requests leave, they need to provide evidence showing they attended jury selection or jury duty.

Full-time and part-time employees will be paid 'make-up pay' for the first 10 days of jury selection and jury duty. Make-up pay is the difference between any jury duty payment the employee receives (excluding any expense-related allowances) from the court and the employee's base pay rate for the ordinary hours they would have worked.

Before paying make-up pay, the employee needs to provide evidence to show:

- that the employee has taken all necessary steps to obtain jury duty pay
- the total amount of jury duty pay that has been paid or will be payable to the employee for the period.

If the employee can't provide evidence, they won't be entitled to make-up pay.

> **Example: Payment for jury duty**
> Julie was required to attend jury selection and was chosen for the jury. The jury service lasted 12 days. She provided her employer with evidence that she had been paid $60 per day by the court. Julie's base pay rate is $140 per day. Her employer paid her 'make- up pay' of $80.00 per day for 10 days. For the remaining 2 days she did not receive payment from her employer.

Casuals don't get paid for jury duty under the National Employment Standards.

Long Service Leave

Long service leave applies to most NSW employees who are full-time, part-time or casuals.

If an employee has been working for the Service for 10 years they are entitled to 2 months (8.67 weeks) paid leave, to be paid at your ordinary gross weekly wage under the NSW Long Service Leave Act 1955 (the Act). For every subsequent 5 years you are entitled to 1 month (4.33 weeks) paid leave to be paid at your ordinary gross weekly wage.

The Act also provides for a pro-rata entitlement after five years, if the employee resigns because of:

- illness,
- incapacity or
- domestic or other pressing necessity.

If an employee resigns for one of the above reasons, they need to advise the employer in writing at the time of giving notice.

The Act also provides for a pro-rata entitlement after five years, if an employee's services have been terminated by the employer for any reason other than serious and wilful misconduct, or if the employee dies.

Taking long service leave

1. Employees should apply for long service leave using a Leave Request Form, at least three months ahead of when they want to take it.
2. The Director is responsible for arranging and allocating long service leave.
3. Employees will be notified in writing if the request has been approved or not.

Leave will not be granted to any two employees for the same period. Employees are encouraged to take long service leave as soon as they reasonably can after it falls due.

The Service encourages staff to take their long service leave in a full block rather than splitting it.

Parental leave

All employees in Australia are entitled to parental leave.

Under the NES in the Fair Work Act 2009, an employee employed with the same employer for 12 months or more before they or their partner gives birth or adopts a child, may be entitled to up to 12 months of unpaid parental leave. An employee can also request an additional 12 months unpaid leave.

The Director has the authority to approve and administer the Parental leave provisions of the Awards.

Employees can get parental leave when a child is born or adopted. The term 'parental leave' can include:

- Unpaid parental leave
- Government funded payments – paid parental leave scheme.
- Employer-funded paid parental leave

An employee who's been on unpaid parental leave is entitled to come back to the job they had before going on leave.

An employee on unpaid parental leave can shorten their leave, if the employer agrees. If the employer doesn't agree, then the employee has to return to work on the planned date.

Our Service requests 4 weeks' notice for any changes to the planned return to work date.

Having another child

Employees who have taken parental leave don't have to work for another 12 months before they can take another period of parental leave with that same employer.

However, if they have started work with a new employer, they will need to work with that employer for at least 12 months before they can take parental leave.

Paid Parental Leave Scheme

From 1 July 2023 the date of a child's birth or adoption will affect Parental Leave Pay.

For children born or adopted before July 1, 2023, eligible working parents are able to access 18 weeks of government funded Parental Leave Pay. Fathers and other eligible partners may still be able to apply for Dad and Partner Leave for a child born or adopted before July 1, 2023. (Claiming timeframes apply).

For children born or adopted after July 1, 2023, a payment for up to 100 days, or 20 weeks is available to assist parents care for a child. This payment combines the Paid Parental Leave and Dad and Partner's Pay.
See: Parental Leave Pay for child born or adopted after July 2023

Request for flexible working arrangement

Certain employees have the right to request flexible working arrangements. Employers can only refuse these requests on reasonable business grounds.

Examples of flexible working arrangements include changes to:

- hours of work (e.g., changes to start and finish times)
- patterns of work (e.g., split shifts or job sharing)
- locations of work (e.g., working from home).

Employees who have worked with the same employer for at least 12 months can request flexible working arrangements if they:

- are the parent, or have responsibility for the care, of a child who is school aged or younger.
- are a carer (under the Carer Recognition Act 2010)
- have a disability.
- are 55 or older.
- are experiencing family or domestic violence, or
- provide care or support to a member of their household or immediate family who requires care and support because of family or domestic violence.

Requests for flexible working arrangements must:

- be in writing.
- explain what changes are being asked for.
- explain the reasons for the request.

Employers who receive a request must give a written response within 21 days saying whether the request is granted or refused. They can only refuse a request on reasonable business grounds. If a request is refused the written response must include the reasons for the refusal.

Reasonable business grounds can include:

- the requested arrangements are too costly.
- other employees' working arrangements can't be changed to accommodate the request.
- it's impractical to change other employees' working arrangements or hire new employees to accommodate the request.
- the request would result in a significant loss of productivity or have a significant negative impact on the quality of education and care provided.

Over time and Time in lieu

Overtime may be paid in circumstances where the employee works over 38hrs per week or in excess of 8hrs per day. Overtime rates will be paid as per award.

Overtime must be approved by the Director or Education leader prior to the employee working additional hours.

Time in lieu may be selected by the employee for additional hours worked, in order to increase their leave entitlements. Time in lieu is an additional entitlement which is not mandated by the National Employment Standards or the Industrial Awards. If time in lieu is available to an employee this will be indicated on their work agreements.

Any amount of overtime that has been worked by an employee in a particular pay period and that is to be taken as time off instead of the employee being paid for it must be indicated on their timesheets.

The period of time off that an employee is entitled to take is the same as the number of overtime hours worked.

EXAMPLE: An employee who worked 2 overtime hours is entitled to 2 hours' time off.

Time off must be taken:

- within the period of 6 months after the time in lieu is accrued; and
- at a time or times within that period of 6 months agreed by the employee and employer.

If the employee requests at any time, to be paid for overtime covered by an agreement, but not taken as time off, the Service will pay the employee for the overtime, in the next pay period following the request, at the rate applicable to the overtime when worked.

If, on the termination of the employee's employment, accrued time in lieu is present, the Service will pay the employee for the time in lieu at the rate applicable to the overtime when worked.

To take time in lieu leave, employees much lodge a Leaver Request Form and hand it into the Education Leader. Leave request forms must be submitted at least 4 weeks before the leave is requested. Leave will not be granted for any two educators for the same period.

Leave without pay.

Leave without pay will not be approved unless all existing Annual and Personal leave has been utilised. To request leave without pay, employees must lodge a Leave Request Form and hand it into the Director. The Director will advise of the success of the request in writing.

- Staff can apply for short or long-term leave without pay for health, family, study or personal reasons.
- The Director has the discretion to approve leave without pay.
- Staff should submit the Leave Request Form to the Director at least four weeks in advance, giving the reasons for the leave.
- The Director will consider each case based on the needs of both the Service and the staff member.
- Leave without pay will not break service but will not count for accrual of benefits.

Superannuation

All employees who earn above the threshold limit will be entitled to superannuation paid at the statutory rate. Our Superannuation provider is HESTA. If you wish to have your Superannuation paid to your fund of choice you will need to complete the "Superannuation Standard Choice Form". You can obtain a copy from the Nominated Supervisor or online.

Termination/Resignation Conditions

Notice of termination of employment will be as per the employee work agreement for all employees paid above award. For employees on award wages the relevant Award will apply.

In the event of instant dismissal, the notice period may be paid, and the employee asked to leave immediately.

Notice to resignation of employment must be given in writing to the Director.

The Service will provide an extra week of notice on termination of employment if the

employee is over 45 years old and have worked for the Service for at least 2 years.

Absence from employment without notification

An employee may be taken to have abandoned their employment if they do not provide notification of absence. The Education Leader/Nominated Supervisor will make reasonable attempts to contact the employee, if the employee does not respond to these attempts the termination of employment procedure will be affected.

SOURCES

- Australian Children's Education & Care Quality Authority.
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- Guide to the National Quality Standard.
- Australian Government Fair Work Ombudsman
- Australian Government Services Australia Paid Parental Leave scheme employer kit https://www.servicesaustralia.gov.au/organisations/business/services/centrelink/paid-parental-leave-scheme-employers/what-resources-are-available/paid-parental-leave-scheme-employer-toolkit
- Fair Work Act 2009
- National Employment Standards
- Fair Work Commission
- National Quality Standards
- NSW Industrial Relations
- NSW Long Services Leave Act 1955
- Modern Children's Services Award 2010
- Revised National Quality Standard 2018

REFERENCES

National Quality Standard (NQS)

Quality Area 4: Staffing Arrangements		
4.1	*Staffing arrangements*	Staffing arrangements enhance children's learning and development
4.1.1	*Organisation of Educators*	The organization of Educators across the Service supports children's learning and development.
4.1.2	*Continuity of staff*	Every effort is made for children to experience continuity of educators at the service

Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
126	Centre-based services – general educator qualifications
135	Early childhood teacher illness or absence
151	Record of Educators working directly with children
152	Record of access to early childhood teachers
Division 5	Requirements for educators who are early childhood teachers

Sick Staff Policy

BACKGROUND & AIM

National Law and Regulations and Workplace Health and Safety legislation require early childhood education and care services to implement specific measures to minimise the spread of infectious illness and maintain a healthy environment for not only children, but also educators, staff and other adults who may visit the service. Just as we urge families to keep their child away from the Service when they are sick, we also urge staff to take leave if they are unwell, to minimise the transmission of infectious disease and illness to others.

We promote and maintain the health and wellbeing of all staff by ensuring, as far as is reasonably practical, the health and safety of our staff and others at the workplace. Our Service maintains an environment where measures are in place to eliminate or manage hazards and risks of illness or injury. This policy communicates clear directions and guidance about protocols and actions employees should follow to avoid adversely affecting the safety and health of children, other staff members and visitors to the service.

SCOPE

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

RELATED POLICIES

• Control of Infectious Diseases Policy • Code of Conduct Policy • Incident, Illness, Accident and Trauma Policy • Immunisation Policy	• Sick Children Policy • Privacy and Confidentiality Policy • Handwashing Policy • Medical Conditions Policy • Staff leave and entitlements policy.

POLICY & PROCEDURES

We aim to maintain the health of all children, staff, and their families, ensuring a healthy environment and minimising cross contamination and the spread of infectious illnesses.

To enable compliance with Work Health and Safety legislation and our Coder of Conduct Policy, all staff must take reasonable care for their own health and safety and others in the workplace.

Recommendations by the Australian Government National Health and Medical Research Council publication, *Staying healthy: Preventing infectious diseases in early childhood education and care services (*Fifth Edition) and Safe Work Australia, guide our policies and protocols.

Staff are provided with information about the recommended vaccines for early childhood educators including yearly influenza vaccinations as per NSW recommendations.

Staff are requested to provide an *Immunisation History Statement* from the Australian Immunisation Register (AIR) and/or records from their general practitioner to management for their staff record.

Our Service encourages vaccinations in staff as it can minimise the chances of catching a potentially serious infection and the inadvertent spread to children within the Service.

Our Service strongly encourages employees to be vaccinated against coronavirus, in order to reduce the health, social and emotional impacts of the Covid-19 pandemic.

Exclusion periods and notification of infectious diseases are guided by the *Australian Government- Department of Health* and local public health units in our jurisdiction as per the Public Health Act. These apply to children and staff at the Service.

In the event of an outbreak of a vaccine preventable disease at our service, staff who are not vaccinated will be notified and will be excluded from the workplace where feasible.

Management will not permit staff to commence work if they:

- Have had a high temperature (>38C) in the last 24 hours.
- Have had vomiting and/or diarrhoea in the last 48 hours.
- Have been started on anti-biotics in the last 24 hours.
- Have a contagious illness or disease.
- Have taken medication for a temperature (Panadol etc.)

To minimise the spread of illness and infectious diseases the Service will ensure:

- Effective hygiene policies and procedures are adhered to at all times.
- Effective environmental cleaning policies and procedures are adhered to at all times.
- All staff have access to a copy of relevant policies upon employment including Control of Infectious Diseases Policy, Staff leave entitlements Policy, Sick Staff Policy, Sick Children policy and Incident, Injury, Trauma, and Illness Policy.
- Exclusion of children and staff when they are unwell or displaying symptoms of an infectious disease or virus.
- A staff member who has not been immunised/vaccinated will be excluded from the Service if; an infectious disease is reported within the Service community and that staff member is deemed to be in danger of contracting the illness.

The Director, Approved Provider and Nominated Supervisor will ensure:

- staff members are informed about sick leave entitlements during the induction process.
- all staff are aware of the required procedure of informing management when they are sick and unable to attend the workplace.
- staff members are encouraged to disclose any health problems that may be life threatening or may affect their work, e.g., Anaphylaxis, asthma, diabetes, etc.
- the following evidence is provided by a staff member when 2 days or more of sick or carer's leave is taken:
    - a medical certificate stating the nature of the illness and period of time the person is unfit for work, provided by a medical practitioner; or
    - a statutory declaration stating the nature of the illness and period of time the person was ill or needed to provide care for a family member.
- staff are aware of their accrued leave balance each year.
- management monitors and reviews staff absences regularly
- staff are provided with information about available vaccinations to help protect them from serious illnesses such as whooping cough.
- staff are encouraged to have yearly influenza vaccinations.

- staff adhere to our *Work Health and Safety Policy*
- incidents and accidents are reported in accordance with National Regulations and Work Health and Safety guidelines.
- return to work programs are facilitated to assist employees return to work following an injury or incident.
- staff comply with all current public health order directions (including testing and isolation requirements) where required.
- The regulatory authority is notified of any serious incident for which emergency services attend the service.

Employees/Staff will:

- monitor their own health and not attend the workplace if they have an infectious illness or display symptoms of an illness.
- provide management with their *Immunisation History Statement* or other records from their general practitioner to provide evidence of immunisations.
- inform management if they have an infectious illness or display symptoms of an illness, adhering to any public health order directions as required.
- Comply with all public health direction orders (including testing and isolation requirements) where required.
- Disclose any health diagnosis that may be life threatening or may affect their work.
- regularly review their health care plans if they have ongoing medical needs such as asthma or anaphylaxis and provide a copy to management.
- Inform management and other educators the location of their EpiPen if they are at risk of anaphylaxis.
- notify management as soon as reasonably practicable if they are unable to attend work due to illness or injury.
- undertake a covid-19 test if presenting with flu like symptoms and provide management with a negative test result upon request.
- provide a medical certificate or statutory declaration as soon as practicable if sick leave or carer's leave exceeds 1 day.
- communicate their recovery time/plan openly and honestly with management.
- be excluded from the Service if they have had diarrhoea and vomiting for **48 hours** after symptoms have ceased to reduce infection transmission.
- be excluded from the Service if they register a temperature of **38°C** or above with instructions not to return to work until 24hrs after the fever has ceased.
- adhere to exclusion/isolation periods if they have any infectious disease.
- abide by management's decision if requested to take leave due to an outbreak of an infectious disease and they are considered 'at risk'.
- update their emergency contact details in staff records annually or when required.
- inform management if their medical condition/illness or injury affects their ability to perform their job.
- inform management if prescribed medication may cause health or safety issues for themselves or others (e.g.: medication making them drowsy)

Leave entitlements.

Staff are eligible for sick leave, also known as personal leave, to take time off work for personal illness and in certain circumstances, time off work to help care for ill or injured family members. Sick leave must not be used for absences that are not connected with ill health.

Under the Children's Services Award, full time and part time employees are entitled to 10 days of sick and carer's leave for each year of employment (on a pro rata basis). Sick leave accumulates each year. Casuals are not entitled to paid sick or carer's leave.

Evidence, in the form of a medical certificate or statutory declaration will be required for personal or carer's leave when 2 days or more days are taken consecutively.

Privacy and Confidentiality

Employees are required to notify management if they are affected by an infectious disease or if reasonable adjustments need to be made to their duties to allow them to continue to work due to their illness. Advice from a registered medical practitioner may be required to assist in managing work duties and ensuring the wellbeing and safety of others.

Privacy laws, however, protect staff members from disclosing other non-infectious illnesses to their employer. Information about an employee's health cannot be shared with others without their consent. This is applicable for employees who have illnesses such as cancer or a mental illness.

Returning to work after surgery

Staff members who have undergone any type of surgery will need to take advice from their doctor/surgeon as to when it is appropriate and safe to return to the workplace.

A medical clearance statement will be required to ensure the staff member is fit and able to return to normal duties.

Reporting Outbreaks to the Public Health Unit

Outbreaks of communicable diseases represent a threat to public health. To prevent outbreaks, it is important to monitor the number of people who contract certain infectious diseases and their characteristics, and to work with patients and their doctors to help prevent spread to other people.

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

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

Management is required to notify the local public health unit (PHU) by phone (call 1300 066 055) as soon as possible after they are made aware that a child enrolled at the Service or a staff member is suffering from one of the following vaccine preventable diseases or highly infectious illnesses:

- Diphtheria
- Mumps
- Poliomyelitis
- Haemophilus influenzae Type b (Hib)
- Meningococcal disease
- Rubella ("German measles")
- Measles
- Pertussis ("whooping cough")
- Tetanus

- An outbreak of 2 or more people with gastrointestinal or respiratory illness within a 48hr period.

SOURCE

- Education and Care Services National Regulation 2015
- Australian Government – Department of Health
- Australian Children's Education & Care Quality Authority
- A Guide to National Quality Standards
- Department of Health NSW Vaccination of staff working in Early Childhood Services
- Early Years Learning Framework
- Fair Work Ombudsman **https://www.fairwork.gov.au/leave/sick-and-carers-leave**
- Staying Healthy: Preventing infectious diseases in early childhood education and care.
- Work Health and Safety Act
- Guide to National Quality Standards
- Safe Work Australia
- Privacy Act 1988
- National Health and Medical Research Council
- NSW Public Health Unit
- Revised National Quality Standards

REFERENCES

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1	*Health*	Each child's health and physical activity is supported and promoted
2.1.1	*Wellbeing and comfort*	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest, and relaxation
2.1.2	*Health practices and procedures*	Effective illness and injury management and hygiene practices are promoted and implemented

Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
12	Meaning of serious incident
77	Health, hygiene, and safe food practices
83	Staff members and family day care educators not to be affected by alcohol or drugs
85	Incident, injury, trauma and illness policies and procedures
88	Infectious diseases
89	First aid kits
90	Medical conditions policy
174(2)(a)	Serious incident- any emergency for which emergency services attend.

Responsible Person Policy

BACKGROUND & AIM

The Education and Care Services National Law and Regulations determines that a responsible person must be physically present at a centre-based service at all times that an Approved service is educating and caring for children.

Approved providers are responsible for appointing responsible persons in day-to-day charge that are aged 18 years or older, is fit and proper, who has adequate knowledge and understanding of the provisions of education and care to children and have the ability to effectively supervise and manage an education and care service.

The details of the responsible person at any time must be documented and clearly displayed for educators, staff and families.

A responsible person can be:

1. The Approved Provider or a person with management or control
2. A Nominated Supervisor or
3. A person in day-to-day charge of the service

Definitions

Nominated Supervisor	A person with responsibility for the day-to-day management of an approved service. The Nominated Supervisor has a range of responsibilities under the Law and Regulations that govern the operation of education and care services.
Responsible Person	A person who is physically at the Service and has the role of Nominated Supervisor or duly appointed person. The Responsible Person has consented to be placed in day-to-day charge of the Service but does not take on the responsibilities of the Nominated Supervisor rather they ensure consistency and continuity in practices.

SCOPE

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

RELATED POLICIES

• Work, Health and Safety Policy • Code of Conduct Policy • Interactions with children & Behaviour Management Policy • Child Protection Policy	• Staffing Arrangements Policy • Privacy and Confidentiality Policy • Supervision Policy • Service Management Policy • Governance and Management Policy

POLICY & PROCEDURES

Our Service is committed to meeting our duty of care obligations under the National Law & Regulations to ensure a Responsible Person is on the premises at all times to ensure

the health, safety, wellbeing, learning and development of all children at the service.

The name of the Responsible Person will be clearly visible to families and visitors at the main entry to the Service. A record of the Responsible Person will be documented each day via the Responsible Person Register.

If the responsible person needs to change, they will 'hand over' obligations for the role to another duly appointed person at the Service. It is vital that the Responsible Person is documented when taking over this position. The process for determining the Responsible Person will be clear to all educators and staff and followed at all times. Both the outgoing and incoming Responsible Person will converse directly and ensure the name of the Responsible Person presented at the Service appropriately reflects who presently holds the position.

Management will ensure:

- The regulatory authority is notified 7 days prior to a Nominated Supervisor starting at the Service or within 14 days after the person has commenced the role through NQA IT System
- The regulatory authority is notified if the Nominated Supervisor changes their name or contact details, is no longer employed by the Service, has been removed from the role or withdraws their nomination.
- Responsible Persons are appointed who are:
    - over the age of 18 years
    - meet the minimum requirements for qualification, experiences and management capabilities.
    - has a clear understanding of the role.
    - is a fit and proper person.
    - holds a valid current Working with Children Check
    - has completed approved child protection training and is aware of the reportable conduct scheme.
    - has knowledge and a commitment to the National Child Safe standards.
    - has adequate knowledge and understanding of the provision of education and care to children, the Education and Care National Law and Regulations and National Quality Standard, the EYLF, Family Assistance Law and administration of CCS.
    - Has the ability to effectively supervise and manage an education and care service.
    - Accepts the position in writing.
    - is on duty at all times the service in educating and caring for children.

- A Responsible Person will be removed from the position should management become aware of a matter or incident which affects the ability of the person to meet the minimum requirements of the position.
- The Responsible Person interchanges with the Nominated Supervisor in their absence.
- The staff record/roster has the name of the Responsible Person at the service for each time that children are being educated and cared for by the Service.
- The Nominated Supervisor/responsible person signs their name and *present* time on the Responsible Service Record.
- Ensure that the identity of the Responsible Person on duty is displayed in the main entrance of the Service and is easily visible for families and visitors.

- Responsible Persons are aware that they have to sign off when they have finished their duty and will ensure the Nominated Supervisor or appointed Responsible Person (PIDTIC) will sign on and take on the role.

- A staff record is kept recording.
    - the full name, address and date of birth of the Responsible Person/Nominated Supervisor
    - evidence of relevant qualifications
    - if applicable, evidence that the Responsible Person/Nominated Supervisor is actively working towards that qualification.
    - evidence of any approved training (including first aid training and child protection training)
    - verification of a Working with Children Check – identifying number and expiry date.

A Nominated Supervisor/appointed person will:

- Provide written consent to accept the role of Responsible Person/Nominated supervisor.
- Sign their name & *present* time on the Responsible Service Record
- Check that the identity of the Responsible Person in charge of the Service is displayed for families & visitors.
- Inform the Director/Nominated Supervisor in the event of absence from the Service due to leave or illness so they can be replaced by another Responsible Person
- Ensure they have a sound understanding of the role of Responsible Person
- Abide by any conditions placed on the Responsible Person
- Understand that a Responsible Person placed in day-to-day charge of the Service does not have the same responsibilities under the National Law as the Nominated Supervisor.
- In the case of the Nominated Supervisor, notify the Director of any changes to their personal situation, including a change in mailing address, circumstances that affect their status as fit and proper, such as the suspension or cancellation of a Working with Children Check card or teacher registration, or if they are subject to disciplinary proceedings, so that the Director can notify the Regulatory Authority within a 7 day period.
- Notify management at the Service in writing, if they wish to withdraw their consent to be a Responsible person.

SOURCE

- Australian Children's Education & Care Quality Authority. (2014).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015
- Revised National Quality Standards
- Guide to the National Quality Framework
- Guide to the National Quality Standard

REFERENCES

National Quality Standard (NQS)

Quality Area 4: Staffing Arrangements		
4.1	*Staffing Arrangement s*	Staffing arrangements enhance children's learning and development
4.1.1	*Organisation of educators*	The organisation of educators across the service supports children's learning and development

4.1.2	*Continuity of staff*	Every effort is made for children to experience continuity of educators at the service
4.2	*Professionalism*	Management, educators and staff are collaborative, respectful and ethical.
4.2.1	*Professional collaboration*	Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills
4.2.2	*Professional standards*	Professional standards guide practice, interactions and relationships.
Quality Area 7: Governance and Leadership		
7.1	*Governance*	Governance supports the operation of a quality services
7.1.3	*Roles and responsibilities*	Roles and responsibilities are clearly defined, and understood, and support effective decision making and operation of the service.

Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
150	Responsible Person
168	Policies and Procedures
173	Prescribed information to be displayed
177	Prescribed Records
Section 162	Offence to operate education and care service unless responsible person is present
Section 169	Offence relating to staffing arrangements
117A	Placing a person in day-to-day charge
117B	Minimum requirements for a person in day-to-day charges
117C	Minimum requirements for a nominated supervisor

Volunteers and Students Policy

BACKGROUND & AIM

Armidale Montessori Preschool values the participation of students and volunteers, however, the children's care and safety are our first priority.

Our Service supports participation of work placement students (including work experience students) and volunteers wanting to develop professional skills and knowledge in their effort to become Early Childhood Professionals. We aim to build relationships with community members, providing appropriate learning opportunities for students and volunteers to contribute to our program. To ensure a professional and pleasurable learning experience, students and volunteers will be encouraged to participate in the centre's daily routine and assist in accordance with their qualification level to work with children under the National Quality Framework requirements.

Records relating to visitors and students to our service will be maintained.

Educators and staff will abide by regulatory protocol when visitors are in the service.

SCOPE

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

RELATED POLICIES

• Bullying, Discrimination & Harassment Policy • Code of Conduct Policy • Privacy and Confidentiality Policy • Child Protection Policy • Family Communication Policy • Complaints & Grievance Policy - Staff	• Physical Environment Policy • Staffing Arrangements Policy • Supervision Policy • Work Health & Safety Policy • Complaints & Grievance Policy – General • Interactions with Children & Behaviour Management Policy

POLICY & PROCEDURES

We have a strong commitment to provide a range of opportunities for volunteers and students to participate in programs and activities while adhering to clear guidelines regarding appropriate interactions and communication with staff, and other adults and children at the Service.

The Director/Nominated Supervisor will:

- Liaise with learning institutions and accept suitable student placements under the institution's supervision.
- Appoint the Education Leader to be the 'Student Supervisor/mentor,' for the duration of the placement.
- Inform families, children and Educators when work experience students and volunteers are present at the Service, including their role and hours they will be spending at the Service.
- Maintain a visitor's book and request sign in of all visitors to the service.
- Ensure educators and staff understand the regulatory and ethical guidelines relating to visitors at the centre.
- Ensure each student or volunteer holds a current, verified Working with Children

Check.
- Ensure that the Service does not accept volunteers or students who are under the age of 18.
- Be aware of protocols and guidance supplied by universities, TAFEs or RTOs in relation to participating students.

Education Leader will:
- Ensure student's/volunteer's paperwork and insurances are current.
- Ensure the volunteer/student completes a confidentiality and code of conduct agreement prior to commencing their placement.
- Arrange the student or volunteer times/hours and dates of the placement.
- Conduct an orientation for the student or volunteer including a tour of the Service, showing emergency exits, staff room and bathroom facilities.
- Introduce the student or volunteer to educators and their Room Leader.
- Show the student or volunteer where they can access the Service's policies.
- Discuss any relevant important information about specific children with the student or volunteer (i.e., court orders, additional needs, dietary needs) so that the student or volunteer is aware of potential issues.
- Ensure Work Placement Students or Volunteers are never left on their own with children or included in the ratio of adult to children.
- Ensure students do not discuss concerns, issues or complaints with parents, guardians and/or visitors.
- Discuss evolvement of written work and performance with the student or volunteer.
- Discuss any concerns raised by the student with the Student Supervisor.
- Ensure students or volunteers are directly supervised at all times during children's nappy change times.
- Encourage students to use their initiative.
- Ensure the student/volunteer remains up to date with their assessments/tasks to be completed.
- Discuss concerns with student/volunteer with management.
- Never leave the student or volunteer alone with a child or children.
- Provide honest and accurate feedback to the student's training institution supervisor as required.

Educators and staff will:
- Preserve open communication with Work Experience Students and Volunteers about their performance.
- Support all students and volunteers undertaking work experience needs during their placement.
- Work as a team sharing skills and knowledge with each student and volunteer.
- Ensure all educators are provided with relevant information about tasks the student is required to complete in the service as part of their practicum.
- Be aware of student and volunteer expectations.
- Encourage students to ask questions and seek help and advice.
- Be a positive role model, showing appropriate behaviour and conduct themselves in a professional manner.
- Guide the students throughout the day.
- Make the student or volunteer feel welcome and a valued member of the team.
- Ensure the student or volunteer is not left alone with a child or children.
- Direct volunteers and students appropriately and make the Nominated Supervisor & Responsible Person aware of a visitor's presence in the service.
- Welcome family and friends to visit and participate at any time.

Work Placement/Experience Students and Volunteers will:

- Inform the Student Supervisor in writing of what will be expected of them by their training body, University or School, or any other training organisation, and provide time sheets and evaluation forms.
- Participate in the induction process.
- Provide immunisation status.
- Ensure all of their paperwork and insurances are current.
- Ensure they complete a confidentiality and code of conduct agreement prior to commencing their placement.
- Provide the Education Leader with a poster introducing themselves that includes name, photo, course they are studying, institution they are studying at, the focus of their study and the dates and times that they will be at the Service.
- Adhere to all service policies and procedures.
- Provide Probity Check documentation:
    - All students will supply identity details (which includes full name, address and date of birth) to the Nominated Supervisor
    - All students will provide a valid Working with Children Volunteer Check
    - Have a meeting with the Education Leader so that they will receive information regarding the following service policies:
        - Child protection
        - Volunteers and Students
        - Physical Environment
        - Code of Conduct
        - Emergency Evacuation & Lockdown
        - Incident, Injury, Trauma & Illness
        - Philosophy Statement
        - Privacy and Confidentiality
        - Work, Health & Safety
        - Complaints & Grievances
- Follow the instructions and guidance provided by the Service management and educators.
- Refrain from discussing concerns, issues or complaints with parents, guardians and/or visitors.
- Keep up to date with all written work requirements.
- Work a variety of shifts to gain knowledge of different aspects of Service operations.
- Discuss with the Education Leader any problems they may be experiencing.
- Learn about the children through interaction and practical experience.
- Develop the skills and knowledge needed to care for and educate children.
- Learn about the importance of working as part of a team in the Early Childhood Profession.
- Learn strategies employed when working in a team environment.
- Never be left alone with a child.
- Never remove a child from direct staff supervision.

Students at risk:

If Education Leader feels that the student is at risk of failing their practicum, the following steps will be taken:

1. They will alert the student's institutions teacher of any concerns regarding the student.
2. The Education Leader will discuss concerns with the student.
3. The Student Supervisor will arrange for the student's teacher to visit the Service and discuss concerns that have arisen.

4. The student's educational institution and Nominated Supervisor will govern the outcome of the practicum.

Termination of Practicum:

Termination of student's placement will occur if the student:

- Harms or is at risk of harming a child in their care.
- Is under the influence of drugs or alcohol.
- Fails to notify the Service if they will not be attending the Service.
- Is observed using repeated inappropriate behaviour at the Service.
- Does not comply with all service policies and procedures addressed in the student orientation.
- Does not provide the photo with an introduction on commencement.
- Does not keep up to date with their work placement tasks.
- Does not adhere to starting time or break times.
- Removes any child or children from the direct supervision of an educator.

SOURCE

- Education and Care Services National Regulations
- National Quality Standard
- Guide to the National Quality Framework
- Department of Education – Belonging, being and becoming – The early years learning framework for Australia
- Early Years Learning Framework
- Work Health and Safety Act 2011
- Fair Work Act
- Department of Education, Employment and Workplace Relations
- Early Childhood Australia - www.earlychildhoodaustralia.org.au - Dealing with Employee Work-related Concerns and Grievances Policy and Guidelines: NSW DPC
- Preventing and Responding to Workplace Bullying: Safe Work Australia Draft Code of Practice
- Anti-bullying jurisdiction: Fair Work Commission
- Revised National Quality Standards

REFERENCES

National Quality Standard (NQS)

Quality Area 7: Governance and Leadership		
7.1	*Governance*	Governance supports the operation of a quality service
7.1.1	*Service philosophy and purposes*	A statement of philosophy guides all aspects of the service's operations
7.1.2	*Management Systems*	Systems are in place to manage risk and enable the effective management and operation of a quality service
7.1.3	*Roles and Responsibilities*	Roles and responsibilities are clearly defined, and understood and support effective decision making and operation of the service

7.2	*Leadership*	Effective leadership builds and promotes a positive organisational culture and professional learning community
7.2.2	*Educational leadership*	The educational leader is supported and leads the development and implementation of the educational program and assessment and planning cycle
7.2.3	*Development of professionals*	Educators, co-ordinations and staff members' performance is regularly evaluated, and individual plans are in place to support learning and development.

Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
120	Educators who are under the age of 18 to be supervised
145	Staff Records
149	Volunteers and Students
168	Policies and Procedures
170	Policies and procedures to be followed
172	Notification of change to policies or procedures

Interactions with Children & Behaviour Management Policy

BACKGROUND & AIM

Under the Education and Care Services National Regulations, the approved provider must ensure that policies and procedures are in place for interactions with children and take reasonable steps to ensure those policies and procedures are followed.

The Early Years Learning Framework (EYLF) identifies secure, respectful, and reciprocal relationships with children as one the principles that underpin practice. Within an early childhood community many different relationships are negotiated with and between children, educators, and families. Relationships directly affect how children form their own identity, whether or not they feel safe and supported, and ultimately, their sense of belonging.

The right of children to receive positive guidance and encouragement in a supportive and respectful environment is protected in the Education and Care Services National Regulations. Children learn to face a variety of challenges throughout their lives and through this develop not only self-regulation, but positive dispositions such as resilience and perseverance. Learning the difference between acceptable and unacceptable behaviour assists children to regulate their own behaviours in different social and emotional environments when interacting with peers and adults.

Armidale Montessori Preschool aims to create positive relationships with children making them feel safe, secure and supported within our Service. We will ensure children are treated with respect, consistency, fairly and equitably as they are supported to develop the skills and knowledge required to behave in a socially and culturally acceptable manner.

Supporting children to develop socially acceptable behaviour is a primary goal for educators and families. This is embedded in fundamental documents including the Early Years Learning Framework (EYLF), The Education and Care Services National Regulations and the National Quality Standards (NQS).

Children's Rights, Family and Cultural Values

Interactions within the setting are greatly enhanced when children's rights and family and cultural values are given due consideration and respect. Administrative procedures, initial conversations, documentation and ongoing communication with children and families are a reference point for interactions and a foundation for authentic and respectful communication. A culture of respectful interaction is promoted when children's attempts to communicate are valued.

Listening

Educators and staff must use listening as a foundation for interactions. Listening is based on observation and in leaving spaces in conversations and communication, suspending judgement and in giving full attention to children as they communicate. Truly attending to children's communication promotes a strong culture of listening.

Reflection and Consideration

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

Role Modelling

Educators model positive interactions when they: Show care, empathy and respect for

children, educators and staff and families; Learn and use effective communication strategies; Understand that quality interactions increase children's knowledge and understanding of themselves and each other as unique individuals and develop the skills and understandings they need to interact positively with others.

Behaviour guidance
Reflects current thinking about the most positive and effective ways to help children gain understanding and learn skills that will help them to manage their own behaviour. Using appropriate behaviour guidance, educators aim to support each child regulate their own behaviour, respond appropriately to the behaviour of others and communicate effectively to resolve conflicts.

Cool down
A cool down period is a strategy employed when a child is having a difficult moment. They are taken away from the situation/environment, to 'cool down' and regain self-control with the support of an educator. This strategy can be used as an opportunity for educators to support children to regulate their own behaviour.

Self-regulation
The ability to manage energy states, emotions, behaviour and attention: the ability to return to a balanced, calm and constant state of being. Self-regulation is a necessary skill that is actively developed within early childhood environments and is a key factor for mental health, wellbeing and learning.

Inclusion
Taking into account all children's social, cultural and linguistic diversity (including learning styles, abilities, disabilities, gender, family circumstance and geographic location) in curriculum decision-making processes. (EYLF)

SCOPE

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

RELATED POLICIES

• Enrolment & Orientation Policy • Code of Conduct Policy • Supervision Policy • Privacy and Confidentiality Policy • Educational Program Policy • Family Communications Policy • Incident, injury, trauma and illness Policy • Transition to School Policy	• Medical Conditions Policy • Additional Needs Policy • Anti-Bias & Inclusion Policy • Service Management Policy • Physical Environment Policy • Child Protection Policy • Staffing Arrangement Policy • Student and volunteer Policy

POLICY & PROCEDURES

Armidale Montessori Preschool aims to build and maintain positive and respectful relationships with children, families, and educators through collaboration and interactions, which are reflective of our Service philosophy, ACA Code of Ethics, Service Code of Conduct and the Early Years Leaning Framework. We aim to provide a child safe culture where our values and practices that guide the attitudes and behaviour of all staff are

guided by the implementation of the Child Safe Standards and related National Principles for Child Safe Organisations. Educators will encourage positive relationships between children and their peers as well as with educators and families at the Service, ensuring children feel safe and supported.

Children need positive relationships and interactions with educators that are trusting and responsive to their individual needs. We will ensure that interactions with children promote a safe, secure and nurturing environment; be authentic and responsive; be based on fairness, acceptance and empathy with respect for culture, rights, community and the individual.

The behaviour and guidance techniques used by staff and Educators at our Service are designed to give children the opportunity to expand their experiences of life in a productive, safe environment that allows individuals the right to safety, tolerance, self-expression, cultural identity, dignity and the worth of the individual.

Our educators understand that as children grow and develop, self-regulation becomes an important aspect of social and emotional development as they begin to understand how their actions affect others. We believe in providing clear, consistent guidelines for children's behaviour as part of a caring and trusting relationship with children and families to help them feel secure and self-confident.

In promoting positive behaviour, we ascribe to the following strategies:

1. A learning environment that is positive and supportive, providing developmentally appropriate experiences and resources.
2. Strategies for building skills and strengthening positive behaviour based on age-appropriate behaviour expectations.
3. Strategies for decreasing undesired behaviours.

Positive Behaviour Guidance strategies

Guiding children's behaviour is an important aspect of caring for and educating children. Positive strategies need to be developed to assist children to learn appropriate ways of behaving. Corporal punishment and unreasonable discipline are not permitted at our Service under any circumstances, not only because the child may be physically harmed, but also because it nearly always has detrimental effects on the child's self-esteem and feelings of security.

All educators and staff at our Service role model appropriate behaviour and language, encouraging children to socialise with other children, including children of different cultural backgrounds as well as from different age groups and different genders.

We ensure that behaviour guidance strategies implemented within our Service are appropriate to the child's age and developmental capacity. Children are encouraged to make decisions for themselves and provided with opportunities for independence and self-regulation. Children are given the opportunity to make choices and experience the consequences of these choices when there is no risk of physical or emotional harm to the child or anyone else. They are acknowledged when they make positive choices in managing their behaviour.

Strategies may include using visual cues, prompting, redirection, re-teaching strategies, developing logical consequences, providing a 'cooling down' period and conferences with children.

In the instance of adverse behaviour being persistently observed, educators will evaluate

their program, room set up, supervision etc. to identify triggers and sources of inappropriate or challenging behaviour. Educators will follow the Behaviour Guidance Procedure detailed in Appendix A of this policy, and will:

- Re-direct a child who may be causing or about to cause harm to himself or herself, another child or adult. Incidents may include a child who is kicking, spitting, biting, throwing furniture or toys, punching or hitting, or being disruptive. Redirection may also include an incident where a child places themselves in a dangerous situation, for example, climbing a fence or hiding under furniture. The Educators will
    - Implement a cool down period with an educator (when required), which will be used when all other strategies (above) have been exhausted. The cool down period allows children time to reflect on their actions, assisting in fostering self-discipline and to acknowledge that there are consequences to actions. The cool down period will occur under the supervision of other Educators.
    - Complete a 'Behaviour Incident Report' with each incident that occurs. Families are to be notified where they will be required to read and sign in an instance where a child or children's safety has been jeopardised.
    - Complete a behaviour guidance review (Appendix B at the end of this policy) form in conjunction with other educators and the Education Leader (and prior to any being held with the parents/guardians).
    - Continue observing the child, where a similar incidence occurs three times the child's parents/guardians, Director and Education Leader/Room Leader will meet to discuss the issue and create a behaviour management plan of action to support the child in the environment. Collaborative strategies and goals will be set to ensure consistency of approach.
    - Take into consideration the child's past experiences as their behaviour could be a result from past trauma such as changes in routine, changes or losses within the family, placement in care, or more serious circumstances involving abuse, neglect, or family violence. Be responsive to these former experiences, designing and implementing behaviour plans for the individual child that include strategies which will assist alternative and positive behaviour.
    - Be sufficiently informed, trained and supervised to implement the behaviour management plan created, ensuring that information is composed and recorded for reflection on its effectiveness for the individual child.
    - Refer to Termination of enrolment policy for ongoing cases of harmful behaviour.

Physically restraining a child will only be used in emergency situations if a child is:

- In a clearly unsafe situation – e.g., attempting to scale a fence or run onto a road.
- Physically threating other children or adults
- Behaving in ways that are destructive to themselves, other people or the environment.

We believe regular routines and consistency in implementing behaviour guidance strategies are critical to support children's wellbeing and promote children's agency. All staff implement an active and positive approach to guiding children's behaviour within our Service.

<u>The Director, Nominated Supervisor and Educational Leader will ensure:</u>

- individual families and professional agencies are worked with to ensure that a consistent approach is used to support children with diagnosed behavioural or social difficulties.
- No child being educated and cared for by the Service is subjected to any form of corporal punishment or any discipline that is unreasonable in the circumstances.
- Every reasonable precaution is taken to protect children from harm and from any hazard likely to cause injury.
- Positive and respectful relationships with children are established and maintained.
- Each educator has completed child protection training and that staff records include approved training completed by staff.
- Guide professional development and practice to promote interactions with children that are positive and respectful.
- Ensure children are being acknowledged when they make positive choices in managing their behaviour.
- Information from families is gathered about their children's social skills and preferences through the enrolment and orientation process, which will be recorded in the child's individual file. The educators will use this information to engage children in experiences that support the children to develop and practice their social and shared decision-making skills.
- A partnership is developed with local schools and other professionals or support agencies that work with children who have diagnosed behavioural or social difficulties to develop plans for the inclusion of these specific children. This information will be kept confidential and in the individual child's file.
- Practice guidelines are established that ensure interactions with children are given priority and those interactions are authentic, just and respect difference.
- Educators are supported to enhance their skills and knowledge in guiding children's behaviour.
- The curriculum allows children the opportunity to make choices and experience the consequences of these choices when there is no risk of physical or emotional harm to the child or anyone else.
- Implementation of positive and inclusive strategies to enable educators to encourage positive behaviour in children in order to minimise adverse behaviour.
- Excessive and challenging behaviour is managed and communicated with families.
- General information about behaviour guidance is provided to families through parent meetings.
- Application for additional support for educators to build their capacity and capabilities to include children with additional needs will be made through the Inclusion Support or Disability and Inclusion Support programs.
- Notification is made to the regulatory authority within the legislated time frames of any circumstance that poses a risk to the health, safety and wellbeing of a child or children, or of any complaint alleging that a serious incident has occurred at the Service.
- Notification is made to the regulatory authority and to the children's commissioner, child protection agencies or the police of any incident of inappropriate discipline.

Educators and staff will:

- Commit to professional development and keep up to date with industry information regarding positive behaviour guidance.
- Role model appropriate behaviours.
- Use positive language, gestures, facial expressions and tone of voice when redirecting or discussing children's behaviour with them.
- Remain calm, tender and tolerant as they encourage children who are strongly expressing distress, frustration or anger.

- Guide children's behaviour with a focus on preserving and promoting children's self-esteem as they learn to self-regulate their behaviour.
- Adopt a positive approach, excluding cruel, harsh, humiliating or demeaning actions.
- Exchange information with families about positive behaviour guidance, both on an informal and more formal basis, such as parent meetings and pick-up/drop-off discussions.
- Use positive guidance through redirection.
- Ensure all strategies being implemented are appropriate to the child's age and developmental capacity.
- Consult with industry professionals to support the child within the Service and implement techniques within the program to benefit all.
- Contribute to and ensure individual Support Plans are followed in consultation with the Service's SIP.

Armidale Montessori Preschool educators will implement positive behaviour strategies that include:

- Encouraging and supporting each child's social and emotional development, striving to develop children's self-regulation and an understanding of the feelings of others.
- Teaching behavioural expectations – Providing clear and reasonable expectations so that children know what is expected of them and follow through to help them abide by them. This includes discussing guidelines, rules, limits and what is fair with children, and using their contributions in setting limits and guidelines.
- Using corrective consequences – prompt, redirect, re-teach, provide choice. Logical consequence, conference with child and educator.
- Supporting appropriate behaviour through visual cues, prompting, positive verbal feedback and quality learning environments.
- Establishing positive relationships with children
- Discussing emotions, feelings and issues of inclusion and fairness, bias and prejudice and the consequences of their actions.
- Listening empathetically to children when they communicate their emotions, providing encouragement as they reassure the child it is normal to experience positive and negative emotions.
- Empowering children to use language and other forms of non-hurtful communication to communicate their emotions and needs, resolve conflict and to respond to the behaviour of others.
- Promoting positive, empathetic relationships between children assisting them to develop respectful relationships.
- Encouraging and assisting children to make decisions for themselves and providing opportunities for independence and self-regulation.
- Role modelling appropriate behaviour and language, encouraging children to socialise with other children, including children of different cultural backgrounds as well as from different age groups and different sexes.
- Providing positive feedback and focus on children's strengths and achievements and building on their abilities.
- Being understanding and supportive – acknowledge children's emotions.
- Helping children develop a sense of social responsibility, so that they become aware of the impact of their actions on others.
- Promoting children's initiative and agency
- Setting up the environment (indoor and outdoor) for children to engage in activities and experiences in accordance with their abilities and interests.
- Implementing a regular routine in order to support children's positive behaviour. Routines help to provide a sense of security, so children feel settled.

- Guiding children's behaviour, teaching them how to be considerate of others and to think about the effects of their actions on others.
- Responding to children's communication in a just, sensitive and consistent manner.
- Initiating one to one interaction with children during daily routines.
- Supporting children's efforts, assisting and encouraging as appropriate.
- Supporting children's secure attachment through consistent and warm nurturing relationships.
- Supporting children's expression of their thoughts and feelings.
- Encouraging children to make choices and decisions.
- Acknowledging children's complex relationships and sensitively intervening in ways that promote consideration and alternative perspectives and social inclusion.
- Acknowledging each child's uniqueness in positive ways.
- Respecting cultural differences in communication.
- Supporting children to explore different identities and points of view and to communicate effectively when resolving disagreements with others.
- Encouraging children to listen to other people's ideas, consider pro-social behaviour and collaborate in problem solving situations.
- Guiding children to remove themselves from situations where they are experiencing frustration, anger or fear.
- Supporting children to negotiate their rights and rights of others and mediating perceptively when children experience complexity in resolving dissimilarity.
- Learning about children's relationships with others and any relationship preferences they have and using this knowledge to encourage children to manage their own behaviour and expand on their empathy skills.

Families will:

- Be informed of behaviour management concerns we may have with their child, this includes: the positive and negative aspects of the day.
- Collaborate with Educators and professional agencies when required in order to develop a broader understanding of the child's developmental level, the child's family, the parent's approach, and any recent events, which may be influencing the child's behaviour.
- Work collaboratively with management and educators in accessing Inclusion Support strategies and funding in order to manage difficult child behaviours.
- Work in partnership with educators and health professionals in the development of a behaviour guidance plan or Individual Support Plan to assist with the identification of challenging behaviour, the development of supportive strategies and the review of strategies implemented within a behaviour guidance plan where required.
- Create consistency in behaviour guidance strategies used at the service and at home.

SOURCES

Australian Children's Education & Care Quality Authority. (2014).
ACECQA Policy and Procedures Guidelines – Interactions with children
Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015,
Australian Government Department of Education – Belonging, Being and Becoming: The Early Years Learning Framework for Australia.
NSW Department of Education
ECA Code of Ethics.

Childcare Desktop Guide to the National Quality Standard and Framework Revised National Quality Standards

REFERENCES

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1.1	*Wellbeing and comfort*	Each Child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation.
2.2.1	*Supervision*	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
Quality Area 5: Relationships with Children		
5.1	*Relationships between educators and children*	Respectful and equitable relationships are maintained with each child
5.1.1	*Positive educator to child interactions*	Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included.
5.1.2	*Dignity and rights of the child*	The dignity and rights of every child are maintained
5.2	*Relationships between children*	Each child is supported to build and maintain sensitive and responsive relationships
5.2.1	*Collaborative learning*	Children are supported to collaborate, learn from and help each other
5.2.2	*Self-Regulation*	Each child is supported to regulate their own behaviour, respond appropriately to the behaviour of others and communicate effectively to resolve conflicts

Quality Area 6: partnerships with families and communities		
6.1	*Supportive relationships with families*	Respectful relationships with families are developed and maintained and families are supported in their parenting role.
6.1.2	*Parents views are respected*	The expertise, culture, values and beliefs of families are respected, and families share decision-making about their child's learning and wellbeing.
6.1.3	*Families are supported*	Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing.

Quality Area 7: Governance and Leadership		
7.1	*Governance*	Governance supports the operation of a quality service
7.1.2	*Management Systems*	Systems are in place to manage risk and enable the effective management and operation of a quality service.

Education and Care Services National Regulations

Children (Education and Care Services) National Law	
12	Meaning of serious incident
73	Educational program
84	Awareness of child protection law
115	Premises designed to facilitate supervision
117A	Placing a person in day-to-day charge118
118	Educational Leader
123	Educator to child ratios centre-based services
126	Centre-based services – general educator qualifications
155	Interactions with children
156	Relationships in groups
168	Education and care services must have policies and procedures
170	Policies and procedures must be followed
174	Time to notify certain circumstances to Regulatory Authority
175	Prescribes information to be notified to Regulatory Authority

REVIEW

Policy Review Date	**Modifications**	**Next Review Date**
Aug 2023	• Combined Interactions with children and behaviour guidance policy • Total rework of policy • Included quality area 2, 6 & 7 as reference. • Updated regs to include additional relevant regs. • Included new section on related policies. • Changed layout and formatting to be in line with other policies. • Developed a Behaviour Guidance Procedure • Developed a Behaviour Review Form • Updated sources list	Aug 2024

APPENDIX A

BEHAVIOUR GUIDANCE PROCEDURE

This procedure provides detailed steps for educators to support children to gain understanding and learn skills that will help them to manage their own behaviour.

RESPONDING TO BEHAVIOUR		
1	The Approved Provider, Director and educators will review the Service's *Behaviour Guidance Policy* regularly.	
2	The Director and educators will ensure no child being educated and cared for by the Service is subjected to any form of corporal punishment or any discipline that is unreasonable in the circumstances	
3	The Director and educators will ensure every reasonable precaution is taken to protect children from harm and from any hazard likely to cause injury	
4	Educators will support children to explore different identities and points of view and to communicate effectively when resolving disagreements with others	
5	Educators will assist children with the language and vocabulary needed to express their emotions and feelings and verbalise their concerns	
6	When a child display's a behaviour that is inappropriate or may cause harm to themselves or others, educators will follow the Interactions with children & behaviour management policy to assist with supporting positive behaviour	
7	Educators will gather information from families about their children's social skills, relationship preferences, family and cultural values. Educators will use this information to engage children in experiences that support children to develop and practice their social and decision-making skills	
8	Educators will implement strategies to re-direct a child who may be causing or about to cause harm to themselves, another child, or adult	
9	Educators are to complete a *Behaviour Incident Report* and notify families each time a child's or adult's safety has been jeopardized or persistent disruptive behaviour is encountered. Parents are required to sign acknowledgment of the *Behaviour Incident Report*	
10	Educators will use the *Behaviour Guidance Review Form* to document what happened prior to the behaviour, identify the behaviour and consequences of the behaviour to gather information regarding patterns and possible triggers	

BEHAVIOUR INCIDENT REVIEW		
1	Educators are to review the child's behaviour in consultation with the Education Leader and other Educators.	
2	Educators will complete the *Behaviour Guidance Review Form* to document and review the child's interests and hobbies, questions regarding behaviours observed, previous incidents, identified triggers prior to incidents and the impact of the behaviour on other children, educators and the environment	
3	Educators will review the *Behaviour Guidance Review Form* prior to meeting with the family or other professionals	

BEHAVIOUR GUIDANCE MEETING		
1	Families are to be invited to meet with Education Leader/Room Leader and the Director to discuss challenging behaviours that have been observed within the service	
2	Troubling behaviours will be discussed with the family, with reference to prior incidents, the impact of the behaviours within the room or group and possible triggers of why the behaviour is occurring.	
3	Collaborate with families to develop long and short-term goals to encourage alternative behaviours	
4	Discuss and consult with families any consequences if the behaviours identified continue	
5	A *Behaviour Guidance Plan/strategy* will be developed in consultation with families to create consistent behaviour guidance strategies to support children's engagement within the program.	
6	The *Behaviour Guidance Plan/strategy* will be reviewed for success and modification in a follow up meeting with families	

CONSULT WITH OTHER PROFESSIONALS		
1	Director/Education Leader will consult with other professionals for assistance with behaviour guidance strategies	
2	Director will collaborate with families to access support services by providing referrals or letters of observation as required	
3	The Director may contact the local Inclusion Support Service (ISS) or Disability & Inclusion Program (DIP) regarding Funding if required, families will be consulted and requested to provide consent to sharing information.	
4	The Director and Education Leader will work with the ISS & DIP team regarding the development of a Service Inclusion Plan (SIP) for the room or group (if required).	

APPENDIX B
BEHAVIOUR GUIDANCE REVIEW FORM

CHILD INFORMATION

FULL NAME		DATE	/ /	DATE OF BIRTH	/ /
LEAD EDUCATOR		ROOM		CURRENT AGE	

BACKGROUND INFORMATION

(Background of family history/culture, health considerations/issues, additional needs identified)

CHILD'S INTERESTS, SUCCESSES AND HOBBIES

INTERESTS, SUCCESSES AND HOBBIES OBSERVED

BEHAVIOUR REVIEW QUESTIONS

QUESTIONS TO DISCUSS	COMMENTS	ACTION TO BE TAKEN
Discuss behaviours that have been observed within the Service, has the parent observed these behaviours within the home environment?		
Discuss why the behaviours displayed are challenging within the Service		
What are the possible causes of the behaviour?		
QUESTIONS TO DISCUSS	COMMENTS	ACTION TO BE TAKEN

Would the child developing some new skills address the behaviour?		
Is the behaviour appropriate for the child's age or developmental level?		
What is the goal of the behaviour? e.g. What is the child trying to communicate?		
Is the environment or the program contributing to the behaviour?		
Has there been a change in the child's life that is affecting their behaviour?		
What are expectations about appropriate behaviour? Are they suitable in the circumstances? Are educator interactions contributing to the behaviour?		
Are there triggers for the child's behaviour? What happened before the behaviour occurred? Are there times or situations when the behaviour is more likely to occur?		
Do I need to seek assistance from another professional or engage external support?		
QUESTIONS TO DISCUSS	COMMENTS	ACTION TO BE TAKEN

Are all educators aware of the approach to behaviour guidance and consistent in using the approach?		
COMMENTS		

Management Committee Policy

BACKGROUND & AIM

Armidale Montessori Preschool is managed and governed by a Management Committee. The Management Committee oversees all aspects of the operation of the Service.

The Management Committee is the legal entity and the Approved Provider of Armidale Montessori Preschool.

The Armidale Montessori Preschool Management Committee provides families and the local community with the opportunity to participate in the management and strategic direction of the Service. When they are involved in decision-making, families and the community are more likely to understand decisions and make a commitment to support the Service.

Armidale Montessori Preschool is committed to providing a strong management committee team who are aware of their roles and responsibilities to the Service, children, families, educators and community. The Management Committee will adhere to all relevant laws and regulations and ensure positive working relationships with families, staff and the community are formed. The Management Committee will maintain their professionalism at all times, performing in an ethical manner, which is reflective of the Service's philosophy.

SCOPE

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

RELATED POLICIES

• Code of Conduct Policy • Governance Policy • Privacy and Confidentiality Policy • Child Protection Policy • Emergency Evacuation and Lockdown Policy • Family Communication Policy • Complaints & Grievance Policy - Staff	• Physical Environment Policy • Staffing Arrangements Policy • Student and volunteers' policy • Work Health & Safety Policy • Complaints & Grievance Policy – General

POLICY & PROCEDURES

The Management Committee Policy is to be used in conjunction with the Governance Policy.

The Management Committee is a way to give families a say in what happens within our Service. We believe in providing families with the opportunity to work in partnerships with our managing team to assist in making decisions about how our Service is operating, including policy review and practice which is reflective of our Service's philosophy.

Our Service operates under the Service Constitution which guides the governance and functioning of the organisation and management committee. The Constitution guides governance rules while providing direction and purpose of the organisation's decision-

making processes. The Management Committee will ensure the Service Constitution is reviewed every 3 years. The Service Constitution states the Management Committee must operate with a minimum of 3 members.

The Management Committee is elected each year at our Annual General Meeting. All family members of children who attend the Service are invited to join the Management Committee. The Management committee includes: the Executive Committee (comprising of President, Vice President, Treasurer and Secretary), General Committee (ordinary/general members), the Director and Education Leader/Staff Representatives.

The Executive Committee and Director are persons with management and control of the Service (PMC) as defined by ACECQA. They participate in executive and financial decision-making and have authority and significant influence over the strategic direction of the Service. Executive Committee members and the Director are also authorised signatories of the Service.

All members of the Committee, including general members and executive team members have equal decision-making powers and contribute to decision.

Each member of the committee will hold office until the conclusion of the annual general meeting following the date of the member's election but is eligible for re-election for no greater than 3 consecutive years.

In the event of a casual vacancy occurring in the membership of the committee, the committee may appoint a member of the association to fill the vacancy and the member so appointed is to hold office until the conclusion of the next annual general meeting following the date of appointment.

The Management Committee Role

The Management Committee is the employer of all staff of the organisation and are responsible for the management and control of the organisation as the Approved Provider under the Education and Care Service National Law 2010 and Care Services National Regulations 2010, Family Assistance Law and other relevant legislation as required.

The Management Committee has overall responsibility to members for the sustainability and relevance of the service. The Committee provides effective governance to support the operation of our quality Montessori education and care Service and actively supports families to meaningfully engage with the Service philosophy, policies and procedures and provide feedback to ensure continual improvement.

The Committee in conjunction with the Directors, sets the strategic direction and monitors performance of the organisation. The Management Committee provides governance to ensure excellent overall management of the organisation's business and financial objectives.

The Management Committee has five vital functions and Committee members contribute to one or more of these functions, depending on their interests, experience and skills:

- Finance – overseeing day to day finances, administration issues, employee duties, general organisation; annual budget, financial statements; legal requirements; insurance policies; reporting requirements to Government bodies- (CCS); fundraising.
- Communication – Publicity and public relations, keeping the Service's community informed of Committee decisions, new policies and events etc.
    - Ensure all ideas and concerns are recognised and addressed.

  - Ensure a copy of the minutes of Management Committee meetings is available to all families in the preschool office.
  - Be aware of the Service's grievance policy and procedure.
- Future planning –
  - Be actively involved in the development of a Strategic Business Plan for the Service, and ensure it is regularly reviewed and updated as required.
  - Be actively involved in the development of a Capital Expenditure Plan, and ensure it is regularly reviewed and updated as required.
  - Be actively involved in the development of a Professional Development Plan for the Service, and ensure it is regularly reviewed and updated as required.
  - Reflect upon and provide feedback on the Quality Improvement Plan, documenting continuous improvement.
- Policy development – formulating, reviewing and updating the Service's policies, procedures and philosophies, in conjunction with the Director, Nominated Supervisor, families and staff.
- Recruitment – Ensure a suitably qualified and experienced Director and Nominated supervisor is appointed to oversee the day-to-day operations of the Service.

New Committee Members

All new Management Committee Members will complete a Declaration of fitness and propriety form (PA02), which is submitted to the Australian Children's Education & Care Quality Authority (ACECQA) to provide evidence they are deemed a fit and proper person as per the Education and Care Services National Law Act 2010 Section 12.

New Committee Members will be provided with an induction pack containing a copy of the Constitution, code of conduct, Service philosophy and relevant policies detailing their roles and responsibilities, and access to the Service policies and procedures and the Quality Improvement Plan.

New Committee Members will be required to complete the following checks to ensure they are fit and proper persons as per National Regulations and Family Assistance Law requirements:

- Australian National Police Criminal History Check (performed within the last 6 months)
- Working with Children Check
- Current and Historical personal name extract search
- National Personal Insolvency index check
- ASIC Search, evidence the person does not appear on the Banned and Disqualified register (performed within the last 3 months).

New Committee Members who are appointed as an executive Management Committee Member are encouraged to undertake formal training for the role (President, Secretary, Treasurer, Public Officer). Any desired training will be facilitated by the Service.

The regulatory authority will be notified within 14 days of any changes to the executive committee or Persons with management or control. If a Person with management or control or executive committee member is no longer deemed fit and proper the service will notify the regulatory authority within 7 days.

Nomination of Committee Members

Nominations of candidates for election as office-bearers of the association or as

ordinary members of the committee:

- must be made in writing, signed by 2 members of the association and accompanied by the written consent of the candidate (which may be endorsed on the form of the nomination), and
- must be given to the secretary, of the association prior to, or at the annual general meeting at which the election is to take place.

Removal of Committee Members

The association in general meeting may, by resolution, remove any member of the committee from the office of member of the committee before the expiration of the member's term of office and may, by resolution, appoint another person to hold office until the expiration of the term of office of the member so removed.

Confidentiality

Our Service has an ethical and legal responsibility to protect the privacy and confidentiality of children. All Management Committee Members are required to read, understand and follow the *Privacy and Confidentiality Policy and Procedure* for the Service.

Authorised Signatories

The signatories of the association are to be:

- the office-bearers (Executive Committee) of the association, and
- the Director, and
- any other person the committee may appoint from time to time.

Voting and decisions

- No business is to be transacted by the committee unless a quorum (3 committee members) is present.
- Questions arising at a meeting of the committee or of any sub-committee appointed by the committee are to be determined by a majority of the votes of members (by show of hands) of the committee or subcommittee present at the meeting.
- Each member present at a meeting of the committee or of any sub-committee appointed by the committee (including the person presiding at the meeting) is entitled to one vote but, in the event of an equity of votes on any question, the person presiding may exercise a second or casting vote.
- The committee may act despite any vacancy on the committee.
- Any act or thing done or suffered, or purporting to have been done or suffered, by the committee or by a sub-committee appointed by the committee, is valid and effectual despite any defect that may afterwards be discovered in the appointment or qualification of any member of the committee or sub-committee.
- Committee members are required to disclose any conflicts of interest, whether actual, potential or perceived when voting on business decisions. The Committee member in question will be excluded from the decision-making process pertaining to the conflict.

Sub Committee

At times the Management Committee may organise separate sub-committees to assist with the operation and governance of the service. Sub-committees may be set up long term or for a short-term period to assist the committee to focus on a particular responsibility or task. Examples of sub-committees include staffing committee, WH&S

committee, fundraising committee, and policy committee. The Management Committee may delegate decision making powers to the sub-committee group or they may be required to report back to the Management Committee.

Prior to a sub-committee being formed a Terms of Reference will be defined including roles, responsibilities and decision-making authorities.

Complaint Management

The Management Committee members will follow the services *Complaints & Grievance Policy* and encourage staff, families, visitors or community members to do the same in the event they are notified of a complaint or grievance.

Any complaint that alleges a breach of the *National Law and National Regulations*, National Quality Standard or alleges that the health, safety or wellbeing of a child at the Service may have been compromised, must be reported by the Approved Provider or Director to the Regulatory Authority within 24 hours of the complaint being made.

National Quality Standards

Our Service actively participates in the National Quality Framework (NQF). The Service's aim is to provide the highest quality Montessori focused, education and care available across all areas.

The NQF provides standards of quality practices for care provided in our Service. The Service is required to continually record improvements through a Quality Improvement Plan. The Management Committee is required to participate in the formulation and ongoing review of the Quality Improvement Plan.

The Quality Improvement Plan undertakes a self-assessment of the Service and identifies areas for improvement in relation to all areas of the Revised National Quality Standards, which are:

- QA1 Educational program and practice
- QA2 Children's health and safety
- QA3 Physical environment
- QA4 Staffing arrangements.
- QA5 Relationships with children
- QA6 Collaborative partnerships with families and communities
- QA7 Governance and Leadership

Recruitment

The Management Committee will ensure a suitably qualified and experienced Nominated Supervisor/ Director oversees the day to day running of the service.

The Management Committee will delegate responsibilities to the Nominated Supervisor/ Director as per the *Job Description* for the position and ensure that these responsibilities are met. *Performance Management* will be initiated by the Management Committee as required following any concerns regarding performance of the Nominated Supervisor/Director.

While the Management Committee is the employer of all staff at the Service, they may delegate the responsibility of recruitment of staff to the Director/Nominated Supervisor.

In Relation to the Service:

- Committee members must ensure they take their role and responsibilities seriously.
- All members must adhere to the Service's *Code of Conduct*, *Privacy and Confidentiality Policy* and *Complaints & Grievance Policy.*
- The Management Committee will be involved in conjunction with families and Educators in the development, approval and review process for all policies and procedures.
- The Management Committee will reflect upon and provide feedback on the Quality Improvement Plan (QIP) documenting continuous improvement.
- The Management Committee will ensure all ideas and concerns are recognised and addressed in a professional and timely manner.
- The Management Committee will ensure a suitably qualified and experienced Nominated Supervisor/ Director oversees the day to day running of the service.
- Members of the Management Committee will formally declare any conflicts of interest, whether actual, potential or perceived
- Meetings are held bi-monthly and at a minimum every term.
- Meetings will be recorded, including agendas and minutes and decisions made during the meeting.
- The Service management will encourage family participation in the Management Committee to represent the family body of the Service.
- Written information regarding the service's management structure will be available to families at all times.

SOURCE

- Australian Children's Education & Care Quality Authority. (2014).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015.
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- Early Years Learning Framework for Australia: Belonging, Being and Becoming
- Revised National Quality Standards
- Armidale Montessori Preschool Constitution
- Childcare Desktop

REFERENCES

National Quality Standard (NQS)

Quality Area 7: Governance and Leadership		
7.1	*Governance*	Governance supports the operation of a quality service
7.1.1	*Service philosophy and purposes*	A statement of philosophy guides all aspects of the service's operations
7.1.2	*Management Systems*	Systems are in place to manage risk and enable the effective management and operation of a quality service
7.1.3	*Roles and Responsibilities*	Roles and responsibilities are clearly defined, and understood and support effective decision making and operation of the service
7.2	*Leadership*	Effective leadership builds and promotes a positive organisational culture and professional learning community

7.2.1	*Continuous improvement*	There is an effective self-assessment and quality improvement process in place
7.2.2	*Educational leadership*	The educational leader is supported and leads the development and implementation of the educational program and assessment and planning cycle

Education and Care Services National Regulations	
Part 2.1	Provider approvals
31	Condition on service approval—quality improvement plan
55	Quality improvement plan
56	Review and revision of quality improvement plans
168	Education and care services must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
172	Notification of change to policies and procedures

Governance Policy

BACKGROUND & AIM

Under the Education and Care Services National Regulations, the approved provider must ensure that policies and procedures are in place in relation to the governance and management of the service (regulation 168) and that they take reasonable steps to ensure those policies and procedures are followed (regulation 170).

The Governance and Management Policy provides the overall direction, effectiveness, supervision and accountability of the Service. Management/Approved Provider is responsible for guiding the direction of the service, ensuring that its goals and objectives are met in line with the philosophy, and all legal and regulatory requirements governing the operation of the Service.

To ensure Armidale Montessori Preschool has good governance we will:

- Conduct our affairs legally, ethically and with integrity.
- Identify organisational risks and legal obligations and manage these through policies and relevant processes; and
- Ensure that mechanisms are in place for fair and transparent governance.

SCOPE

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

RELATED POLICIES

• Enrolment & Orientation Policy • Code of Conduct Policy • Supervision Policy • Privacy and Confidentiality Policy • Interactions with Children & Behaviour Management Policy • Child Protection Policy • Dealing with Infectious Diseases Policy • Emergency Evacuation and Lockdown Policy • Staffing Arrangements Policy • Student and volunteers' policy • Work Health & Safety Policy	• Medical Conditions Policy • Additional Needs Policy • Anti-Bias & Inclusion Policy • Service Management Policy • Physical Environment Policy • Acceptance and Refusal of Authorisation Policy • Administration of First Aid Policy • Payment of Fees Policy • Safe Transportation of children Policy • Sleep & Rest Policy

POLICY & PROCEDURES

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

Governance is the process of ensuring our Service is directed, controlled and held accountable to ensure the right decisions are made.

The Approved Provider and Nominated Supervisors of the Service accept the legal

responsibilities associated with establishing, administering and maintaining the Service.

Management

Management may include persons with management or control of the Service (PMC) as defined by ACECQA. Persons with management or control may participate in executive or financial decision-making or have authority or responsibility for, or significant influence over, the planning, direction or control of the activities or delivery of the education and care service.

The management of Armidale Montessori Preschool is overseen by the Director in partnership with the Preschool Board/Management Committee. The Director is accountable to the Board/Management Committee for the performance of the organisation. The Management Committee is accountable to members for the performance of the organisation.

Armidale Montessori Preschool Management consists of the following:

Approved Provider	Armidale Montessori Preschool Incorporated (represented by the Management Committee)
Nominated Supervisors	Director & Education Leader
Persons with Management & Control	Preschool Management Committee: • President • Vice President • Treasurer • Secretary
	General members of the Preschool Committee

Leadership Group

In addition to the Management body a leadership group assists in ensuring the effective delivery of the education & care program and the day-to-day operations. The leadership group consists of the following:

Education Leader	Yvonne Leong
Lead Educators	• Bambini Room Leader • Bilby Room Leader • Bambini Room 2IC • Bilby Room 2IC
Responsible Persons	• All permanent staff working greater than 3 days per week.

Management Committee Role

The Management Committee is the employer of all staff of the organisation and are responsible for the management and control of the organisation as the Approved Provider of education and care under the Children (Education and Care Services National Law Application) Act 2010 and the Education and Care Services National Regulations.

The Management Committee has overall responsibility to members for the sustainability and relevance of the service.

The Management Committee sets the strategic direction and monitors performance of the organisation. The Management Committee will direct its activities towards achieving the organisation's goals and implementing the organisation's Business Plan and Quality Improvement Plan by guiding and monitoring the organisation's business and affairs in line with the objectives as set out in the organisation's rules and in line with the organisation's philosophy.

The Management Committee will provide effective governance to ensure excellent overall management of the organisation's business and financial objectives. In addition, the Board/Management Committee members may delegate any of their powers (except for the power of delegation and responsibilities as Approved Provider) to a committee of directors, a director, an employee or any other person.

In discharging its powers, each Management Committee member will be bound by the Associations Act/Corporations Act, the Constitution and all policies of the organisation.

In carrying out its responsibilities, the Management Committee undertakes to maximise the value and contribution of the organisation to the community, and to serve the interests of the organisation's members, employees and families and children using the service. In serving these interests there is an implicit understanding that the rights of the child are paramount in all decision making.

The Approved Provider/Management Committee is responsible for:

- Ensuring compliance with the Education and Care Services National Law and Education and Care Services National Regulations, by all Management Committee members, volunteers and staff of the Service.
- Complying with family assistance law.
- Complying with all other NSW and Australian governments' legislation that impacts upon the management and operations of the Service.
- Appointing a suitably qualified Nominated Supervisor, an Educational Leader and a Director/coordinator for the Service.
- Ratifying the appointment of all staff members.
- Overseeing control and accountability systems.
- Ensuring the Service remains financially viable and able to meet its debts and other obligations as they fall due by reviewing the Service's budget and monitoring financial performance and management.
- Developing organisational strategy and performance objectives.
- Reviewing, ratifying and monitoring systems of risk management and internal control, codes of conduct, and legal compliance.
- Oversee the completion of a Quality Improvement Plan for the Service and updating it at least annually.
- Acting honestly and with due diligence.
- Developing coherent aims and goals that reflect the interests, values and beliefs of all stakeholders of the Service.
- Developing a clear and agreed philosophy which guides business decisions and the work of Management and staff.
- Ensuring there is a sound foundation of policies and procedures that complies with all legislative and regulatory requirements, and that enables the daily operation of the Service to be in line with the Service's philosophy and goals.
- Establishing clearly defined roles and responsibilities for the members of the Management Committee and Director, individually and as a collective – which clearly articulate the relationship between all stakeholders.
- Ensuring the Service holds a current insurance policy for public liability with a minimum cover of $10,000,000.

- Ensuring that requirements relating to the physical environment, space, equipment and facilities are met.
- Approving annual financial statements and facilitating the provision of required reports to government bodies and setting and maintaining appropriate delegations and internal controls.
- Organising and coordinating the delivery of fundraising and community activities.
- Providing clear, and direct feedback and instruction that is suitable and communicated in writing to the Director and other management staff.
- Approving and monitoring the progress of major capital expenditure.
- Approving payrolls and Service expenses as delegated authorised signatories.
- Organising and attending regular Committee meetings in line with constitutional requirements.
- In relation to the Constitution:
    - Ensure the organisation operates with and to a valid Constitution and that all governance and management practices of the Management Committee and staff align with the Constitution, to be evidenced by Committee meeting minutes.
    - Ensure that the constitution is reviewed at least every three years; and
    - Ensure that each new member of the Management Committee is provided with a copy of the organisation's constitution and Quality Improvement Plan on their appointment to the Management Committee.

<u>Director Role</u>

The Management Committee delegates the responsibility of implementing the business strategic plan and day-to-day management of the organisation to the service's Director/Manager.

The Montessori Preschool Director is accountable to the Management Committee for the management of the pre-school and shall provide relevant and up-to-date information to the committee to assist in their decision making.

The Director works with the committee to achieve the objects of the association and ensure that the pre-school adheres to the philosophy of Dr. Maria Montessori, and reports to the committee on progress against the strategic plan.

The Director is responsible for the effective day to day operational management of the pre-school (including Long Day Care) as well as in facilitating access and participation of children and ensuring effective participation of parents in the operation and delivery of the Preschool's programs.

The Director will also support the Educational Leader to ensure the delivery of the care and educational programs, and delivery of a quality Montessori Early Childhood Program, that meet the requirements of the National Montessori Curriculum, National Quality Framework and Early Years Learning Framework.

In discharging its powers, the Director will be bound by the Associations Act/Corporations Act, the Constitution and all policies of the organisation.

The Director is responsible for:

- Adhering to the National Education and Care Service Regulations and National Law.
- Complying with all other NSW and Australian governments' legislation that impacts upon the management and operations of a Service.
- The day-to-day management of the Service including supervision of staff.

- Notifying the regulatory authority of any changes to the Nominated Supervisor as soon as possible (no later than 14 days after appointment).
- Notifying the regulatory authority within 14 days of any changes to Persons with management or control.
- Displaying the prescribed information as listed in regulation 173, including the current rating levels for each quality area stated in the National Quality Standard.
- Acting honestly and with due diligence.
- Developing ethical standards and a code of conduct which guide actions and decisions in a way that is consistent and reflective of the Service's expectations.
- Undertaking periodical planning and risk assessments and having appropriate risk management strategies in place to manage risks faced by the Service.
- Supporting the Nominated Supervisor [Responsible Persons] in their role, providing adequate resources to ensure effective administration of the Service.
- Enforcing and maintaining up to date and current policies and procedures for compliance by all management, Educators, families and visitors.
- Complying with funding agreements where appropriate.
- Ensuring the Service remains financially viable and able to meet its debts and other obligations as they fall due.
- Managing and enforcing control and accountability systems.
- Ensuring the completion and annual update of a Quality Improvement Plan for the Service by the Education Leader.
- Ensuring the QIP is updated upon and submitted to the regulatory authority upon request.
- Drafting the Service's budget and monitoring financial performance and management to ensure the Service is solvent at all times and has good financial viability.
- Generating and providing all required information to an external auditor for annual financial audit purposes.
- Identifying and reporting to the regulatory authority in the event of a notifiable event.
- Ensuring all notification and reporting requirements are met regarding the National Quality Framework and other legislation.
- Ensuring a copy of the Education and Care Services National Regulations and National Law is available at all times at the service for use by educators, staff, families and visitors (Reg. 185)
- Notifying families at least 14 days before changes to policy or procedures that:
    - affect the fees charged or the way they are collected.
    - significantly impact the service's education and care of children, or
    - significantly impact the family's ability to utilise the service.
- Notifying the regulatory authority if transportation is provided by the service for the first time or if transportation ceases to be provided by the service (reg 175)
- In relation to staff:
    - Establishing clearly defined roles and responsibilities for the staff, individually and as a collective – which clearly articulates the relationship between all stakeholders.
    - Producing outcomes together with Educators and Staff. Educators must agree on their responsibilities and work according to current policies and procedures.
    - Ensuring background checks, including criminal history and working with Children Checks/Clearance, are completed for all staff and educators.
    - Determining whether or not a person working in the service is a 'fit and proper person.
    - Providing information to the Regulatory Authority upon request in relation to being a 'fit and proper' person.
    - Appointing qualified staff and monitoring their performance.

- Implementing a probation and induction orientation program to ensure employees are aware of their roles and responsibilities, policies and procedures, child protection law and other legislation and understand the values and organisational culture of the Service.
- Providing clear, and direct feedback and instruction that is suitable and communicated in writing.
- Providing educators with training, resources and support.

Education Leader

The Education Leader ensures the delivery of the Montessori educational program in line with the learning outcomes of the Early Years Learning Framework.

The role of the Educational Leader is primarily to collaborate with educators and provide curriculum direction and guidance. They lead the development and implementation of an effective Montessori educational program, supporting the educators to effectively implement the cycle of planning to enhance programs and practices.

The Education Leader is responsible for:

- Adhering to the National Education and Care Service Regulations and National Law.
- Complying with all other NSW and Australian governments' legislation that impacts upon the management and operations of a Service.
- Ensuring the Educational program is based on an approved learning framework (EYLF) and contributes to each child's sense of identity and wellbeing.
- The day-to-day management of the classrooms and delivery of the education and care program, including supervision of staff.
- Supporting the Leadership group and Responsible Persons in their role, ensuring adequate resources to ensure effective administration of the Service.
- Enforcing the current policies and procedures for compliance by Educators, families and visitors.
- Completing and updating the Quality Improvement Plan for the Service, in collaboration with other staff, families and management.
- In relation to staff:
    - Ensuring the Educators abide by their roles and responsibilities.
    - Ensuring the Educators adhere to the Service code of conduct.
    - Managing day to day performance of educators in conjunction with the other members of the leadership team.
    - Mentoring Room Leaders to ensure optimum management of the classroom and delivery of the Montessori program.
    - Ensuring compliance by all educators to the Child Protection laws.
    - Ensuring orientation and induction of new educators in line with the set procedures and policies.
    - Ensuring compliance by all educators to supervision requirements.
    - Developing and promoting a cohesive organisational culture focused on the wellbeing of children and a collaborative team environment.
    - Ensuring Educators do not delegate responsibilities for which they are accountable for or have been delegated to them by Management.
    - Ensuring Educators are adhering to service policies and procedures, including in the instance where a child is ill, injured or suffers a trauma.
    - Providing clear, and direct feedback and instruction that is suitable and communicated in writing.
    - Ensuring all Educators have a clear understanding about the hierarchy of management.
    - Reviewing the educator work processes regularly.

- Ensuring delivery of complete and accurate documentation (e.g., daily checklists, responsible person documentation, incident reporting, maintenance logs, etc.)
- Undertake regular educator performance reviews in collaboration with the leadership team.

Service Philosophy

- The development and review of the philosophy and policies will be a continuous process on an annual basis or when required.
- The philosophy and associated statement of purpose will reinforce all other documentation and the practices of the Service. The philosophy will reflect the principles of the approved national framework "Being Belonging Becoming".
- There will be a collaborative and consultative process to support the development of the philosophy that will include children, parents and Educators.
- All documents will be dated and include nominated review dates.

Code of Conduct

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

All Management and staff are required to commit themselves to ethical, businesslike, and lawful conduct, including proper use of authority and professional decorum and to demonstrate an un-conflicted loyalty to the interests of the organisation when acting in their respective roles.

Confidentiality

All members of the Management Committee along with the Director, Nominated Supervisor, Educators and Staff who gain access to confidential information, whether in the course of their work or otherwise, shall not disclose information to anyone unless the disclosure of such information is required by law and will respect the confidentiality of all documents and meetings that occur. This also includes:

- Using information acquired for their personal or financial benefit, or for the benefit of any other person.
- Permitting any unauthorised person to inspect or have access to any confidential documents or other information.
- Any information received or transmitted via mobile telephone (including text/SMS), or any other electronic device shall be treated with the same confidentiality as any other written form of communication and must be stored confidentially.

This obligation, placed on a member of the Committee of Management, Nominated Supervisor, Educator and Staff shall continue even after the individual has completed their term and is no longer on the Management Committee or employed by the Service.

The obligation to maintain confidentiality also applies to any person who is invited to any meetings of the Management Committee.

All members of the Management Committee and staff will sign a Privacy & Confidentiality Agreement at the commencement of their role.

Managing of Conflict of interest

Any conflict of interest, whether actual, potential or perceived, must be declared by all members of the Management Committee, Persons in management and control, the Director, Nominated Supervisor and Senior Staff, and must be managed effectively to ensure integrity.

- Every stakeholder that is in a position of management has a responsibility to ensure their transactions, external business interests and relationships will not provide potential conflicts and to make such disclosures in a timely manner as they arise.
- The following process will be followed to manage any conflicts of interest:
    1. Whenever there is a conflict of interest, the member concerned must notify the Management Committee and Director about the conflict.
    2. The member who is conflicted must not be present during the meeting of the Management Committee where the matter is being discussed or participate in any decisions made on that matter. The member concerned must provide the committee / Approved Provider with any and all relevant information they possess on the particular matter.
    3. The minutes of the meeting must reflect that the conflict of interest was disclosed, and appropriate processes followed to manage the conflict.

Maintenance of Records

- The Service will adhere to record keeping requirements outlined in the National Regulations.
- The Service will adhere to the storage of confidential records outlined in the National Regulations.
- The Service has a responsibility to keep sufficient records about staff, families and children in order to operate dependably and lawfully.
- The Service will safeguard the interests of the children, their families and the staff, using procedures to ensure appropriate privacy and confidentiality practice are upheld.
- The Approved Provider will need to ensure that the record retention procedure meets the requirements of the following government departments and laws:
    - Australian Tax Office (ATO)
    - Family Assistance Office (FAO)
    - Family Assistance Law
    - National Law and Regulations

SOURCES

- Australian Children's Education & Care Quality Authority. (2014).
- ACECQA (2021) Policy and procedure guidelines. Governance and Management Guidelines.
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015.
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- A Directors Manual – Managing an early education and care service in NSW**.**
- Confidentiality Policy
- Work Health and Safety Act
- Child Care Provider Handbook

- Armidale Montessori Preschool Constitution
- Revised National Quality Standards

REFERENCES

National Quality Standard (NQS)

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

Education and Care Services National Regulations

Children (Education and Care Services) National Law	
Sec 13	Matters to be taken into account in assessing whether fit and proper person
Sec 14	Regulatory Authority may seek further information
Sec 21	Reassessment of fitness and propriety
Sec 51	Conditions on Service approval
Sec 162	Offense to operate education and care service unless responsible person is present
Sec 172	Offence to fail to display prescribed information
Sec 173	Offence to fail to notify certain circumstances to Regulatory Authority
Sec 174	Offence to fail to notify certain information to Regulatory Authority
Sec 175	Offence relating to requirement to keep enrolment and other documents
Sec 188	Offence to engage person to whom prohibition notice applies
29	Conditions on service approval - insurance
31	Condition on service approval – quality improvement plan
55	Quality improvement plan
56	Review and revision of quality improvement plan
73	Educational program
74	Record of child assessments or evaluations for delivery of educational program
84	Awareness of child protection law
85	Incident, injury, trauma and illness policies and procedures
117B	Minimum requirements for person in day-to-day charge
157	Access for parents

158	Children's attendance record to be kept by approved provider
161	Authorisations to be kept in enrolment records
162	Health information to be kept in enrolment records
167	Record of service's compliance
168	Education and care services must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
172	Notification of change to policies and procedures
173	Prescribed information to be displayed
176	Time to notify certain information to Regulatory Authority
177	Prescribed enrolment and other documents to be kept by approved provider
180	Evidence of prescribed insurance
181	Confidentiality of records kept by approved provider
181-184	Confidentiality and storage of records
185	Law and regulations to be available

Complaints and Grievance Policy - General

BACKGROUND & AIM

This Policy details Armidale Montessori's procedures for receiving and managing informal and formal complaints.

Grievances and complaints can transpire in any education and care setting. Complaints help our Service identify problems and provide opportunities to address these appropriately and effectively to sustain a child safe, health, harmonious and productive learning environment. Our policy and complaints processes support and encourage children, families, parents, visitors, students and members of the community to lodge a grievance with management with the understanding that it will be managed conscientiously and confidentially.

To avoid complaints and disputes arising, Armidale Montessori Preschool will follow the principles of complaint prevention:

- We will respect and promote the rights of children and their families.
- We will encourage families to have a voice in decision making, by having open communication and various opportunities for feedback
- We will clearly model the standards that families can expect the preschool to meet
- We will at all times respect the confidentiality of families, staff and committee members.

Each family that uses Armidale Montessori Preschool is able to raise issues of concern and to have them resolved.

Armidale Montessori aims 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
    - 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.
- Code of ethics and conduct
- Child safe complaint culture
- Culture free from discrimination and harassment
- Transparent and equitable policies and procedures
- Opportunities for further investigation
- Adhering to our Service philosophy

Definitions

***Complaint*:** Expression of dissatisfaction made to or about an organisation related to its products, services, staff or the handling of a complaint where a response or resolution is explicitly or implicitly expected or legally required.
Complaints can be made to the approved provider, staff/educators in the service, external bodies including the regulatory authority, police, child protection agency or e-Safety commissioner.
Complaints can be verbal or in writing (letter, email or digital form).

Grievance: A grievance is a formal statement of complaint that cannot be addressed immediately and involves matters of a more serious nature. For example: If the service is in breach of a regulation causing injury or possible harm to a child.

Notifiable complaint: A complaint that alleges a breach of the Regulation and Law, National Quality Standards or alleges that the health, safety or wellbeing of a child at the service may have been compromised. Any complaint of this nature must be reported by the Director or the Nominated Supervisor to the regulatory authority within 24 hours of the complaint being made.

If the Director/Approved Provider/Nominated Supervisor is unsure whether the matter is a notifiable complaint, they will contact the Regulatory Authority for confirmation. Written reports will include:

- details of the event or incident
- the name of the person who initially made the complaint.
- if appropriate, the name of the child concerned and the condition of the child, including a medical or incident report (where relevant)
- contact details of a nominated member of the Grievances Subcommittee (or Nominated Supervisor)
- any other relevant information.

Written notification of complaints will be submitted using the appropriate forms, which can be found on the ACECQA website: www.acecqa.gov.au and logged using NQA ITS (National Quality Agenda IT System).

***Serious incident*:** An incident resulting in the death of a child, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is removed from the centre in contravention of the Regulations or is mistakenly locked in/out of the centre premises.

A serious incident will be documented in an Incident, Injury, Trauma and Illness Record as soon as possible and within 24 hours of the incident. The Regulatory Authority will be notified within 24 hours of a serious incident occurring at the centre.

The Approved Provider will notify the regulatory authority of any incident where there is a reasonable belief that physical and/or sexual abuse of a child has occurred or is occurring at the service, or any allegation that sexual or physical abuse of a child has occurred or is occurring at the service.

Complaint handling: Effective processes of receiving, investigating and resolving complaints.

Investigation: A formal and systematic inquiry to establish facts about the complaint by collecting, documenting, examining and evaluating evidence.

SCOPE

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

RELATED POLICIES

• Code of Conduct Policy • Anti-Bias and Inclusion Policy • Incident, Illness, Accident and Trauma Policy • Bullying, Discrimination & Harassment Policy • Child Protection Policy • Interactions with Children & Behaviour management policy • Responsible Person Policy • Enrolment and Orientation Policy	• Family Communications Policy • Staffing Arrangements Policy • Work, Health & Safety Policy • Sick Staff Policy • Volunteers and Students policy • Privacy and Confidentiality Policy • Governance and Management Policy • Supervision Policy

POLICIES & PROCEDURES

Armidale Montessori Preschool will ensure that all persons making a complaint are presented with procedures that:

- value the opportunity to be heard.
- promote conflict resolution.
- encourage the development of harmonious partnerships.
- ensure that conflicts and grievances are mediated fairly and are transparent and equitable.
- Appropriately handle children exhibiting harmful sexual behaviours.
- Promote children's rights, safety and wellbeing.
- Consider a child's age, cultural, developmental and additional needs.

Complainant should, where possible:

- Raise the grievance or complaint directly with the person they have a grievance with, in a professional manner and at an appropriate time. Both parties should try to resolve the issue and develop solutions to ensure the problem does not happen again. Discussions should be based on the principles of privacy, confidentiality, respect and open-mindedness, will not involve other educators, staff, volunteers or visitors (e.g. parents) and will take place away from children.
- If they are unable to resolve the concern or feel uncomfortable raising the matter directly with the person concerned, they should raise the grievance or complaint with the Director/Management or Nominated Supervisor. The Director or Nominated Supervisor (or other manager) may ask for the issue to be put in writing:
    - Provide all relevant information, outlining the issue, identifying any other person involved in the problem and any suggested solution.
    - Communicate openly about the issue with the relevant parties.
- If they are unsatisfied with the resolution provided by the Director or Nominated Supervisor or if their grievance is in relation to the Director, they should raise the grievance or complaint to the President of the Preschool Committee for further investigation.
- If the provided resolution is unsatisfactory to the complainant and they wish to escalate it further, they can contact the NSW Department of Education on 1800 619 113.
- Raise any grievance involving suspected or actual unlawful activity (including bullying) with the Director or Nominated Supervisor immediately and privately.

When receiving a complaint/grievance Educators will:

- Treat all complaints/grievances seriously and as a priority.
- Listen carefully to the person making the complaint/grievance and ensure file notes are kept of the discussion.

- Encourage and support the family to seek a balanced understanding of the issue.
- Ask them what outcomes they would like to see from the complaint
- Refer families (as necessary) to Service policies that may assist in resolving the grievance or complaint.
- ask for the person's permission to discuss the matter with the Director or the Nominated Supervisor. If they do not agree to this, explain that it is not possible to take the matter further without informing the Director or the Nominated Supervisor.
- Ensure complaints/grievances remain confidential where appropriate.

Complainants should be referred by Educators to the Director or the Nominated Supervisor. Complaints may be made verbally or in writing.

When a grievance/Complaint is escalated to the Director or Nominated Supervisor they will:

- Treat all grievances and complaints seriously and as a priority.
- Ensure grievances and complaints remain confidential.
- Discuss the issue with the complainant within 48 hours of receiving the verbal or written complaint and attempt Conciliation where appropriate.
- Investigate and document the grievance fairly and impartially. This will consist of:
    - Reviewing the circumstances and facts of the complaint (or breach) and inviting all affected parties to provide information where appropriate and pertinent.
    - If appropriate, collect relevant written evidence. This evidence will be treated in strict confidence and will be held in a secure place.
    - Should it be necessary to interview relevant people concerning the grievance, their involvement should be kept to the minimum necessary to establish the facts.
- Advise the complainant and all affected parties of the outcome within 7 working days of receiving the verbal or written complaint/grievance.
    - Management will provide a written response outlining the outcome of the investigation and provide a copy to all parties involved.
    - If a written agreement about the resolution of the complaint is prepared, all parties will ensure the outcomes accurately reflects the resolution and sign in agreeance.
- Should management decide not to proceed with the investigation after initial enquiries, a written notification outlining the reasoning will be provided to the complainant.
- Keep appropriate records of the investigation and outcome and store those records in accordance with our Privacy and Confidentiality Policy.
- Monitor ongoing behaviour and provide support as required.
- Ensure the parties are protected from victimisation and bullying.
- Request feedback on the grievance process using a feedback form.
- Track complaints to identify recurring issues within the Service.
- Ensure the name and telephone number of the person to whom complaints can be made is clearly visible at the service
- Ensure grievances reflect procedural fairness and natural justice
- Ensure the approved provider is aware of the complaint, if it is a notifiable complaint, or if a complaint cannot be resolved
- If the Director is unsure whether the matter is a notifiable complaint, s/he will contact The Department of Early Childhood Education and Care for confirmation.
- If the matter is a notifiable complaint/grievance, then s/he will notify the Department of Education and Communities within 24 hours of the complaint being made. Written notification of complaints must be submitted using the appropriate forms, which can be found on the ACECQA website: www.acecqa.gov.au and lodged

using NQA ITS (National Quality Agenda IT System).
Written reports must include:
  - details of the event or incident
  - the name and contact details of the person who initially made the complaint.
  - if appropriate, the name of the child concerned and the condition of the child, including a medical or incident report (where relevant)
  - contact details of a nominated person for contact regarding the issue
  - any other relevant information
- Take reasonable steps to ensure that nominated supervisors, educators and staff follow the Dealing with complaints policy and procedures
- Ensure that copies of the policy and procedures are readily accessible to nominated supervisors, coordinators, educators and staff, and available for inspection
- Regularly review the policy and procedures to ensure serious incidents and complaints are investigated promptly, fairly and thoroughly
- Ensure that complaints result in reviews of relevant policies, procedures and practices.

NSW Standards for child safe organisations – child focused complaints process

Our Service is committed to the NSW Standards for Child Safe Organisations and adopts a child safe approach to complaints involving a child or young person.

As a child safe organisation, we will respond promptly and systematically to any concerns, disclosers, allegations or suspicions while fostering an environment where children feel confident that their safety and wellbeing are paramount. Our Educators teach children about 'body safety' through group discussions and social stories, clearly identifying who they can talk to if they wish to make a the "complaint". We ensure children's voices are taken seriously, addressed promptly and thoroughly, and comply with all legal obligations.

Complaints involving allegations of a child exhibiting sexual behaviours

'*Providers and educators play an important role in making informed professional judgements regarding sexualised behaviours involving children. Not all sexual behaviour involving children poses a risk to their safety*.' (ACECQA, 2024).
The approved provider/Director will ensure:

- educators and staff respond to any complaint that alleges a child is exhibiting sexual behaviours that may be harmful to the child or another child
- educators and staff will assess the need for urgent police and emergency services assistance and inform the approved provider/nominated supervisor
- the regulatory authority will be notified within 24 hours of any complaint alleging that a serious incident has occurred whilst a child is educated and cared for or complaints alleging that the Law has been contravened.
- educators and staff are aware of the process for responding to disclosures from children as per our *Child Protection Policy*.
- educators and staff are aware of their duty of care and mandatory reporting obligations to make a report to Department of Communities and Justice (DCJ) or Child Protection Hotline NSW
- educators and staff have a sound understanding of developmentally appropriate sexual development in children and sexual behaviour that may be concerning and requires a response
- families are encouraged and supported to raise concerns in confidence

- educators and staff engage in professional learning to promote a consistent and appropriate approach to identifying and responding to sexual behaviours in children that takes into consideration:
    - age and developmental capacity of the child/children
    - reasons why a child may be behaving in sexually harmful ways
    - behavioural history of the child
    - how the behaviour impacts the behaviour of other children
    - risk the behaviour imposes on others
    - vulnerability of the child to be engaging in harmful sexual behaviour
- procedures for supporting all stakeholders during the complaint procedure are implemented including documenting discussions, ensuring confidentiality and providing information of the progress of the complaint and access to support agencies as required.
- educators and staff will follow guidance from the Traffic Lights Framework to manage the concern or complaint
    - RED- signals sexual behaviours which indicate immediate intervention and action
    - ORANGE- signals sexual behaviour which may be concerning and educators to take notice and gather information to assess appropriate action
    - GREEN- signals sexual behaviours that are 'normal' and age appropriate

Complaints or Grievances against staff members

Should a grievance/complaint be lodged against a staff member/s, then these persons will be interviewed separately and impartially by the Director or Nominated Supervisor. Individuals will be given the opportunity to respond fully to the allegations and may have another person present, as a support person if they wish.

- If the grievance or complaint is of a serious or notifiable nature, the Director or Nominated Supervisor will inform the approved provider (Executive Committee), regulatory authority and relevant government agency.
- If after investigation, it is concluded that the grievance is substantiated:
    - Both parties will be informed of the outcome of the investigation.
    - Immediate and appropriate action will be taken to prevent the grievance from recurring.
- If after investigation, it is concluded that the grievance is not substantiated:
    - Both parties will be informed of the outcome of the investigation.
    - The family will be informed that if they are not satisfied with any decision relating to the grievance procedure that they should consult with an external body for further advice.

Confidentiality of complaints

Management and educators will adhere to our *Privacy and Confidentiality Policy* when dealing with grievances. However, if a grievance involves a staff member or child protection issue, a relevant government agency may need to be informed. (Responding to incidents, disclosures and suspicions of child abuse or harm NSW).

Conflict of Interest

Should a conflict of interest arise during a grievance or complaint that involves the Director or Nominated Supervisor, then the matter will be delegated to an alternate objective mediator (executive Preschool Committee member).

The Service may also engage the resources of an independent Conflict Resolution Service to assist with the mediation of any serious, notifiable complaint/grievance.

We will ensure that throughout the conflict resolution process the Services Code of Conduct is adhered to. It is important for the complainant to feel confident in being heard fairly and to have an assurance of an unbiased decision-making process.

SOURCES

- Education and Care Services National Regulation
- National Quality Standards
- ACECQA using complaints to support continuous improvement**.**
- ACECQA – NQF Child Safe Culture Guide
- ACECQA – Dealing with Complaints Policy Guidelines
- Guide to the national quality framework
- Human Rights and Equal Opportunities Commission
- Childcare Desktop
- Revised National Quality Standards

REFERENCES

National Quality Standard (NQS)

Quality Area 6: Collaborative Partnerships		
6.1	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role
6.1.2	Parent views ae respected	The expertise, culture, values and beliefs of families are respected, and families share in decision-making about their child's learning and wellbeing.
6.2	Collaborative partnerships	Collaborative partnerships enhance children's inclusion, learning and wellbeing.

Quality Area 7: Governance and Leaderships		
7.1.2	Management Systems	Systems are in place to manage risk and enable the effective management and operation of a quality service that is child safe.
7.2.1	Continuous Improvement	There is an effective self-assessment and quality improvement process in place.

Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
Sec. 172	Offence to fail to display prescribed information
Sec.174	Offence to fail to notify certain information to Regulatory Authority
12	Meaning of serious incident
84	Awareness of child protection law
149	Volunteers and students
168(2)(o)	Education and care service must have policies and procedure for dealing with complaints
170	Policies and procedures must be followed
171	Policies and procedures to be kept available
172	Notification of changes to policies or procedures
173(2)(b)	Requires an approved provider to make the name and telephone number of the person to whom complaints may be addressed clearly visible at the service
173	Prescribed information to be displayed

176	Time to notify certain information to Regulatory Authority
183	Storage of records and other documents

Complaints and Grievance Policy - Staff

BACKGROUND & AIM

This Policy details our Service's procedures for receiving and managing informal and formal complaints from staff. Educators can lodge a grievance with management with the understanding that it will be managed conscientiously and confidentially.

Grievances can transpire in any workplace. Handling them appropriately and collaboratively is imperative for sustaining a safe, healthy, harmonious and productive work environment. We aim to investigate all complaints and grievances with a high standard of equity and fairness.

We acknowledge that conflict is a natural part of the work environment. It is important that all conflict is resolved. Unresolved conflict can lead to tension; stress; low productivity; bitter relationships; excess time off; ill health; anxiety and many other destructive emotions. When conflict is addressed and handled constructively the outcomes are feelings of relaxation; openness; high productivity; vitality; good health, empowerment; a sense of achievement etc.

Positive communication between educators is vital to the smooth running of the Service and to ensure a positive environment for children. Educators are expected to treat other educators with respect, accept differences and share ideas. It is every staff member's responsibility to contribute to the development of an open, healthy and constructive work environment. All grievances, whether considered minor or not, are to be dealt with promptly, professionally and thoroughly.

Employees are also to be aware of their responsibility in being good role models for children in their handling not only of conflict with work colleagues, but with children, parents and other associates.

Employees should regularly reflect on the *Early Childhood Australia's Code of Ethics* for guidance and direction of appropriate behaviour when dealing with conflict. The Code of Ethics states that all team members should "make every effort to use constructive methods to resolve differences of opinion in the spirit of collegiality."

The Grievance Policy ensures that resolution of complaints are guided by the following 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

Definitions

Complaint:

Expression of dissatisfaction made to or about an organisation related to its products, services, staff or the handling of a complaint where a response or resolution is explicitly or implicitly expected or legally required.

Grievance:

A grievance is a formal statement of complaint that cannot be addressed immediately and involves matters of a more serious nature. A workplace grievance is a complaint raised towards an employer by an employee due to a violation of legalities (workplace policies,

employment contract, national standards).

Mediation:
An attempt to bring about a peaceful settlement or compromise between disputants through the objective intervention of a neutral party.

Notifiable complaint:
A complaint that alleges a breach of the Education and Care Services National Law and Regulations, National Quality Standard or alleges that the health, safety or wellbeing of a child at the service may have been compromised. Any complaint of this nature must be reported by the Director/Approved Provider or Nominated Supervisor to the Regulatory Authority within 24 hours of the complaint being made (Section 174(2)(b), Regulation 176(2)(b)).

If the Director/Approved Provider/Nominated Supervisor is unsure whether the matter is a notifiable complaint, it is good practice to contact the Regulatory Authority for confirmation. Written reports must include:

- details of the event or incident
- the name of the person who initially made the complaint
- if appropriate, the name of the child concerned and the condition of the child, including a medical or incident report (where relevant)
- contact details of a nominated member of the Grievances Subcommittee (or Nominated Supervisor)
- any other relevant information.

Written notification of complaints must be submitted using the appropriate forms, which can be found on the ACECQA website: www.acecqa.gov.au and logged using NQA ITS (National Quality Agenda IT System).

Serious incident:
An incident resulting in the death of a child, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is removed from the centre in contravention of the Regulations or is mistakenly locked in/out of the centre premises (Regulation 12).

A serious incident should be documented in an Incident, Injury, Trauma and Illness Record as soon as possible and within 24 hours of the incident. The Regulatory Authority must be notified within 24 hours of a serious incident occurring at the centre (Regulation 176(2)(a)).

The Approved Provider will notify the regulatory authority of any incident where there is a reasonable belief that physical and/or sexual abuse of a child has occurred or is occurring at the service, or any allegation that sexual or physical abuse of a child has occurred or is occurring at the service.

SCOPE

This policy applies to staff, management and Committee members of the Service.

RELATED POLICIES

• Code of Conduct Policy • Anti-Bias and Inclusion Policy • Incident, Illness, Accident and Trauma Policy • Bullying, Discrimination & Harassment Policy • Child Protection Policy • Interactions with Children & Behaviour management policy • Responsible Person Policy	• Family Communications Policy • Staffing Arrangements Policy • Work, Health & Safety Policy • Sick Staff Policy • Volunteers and Students policy • Privacy and Confidentiality Policy • Governance and Management Policy

PROCEDURES & POLICIES

Management and staff within the organisation will work together to develop and implement appropriate strategies to facilitate consultative and collaborative decision-making processes within the workplace, in order to mitigate staff conflict and grievances.

Armidale Montessori Preschool will ensure that all persons making a complaint 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.

Grievance Procedures

The following procedures are to be followed:

- The aggrieved person is to discuss their grievance with the person they have a grievance with in a professional manner and at an appropriate time, in order to arrive at a satisfactory resolution.
- When the persons involved cannot resolve the grievance between them in a constructive and professional way the following steps will be followed:

1. *The aggrieved person is to contact their immediate supervisor (Room Leader, Education Leader, Director, Executive Preschool Committee member) who will act as a Mediator.*

The Mediator will have an interview with the persons involved and clarify the facts within 48 hours of receiving the complaint.

The Mediator will then investigate the grievance and meet with the aggrieved and the respondent in an attempt to reach conciliation where appropriate. The Mediator should advise the Staff member (members) that they are able to nominate a support person to attend any meetings with them. This person may be a union representative.

The Mediator will seek advice from other sources (e.g.: Management, unions, Work Cover and funding bodies), where appropriate, and discuss options available and help to formulate a plan of action.

If an employee does not feel comfortable in approaching their supervisor, or the conflict is with their immediate supervisor, they can report to the next level of management to act as mediator.

2. *If an amicable resolution does not occur at this meeting the Mediator is to present a report to the next level of management outlining:*
    - The nature of the grievance/complaint
    - The procedures followed to date.
    - The solution(s) sought.
    - The recommended plan of action or resolution

3. *If an agreement is reached the mediator is to present a report to the next level of management outlining:*
    - The nature of the grievance
    - The procedures followed to date.
    - The solution(s) agreed upon.
    - The plan of action to reach this solution and review time if warranted.
    - A copy of this report is to be provided to all persons involved in the grievance/complaint, and a copy is to be retained at the workplace.

- Meetings are to be arranged with the involved parties as necessary throughout the process.
- The outcome of the grievance must be reported to the aggrieved person (and any other relevant parties) within a week of the decision.
    - Resolution of Grievances

      Grievances are considered resolved when all persons involved agree to a solution, when the cause of the grievance has been removed or resolved, and when arrangements have been made, if appropriate, to repair any damage and distress suffered by the persons involved. Strategies agreed upon by both parties are to be put in place to help avoid further conflict.
    - Unresolved Conflict

      If resolution of the conflict is unsuccessful after all procedures in the Grievance Policy have been followed it may then be necessary to take disciplinary action.

Conflict of Interest

Should a conflict of interest arise during a grievance or complaint that involves the Director, Management, Nominated Supervisor or Committee members, then the matter will be nominated to an alternate objective mediator. The Service may also engage the resources of an independent Conflict Resolution Service to assist with the mediation of any serious, notifiable complaint/grievance.

Confidentiality of complaints

Management and Educators will adhere to our Privacy and Confidentiality Policy when dealing with complaints/grievances. The grievance will be discussed with as few people as possible, and where possible, the name of the complainant and/or the person who is the subject of the complaint will not be used.

Mediators are to use discretion and to do their utmost to maintain confidentiality. However, confidentiality cannot be guaranteed in the following situations: if it is considered that someone is in danger, if disciplinary action or criminal investigation might be necessary; or if employer liability might be involved. In these instances, the matter must be discussed fully with the President of the Committee and if warranted, reported to a government agency (Responding to incidents, disclosures and suspicions of child abuse or

harm NSW).

No action will be taken against the person about whom a formal complaint is lodged until they are made aware of any allegations so that they may respond.

Educators, staff and volunteers will:

- Be aware of the possible ramifications of their actions when dealing with staff issues.
- Follow and adhere to the Grievance Procedures detailed in this policy.
- When raising the grievance or complaint directly with the person concerned, they do so in a professional manner and at an appropriate time. Both parties should try to resolve the issue and develop solutions to ensure the problem does not happen again. Discussions should be based on the principles of privacy, confidentiality, respect and open-mindedness, and should not involve other educators, staff, volunteers or visitors (e.g. parents) and should take place away from children.
- Provide all relevant information, outlining the issue, identifying any other person involved in the problem and any suggested solution.
- Communicate openly about the issue with the relevant parties.
- Raise any grievance involving suspected or actual unlawful activity (including bullying) with the Director immediately and privately.
- If the person is unable to resolve the issue or feels uncomfortable raising the matter directly with the person concerned, the grievance or complaint must be raised with their immediate supervisor/manager. The supervisor/manager may ask for the issue to be put in writing.
- Maintain confidentiality at all times.
- Maintain professionalism at all times.

Educators, staff and volunteers will not:

- Become involved in complaints or grievances that do not concern them.
- Raise complaints with an external complaints body, such as a court or Tribunal, without exhausting our grievance procedures.

The Executive Committee/Director/Education Leader/Management will:

- Ensure staff and educators are aware of the person to whom complaints can be made and the processes required.
- Treat all grievances seriously and as a priority.
- Ensure grievances reflect procedural fairness and natural justice
- Ensure grievances remain confidential where it is appropriate to do so
- Discuss the issue with the complainant within 48 hours of receiving the verbal or written complaint and attempt Conciliation where appropriate
- Document the discussion.
- Investigate and document the grievance fairly and impartially.
- The Director will report to the Management Committee any existing staff disputes/grievances, withholding the names of the parties involved, unless the nature of the dispute/grievance warrants full disclosure
- comply with legislation for any allegations or convictions of child abuse or child related misconduct of any staff member, volunteer or contractor and notify the Office of the Children's Guardian (OCG) as part of the Reportable Conduct Scheme within 7 business days. 7-day notification form
- The investigation will consist of:
    - Reviewing the circumstances and facts of the complaint (or breach) and inviting all affected parties to provide information where appropriate and pertinent.

  - Discussing the nature of the complaint (or breach) and giving an educator, staff member or volunteer an opportunity to respond.
  - Permitting them to have a support person present during the consultation (for example: Union Representative or family member, however this does not include a lawyer acting in a professional capacity).
  - Providing the employee with a clear written statement outlining the outcome of the investigation.
- Advise the complainant and all affected parties of the outcome within 7 working days of receiving the verbal or written complaint/grievance.
  - Management will provide a written response outlining the outcome of the investigation and provide a copy to all parties involved.
  - If a written agreement about the resolution of the complaint is prepared, all parties will ensure the outcomes accurately reflects the resolution and sign in agreeance.
- Should management decide not to proceed with the investigation after initial enquiries, a written notification outlining the reasoning will be provided to the complainant.
- Keep appropriate records of the investigation and outcome and store those records in accordance with our Privacy and Confidentiality Policy.
- Monitor ongoing behaviour and provide support as required.
- Ensure the parties are protected from victimisation and bullying.
- Request feedback on the grievance process using a feedback form.
- Track complaints to identify recurring issues within the Service.
- If deemed necessary, the Director will notify The Department of Education and Communities within 24 hours if a complaint alleges the safety, health or wellbeing of a person/child is being compromised.

SOURCES

- Education and Care Services National Regulation: http://acecqa.gov.au/
- National Quality Standards: http://acecqa.gov.au/
- ACECQA: http://acecqa.gov.au/
- Human Rights and Equal Opportunities Commission: https://www.humanrights.gov.au/
- Fair Work Australia: https://www.fairwork.gov.au/
- Ombudsman https://www.ombo.nsw.gov.au/guidance-for-agencies/complaint-handling-e-learning
- Childcare Desktop
- Revised National Quality Standard

REFERENCES

National Quality Standard (NQS)

Quality Area 4: Staffing Arrangements		
4.1.1	*Organisation of educators*	The organisation of educators across the service supports children's learning and development.
4.1.2	*Continuity of Staff*	Every effort is made for children to experience continuity of educators at the service
4.2	*Professionalism*	Management, educators and staff are collaborative, respectful and ethical.
4.2.1	*Professional collaboration*	Management, educators and staff work with mutual respect and collaboratively, and challenge

		and learn from each other, recognising each other's strengths and skills.
4.2.2	*Professional standards*	Professional standards guide practice, interactions and relationships.
Quality Area 7: Governance and Leaderships		
7.1.2	Management Systems	Systems are in place to manage risk and enable the effective management and operation of a quality Service.
7.2.1	Continuous Improvement	There is an effective self-assessment and quality improvement process in place.

Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
Sec. 172	Offence to fail to display prescribed information
Sec.174	Offence to fail to notify certain information to Regulatory Authority
12	Meaning of serious incident
168	Education and care service must have policies and procedure
170	Policies and procedures must be followed
171	Policies and procedures to be kept available
173(2)(b)	Requires an approved provider to make the name and telephone number of the person to whom complaints may be addressed clearly visible at the service
176	Time to notify certain information to Regulatory Authority
183	*Storage of records and other documents*