

POLICIES AND PROCEDURES

Revised: August 2024



Newton Family Day Care

Mission Statement

Newton Family Day Care aims to provide a high quality, flexible and professional children's service, offering a range of education and care options and positive experiences for children and their families. This encompasses the ideals of family day care and encourages all children to develop to their fullest potential.

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1. INTRODUCTION

This policies and procedures document guide the operation of Newton Family Day Care and was prepared by Newton Family Day Care Management and the staff members. Our policies and procedures outline the service expectations of staff, educators and families and support the delivery of a quality home-based care for the children.

Newton Family Day Care (From here onwards the acronym FDC will replace Family Day Care) policies and procedures guide is developed in line with the Australian and State Legislation, the National Quality Standards for Early Childhood Education and Care and School Aged Care, the Care Services National Law Act and the National Regulations as related to FDC. Newton FDC management, staff and educators are obliged to act in accordance with the policies and procedures outlined in this document.

The services policy and procedures to be reviewed in collaboration with staff, educators and families as needs become evident or as opportunities are identified and according to Government requirements.

2. PHILOSOPHY

At Newton FDC Scheme, we engage, support, resource and inspire educators to work in collaboration with families ensuring each child reaches their full potential. In meeting our vision, the service will act in a professional and respectful manner, valuing partnerships and diversity. Our primary focus is always what is in the best interests of the child and in doing so we honour the United Nations Convention on the Rights of the Child.

- Newton FDC aims to provide a high quality, flexible and professional children's service, offering a range of education and care options and positive experiences for children and their families. This encompasses the ideals of child care and encourages all children to develop to their fullest potential.
- Newton FDC supports inclusive practices and rights of all children to feel safe, secure and that they belong. Children are recognised as individuals, regardless of their age, gender, ability, cultural background or experience. Educators foster a warm and caring home and a responsive environment that nurtures children's health and happiness.
- Newton FDC provides positive relationships and working in collaboration with families, educators and staff are crucial to the wellbeing of children. Diversity is valued and mutual respect is essential between all partners promoting nonjudgmental and positive relationships within the care.
- Newton FDC embraces the Early Years Learning and Development outcomes for all children:
 - To have a strong sense of identity
 - To connect with and contribute to their world
 - To develop and have a sense of wellbeing
 - To be confident and involved learners
 - To be effective communicators

Newton FDC would like to promote good will, collaboration and trust between the government, parents and the wider community for maximum benefit of the children under our care. We are committed to simplifying processes, finding solutions and continuous improvement.

We encourage our educators to use high quality pedagogy in their early childhood education and care services to ensure it meets the mission statement of our scheme and that our values are embedded in everyday practices with children.

We also follow different child development theories which provide in-depth explanations on how children learn, grow and develop. Educators are encouraged to follow Vygotsky's sociocultural theory that mentions parents, caregivers, peers and the culture at large are responsible for developing the child's growth and it's through these interactions that learning becomes integrated into an individual's understanding of the world. Therefore, it is vital for educators to be good role models so they can provide better opportunities for the children in becoming successful adults.

We also believe that the environment plays a major role in the success of an early childhood program. It should enhance the children's interests in all developmental areas. We believe learning in an early childhood environment is done most successfully through places that can be visited, explored, and revisited again and again. The environment should take into consideration the social and communication skills, physical abilities or challenges, and learning styles of the children being looked after.

Newton Family Day Care always seeks to further improve the skills and knowledge of their staff and educators through constant monitoring, meetings and via various communication methods. This is to ensure that high standards of care are available to the children and families that attend our service.

3. LEADERSHIP AND MANAGEMENT

3.1. CODE OF ETHICS

In this Code of Ethics, the protection and wellbeing of children is vital and therefore speaking out or taking action in the presence of unethical practice is an essential professional responsibility.

In relation to children, I will:

1. Act in the best interests of all children.
2. Respect the rights of children as stated in the United Nations Convention on the Rights of the Child (1991) and commit to advocating for these rights.
3. Recognise children as active citizens participating in different communities such as family, children's services and schools.
4. Work with children to help them understand that they are global citizens with shared responsibilities to the environment and humanity.
5. Respect the special relationship between children and their families and incorporate this perspective in all my communications with children.
6. Create and maintain safe, healthy environments, spaces and places, which enhance children's learning, development, engagement, initiative, self-worth, dignity and show respect for their contributions.
7. Work to ensure children and families with additional needs can achieve their rights.
8. Acknowledge the uniqueness and potential of all children, in recognition that enjoying their childhood without excessive pressure is important.

9. Acknowledge the holistic nature of children's learning and the significance of children's cultural and linguistic identities.
10. Work to ensure children are not discriminated against on the basis of gender, age, ability, economic status, family structure, lifestyle, ethnicity, religion, language, culture, or national origin.
11. Acknowledge children as competent learners, and build active communities of engagement and inquiry.
12. Honour children's right to play, as both a process and context for learning.

In relation to families, I will:

1. Listen to and learn from families, in order to acknowledge and build upon their strengths and competencies, and support them in their role of nurturing children.
2. Assist each family to develop a sense of belonging and inclusion.
3. Develop positive relationships based on mutual trust and open communication.
4. Develop partnerships with families and engage in shared decision making where appropriate.
5. Acknowledge the rights of families to make decisions about their children.
6. Respect the uniqueness of each family and strive to learn about their culture, structure, lifestyle, customs, language, beliefs and kinship systems.
7. Develop shared planning, monitoring and assessment practices for children's learning and communicate this in ways that families understand.
8. Acknowledge that each family is affected by the community contexts in which they engage.
9. Be sensitive to the vulnerabilities of children and families and respond in ways that empower and maintain the dignity of all children and families.
10. Maintain confidentiality and respect the right of the family to privacy.

In relation to colleagues, I will:

1. Encourage my colleagues to adopt and act in accordance with this Code, and take action in the presence of unethical behaviours.
2. Build collaborative relationships based on trust, respect and honesty.
3. Acknowledge and support the personal strengths, professional experience and diversity which my colleagues bring to their work.
4. Make every effort to use constructive methods to manage differences of opinion in the spirit of collegiality.
5. Share and build knowledge, experiences and resources with my colleagues.
6. Collaborate with my colleagues to generate a culture of continual reflection and renewal of high-quality practices in early childhood.

In relation to communities, I will:

1. Learn about the communities that I work within and enact curriculum programs which are responsive to those contexts and community priorities.
2. Connect with people, services and agencies within the communities that support children and families.
3. Promote shared aspirations amongst communities in order to enhance children's health and wellbeing.

4. Advocate for the development and implementation of laws and policies that promote child-friendly communities and work to change those that work against child and family wellbeing.
5. Utilise knowledge and research to advocate for universal access to a range of high-quality early childhood programs for all children.
6. Work to promote community understanding of how children learn in order that appropriate systems of assessment and reporting are used to benefit children.

In relation to students and volunteers, I will:

1. Afford professional resources for them to demonstrate their competencies and model high-quality professional practices.
2. Acknowledge and support the personal strengths, professional knowledge, diversity and experience which students bring to the learning environment.
3. Know the requirements of the students' individual institutions and communicate openly with the representatives of that institution.
4. Provide ongoing constructive feedback and assessment that is fair and equitable.
5. Implement strategies that will empower students to make positive contributions to the workplace.
6. Maintain confidentiality in relation to students.

In relation to my employer, I will:

1. Support workplace policies, standards and practices that are fair, non-discriminatory and are in the best interest of children and families.
2. Promote, support and engage in ongoing professional development.
3. Adhere to lawful policies and procedures and when there is conflict, attempt to effect change through constructive action within the organisation or seek change through appropriate procedures.

In relation to myself as a professional, I will:

1. Base my work on contemporary perspectives on research, theory, content knowledge, high quality early childhood practices and my understandings of the children and families with whom I work.
2. Regard myself as a learner who undertakes reflection, critical self-study, continuing professional development and engages with contemporary theory and practice.
3. Seek and build collaborative professional relationships.
4. Acknowledge the power dimensions within professional relationships.
5. Act in ways that advance the interests and standing of my profession.
6. Work within the limits of my professional role and avoid misrepresentation of my professional competence and qualifications.
7. Mentor other early childhood professionals and students.
8. Advocate in relation to issues that impact on my profession and on young children and their families.
9. Encourage qualities and practices of leadership within the early childhood profession.

In relation to the conduct of research, I will:

1. Recognise that research includes my routine documentation and investigations of children's learning and development, as well as more formal research projects undertaken with and by external bodies.
2. Be responsive to children's participation in research, negotiating their involvement taking account of matters such as safety, fatigue, privacy and their interest.
3. Support research to strengthen and expand the knowledge base of early childhood, and where possible, initiate, contribute to, facilitate and broadcast such research.
4. Make every effort to understand the purpose and value of proposed research projects and make informed decisions as to the participation of myself, colleagues, children, families and communities.
5. Ensure research, in which I am involved, meets standard ethical procedures including informed consent, opportunity to withdraw and confidentiality.
6. Ensure that images of children and other data are only collected with informed consent and are stored and utilised according to legislative and policy requirements.
7. Represent the findings of all research accurately.

3.2. CODE OF CONDUCT

Statement of Commitment

Newton FDC aims to provide a high quality, flexible and professional children's service, offering a range of education and care options and positive experiences for children and their families. This encompasses the ideals of family day care and encourages all children to develop to their fullest potential. To this end family day care staff have a responsibility to educate the community, parents and educators and to liaise with other relevant professionals and community groups for the benefit of children and families. All staff, educators, educator assistants and families are responsible for ensuring children are safe in our service. One of the ways we do this is by following this code of behaviour:

Do:

- Always act honestly, fairly and professionally in the interests of families, young children and the community they serve.
- Deal with the public in a professional and courteous manner.
- Endeavour to effectively communicate with and promote participation by all sections of the community who in the course of their work have access to confidential information will maintain that confidentiality.
- Demonstrate impartiality in decision making and maintain public confidence in the service.
- Not make improper use of information obtained by them in the exercise of their professional duty.
- Ensure that members of the public are provided with all necessary information and appropriate assistance.
- Consider all available and appropriate information prior to making recommendations and ensure that families are given necessary, accurate and timely advice.
- Take all reasonable steps to protect children from abuse.
- Have boundaries around conduct with children.
- Help children learn protective behaviours.
- Report and act on all complaints of abuse to the Director.
- Fully include all children in our service.
- Educate children about their rights.
- Assist children to develop skills around dressing and toileting themselves.
- Inform families and Coordinators when visitors are staying at the service.
- Treat children at our service with the same amount of care as we would our own.

Don't:

- Put children at risk of abuse.
- Be unnecessarily physical with children.
- Have discussions of a mature or adult nature when children are there.
- Develop special relationships with individual children.
- Discriminate against children or express personal views on cultures, race or sexuality.
- Leave children alone with members of educator's families or visitors to educator's houses.
- Assist children with changing and toileting when they no longer need assistance.
- Have contact with a child or their family outside of our organisation.

3.3. ASSESSMENTS OF FAMILY DAY CARE RESIDENCES

The approved provider of a FDC service must conduct an assessment (including a risk assessment) of each residence and approved FDC venue of the service before education and care is provided to children at the residence or venue as part of the service. An assessment must be conducted at least annually to ensure that the health, safety and wellbeing of children being educated and cared for by the service are protected.

The following matters will be considered as part of an assessment.

- a. The matters relating to FDC services in division 1 and regulation 117;
- b. The suitability of the residence (and areas within the residence) or venue according to the number, ages and abilities of children attending, or likely to attend, the service at the residence or venue;
- c. The suitability of nappy change arrangements for children attending, or likely to attend, the service at the residence or venue, who wear nappies;
- d. The existence of any water hazards, water features or swimming pool at or near the residence or venue;
- e. The risk posed by any animals at the residence or venue.

The approved provider of a FDC service must require each FDC educator educating and caring for children at a residence or approved FDC venue as part of the service to advise the provider of:

- a. Any proposed renovations to the residence or venue; and
- b. Any changes relating to the residence or venue affecting any of the matters set out in sub regulation (2); and
- c. Any other changes to the residence or venue that will affect the education and care provided to children at the service.

3.4. ENVIRONMENT

Newton FDC will provide children with a comfortable, safe home environment with quality interactions, experiences and learning opportunities for all developmental areas based on family and community life.

Children are provided opportunities to develop social and living skills based within a family home. The educator provides children with opportunities to engage with members of their family and the community in ways that promote confidence, understanding, and knowledge of living harmoniously within a family, neighbourhood and community setting. Children will have access to appropriate living, playing, sleeping, and eating areas of the family home.

The home environment will have:

- Sufficient space and comfort for children to feel at home
- Appropriate sleeping facilities for each child
- Outdoor play area that extends children's physical competence
- Children's furniture for activities
- Adequate fencing
- Safe environment free from hazards

The environment must be inviting and comfortable for children. Children should have easy access to cosy areas such as sofas, and lounge chairs with rugs and cushions.

Provision must be made to ensure that temperature, ventilation and lighting is appropriate so that children are not exposed to the discomfort of extreme weather conditions. For example:

- Shaded areas with air flow in summer
- Rugs placed on uncarpeted play areas in winter (e.g. tiled areas)

Play space for children will be presented in creative and inviting ways that encourage children to enjoy, relax, explore, use their imagination and have fun.

The home environment will be used to undertake everyday simple activities with children such as exploring the garden to discover plants, insects, birds, etc; and counting or sorting the pegs as we hang items on the line. The home environment provides an abundance of learning opportunities both indoors and outdoors. Educators provide:

Indoors:

- Safe indoor space that allows for easy supervision of children accessing any spaces while maintaining the dignity and rights of the child
- Spaces for children to store their items brought from home in a manner that is easily accessible throughout the day
- Access to age-appropriate materials, books and games
- Provide a wide range of play materials that children can use in creative and imaginative ways
- A sense of belonging by displaying within the family home an example of the child's art, craft, photographs of the child and their family, and/or their construction work

Outdoors:

- Materials that help children explore feeling and differences.
- A space to store children's work in progress
- A safe outdoor environment including shaded areas for play
- The outdoor environment allows children to explore and experience the natural environment (e.g. there are natural features such as trees, sand and plants)
- Promote an appreciation of and engagement with the natural environment through, for example, gardens, rocks, logs, trees, leaves, bark, insects that live in the outdoor areas, and other natural materials that stimulate children's interest in nature
- Promote sustainability, conservation and recycling with children
- Outdoor equipment that can be moved and adapted to create stimulating play spaces for children
- Play equipment that provide choice, interest, variety and challenge for children
- Opportunities for gross motor activity

Approval of Residence:

When an educator is registered with the service both the educator and their home is approved to conduct a FDC educator business from that property. Therefore, continuation of the certificate of approval is not automatic when an educator moves to new premises. The new home environment must be approved by the service, therefore, an educator who changes residence will be required to undertake the re-approval process. If a home is not suitable and safe to offer quality experiences based on family life, then the certificate of approval will be withdrawn.

3.5. CHILD SWAPPING LEGISLATION

What is 'child swapping'?

Child swapping is a practice where an FDC educator, or their partner, receives child care fee assistance for a session of FDC provided to their child on the same day that they themselves provide FDC.

Key changes to the Family Assistance Law

Eligibility - FDC educators and their partners are not entitled to receive child care fee assistance for their own child's session of FDC if, on that same day, the FDC educator provides FDC for an approved FDC service, unless specified circumstances apply.

Check FDC educator status - FDC services will be required to ask eligible individuals if they, or their partner, are an FDC educator.

Specified circumstances - the specified circumstances allow eligible individuals to claim child care for their own child's FDC care on the same day they or their partner work as an FDC educator in an approved FDC service. If an eligible individual who is, or is the partner of, an FDC educator informs the approved FDC service that specified circumstances apply, the approved FDC service must request particular information and documents to substantiate the specified circumstances. Specified circumstances do not apply unless documentary evidence has been provided to the approved FDC service.

Change of circumstances - approved FDC services must request to be informed if an eligible individual or their partner becomes an FDC educator. If an eligible individual or their partner is an FDC educator and specified circumstances apply, approved FDC services must also request to be informed of any change in those circumstances.

Record keeping - approved FDC services will be required to retain evidence of specified circumstances. They must also create and maintain a register of relevant information.

Online compliance - if an FDC educator has a Customer Reference Number (CRN) allocated by the Department of Human Services, the approved FDC service will be required to enter it into the Child Care Management System (CCMS).

Specified circumstances

FDC educators and their partners are not entitled to receive child care fee assistance for their own child's session of FDC if, on that same day, the FDC educator provides FDC for an approved FDC service, unless one or more of the specified circumstances apply. The specified circumstances are where:

- the child has been diagnosed with a particular disability or medical condition, or the FDC service is receiving payment of Inclusion Support Subsidy because the child is undergoing continuous assessment of disability
- the child lives in an area designated as 'remote Australia' or 'very remote Australia'
- the child requires FDC because the eligible individual (or their partner) who is an FDC educator is required on the same day to work for a minimum of two hours (but not for an approved FDC service)
- the child requires FDC because the eligible individual (or their partner) who is an FDC educator is required on the same day to undertake education or training towards a recognised qualification (at Certificate III or above).

If the FDC service becomes aware that the eligible individual or their partner is an FDC carer and one or more of the specified circumstances exists, the FDC service must request relevant information.

Except where the FDC service is receiving Inclusion Support Subsidy (ISS) because the child is undergoing continuous assessment of disability, the FDC service must request documentary evidence of the specified circumstance. The service will have the documentary evidence of receipt of ISS.

For any of the specified circumstances to apply, documentary evidence must have been provided to the approved FDC service.

Legislative reference – section 10A of the Eligibility Determination and section 8 of the No One Eligible Determination.

3.5. RELATIVE CARE ARRANGEMENT

Note: 47 Provision of care by an FDC educator to relatives

Section 195E of the Family Assistance Administration Act, mentions that under the Family Assistance Law, there is a limit to the number of children to whom a Family Day Care educator can provide care at the service if they are related to the Family Day Care educator.

More specifically, the rule states that it is a condition for continued approval of a Family Day Care service that the provider ensures that less than 50 per cent of the children to whom any Family Day Care educator is providing care within any Child Care Subsidy fortnight at the service are related to the Family Day Care educator as a:

- niece or nephew
- cousin
- grandchild (including a great-grandchild).

It is important to note that:

- relatives of a Family Day Care educator's partner (by either de facto or marriage) will be considered relatives of the Family Day Care educator
- relatives of the children in care not listed above will not be treated as relatives
- the ratio of 'less than 50 per cent' is applied to the number of children cared for at the service across the whole Child Care Subsidy fortnight and not to one session of care.

3.6. CHILD ENROLMENT AND ORIENTATION INCLUDING RECORD KEEPING

To ensure Newton FDC manages children's enrolments in a manner that ensures the placement of a child into care is in accordance with all government legislative and regulatory requirements.

Educators will provide children and families with an orientation process for their individual service.

The most successful placements of children into FDC are when there is a match between the needs of the child, family expectations and the educator's ability and willingness to meet the individual needs of the child. It is the role of the Coordination unit to implement systems and practices that allow for placements to occur in a fair and ethical manner. It is also important that placements are made as quickly as possible to ensure educators are given every opportunity to fill a vacancy and for families to find suitable childcare.

1. Priority of Access

The Australian Government has determined Priority of Access guidelines for allocating places in Children's Services. These guidelines are set out in the following levels of priority.

Priority 1

A child at risk of serious abuse or neglect.

Priority 2

A child of a single parent who satisfies, or of parents who both satisfy the work/training/study test under section 14 of the A New Tax System (Family Assistance) Act 1999.

Priority 3

Any other Child.

Within each category mentioned above, the following Children are given priority (These are not in priority order as children may fall into more than one category):

- Children in Aboriginal or Torres Strait Islander families.
- Children in families which include a person with a disability.
- Children in families on low incomes.
- Children in families with from culturally and linguistically diverse backgrounds.
- Children in socially isolated families.
- Children of single families.

In addition to legislative Priority of Access Guidelines the Service Priority of Access Guidelines are as follows:

- Existing families that need to change educators or have a sibling starting care.
- Families in an "emergency/at risk" situation and/or low-income families may be given overall priority.
- Educators will develop an orientation process for families and children when they first enter their individual service. This will include developing a business folder for interviewing new families and settling new children into care information.

2. Placement Register

The Coordination unit will:

- Maintain a register of families requiring care i.e. placement register.
- Provide information to families at the time of registration with the service on the procedures for placing children into FDC.
- Review and update the placement register on a regular basis.

3. Educator Vacancies

The Coordination unit will:

- Maintain an up to date register of educator vacancies.
- Develop and implement systems to ensure information on educator vacancies is current.
- Refer families to educators taking into consideration the needs of the child, family and the educator.

4. Hours of Operation

Newton FDC's usual business hours are from Monday to Friday 9am to 5pm, excluding the month of Ramadhan where the scheme's business hours are from 10am to 4pm.

5. Holiday Period

Newton family day care office is only closed during NSW public holiday period.

6. Entitlements

The Coordination unit provides information to families in regard to entitlements for which they may be eligible. (I.e. Family Handbook, Statement of Entitlements).

7. Number of educators a family will be referred to

Where possible, families will be referred to more than one educator, who may be able to meet their childcare requirements, to enable choice of educator.

Child enrolment records must be kept by Newton FDC and our educators

1. The approved provider of an education and care service must ensure that an enrolment record is kept that includes the information set out in sub regulation (3) for each child enrolled at the education and care service.
2. A FDC educator must keep an enrolment record that includes the information set out in sub regulation (3) for each child educated and cared for by the educator.
3. An enrolment record must include the following information for each child:
 - a. The full name, date of birth and address of the child;
 - b. The name, address and contact details of -
 - (i) Each known parent of the child; and
 - (ii) Any person who is to be notified of an emergency involving the child if any parent of the child cannot be immediately contacted; and
 - (iii) Any person who is an authorised nominee; and
 - a. **Note - Authorised nominee** means a person who has been given permission by a parent or family member to collect the child from the education and care service or the family day care educator. See section 170(5) of the Law.
 - (iv) Any person who is authorised to consent to medical treatment of, or to authorise administration of medication to the child; and
 - (v) Any person who is authorised to authorise an educator to take the child outside the education and care service premises;
 - c. Details of any court orders, parenting orders or parenting plans provided to the approved provider relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child;
 - d. Details of any other court orders provided to the approved provider relating to the child's residence or the child's contact with a parent or other person;
 - e. The gender of the child;
 - f. The language used in the child's home;
 - g. The cultural background of the child and, if applicable, the child's parents;
 - h. Any special considerations for the child, for example any cultural, religious or dietary requirements or additional needs;
 - i. The relevant authorisations set out in regulation 161;
 - j. The relevant health information set out in regulation 162.
4. In this regulation -
 - a. **Parenting order** means a parenting order within the meaning of section 64B (1) of the Family Law Act 1975 of the Commonwealth;
 - b. **Parenting plan** means a parenting plan within the meaning of section 63C (1) of the Family Law Act 1975 of the Commonwealth and includes a registered parenting plan within the meaning of section 63C (6) of that Act.

3.7. CHILD HOLIDAY PERIOD

- When a child is to go on holiday, please advise the office and Educator via written notification (Child Holiday Form).
- On the written notification of the Child Holiday Form – you must advise the last day of care for the child/ren and when the child/ren will be returning to care.
- 2 weeks' notice is required to be given or 2 weeks full fees in lieu of notice may apply.

3.8. CHILD TERMINATION OF CARE

- When a child terminates care, please advise the office and Educator via written notification (Child Termination Form).
- On the Child Termination Form – you must advise the date when the child/ren will cease care and the reason for termination.
- 2 weeks' notice is required to be given or 2 weeks full fees in lieu of notice may apply. If a child is to cease care and provides an educator the required notice and then does not attend their last session of care during that last week CCS is not payable on termination of care unless care is actually used, or a medical certificate produced.

Scheme Cancellation of Care (Children)

- CCS is not claimable for absences in regards to termination of care unless a medical certificate is produced.
- We will give families 2 weeks' notice for termination of care.

Educator Cancellation of Care (Children)

When ceasing care, the educator must ensure that:

- Written notification is sent to the Coordination and parent, including the last date care that is to be provided, date and reason of notice.
- Educator is also required to give 2 weeks' notice for termination of care

3.9. VISITORS TO FAMILY DAY CARE RESIDENCES

- Family day care educators, any person who is above the age of 18 occupants and regular visitors to the home including educator assistant must have a Working With Children's Check for child related employment.
- Family day care educators must ensure that all visitor records are kept especially the ones that are visiting residence while children are being educated and cared for at the residence or venue as part of that service. The record of visitors must include the signature of the visitor and the time of the visitor's arrival and departure.
- If there are other children (who are not registered with Newton FDC and are not included in the numbers) present at the educator's residence when an educator is providing a duty, an accompanying adult (person over 18 years who does not normally reside in the residence) must be physically present with the visiting children at all times.
- Visitors should not be left alone with the children at any time.

3.10. ROLES AND RESPONSIBILITIES OF EDUCATOR'S FAMILY

Newton FDC recognises that although the educator has primary responsibility for the provision of care, their family members can influence the quality of care experienced by children in FDC. Therefore, the educator's family members have the role and responsibility to ensure that their actions and behaviour support the professional and quality standards achieved and maintained by the educator in the provision of FDC.

* Definition of Family - husband, partner, adult children or other occupants, teenagers and older children

All family members must:

- Respect the dignity and rights of all children in FDC.
- Not subject children to any form of physical, verbal or emotional harm.
- Respect the confidentiality of children and their families.
- Treat all members of the child's family with dignity and respect.
- Not consume alcohol, cigarettes or any drugs that diminishes their physical or mental ability to behave in an appropriate manner with children in care or to provide a poor role model in these areas.
- Ensure that duty of care is followed when undertaking activities with children.
- Take responsibility for ensuring personal items are not accessible to children and their families.
- Ensure that children and their families are made aware of the areas of the home that are for private purposes and not to be accessed by FDC children and, where appropriate, barriers to these areas are erected.
- Obtain a 'Working with Children's Check' if over the age of 18 years
- Not be responsible for the receiving or supervision of children in care unless they are engaged as a Back-up Support educator.
- Ensure any interaction with children does not place the family member at risk of a child abuse allegation.

Role of educator's partner

In addition to the roles and responsibilities mentioned, Newton FDC recognises that the partner's view of their role and responsibilities has a considerable impact on the quality and ease in which the educator engages in with the provision of care. The level of support provided by an educator's partner is a crucial factor in the successful long term duration of the educator with Newton FDC. Newton FDC recognises that there is no strict model that can be used to describe the ideal roles and responsibilities for a partner. What works best for one couple may not work well for another, however, there are common factors that an educator and their partner should discuss in determining the role and responsibilities of the partner.

These include:

- Meet with a member of the Coordination unit during the initial induction process.
- The level of involvement the partner will have with the children in care.
- The level and type of support that they can provide to the educator.
- Listening to educators when they need to debrief about their day.
- Assist to care for children, especially during peak periods to relieve pressure on the educator.
- Providing care for their own children so that educators can attend professional development training
- Being professional in their dealings with children and parents.
- Assisting in making sure that the home meets health and safety standards.
- Being accepting of different parenting practices and family dynamics.
- Choosing whether to become a support educator.

Where a family member is negatively influencing the quality of care:

In a situation where a family member is negatively influencing the quality of care, the Coordination team will address the issue via direct communication with the parties involved to address the concern accordingly.

3.11. PROCEDURE FOR ENROLLING NEW FAMILIES

When you are talking with parents looking for child care it is important to have an interview. Firstly, the parent must decide whether you and your home are right for the child. Secondly you must decide whether this parent is someone you can work with and whether your home would be a good place and a suitable match. It is important to take the time to discuss any concerns on either side.

First Contact: Phone Call

Some basic information should be discussed in the first phone call. Information you will need from the parent includes:

- Age/s of child/ren
- Hours and days when care is needed
- Contact details
- Any special requirements: allergies, disabilities & language. Information parents will need from you;
- A brief description of the kind of program you have to offer.
- A little about your self
- Your location, fees and hours of operation

First impressions have a strong influence. Be well organised and confident. It may help you to teach your family members to take phone messages in a confident pleasant business-like manner. A care provider who answers their phone calls with promptness, respect and willingness and in a pleasant and professional manner are more likely to give a great first impression.

The Interview/Visit

The visit should be scheduled at a time of day when you will be able to take some time to talk with parents and allow parents to see what you normally do with the children. The success of the educator starts at the time of the interview by the way you market yourself and your service. For some parents it will be the first time they have sought care for their child/ren. They may not know what they want or perhaps don't know how to ask you for what they want.

When parents meet you for the first time you can put them at ease with your manners. It's also a chance for you to see how the new child/ren fit into your group. All parents will want to see various things for example toys and equipment, educator child interactions, style of programming, cleanliness and safety precautions and most important they will want to know about your values, discipline style and other personal information about yourself and your family. You can make them feel comfortable by showing them examples of photos, references, registration certificate and more. Show parents around your premises and explain where children will sleep and eat and the safety features of the house.

The best way to put parents at ease is to listen to them and asking them open ended questions like why, how, who and what so that the questions to those questions are more than just yes or no. This visit is a great time to discuss fees and payment procedures, paperwork for parents, policies and procedures regarding illness, fees, nutrition, etc. You need to make your expectations clear to parents before they enrol. The visit is also time for you to get to know and learn about the child/ren like eating, sleeping, home routine, and any other important information about the child/ren.

3.12. WORKPLACE HEALTH AND SAFETY

Workplace Safety is of high importance in Family Day Care. Under the Workplace Health & Safety Act 2011, it is the Educators responsibility to:

1. Identify hazards in the home.
2. Assess the level of risk of the hazard.
3. Eliminate or control the risk.

It is the responsibility of the Educator to develop a risk management plan for any identified hazard in the Educator's work environment. Educators need to also provide a floor plan of their home and outdoor play area which clearly indicates which areas will be used for the Educator's childcare business and have accordingly had all safety matters addressed. It is important that this floor plan is updated with the Co-ordination Unit if the areas of usage change (both for insurance and regulatory purposes).

Educators and children are not to enter any area of the home which has not been designated as being used for the childcare business during the operational hours of the business.

It is a regulatory requirement that the home environment is safe, and a Work Health and safety requirement that Educators develop a risk management plan for any identified hazards in the workplace (home environment).

It is necessary that Work Health and Safety checks be conducted by the Educator on a daily basis by completing the daily hazard check book.

3.13. MEDIA

Newton FDC aims to effectively and professionally manage all media matters and in particular, sensitive events that may attract the attention of the media.

Media attention may periodically focus on people or issues involved in the organisation. Children, families, educators, and staff are entitled to privacy, confidentiality, respect, and fairness in regard to disclosure of any personal information. This is especially true when a sensitive or difficult matter has risen in our community of families, staff, and educators. Newton FDC is committed to honouring these ethical principles as part of our responsibility to those stakeholders in our organisation.

At the same time, Newton FDC acknowledges an obligation to provide clear and accurate information based first on the careful establishment of the facts, once the community's social interest and right to information has become involved. At all times, such disclosures will remain unrestricted judgements of the organisation's management based on a prudent balance between our protection of individual rights and our acknowledgement of obligations to the wider community.

The nominated spokesperson is: Newton FDC Director

- The nominated spokesperson will be available to respond to media enquiries at all times
- All team members that is management committee members, staff and educators, are made aware that only the nominated spokesperson is authorised to respond to media enquiries.
- In the event of a situation that attracts the attention of the electronic or print media, the nominated media spokesperson is to ensure that all current staff and educators are aware of the media policy.
- Wherever possible media responses will be in the form of a media release.
- Media spokespersons will undertake appropriate training, where available, to assist in the professional management of sensitive events.

3.14. REGISTER

To meet the requirements of section 69 of the National Law and section 153 of the National Regulation, the following information will be kept on a register at the Coordination unit for each educator registered. The register will be maintained by administration staff.

- a) The full name, address and date of birth of the educator;
- b) The contact details of the educator;
- c) The address of the residence or approved FDC venue where the educator will be providing education and care to children as part of the service, including a statement as to whether it is a residence or venue;
- d) The date that the educator was engaged by, or registered with, the service;
- e) When applicable, the date that the educator ceased to be engaged by or registered with the service, for the period of 3 years following that date;
- f) The days and hours when the educator will usually be providing education and care to children as part of the service;
- g) If the educator is an approved provider, the number of the provider approval and the date the approval was granted;

- h) If the educator is a certified supervisor, the number of the supervisor certificate and the date it was granted;
 - (i) Evidence of any relevant qualifications held by the educator; or
 - (ii) If applicable, that the educator is actively working towards that qualification as provided under regulation 10;
- i) Evidence that the educator has completed
 - (i) Current approved First Aid training; and
 - (ii) Current approved Anaphylaxis management training; and
 - (iii) Current approved emergency Asthma management training;
- j) Evidence of any other training completed by the educator;
- k) If the educator will be providing education and care to children in a jurisdiction with a working with children law or a working with vulnerable people law, a record of the identifying number of the check conducted or card issued under that law and the expiry date of that check.
- l) For each child educated and cared for by the educator as part of the FDC service
 - (i) The child's name and date of birth; and
 - (ii) The days and hours that the educator usually provides education and care to that child;
- m) If the education and care is provided in a residence.
 - (i) The full names and dates of birth of all persons aged 18 years and over who normally reside at the FDC residence;
 - (ii) The full names and dates of birth of all children aged under 18 years who normally reside at the FDC residence;
- n) A record of:
 - (i) The identifying number of the working with children check, working with children check, working with vulnerable people check or criminal history record check or teacher registration of each person referred to in paragraph (k) who is required to provide the check, card, record or registration under regulation 163 and the date of expiry of that check, card or registration, if applicable; and
 - (ii) The date that the check, card, record or registration was sighted by the approved provider or nominated supervisor of the service.

Educator Assistant's Register:

- a) The full name, address, date of birth and contact details of the educator Assistant;
- b) The Name of educator to be assisted;
- c) The date that the educator Assistant was registered with the service;
- d) When applicable, the date that the educator Assistant ceased care with the service
- e) The days and hours when the educator Assistant will usually be providing education and care to children as part of the service; (if possible)
- f) Evidence of any training completed by the educator Assistant; i. The identifying number of the working with children check, working with children card, working with vulnerable people check or criminal history record check

Coordinator Register:

- a) The full name, address and date of birth of the Coordinator;
- b) Relevant qualification, or course enrolled in

- c) Other approved training completed
- d) Identifying number of working with children check (or equivalent)

3.15. SUPERVISION OF CHILDREN

Children who are cared for within Newton FDC service should be supervised at all times.

- The educator must be constantly aware of the activities and whereabouts of children in their care.
- The educator allows children to move freely and explore whilst being available to provide guidance, care and assistance to a child when required.
- The educator must be in close proximity to children at all times. Such proximity would allow the educator to see and/or hear the activities of the children in care.

3.16. COLLECTION AND DELIVERY OF CHILDREN

At Newton FDC, we are committed to the safe delivery of children to, and collection from, our service. We have detailed processes, practices and procedures complying with regulation 99 in this regard and ensure that all educators and staff implement them.

When a child arrives into care:

- A custodial parent (including guardian or authorised person) must deliver the child into care.
- The authorised educator must receive the child.
- The custodial parent must record the actual arrival and departure times of their child or children attending care.
- The educator must ensure these entries are signed or initialled (or by use of a pin in the case of Harmony web) by the custodial parent at the time of arrival and departure on each day of care.

When a child leaves the FDC home:

The educator must ensure the person who receives the child is the child's parent or an adult who is authorised in writing by the child's parent to receive the child. If it is not possible to comply with the above clause the parent must provide verbal approval for the child to be picked up by an adult, followed by written authorization within 24 hours.

3.17. ACCEPTANCE AND REFUSAL OF AUTHORISATION

Newton FDC will ensure that we only act in accordance with correct authorisation as described in the Education and Care Services National Regulations. Newton FDC requires authorisation for actions such as administration of medications, collection of children, excursions and providing access to personal records. This policy outlines what constitutes a correct authorisation and what does not and may therefore result in a refusal.

The Coordination Unit Staff will:

- Ensure documentation relating to authorisations contains:
 - The name of the child enrolled in the service;
 - Date;
 - Signature of the child's parent/guardian, or nominated contact person who is on the enrolment form;
 - The original form/letter/register provided by the service.
- Apply these authorisations to the collection of children, administration of medication, excursion and access to records.
- Keep these authorisations in the enrolment record.
- Exercise the right of refusal if written or verbal authorisations are not provided.
- 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.

3.18. GRIEVANCE AND COMPLAINTS

Newton FDC staff and educators manage issues of concern or complaint in a professional and ethical manner, taking into account principles of natural justice and equal opportunity.

Outcomes for children in care are given priority, and not compromised, in situations where conflict occurs. The raising of concerns and complaints is regarded as an opportunity to improve outcomes for children and to remedy any systemic problems.

Where possible, matters are initially raised informally with the person concerned. All concerns or complaints raised are handled as quickly and fairly as possible. There is a definite completion of the process so that the issue cannot be reasonably perceived to be unresolved.

Appropriate confidentiality is exercised during investigations in order to protect the reputation of all parties concerned. The nature and frequency of complaints is maintained and reviewed as a means of quality improvement.

Relevant legislation

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2018 clause 174

Procedure

Step 1

It is expected the grievance should initially be discussed with the person concerned. Every effort should be made to resolve the grievance at this level before moving on to the following steps for the given scenario.

Step 2

If the grievance is not resolved satisfactorily either party can bring the matter to the attention of the senior coordinator to assist in the resolution of the matter.

Step 3

Any grievance, which has been fully discussed between the director and the parties involved and is still unresolved, can be referred for further mediation to the Licensee or a representative of the sponsoring body.

Step 4

If still unresolved the matter can be referred to:

- i. NSW Early Childhood Education and Care Directorate
 Locked Bag 5107
 Parramatta NSW 2124
 Phone: 1800 619 113
 Email: ececd@det.nsw.edu.au
- ii. Department of Education and training
 GPO Box 9880
 CANBERRA ACT 2601
 Phone: 1300 555 727 (National Relay Service)
- iii. The N.S.W. FDC Association: (02) 9779 9999
- iv. NSW Ombudsman: 1800 451 524

BETWEEN THE EDUCATOR AND COORDINATION UNIT STAFF

Step 1

The educator has the right to approach the staff member concerned and to expect to have the grievance addressed in an understanding and sensitive manner.

Step 2

If unresolved, the educator can contact Newton FDC senior coordinator or approved provider who will attempt to find a resolution or an acceptable compromise by both parties.

Step 3

If still unresolved the educator may refer the matter to the NSW FDC Association or NSW ombudsman for further mediation.

BETWEEN THE SERVICE AND EDUCATOR

- (i) In the event the service is dissatisfied with an educator, or if a complaint is made by a family, staff member or community member, the complaint must be notified to the educator verbally by the senior coordinator or a nominated supervisor.
- (ii) If the complaint relates to a breach of the Law or Regulations or of special conditions of the service, the Senior Coordinator will investigate the circumstances and organise the issue to be discussed with the educator.
- (iii) An action plan will be developed with the educator to offer training to ensure future compliance
- (iv) The educator will be warned of future non-compliance with the Law and /or Regulations and/or conditions of the service, may result in de-registration proceedings.
- (v) If the educator contravenes the Law or Regulations or conditions again, the senior coordinator, or delegated representative of the service will report to the approved provider and de-registration may be recommended.
- (vi) The approved provider will advise the educator if s/he has been removed from the FDC register and the reasons for this course of action.

The Education and Care Services National Law 2010 (Section 174) states:

An approved Provider must notify the Regulatory Authority of the following information in relation to an approved education and care service operated by the approved provider –

- a) Any serious incident at the approved education and care service;
- b) Complaints alleging-
 - (i) that the safety, health and wellbeing of a child or children was or is being compromised while that child or children is or are being educated and cared for by the approved education and care service; or
 - (ii) That the Law has been contravened
- c) The contact number for questions on FDC educator's rights to appeal to the NSW Civil & Administrative Tribunal is 1300 006 228. Website: <https://ncat.nsw.gov.au/>

BETWEEN EDUCATOR AND EDUCATOR

Step 1

Discuss with the person concerned and attempt to resolve the grievance.

Step 2

If unresolved the educator can contact the senior coordinator or another Coordination unit staff member who will attempt to find a resolution or an acceptable compromise by both parties.

Step 3

If still unresolved the educator may refer the matter to Newton FDC director or the NSW FDC Association for further mediation.

BETWEEN COORDINATION UNIT STAFF

Step 1

In the first instance the employees shall attempt to resolve the grievance between them.

Step 2

If the grievance is still unresolved the complaint can be referred to the senior coordinator or authorised supervisor of the service for mediation.

Step 3

If still unresolved, the senior coordinator, in consultation with the parties involved, will determine the next course of action. This may necessitate the involvement of Director of the approved provider.

3.19. FEE POLICY

Newton FDC services are accredited which ensures eligibility to offer Child Care Subsidy (CCS). Newton FDC will endeavour to keep fees affordable whilst ensuring quality standards are maintained.

- Fees are charged according to the permanent days booked for the child at each service regardless of attendance.
- Families will be referred to the Department of Human Services website about a variety of subsidies available for income and special needs of families and children upon request.
- Full fees will be charged for all absences including sickness, holidays and any other leave that requires the family day care place to be kept open for that child.

Gap fees

Parents must pay the gap fee between the full child care fees less the Child Care Subsidy to the approved provider (FDC Scheme) fortnightly through RedPay which will then be passed on to the care provider (educator). It's the educator's discretion to cease care if the parent is not settling the account.

Fee Levy

- Newton FDC implements a FDC levy for all families using its FDC service.
- This levy contributes to the administration and support of quality services provided.
- Newton FDC levies are charged per hour per child basis.
- The approved provider shall collect the levy gap from all families on a fortnightly basis.
- The levy shall be deducted from the Child Care Subsidy payment, which is paid to the care provider on a fortnightly basis.
- Care providers receive a fortnightly payment advice that states the amount the FDC administration levy deducted from their pay for the previous fortnight.
- Families will be receiving a fortnightly Statement of Entitlement every fortnight beginning from the 2nd of July 2018.
- The FDC levy is reviewed every 12 months.

The steps if the gap fees are not paid

Starting from August 2024, If parents do not pay the gap fee, the service reserves the right to refer the outstanding payments to debt collectors, who will then add their own fees on top of the gap fees to recover the amount owed. The steps are as follows:

Process for Debt Collecting Family Daye Care Gap Fees

1. Initial Reminder:

- Timeline: 7 days after the due date.
- Action: Send a polite notification to the parent via the educator, reminding them of the outstanding gap fee and requesting payment within the next 7 days.

2. Second Reminder:

- Timeline: 14 days after the due date.
- Action: Issue a second reminder through email, SMS, and a phone call, indicating the overdue status and emphasizing the importance of immediate payment. Provide a new deadline of 7 days for payment.

3. Final Notice:

- Timeline: 21 days after the due date.
- Action: Send a formal final notice, both via registered mail and email, informing parents that failure to pay within the next 7 days will result in the account being referred to a debt collection agency. Outline the additional fees that will be incurred if the debt is referred.

4. Account Referral to Debt Collection Agency:

- Timeline: 28 days after the due date.
- Action: If the payment is not received by the final notice deadline, refer the outstanding debt to a debt collection agency. Provide the agency with all necessary details, including the amount owed, payment history, and contact information for the parents.

5. Notification of Referral:

- Timeline: Immediately after referral.
- Action: Notify the parents in writing that their account has been referred to a debt collection agency. Clearly state that the debt collector will add their own fees on top of the existing gap fees and that all future communications regarding the debt will be handled by the collection agency.

6. Ongoing Monitoring:

- Timeline: Continuous until debt is settled.
- Action: Monitor the situation to ensure the debt collection agency is effectively pursuing the outstanding payment. Maintain communication with the agency to stay informed of the progress.

7. Resolution and Closure:

- Timeline: Upon receipt of payment.
- Action: Once the debt is fully recovered, either by the agency or through direct payment, notify the parents that their account has been settled. Update records accordingly and ensure that the service relationship is adjusted as necessary (e.g., continuing care, termination, or other actions depending on the circumstances).

Change of care arrangements, including cancellation of care

- Where a family is changing childcare arrangements, the family must first consult with the care provider and the FDC Coordination unit to ascertain if the care provider is available to accommodate the change/s
- Two weeks' notice is generally required if the educator wishes to change any care arrangements, including reducing or increasing hours or days of care changing care requirements from permanent to casual or to cancel the booking completely.
- If notice is not received, two weeks full fee in lieu of notice is payable.

Newton FDC's fees schedule is as follows:

Booked Care (Standard, non-standard, public holiday and casual care)	Service Fee
Newton FDC charges a set fee of \$12.60 per hour for all families for all types of care arrangements including standard, non-standard, public holiday or casual care.	Retained by co-ordination unit. Hourly rate includes a service fee of \$3.00

3.20. PLACEMENT OF CHILDREN IN CARE

Every effort will be made to accommodate the requirements of each family seeking care with Newton FDC. The principles of social justice and access and equity will be applied within the placement process. When a family is seeking childcare, the Coordination unit will offer the family a referral and inform them that they may meet as many educators within the service as they require in order for them to find a placement with an educator who is most suitable for their needs.

For the efficient operation of the FDC, it is expected that the educators will work to capacity. Consideration will be given to issues such as ability, health, and family circumstances.

Educators have the right to accept or decline the offer of a placement taking into consideration factors such as ability, the make-up of children in care – ages, disability, etc; compatibility between family and educator, and the educator's own circumstances.

Educator and parents have the right to terminate a placement where either party believes that the placement is no longer working. Two week's notice is requested by the person terminating the placement. Where a family approaches the Coordination unit for a placement and they have an existing debt within the service, the parent is asked to settle the debt prior to placement. If the debt is not paid the placement will be declined.

The Australian Government Department of Education and Training outlines the Priority of Access (below) for childcare that applies to all government funded childcare services.

Priority of Access

Sometimes, there may be a waiting list for child care services and to ensure the system is fair, the Australian Government has 'Priority of Access Guidelines' for allocating places in these circumstances. The guidelines only apply to Child Care Subsidy approved family day care. They are used when there is a waiting list for a child care service or when a number of parents are applying for a limited number of vacant places.

Every Child Care Subsidy approved child care service has to abide by the guidelines and tell you about them when you enrol your child into care.

Priorities

- First Priority: a child at risk of serious abuse or neglect
- Second Priority: a child of a single parent who satisfies, or of parents who both satisfy, the work/training/study test under Section 14 of the '*A New Tax System (Family Assistance) Act 1999*'
- Third Priority: any other child.

Within these main categories priority should also be given to the following children:

- children in Aboriginal and Torres Strait Islander families
- children in families which include a disabled person
- children in families which include an individual whose adjusted taxable income does not exceed the lower income threshold of \$43,727 for 2015-2016, or who or whose partner are on income support
- children in families from a non-English speaking background
- children in socially isolated families
- children of single parents.

A child care service may require a Priority 3 child to vacate a place to make room for a child with a higher priority. They can only do so if you:

- are notified when your child first entered care that your service follows this policy
- are given at least 14 day's notice of the need for your child to vacate.

3.21. NON-STANDARD HOURS CARE

Children in non-standard hours care are offered experiences that meet their developmental needs and are part of usual family routines. Educators offer non-standard hours care service that meets the needs of their own family as well as Newton FDC families. Educators are offered training and assistance to identify appropriate hours of operation for their FDC service.

Coordinators and educators work together to ensure quality practices in non-standard hours care delivery. When planning non-standard hours care, educators should:

- Refer to current standards and regulations when purchasing furniture for babies and young children
- Seek information and assistance from relevant sources in the community, particularly in relation to child and family safety (e.g. vehicle safety, emergency planning and child protection)
- Facilitate their own family's acceptance and inclusion of Newton FDC children in non-standard hours care
- Plan and offer experiences, routines and facilities for children that are responsive to each individual child
- Ensure their hours of operation do not compromise the quality of care provided
- Consult with children and their families about sleeping preferences for overnight care.

3.22. POSITIVE GUIDANCE OF CHILD BEHAVIOUR

Individuals are treated with respect at all times. Individuals choose their own behaviour to meet their needs within a group. Families, staff and other significant adults and peers influence children's choices. Behaviour has consequences which increase or reduce choices in life. Individuals accept responsibility for their own behaviour according to developmental ability. Educators provide safe, caring, well-planned environments that are developmentally appropriate.

Children in FDC are:

- Cared for in a physically and psychologically safe environment
- Provided with a nurturing environment that promotes a sense of belonging and self-worth
- Recognised and valued as individuals within the context of their families
- Provided with opportunities to extend their development and build their confidence to meet new challenges
- Given a say in the planning for, and rules of, the care environment. Consequences for inappropriate behaviour reflect the dignity and rights of the child. Confidentiality is maintained at all times when discussing children's behaviour.

3.23. REPORTING OF CHILD ABUSE

- Child Protection Helpline: 132 111 (TTY 1800 212 936)
- Domestic Violence helpline: 1800 656 463 (TTY 1800 671 442)
- NSW Mandatory Reporter Guide (MRG) ChildStory eReporter online

Mandatory reporting requires, by law, that a person must notify when it is suspected, on reasonable grounds, that a child has been, or is being abused or neglected. It applies when that suspicion is formed during a person's work, regardless of whether it is paid or voluntary work, or in the carrying out of official duties. Mandatory reporting means those people covered by the law must report reasonable suspicions that a child has been abused or neglected to the Child Abuse Report Line. Although the Report Line is available to everyone, the Bill makes it a requirement in line with community expectations.

Reporting acts of abuse, or suspicions of abuse and neglect, alerts government agencies that a child may not be safe so they can make an assessment, and if necessary, take appropriate action. Making notification does not necessarily result in direct contact with the child or family. Often notifications are useful because they assist the government agency to build a picture of the situation. Regular child protection training is available to all staff and educators.

3.24. ACCESS AND WAITING LIST

To support fair and unbiased selection of care providers and engaged applicants with the skills and knowledge and qualities who understand their rights and responsibilities to provide a high-quality service. To provide information to families and care providers about how children are placed in care and support a mutual understanding of the process. Newton FDC aims to respond to requests for care in a timely manner.

When a request for childcare is made by telephone or in person:

- Parents/Guardians requesting FDC should first make contact with the FDC office.
- Basic information will be discussed to confirm whether the request can be met.
- A visit and orientation will be scheduled for the applicants.

Waiting List - The request is acted upon in the following manner:

- Where a request is immediate, the applicant is informed that the request has gone onto the waiting list and should a vacancy emerge, the coordinator will contact them.
- The coordinator will advise the Coordination team of the request.
- Where a request is for a future date, the applicant is requested to contact the service one month prior to the starting date to reactivate the search for a placement.
- Consideration is given in order of priority of access guidelines.
- The coordinator will assess the request and make a suitable match within the available vacancies - an application does not produce a numerical position on the waiting list within a chronological order.
- The applicant will be referred to the most suitable vacancy, taking into consideration the family's requirements and geographical location.
- Where an urgent request for care cannot be matched to an available vacancy, the applicant will be referred to another childcare service

3.25. MONITORING, SUPPORT AND SUPERVISION OF FDC EDUCATORS INCLUDING HOW THE SERVICE WILL MANAGE EDUCATORS IN REMOTE LOCATIONS

To ensure that FDC educators are provided with appropriate support and supervision to achieve high quality care and education for children, encourage continuous improvement and ensure that professional standards guide practice, interactions and relationships.

Newton FDC will ensure that:

- Educators, coordinators and staff members are respectful and ethical in their approach to the service and recognise each other's strengths and skills.
- Appropriate governance arrangements and administrative systems are in place to manage the service.
- The induction of educators, coordinators and staff members is comprehensive.
- Every effort is made to promote continuity of educators and staff at the service.
- Provision is made to ensure that a suitably qualified and experienced educational leader leads the development of the curriculum and ensures the establishment of clear goals and expectations for teaching and learning.
- Conditions outlined in the Fit and Proper Assessment Policy of FDC educators, assistants and adults residing at FDC residences are met.
- There is a commitment to continuous improvement.
- The service's statement of philosophy will guide all aspects of the service's operations.
- The performance of educators, coordinators and staff members is evaluated and individual development plans are in place to support performance improvement.

General program including educators in remote locations:

1. The FDC will ensure the educator and educator assistant including educators in remote area have a current educational program displayed at the service at a place that is easily accessible to parents and available for inspection on request.
2. The FDC service will support educators to develop an educational program and monitor the program to ensure it meets the following criteria:
 - (i) Delivered in accordance with and based on an approved learning framework
 - (ii) Based on the developmental needs, interests and experiences of each child and
 - (iii) Takes into account the individuality of every child.
3. The FDC service will support educators to develop an educational program and monitor the program to ensure it contributes to the following outcomes:
 - (i) Children have a strong sense of identity
 - (ii) Children are connected with and contribute to his or her world
 - (iii) Children have a strong sense of wellbeing
 - (iv) Children are confident and involved learners; and
 - (v) Children are effective communicators.
4. The service will monitor the program documentation used by the FDC educator to assess children's learning and progress in order to meet the requirements of (R 74 (1a) (1b)) and is in a format that can be shared with families.
5. The service will monitor an educator/educator assistant and provide at a parent's request, the following information:
 - (i) The content and operation of the educational program as it relates to that child;
 - (ii) Information about that child's participation in the program and
 - (iii) A copy of assessments or evaluations in relation to that child.
6. If an educator ceases registration with a service, all documentation and assessments of child's development will be delivered to the FDC service (Regulation 179).
7. The service will supervise, monitor and support the educator/educator assistant's interactions and practices to ensure they are positive, ethical and respectful and risks to children are minimised.

Qualifications:

1. The FDC service will sight record and retain copies of educators and educator assistant's relevant qualifications.
2. The FDC service will record and identify all other training completed by educators and educator assistants.
3. The FDC service will monitor and support educators, to have or be actively working towards, at least an approved Certificate III in Education and Care.

Continuous improvement:

Newton FDC service will support:

1. Educators/educator assistants to recognise their particular strengths, talents and interests;
2. Educators with opportunities to work collaboratively with the FDC service and families to further develop their skills and improve practice and relationships;
3. Collaborative opportunities for educators to discuss and reflect on individual children and families; and
4. The FDC educators in an ongoing cycle of review through which current practices are examined and reviewed and new ideas generated.

The FDC service will record this information on the quality improvement plan and / or self-assessment to show evidence of areas of improvement.

Physical environment:

The FDC service will:

- i. Monitor the FDC residence to ensure that the residence and all equipment and furniture used for the education and care of children are clean, safe and in good condition.
- ii. Support the educator/assistant to develop risk assessment plans for the physical environment;
- iii. Monitor any modifications and/or intention to modify the environment to ensure compliance with the residence and/or venue assessment form. The educator will notify the FDC service and relevant authorities in writing prior to commencement of modifications; and
- iv. Support and monitor the educators/educator assistants in providing a physical environment that is safe, suitable and creates a rich and diverse range of experiences that promotes children's learning and development.

Records:

1. Educators and educator assistants including educators in remote area will be monitored and supported to understand the requirement for all records to be maintained in accordance with Legislative requirements and are stored appropriately to ensure confidentiality.
2. The FDC service will monitor and support practices to ensure that all family and children's information is communicated in a professional and confidential manner whether the information is written, discussed, electronically transmitted or by any other means.
3. The FDC service will provide educators/educator assistants with the policies and processes necessary for the effective administration and management of their education and care service including compliance with legal requirements as required under (R.169 (2)).

Visits to FDC residences and/or venues

The FDC service will:

1. Conduct regular planned and unplanned support visits to educators and educator assistants and ensure a written record is kept of these visits.
2. Discuss and record progress of quality improvement plans during support visits to educators and assistants.
3. Support educators including educators in remote area to manage the care of their own family members without compromising care and education of enrolled children.
4. Work alongside educators and educator assistants including educators in remote area to determine their own professional development needs and support them to receive that training.

3.26. STUDENTS AND VOLUNTEERS

To ensure the rights and dignity of each child is catered for in this training environment and that procedure is followed in ensuring safe people are considered for placement.

Newton FDC is committed to the training needs of students and volunteers and the need to convey knowledge and experience from staff and educators. Professional development is an important aspect of early childhood training. It is essential that students are provided with opportunities and resources to demonstrate their competencies, and to gain experience. It is acknowledged that hosting a student and/or volunteer is also a great opportunity for educators to remain well-informed of current early childhood practice.

- High school students who wish to gain work experience as part of a high school program, where the school has initiated the work experience, identified the student's suitability, worked with the service to arrange suitable times and provided authorisation for the student to participate.
- Students or volunteers attending other registered training organisations and studying or volunteering in a relevant field, such as childcare, teaching, recreation or community services where the training organisation has initiated the placement, identified the person's suitability, worked with the nominated supervisor in relation to times and expectations and provided written authorisation for the student and/or volunteer to participate.

3.27. GOVERNANCE AND MANAGEMENT POLICY INCLUDING MANAGING RECORDS

Policy

Newton FDC is governed by the Education and Care Services National Law, Education and Care Services National Regulations, Newton FDC Directors and the organisation's Policies and Procedures.

Newton FDC will protect the privacy of individuals associated with the organisation by ensuring that all records and information regarding individual children, parents, staff and management are accurate and maintained in a confidential and secure manner. Information will only be accessed by or disclosed to those people who have a legal right to do so.

Procedure

The governance strategies of Newton FDC Scheme will, to the best of its ability, provide a safe and secure environment for children being educated and cared for at the service as well as educators, staff, students, volunteers and visitors. Newton FDC directors hold a governance role. The Director's governance focus is on the wider organisational matters of the services including to oversee the day-to-day management and operations of the service and that the organisation is well managed for the benefit of all.

Confidentiality of records

All persons associated with the education and care of children at Newton FDC scheme will ensure records are maintained in line with relevant legislative requirements including the Education and Care Services National Law, Education and Care Services National Regulations, Australian Government Department of Social Services, Australian Government Department of Education and Training and the Personal Information Protection Act 2004.

The approved FDC provider shall keep a register containing the following details with respect to every child as far as those details are reasonably established by him/her:

- a. The name and date of birth of the child;
- b. The name and address of the person from whom the child was received;
- c. The name and address of the person who will collect the child;
- d. The address and telephone number of the place or places at which the guardians of the child may be contacted in the event of an emergency; and such other particulars as may be prescribed.
- e. Keep accurately all records required for not less than three years and produce them to all upon request; Except for incident, illness, injury or trauma suffered by a child in which this must be kept for 25 years.
- f. Keep accurately all records of current children in care and provide this information regularly. This includes notifying Newton FDC whenever any child comes into care, or a current care arrangement alters or ceases.
- g. Record details of any accident to a child in care (where medical or dental assistance is sought) on the accident report form provided by the insurance company, and forward immediately to Newton FDC office
- h. Display their evacuation plans in a prominent place and discuss the details of this plan with families
- i. Display their current Certificate of Approval in a prominent place
- j. Include the approval number in any advertising of their service.

Storage of records and other documents

(1) The approved provider of an education and care service must ensure that records and documents set out in regulation 177 are stored -

- a. In a safe and secure place; and
- b. For the relevant period set out in sub regulation (2).

(2) The records must be kept -

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

3.28. NOTIFICATIONS

Approved providers are required to notify the regulatory authority about incidents, complaints and changes to information. This page outlines notification types and timeframes.

NOTE: Approved providers, educators and other education and care service staff may also be required to report on incidents or suspected incidents involving children under other State and Territory laws including child protection legislation.

Reference	Type of Notification	Responsibility	Timeframe
<i>Change to information about approved provider</i>			
<i>Section 173(1)(a)</i>	Notice of change in name of approved provider	Approved provider	Within 14 days
<i>Section 173(1)(b)</i>	Notice of any appointment or removal of a person with management or control of service	Approved provider	Within 14 days
<i>Section 174(1)(a)</i>	Any change relevant to approved provider's fitness and propriety	Approved provider	Within 7 days
<i>Section 174(1)(b)</i> <i>Regulation 175(1)(b)</i>	The appointment of receivers or liquidators to the approved provider or any matters that affect the financial viability and ongoing operation of the service	Approved provider	Within 7 days
<i>Section 39(2)</i>	Death of approved provider	Nominated supervisor or person in day-to-day control	Within 7 days of the death
<i>Change to information about education and care service</i>			
<i>Section 173(2)(a)</i> <i>Regulation 174(1)</i>	Suspension or cancellation of a working with children card or teacher registration of a nominated supervisor, or disciplinary proceedings of a nominated supervisor under an education law	Approved provider	Within 14 days
<i>Section 174(2)(c)</i> <i>Regulation 175(2)(a)</i>	Any change to the hours and days of operation of the service	Approved provider	Within 7 days
<i>Section 173(2)(e)</i>	A change in the location of the principal office of a family day care service	Approved provider	At least 14 days before the change will occur
<i>Section 56</i>	Adding nominated supervisor(s)	Approved provider	At least 7 days prior to commencement
<i>Section 173(2)(b)</i>	A nominated supervisor is no longer employed at the service, is removed from the role or withdraws consent to the nomination	Approved provider	Within 7 days

<i>Section 59 Regulations 36 & 37</i>	Intention to transfer service approval	Transferring approved provider and receiving approved provider	At least 42 days before transfer
<i>Section 173(2)(d)</i>	Ceasing to operate the education and care service	Approved provider	Within 7 days
Incidents and Complaints			
<i>Section 174(2)(a) Regulation 12 Regulation 176(2)(a)(i)</i>	Serious incident - Death of a child	Approved provider	As soon as practicable, but within 24 hours
<i>Section 174(2)(a) Regulation 12</i>	Serious incident - Any incident involving serious illness, injury or trauma to a child while being educated and cared for which the child attended or ought reasonably to have attended a hospital, or a reasonable person would consider that the child would require urgent attention from a registered medical practitioner	Approved provider	Within 24 hours of the incident
<i>Section 174(2)(a) Regulation 12</i>	Serious incident - Any emergency for which emergency services attended	Approved provider	Within 24 hours of the incident
<i>Section 174(2)(a) Regulation 12</i>	Serious incident - A child is missing or cannot be accounted for or appears to have been removed from the premises by a person not authorised by a parent	Approved provider	Within 24 hours of the incident
<i>Section 174(2)(a) Regulation 12</i>	Serious incident - A child is mistakenly locked in or out of the premises or any part of the premises	Approved provider	Within 24 hours of the incident
<i>Section 174(2)(b) Regulation 12</i>	Any complaint alleging that a serious incident has occurred or is occurring at an education and care service, or the National Law has been contravened (refer to Serious Incidents outlined in table above)	Approved provider	Within 24 hours of the complaint
<i>Section 174(2)(c) Regulation 175(2)(b)</i>	Any incident that requires the approved provider to close, or reduce the number of children attending the service for a period	Approved provider	Within 24 hours of the incident
<i>Section 174(2)(c) Regulation 175(2)(c)</i>	Any circumstance at the service that poses a significant risk to the health, safety or wellbeing of a child attending the service	Approved provider	Within 7 days
<i>Section 174(2)(c)</i>	Any incident where the approved provider reasonably believes that physical or sexual abuse of a child or	Approved Provider	Within 7 days

<i>Regulation 175(2)(d)</i>	children has occurred or is occurring while the child is being educated and cared for by the service		
<i>Section 174(2)(c)</i> <i>Regulation 175(2)(e)</i>	Allegations that physical or sexual abuse of a child or children has occurred or is occurring while the child is being educated and cared for by the service	Approved Provider	Within 7 days
Information for FDC Educators to report to their Approved Provider			
<i>Section 174A</i> <i>Regulation 12</i>	Any serious incident while a child is being educated and cared for by the educator	FDC Educator	None specified
<i>Section 174A</i> <i>Regulation 12</i>	Any complaint alleging that a serious incident has occurred or the National Law has been contravened while a child was being educated and cared for	FDC Educator	None specified
<i>Amending Regulation</i>	Renovations or other changes to the FDC residence or approved venue that create a serious risk to the health, safety and wellbeing of children attending the residence or venue	FDC Educator	None specified
<i>Regulation 164</i>	Any new person over 18 years who resides at the FDC residence and any circumstance relevant to whether a resident who is over 18 years is fit and proper	FDC Educator	None specified
Notification to parents			
<i>Regulation 172</i>	Policies: parents of children enrolled at the service are notified before making any change to a policy or procedure that may have a significant impact on the service's provision of education and care to any child enrolled at the service; the family's ability to utilise the service; any change that will affect the fees charged or the way in which fees are collected.	Approved provider	At least 14 days prior unless a lesser period is necessary because of a risk
<i>Section 37(3)</i>	Voluntary suspension of provider approval: approved provider must notify the parents of children enrolled at the services operated by the approved provider.	Approved provider	At least 14 days prior to application for suspension
<i>Regulation 86</i>	A parent of a child being educated and cared for by the service is to be notified if the child is involved in any incident, injury, trauma or illness while at the service.	Approved provider	As soon as practicable, no more than 24 hours
<i>Regulation 94</i>	If medication is administered in case of an Anaphylaxis or asthma emergency, the approved provider or a nominated supervisor of the service or family day care educator must ensure that a parent and emergency services are notified.	Approved provider/nominated supervisor/educator	As soon as practicable

3.29. INCLUSION AND EQUITY POLICY

POLICY STATEMENT

Newton FDC supports the practice of inclusion where all children of all abilities are valued and included in all aspects of learning within the educator's home care setting in the community.

All children and families have a right to the same opportunities for participation, acceptance and belonging regardless of gender, age, socio-economic status, race, language, beliefs, additional needs and family structure or lifestyle.

All children, families, educators, students, volunteers and visitors are treated with respect, and appreciated as individuals with unique abilities, skills and knowledge.

The service recognises and values the differences and similarities that exist in children, families, educators and the community and does not tolerate behaviours, language or practices that label, stereotype or delineate others.

RATIONALE

The purpose of the Inclusion and Equity Policy is to:

- ensure that all children, families, educators, students and volunteers are treated equitably and with mutual respect
- reduce bias and prejudice
- develop a range of practices and guidelines that actively counteract bias or prejudice
- promote inclusive practices
- encourage all children, families, educators, students and volunteers to communicate respectfully and fairly.

STRATEGIES

- In order to assess whether this policy has achieved its purpose, the Director/s will monitor feedback received from families, educators and committee of management.
- The service will review the Inclusion and Equity Policy every 2 years.
- Families are encouraged to collaborate with the service to review the policy and procedures.
- Educators are essential stakeholders in the policy review process and will be encouraged to be actively involved.
- This policy is applicable to all educators, families, student/relieving educators, volunteers and any visitors to the service.

CHILDREN AND FAMILIES

Enrolling families and children into the service

Orientation is often a family's first impression of the care the educator is undertaking within the family day care service. To ensure that the enrolment and orientation process is equitable and fair for all families, the service will undertake the following:

- Consult families about whether the service/educators require additional means to support their child's participation in the program. This may involve educator training, providing specific equipment and/ or resources, and assisting with additional and/ or specialist needs.
- If applicable, form a support group to assist with the inclusion of each child with additional needs. Such a group should consist of the child's parent/guardian, the child's educator/s, the nominated supervisor/educational leader and any other persons this group deems necessary. This group will be responsible for applying for additional assistance and other resources that may be required.
- If applicable, provide information and enrolment forms in other languages to assist families who are from culturally and linguistically diverse backgrounds.
- Provide, where possible, additional support educators/staff and seek supplementary funding for children who will require assistance on an individual basis.

Orientating children and families into the service

Orientation can be an anxious experience for children and families. In order to provide an orientation process that will meet the individual needs of children and families and assist in making the process a positive experience, the service will:

- consult with families to discuss an appropriate orientation process suited to their child and family's needs. For example, encouraging children to have short visits to the care location with their parent/guardian, extending to half days and then full days
- encourage families to contact the Educator/service by phone to discuss their child's progress
- encourage families to provide 'comfort' items that can be brought from home for their child for example, a toy, music or family photograph
- encourage families to participate in an orientation program and interview at the commencement of care. This creates an opportunity to exchange information, allowing educators to have a better understanding of the needs of the child and the family
- assist families from culturally and linguistically diverse backgrounds by accessing an interpreter
- encourage families to speak to the staff at the FDC service and educators if they require additional support

The policy of the service is to support the diverse needs of all families within the community in all aspects of its operation, and within the children's program. The input of families is therefore valued and encouraged.

Settling children and families into the service

The settling-in process can be stressful for many families, particularly those who have different cultural or language backgrounds. In consultation with families, the service may identify strategies that actively promote the emotional wellbeing of children and families during the settling-in process.

At the service we understand that settling children and families into care is a process that continues after orientation and should be maintained throughout the families' enrolment in care. At times, children who have been attending the family day care for an extended period of time can still have days when they are upset or distressed. All children will be provided with the same attention and comfort as a child who is orientating or settling into care.

To continually meet the individual needs of children and families, the service will:

- ensure that regular parent/educator meetings occur during the year to update each child's background information form and ensure there is a continual flow of information between families and educators.
- invite families to make regular times to meet with the program leader to discuss any aspect of their child or family
- provide regular information to families via the newsletter and notices in the service
- provide information in home languages that are appropriate to the enrolled families.
- regularly and respectfully seek information from families about their home life.

EDUCATORS, STUDENTS AND VOLUNTEERS

Selection and recruitment

As an equal opportunity employer, the service and its management do not discriminate on the grounds of sex, race, religion or disability. The service values bilingual and bicultural skills.

All educators will be provided with an induction process to assist them to become effective members within the team. It will also provide a unique opportunity for the service to learn about the values, beliefs and practices of all educators, which reaffirms the value of skills and experiences that educators from culturally and linguistically diverse backgrounds bring to the service.

The service will provide educators with the information they need to perform to the best of their ability in their role. If applicable, this information can be translated to ensure they receive clear messages about the expectations and requirements of the service.

Assistants, students and volunteers

The FDC service supports and encourages the inclusion of students and volunteers. We aim to ensure that the service is well positioned to provide high quality learning support that responds effectively to the individual needs of students and volunteers.

Assistants, students and volunteers are provided with a brief induction, which will include:

- an overview of relevant policies
- an overview of the service philosophy
- WH&S procedures

Educator professional development opportunities

The service supports educators in developing diverse and equitable partnerships with children and families. This will be achieved by:

- providing educators with professional development materials and training to increase their awareness of equity issues
- employing educators who can assist to meet the needs of culturally and linguistically diverse backgrounds
- creating children's environments that meet the needs of the families
- encouraging informal discussions with educators about their values and beliefs
- reviewing the service's philosophy annually to assist in refreshing educator's knowledge
- inviting support agencies, for example, (Gowrie/KU) to work with educators to discuss equity and inclusion concepts and issues and;
- inviting families or members of the community from diverse backgrounds to discuss their personal experiences.

SPECIFIC PRACTICES AND PROCEDURES

The service acknowledges and respects differences and similarities by ensuring that play and learning experiences are child focused, relevant and meaningful.

We aim to create educational environments where people of different backgrounds are considered equal to others, and therefore their culture and lifestyle acknowledged and celebrated every day.

The educators will:

- interact with children, families and peers equitably and respectfully
- discuss with children evidence of biased and prejudiced behaviours and practices
- actively monitor their responses and behaviours towards biases;
- use language that promotes equity
- encourage empathy and fairness towards others
- challenge stereotypes that promote prejudicial and biased behaviours and practices
- counteract biased or prejudicial behaviour and practices
- avoid making comparisons between children, families and educators
- use their diverse life experiences to contribute to and enhance the children's educational programs and environments
- support and encourage children to be fair and respectful of others
- have a thorough understanding and be able to put into practice the service's philosophy
- communicate openly with all families, children and each other
- assist to develop the service's resources to support diversity, equity and inclusive practices
- work closely with families, external agencies and management to support children and families with additional needs
- assist children with additional needs to develop autonomy, independence, competency, confidence and pride

- use picture books, stories and events that happen in everyday life to discuss and help break down stereotypes
- encourage and support the participation of families in the children's program
- discuss with families how special occasions can be celebrated in meaningful and respectful ways
- provide resources that are non-gender bias and reflect diversity
- support the first language of families by learning key words, asking parents/guardians to record favourite songs and by providing bilingual music.

The children will be:

- provided with opportunities to question and explore the social constructions of gender, culture, race, language, lifestyles and additional needs
- encouraged to understand the right of individuals to have their thoughts, feelings and ideas heard and respected
- provided with a diverse range of resources that promote positive messages about differences and diversity
- supported to use their home language, if applicable
- provided with play environments in which all children can succeed
- supported to actively encourage, accept and support all other children in care
- provided with opportunities to hear and experience music and songs from a range of cultures
- exposed to a culturally diverse menu.

The families will be:

- encouraged to participate in every aspect of the service for example, participate in the children's educational programs, share in a family celebration
- valued and treated fairly
- listened to
- consulted about their cultural beliefs and child rearing practices
- consulted to discuss their various needs and their expectation of educators for example, the amount of information that they would like to receive about their child's day.

The service will:

- develop professional links and support networks with other service's and external agencies to enable educators to increase their understanding of equity issues, diversity and inclusive practices. These networks will assist educators to develop the children's programs and will provide a forum for the service to promote the importance of their work
- provide families with information via the service's newsletter about the value of diversity and inclusive practices
- encourage bilingual educators to support the development of a child's home language
- use visual aids to support families in understanding what happens at the service for example, posters, slide shows using the digital cameras.

GLOSSARY OF TERMS

“Additional needs”: a broad term of reference and can include children and families with:

- intellectual or cognitive delay
- language requirements
- specific medical needs
- diverse family lifestyles and structures
- emotional needs resulting from trauma, abuse or grief
- child rearing practices that differ to the service’s practices.

“Inclusion”: the incorporation of children with additional needs into the service to ensure that they have equal opportunities to achieve their maximum potential.

LINK TO NATIONAL QUALITY STANDARD

Quality Area 1: Educational program and practice

Standard 1.2 The program for each child takes into account their strengths, capabilities, culture, interests and experiences

Quality Area 4: Staffing arrangements

Standard 4.1.2 Educators, coordinators and staff demonstrate the awareness, attitudes, knowledge and skills required to provide an environment where diversity and difference are acknowledged, valued and respected

Quality Area 6: Collaborative partnerships with families and communities

Standard 6.1 Respectful and supportive relationships with families are developed and maintained.

Standard 6.1.2 Families have opportunities and support to be involved in the program and in-service activities

Standard 6.1.3 Families have opportunities to influence and shape the service, to review service policies and contribute to service decisions

Standard 6.3 The service collaborates with other organisations and service providers to enhance children’s learning and wellbeing

SOURCES

- *Family Day Care Quality Assurance Factsheet #4*, Diversity in programming, National Childcare Accreditation Council Inc, 2005
- *Culturally Inclusive Practices In Long Day Care*, Community Child Care Resource and Development Unit and FKA Children’s Services, 2009

3.30. EDUCATOR COMPLIANCE STRATEGY

Newton FDC has a commitment to the families and government in ensuring that the Childcare subsidy that is paid to educators on behalf of the families reflects the care hours that have been provided to the children and that no fraud is taking place or timesheets that have been incorrectly submitted. Therefore, the scheme has come up with a compliance strategy to ensure that the timesheets submitted reflect the actual attendance of children at the educator's place. The steps are as outlined below:

1. Educator to communicate (virtually or physically) to the scheme every fortnight; this is for 3 main reasons:
 - To ensure the educator is present and signs as evidence
 - To submit gap fee receipts
 - To have one on one conversations and update educators with any new information, laws and policies that will take place
2. Receipts with carbon copies to ensure that the gap fee has been paid and that all parties involved (scheme, educator and parent) have received a copy.
3. Photos of children to be taken and placed on dropbox system to ensure that the children attending exist and the timesheets are accurate
4. Educators to attend an induction process before enrolling with the scheme to ensure that our policies have been clearly explained
5. Monthly announced and unannounced visits at different days and times (including Saturday) to ensure that visits have been made at various timings during the day and to ensure that there are photos of all children cared for.
6. Medical certificates are provided for any child/ren that are absent (due to sickness) on the day of inspection to ensure that there is a legitimate reason for the child not attending day care.
7. Families to sign a document to ensure they have attended orientation and acknowledge they are aware of our policies and procedures
8. Penalties apply if there are books and programming that are not complete and if our policies have not been followed.
9. Evidence to be attached in case of educator holidays, medical reasons, change of contract hours to ensure that there is a system in place to monitor educator's compliance with the FAL and Newton FDC policies and procedures.
10. Generally, there is to be a maximum travel limit of 20 minutes from the child's house to the educator's place (give and take according to each parents situation) except in circumstance of study or work, where evidence must be produced.
11. A maximum number of 12 children in total (1:7 educator to child ratio, which includes a maximum of 4 children preschool age or under and the ratio includes the educator's own children younger than 13 years of age if there is no other adult to care for them.) are allowed for each educator to ensure that the educator commits to a professional work standard and that the educator's family and wellbeing are taken into consideration

12. 2 to 3 weeks enrolment procedure for any educator to ensure that an initial inspection, induction, a final inspection and all paperwork has been completed. Also, to ensure that all paperwork and documents need to be accurate and up to date as well as making a background check on the educator that may include making contacts with previous schemes that the educator has worked for (if any). This process may take longer or not continue if in doubt of educator's suitability for the role.
13. A questionnaire upon induction to ensure that educator's knowledge of the EYLF, learning outcomes and child protection are up to date and to ensure that the educator understands the basics of working with and providing care for children.
14. Reporting educators to the related authorities if in doubt that care has not been provided to children and that there are false claims made to the government. This will follow an investigation and if no evidence can be obtained then constant monitoring will be done to ensure that care has actually been done.

4.0. NEWTON FAMILY DAY CARE STAFF

4.1. QUALIFICATIONS

Staff in the service will hold the appropriate qualifications:

- **Senior Coordinator/Nominated Supervisor** - Degree or Diploma in Early Childhood Education and Care or equivalent qualification and experience in Early Childhood
- **Coordinator (Field Worker)** - Degree or Diploma in Early Childhood Education and Care or equivalent qualification and experience in Early Childhood
- **Educational Leader** - Degree or Diploma in Early Childhood Education and Care or equivalent qualifications and experience in Early Childhood
- **Administrative Staff** - Certificate in Office Administration or equivalent.

4.2. EMPLOYMENT AND PROFESSIONAL DEVELOPMENT

Newton FDC employs staff who attain professional qualifications to carry out the roles at the service equally and without discrimination.

Newton FDC has an active, clear and reasonable process of recruiting and selecting staff that are active participants in the service and maintain quality outcomes for all stakeholders.

Newton FDC will recruit staff who are suitably qualified for the job and whose cultural backgrounds reflect those of families within the local community.

- Applicants are provided with both verbal and written information regarding the roles and responsibilities.
- Applicants must address the selection criteria outlined in the application kit.
- Suitably qualified applicants will be interviewed
- The interview is graded against a set of criteria and the most appropriate applicant will be offered the position by telephone/email. Unsuccessful applicants will be notified by email.
- The successful applicant will be invited to attend a meeting to discuss the position requirements.
- Applicants must have a current working with children's check, First Aid certificate, CPR and driver's license.
- New staff go through an orientation process and an initial training period with an experienced staff member.
- Provision is made for the use of videos, journals and other professional resources for all staff to borrow for professional development.

4.3. COORDINATOR / FIELD WORKER

Role

The Coordinator (Field Worker) will be responsible for the selection, evaluation, support and professional development of educators. The Coordinator is also responsible for the matching of families to educators, the placement of children, monitoring, support and resourcing for quality educators. The role of the Coordinator is to monitor all state and federal legislation requirements, childcare accreditation principles and to ensure the best possible environment for families. Other main roles of the Coordinator include:

- Provide educators with the information, training and other support they need to appropriately run childcare in the course of the service.
- Continue monitoring the standards of childcare being provided by the service.
- Review and update current practices in consultation with all stakeholders.
- Ensure all educators, adult family members, adult occupants and regular visitors have a current Working With Children's Check for child related employment.
- Maintain current and appropriate records for families, children and educators.
- Ensure all home educators have current First Aid, CPR Certificates and current Public Liability Insurance.
- Assist the service to meet the elements and principles of the National Quality Standards (NQS)
- Ensure that confidentiality is maintained at all times.
- Ensure that all forms, policies and procedures are relevant and current.
- Provide support to educators to recognise children's strengths and interests through home visits, and/or play sessions enhancing quality outcomes for all children and families in FDC.
- Provide feedback to educators regarding their performance relating to State Regulations, Policies and the National Quality Framework).

Coordinators agree to:

- Actively promote FDC to the wider community.
- Monitor the provision of quality childcare
- Develop and review guidelines, policies and procedures through a process of consultation with all stakeholders.
- Implement anti-bias practices in the workplace and promote diversity.
- Maintain a safe environment for people that enter the workplace.
- Communicate in a positive and respectful manner to all staff, educators, families, children and others who interact with the coordination unit.
- Provide training and resources to educators and families on early childhood matters.
- Pass relevant information on to educators in a timely manner.
- Be trained in recognising and responding to child protection situations.
- Participate in professional development and self-improvement practices.
- Provide opportunities for feedback and improvement.

Recruitment

Newton FDC is an equal opportunity employer engaging suitably qualified professionals to carry out the functions of the service.

- Newton FDC has an effective, clear and equitable process of recruitment and selection to ensure that the best possible childcare professionals are attracted to the service and to maintain quality outcomes for all stake holders.
- Newton FDC will employ Coordinator staff who are suitably qualified and whose cultural and linguistic backgrounds reflect those of families within the local community.
- Potential applicants are supplied with written information regarding the role and responsibilities of a Coordinator for Newton FDC.
- Applicants must address the selection criteria as outlined in the application form.
- The interview is graded against a set of criteria and the most appropriate applicant will be offered the position by telephone. Unsuccessful applicants will be notified by email.
- The successful applicant will be invited to attend a meeting to discuss the position with senior staff.
- Coordinators must have a current Working With Children's Check for Child Related Employment, First Aid certificate, CPR and driver's license.
- Coordinators must provide a police check no longer than 6 months old prior to employment
- New Coordinators undergo an initial training period with an experienced staff member.
- Coordinator staff have regular performance reviews conducted by the Director
- Professional development reviews are planned in advance and take into account the needs and priorities as identified through the information gathered from feedback at staff performance reviews.
- The knowledge and skills of the Coordinator staff are reflected in the quality of the service and with ongoing professional development this ensures their skills and knowledge are maintained, extended and kept up to date.
- Provision is made for use of videos, journals and other professional resources for all staff to borrow for professional development.
- A minimum of 1-month notice is required before terminating with the service. This timeframe is required by Newton FDC to find a suitable replacement coordinator.

4.4. RESPONSIBLE PERSON

Newton FDC will employ an experienced staff that would take the role of a responsible person. An agreement will be made between the responsible person and the approved provider. The responsible person's role would be a point of contact for parents and staff in the absence of the nominated supervisor.

4.5. CONDUCTING VISITS IN AN EDUCATOR'S HOME

To ensure that educators receive effective ongoing support and guidance from the Coordination unit staff to deliver a service which complies with current legislative and duty of care requirements.

Support and guidance will be offered to all educators in a variety of ways, primarily via personal monthly visits at the educator's home or venue where the educator is operating their service from (e.g. a visit to play session, the park etc.) The Coordination unit will continue to support and guide the educator through phone contact and the delivery of written information.

- All forms of support and guidance will aim to promote best practice for the educator, who will be delivering a service of excellence to their community.
- Home visits are conducted regularly to offer support and assistance to educators, and to observe the development of children in care.
- Coordination unit staff aim to schedule home visits in a 4-6-week period to include visits to children in part time care. Unscheduled visits make up at least one third of the home visits conducted by staff.
- Educator Professional Development Plans outline the partnership between educator and Coordination unit staff, including the number and content of home visits.

Coordinators will:

- Ensure all staff work collaboratively and affirm, challenge, support and learn from each other to further develop their skills and to improve practice and relationships.
- Ensure all staff and educator Interactions convey mutual respect, equity and recognition of each other's strengths and skills.
- Be professional and respectful to the role of the educator.
- Provide assistance and support to all educators at all times the family care service is operational.
- Provide support for all educators in all locations, via personal visits, phone and written information.
- Discuss any relevant FDC business issues, such as completing Child Care Subsidy claims, timesheets and current information.
- Ensure all staff and educators are suitably qualified for the position (law – Division 8).
- Every effort is made to keep continuity of educators and coordinators at the service.
- Ensure there is sufficient number of coordinators to monitor and support all educators. National Law: Section 51, 161, 163 National Regulations: Regulations 29–32.
- Monitor that legislative requirements are being adhered to and provide educators with feedback relating to their requirements.
- Support the provision of childcare to ensure quality outcomes are provided to children and their families.
- Provide resources and literature to increase the educator's knowledge of childcare related matters.
- Offer professional development opportunities for educators to extend and develop new skills.
- Develop and evaluate educator individual staff development plans to support performance improvements.

The Educational Leader will: (law – 169. Reg 118, 148)

- Lead the development and implementation of the Educational Programs
- Guide educators in their planning and reflection
- Mentor colleagues in their implementation practices
- Document all support home visits, giving the educator a copy at the end of the visit.
- Develop and evaluate individual development plans to support performance improvements relevant to the implementation of the educational programs.

The Educator will:

- Work collaboratively with other educators and affirm, challenge, support and learn from each other to further develop their skills and to improve practice and relationships.
- Ensure all Interactions with staff convey mutual respect, equity and recognition of each other's strengths and skills.
- Be professional and respectful of the role of the Coordinator and educational leader.
- Allow the Coordination unit staff to visit in their home or other venues while providing childcare.
- Provide feedback to staff on improvements to the service.
- Sign the educator/ Coordinator visit record once completed by Coordination unit staff.
- If necessary, follow-up an issue or concern that has been raised during a visit, with the senior coordinator and/or educator.
- Work with the Coordination unit to evaluate and develop individual performance plans to support performance improvement.

Families are encouraged to:

- Access educator's files
- Access their children's files
- Contact the Coordination unit if they wish to discuss their child's progress.
- Provide feedback to educators and staff on improvements to the service.
- Access by Families/Guardians to their own children's files held by the service can be arranged through Newton FDC management.
- Access by educators to their own file held by the service can be arranged through Newton FDC management.

4.6. SUPPORT VISIT PROCEDURE

Each educator visit is planned to ensure quality outcomes for children and educators. Visits are based on mutual respect and recognition of individual roles and responsibilities. Individual points of view will be considered.

Support visits can occur in a variety of environments including: the home, play session, parks, or another agreed venue.

Support will also be primarily offered through personal support visits. Additional support will occur by phone contact and information documentation.

Prior to visits, a Coordinator will:

- Prepare themselves with information and resources required for the visit
- Plan to visit on an alternate day to the previous visit, to endeavour to see all children in care.
- Preplanning of visits maybe organised with the educator, prior to the visit if the educator requires a specific visit on a particular day to discuss such items as; issue of concern, to view a specific child or alternations to Workplace Health and Safety Act (WHS Act).

During visits, Coordinators will:

- Communicate respectfully with the educator and the educator's family (refer to the Code of Ethics).
- Respect the educator's workplace.
- Introduce themselves to any visitors and outline the Coordinator role.
- Sign the Visitor's Register.
- Observe childcare practices to monitor compliance with regulatory requirements i.e. NQF, Child Protection.
- Develop a professional rapport to discuss factors that are impacting on the educator's service e.g. relationships with children, their families and the educator's own family.
- Address and document any concerns with the educator.
- Use the Newton FDC policies and procedures to resolve issues promptly.
- Comply with visiting procedures when conducting visits at other venues e.g. play session.
- Assist educators to reflect on their practice and make any necessary improvements on a regular basis.
- Promote the ongoing professional development of the individual educator.
- Provide resources in a variety of formats to educators which enhance professional development and encourage resourcing to influence childcare practice.
- Consistently implement the guiding children's behaviour policy. This includes discussion with educators, families and Coordination unit staff about strategies to be implemented.
- Complete visit records and outline any follow ups required. Educators have an opportunity to document their visit or service feedback on this record.

Field worker and Coordination unit forms to be completed include:

- Educator Checklist – to be completed over a period of time. This documentation will ensure all relevant information has been received and discussed with an educator.
- Coordinator Home Visit record – Coordinators will complete to give guidance for their future visits to an educator.
- Develop and evaluate individual development plans to support performance improvements.

- Coordination Unit Issue of Concern – To be recorded by Coordination unit staff when an issue arises from/with an educator, family or member of the public.
- All information is to be recorded accurately and objectively. Confidentiality must be used at all times.
- All information must be discussed with the senior coordinator and/or educator/Family Liaison Officer. The issue of concern will then be discussed with the educator and relevant action plan developed.

Educators in remote locations

Coordination unit will:

- Consider all educators' locations, to ensure the FDC service is viable for the Coordination unit to monitor and support in all situations.

Before the visit, Coordinators will:

- Prepare themselves with information and resources required for the visit.
- Plan to visit on an alternate day to previous visit, to endeavour to see all children in care.
- If leaving from home, ring the Coordination unit to identify start time and gain updates on absences, etc.
- Preplanning of visits may be organised with the educator. This may occur if the educator requires a specific visit on a particular day to discuss such items as; issue of concern, to view a specific child or alternations to WHSA.

After the visit, Coordinators will:

- Advise the educator of any concerns noted on the visit.
- Complete any follow up as identified on visit.
- Place any returned forms or paperwork etc. in appropriate locations ASAP.
- Make plans for the next visit.
- Document children's records in the appropriate file.

Standards of Excellence are encouraged through:

- Ongoing educator professional development.
- Educational leader, Field worker and Coordination unit support.

5.0. NEWTON FAMILY DAY CARE EDUCATOR

5.1. REQUIREMENTS

Educators are recruited on the basis of their suitability and potential to provide high quality home based care, and the current needs of Newton FDC. Educators must meet and maintain the standards expected by Newton FDC, the State and Federal Government and the community.

An application may be rejected for reasons which include, but will not be limited to, the following:

- Unsatisfactory Criminal History Screening of the applicant or household members;
- References unavailable or unfavourable;
- Unsatisfactory assessment of the applicant's home;
- Unsatisfactory medical report; and
- Inability to demonstrate the capacity to supervise and care for children adequately.

Educator requirements by Newton FDC (Current):

- Certificate 3 for Child Care or above
- 100 points of ID
- Driver's license
- Police Check no more than 6 months old
- Holds a current approved first aid qualification
- Has undertaken current approved anaphylaxis management training
- Has undertaken current approved emergency asthma management training.
- Food handling/Hygiene (Level 1)
- Working With Children's Check
- Insurance-certificate of currency

Relevant Information available in induction kit:

- Child Swapping policy
- Emergency contact numbers list
- Emergency evacuation procedure
- Poster kit

Relevant forms available in induction kit:

- Educator document folder (including Asthma first aid, Medicine Record etc)
- Daily hazard checklist
- Timesheet/attendance record
- Children's Play and experiences (Observation/activity/evaluation)
- Newton FDC USB drive including Policies and Procedures, National Laws and Regulations, Staying Healthy 5th edition, the Early Years Learning Framework (Belonging, Being and Becoming) and My Time Our Place (MYTOP) framework, educator handbook, family handbook, infant feeding chart, breastfeeding resource guide and the school readiness program.

5.2. ROLE

Newton FDC aims to ensure the professional conduct of educators while maintaining the safety and wellbeing of children in a quality care environment.

Educators are encouraged to adhere to the Early Childhood Australia's Code of Ethics and maintain and demonstrate consistent quality childcare practices in accordance with:

- Compliance requirements
- Quality Assurance
- Childcare Regulations
- Childcare Act
- Scheme policies
- Health and safety standards

Educators are required to:

- Provide quality childcare encompassing the physical, intellectual, social and emotional needs of the individual children.
- Provide activities and experiences, which must:
 - Include a balance of activities and learning experiences, including indoor and outdoor activities and individual and group activities
 - Allow, in appropriate circumstances, for supervised periods for the children to rest or sleep
 - Include opportunities for the children to make choices
 - Be flexible and responsive to changes in the children's abilities, interests and skills
 - Nurture each child's self-esteem, self-reliance and competence
 - Be inclusive of children of all abilities
 - Ensure each child's social and cultural background is respected and valued
 - Reflect an understanding of Australia's Aboriginal and Torres Strait Islander heritage and its multicultural heritage.
- Demonstrate qualities including maturity, sensitivity, flexibility and tolerance.
- Actively reflect and celebrate the multicultural society in which we live.
- Develop warm relationships with children in care.
- Promote good nutrition.
- Hold a current First Aid Certificate, current CPR and develop effective emergency practices.
- Adhere to compliance requirements in the documenting of receipts and returning them fortnightly to the main office, in a prompt manner.
- Maintain a Working with Children's check. This must be current for all adult occupants in the home and regular visitors. Home based educators may continue working after their certificate has expired provided their certificate has not been suspended or cancelled and the commission has received application at least 30 days before the expiry of their card.
- Will not be able to provide care if any of their adult occupants do not hold current Working With Children's Check.
- Demonstrate a high standard of personal and household hygiene. Each individual is expected to be groomed in a manner that is consistent with the job performed and with community standards and in a manner that will not be offensive.
- Have the ability to communicate effectively with adults and children.
- Demonstrate appropriate behaviour management techniques.
- Maintain current public liability insurance cover.

- Demonstrate a high standard of 'Duty of Care'. (Duty of care refers to the legal obligation on an individual or organisation towards others who participate in the organisation's programs or activities to take reasonable measures to protect the others from unreasonable risk of harm.)

Educators need to ensure their environment has:

- A safe outdoor play area including appropriate shade
- Adequate fencing
- Sufficient space available indoors
- Age appropriate resources available for the children in care
- Appropriate sleeping facilities for each child
- A fire evacuation plan in place, and it is practiced
- Newton FDC's Health and Safety Standards maintained

5.3. SELECTION

Newton FDC will confirm potential educators are qualified and experienced and are able to care for children with competence and professionalism. Newton FDC intends to deliver excellent outcomes for children through the employment of experienced educators from diverse backgrounds.

1. Information will be given to the applicant and any members included with the applicant to form a clear understanding of what is required and the roles and responsibilities that should be done.
2. Educators will need to be ready for the selection process and the applicant who does not meet the requirements of The National Quality Framework through abiding by the National Regulation and Standards and the use of the Educational Frameworks for children 0-12 years, Quality Assurance Guidelines and Newton FDC policies will not be registered.
3. Educators and all accompanying adults in the same home and regular visitors must attain a Working with Children's check for Child Related Employment and it needs to be done prior to commencing registered care.
4. The Coordinator organises an informal visit to the applicant's home to discuss any queries regarding the process of selection. The Coordinator then schedules an interview at a convenient time for both sides.
5. A formal interview is conducted at the office.
6. Observations of the applicant interacting with children may be requested from the Coordination unit.
7. If the applicant is successful, an induction process will commence. This training will include policies, regulations, time sheets, child protection, behaviour management and other relevant topics. At any time during the process if the Coordinator is concerned about the suitability of the applicant, the concerns will be discussed and the process may cease.
8. An email or phone call will be made to unsuccessful applicants. The applicant is invited to contact the Coordinator for feedback. Application may be made again after a six-month period, after seeking further experience and knowledge in childcare.
9. The applicant must provide a medical certificate from a doctor, confirming that there is no medical reason that would prevent the applicant from performing the duties of an educator.

Newton FDC encourages input from all stakeholders relating to the recruitment and induction of FDC educators.

5.4. ASSISTANT

Newton FDC can approve a person to be registered with, or engaged by the service as a FDC educator assistant. An assistant can only be approved if the FDC educator has written consent from the parents of each child they are responsible for.

Educator assistants must have a working with children's check, a police check, holds a current approved first aid qualification, has undertaken current approved anaphylaxis management training and has undertaken current approved emergency asthma management training.

A FDC educator assistant must also be at least 18 years old and be a fit and proper person to be in the company of children. A FDC educator assistant can educate and care for children in the absence of the FDC educator in limited circumstances only.

Those circumstances include:

- Transporting a child between the FDC residence and a school or the child's home
- Emergency situations, including where the FDC educator requires urgent medical treatment while the FDC educator is attending an appointment (other than a regular appointment) if the absence is less than four hours, the service provider has approved the absence, and the children's parents have been notified of the absence.

5.5. TRAINING AND DEVELOPMENT

All educators must have Certificate III in Children's Services as it is the entry qualification requirement for educators.

Professional development may take a variety of forms including one to one training, informal sessions at play groups, research projects, project development and sharing of research developments, formal training organised by the Coordinator and formal training external to the co-ordination unit. Newton FDC Training sessions will be usually held on Sunday to allow for maximum attendance.

Coordinators will make information available to educators on appropriate external training opportunities of which they become aware.

It is the responsibility of the educator to arrange to update their First Aid and Child Safe Environments qualifications prior to the expiry dates.

Due to Covid-19 or weather changes, training and development may also take place in the form of online training through skype or alternative online communication platform.

5.6. LEAVE OF ABSENCE/CONDITION OF SERVICE

To maintain service quality and enable educators to take leave and safeguard their wellbeing.

- Educators are not employees of our scheme and therefore do not receive any income when they are unable to care for children
- Educators must give two week's notice to parents and staff of their leave. If this is not possible, contact staff as soon as possible.
- When an educator is on leave, this will affect all children booked into care for that period.
- Educators must inform parents/guardians of their impending leave.
- Staff will attempt to provide alternative care for families affected by the educator's leave if possible and when given appropriate notice.
- Ongoing or frequent absence may require the educator to rethink their suitability for offering home based child care. Staff will consider this during the annual review process.

Reasons for leave:

- Maternity leave
- Medical reasons/recovery from surgery
- Illness
- Holidays
- Personal circumstances

5.7. ANNUAL REVIEW

To maintain the service quality, educators must continue to comply with the requirements of the service. To enable the service to comply with the Federal Government requirements for Child Care Subsidy and network support funding, all educators must comply with expectations in the national standards and the quality assurance practice guide.

To meet the requirements and renew the service agreement, educators are required to participate in an annual review, successfully update and ensure the following are current:

- Safety check of the home
- First Aid Kit equipment
- Essential equipment and toys are safe
- First Aid
- CPR certificate
- Working with Children's check for all people residing in the home, over 18 years of age and anyone residing in the home for more than 6 weeks.
- Public liability insurance certificate of currency
- Car restraint check where applicable
- Review any changes and revise the national standards, service agreement and the policy and procedures
- Training and professional development including WH&S obligations
- Food handling/hygiene (level 1 certificate)

If any of the above requirements are not successfully achieved by the educator, an improvement plan will be developed and signed. A probation period of 3 months will be given. If after 3 months the improvements have not been satisfactorily achieved, steps will then be taken to terminate the service agreement.

Educators must contact staff as soon as possible if they have any problems complying with the requirements. Parents of children in care whose educator fails to comply with the requirements will be contacted by staff and given 48-hour notice to offer alternative care for the child.

5.8. NON-COMPLIANCE OF EDUCATOR SERVICE AGREEMENT INCLUDING TERMINATION

When managing non-compliance with the family day care educator scheme agreement, standards, policies and procedures, Newton FDC will act fairly, in good faith and without bias and give the care provider the opportunity to adequately state their case and assist in the identification of methods to rectify the breach if possible.

Non-Compliance

Non-compliance is not abiding by the family day care National Standards, including the policies and practices which support the National Standards or not actively participate and collaborate with the coordination unit to achieve a high rating assessment for the scheme within The National Quality Standard and Regulations. Not complying with the scheme's policies and procedures or not complying with all requirements of The National Quality Framework. Any non-compliance is seen as a breach of the agreement

Procedure

When managing an alleged breach, the coordination unit will:

- Document the breach identified or complaint reported
- Confirm the sections of the agreement, The National Quality Standards, the national law and national regulations as well as the policies and procedures the care provider may have breached and the implications this may have on the children and families in care.
- Raise the allegation/s promptly with the care provider and give them an opportunity to respond.
- Document the alleged breach identified or complaint reported (if applicable on the visit sheet and have coordination unit and care provider sign the document).
- Investigate the breach further if required. If the allegation is not substantiated the coordination unit will finalises the process and document the outcomes.

Substantiated Breaches

- Establish the level of risk or severity and develop an action plan to resolve the breach if possible.
- The educator will receive a letter that outlines the severity and details of the breach, confirm the action required and the consequences of the failure to comply or resolve the breach.
- Action plan will include a time line to resolve the breach by and the consequences of the failure to comply or resolve the breach.

- If the breach is extreme or severe the action plan may include suspension of the care provider, relocating children to another care provider, termination of agreement, informing the department of Education.(suspension of educator- the educator will be immediately suspended in the event of reported or investigated for allegations of or charged with offences against children, offences including violence, drugs or other substances, drink driving or sexual offences and if the breach is referred to the police). Note: No Child Care Subsidy will be paid while an educator is suspended.
- The educator must rectify the breach immediately. If the educator is suspended the educator must comply before being reinstated.
- If failure to comply with resolving the breach a letter of termination of agreement will be sent.

Immediate Termination of the Agreement

The agreement can be terminated immediately if Newton FDC are satisfied that the breach is confirmed. E.g.:

- The Educator will be immediately terminated in the event of being charged with offences against children, offences including violence, drugs or other substances, drink driving or sexual offences and if the breach is referred to the police.
- Any risk of harm to children.
- Under the influence of drugs or alcohol or other harmful substances.
- Fraud or theft by the care provider in relation to the delivery of the service.
- Any harassment or abuse of an authorised adult involved in the scheme.

Educators must return all documentation pertaining to the children and families in care, resources and equipment borrowed from or belonging to the scheme within one week of the termination of this agreement.

6. HEALTH, HYGIENE, NUTRITION, SAFETY AND WELLBEING

6.1. FOOD HANDLING AND FOOD SAFETY

Food poisoning is a very serious concern. Bacteria, viruses and parasites are the main contributors to food poisoning. To prevent food poisoning, educators need to:

- Maintain good personal hygiene
- Maintain good cleaning practices
- Handle food with care
- Store food in a safe place

Handle food safely

1. Raw food and cooked food should be stored separately at all times
2. Use separate utensils for raw and cooked food
3. Always wash raw fruit and vegetables to remove soil and bacteria
4. Use separate chopping boards and wash in warm soapy water
5. Use plastic rather than wood chopping boards
6. Defrost frozen food in the refrigerator or microwave and cook defrosted food immediately
7. Heat food until hot (to 75C)
8. Check for 'hot spots' in micro waved food
9. Only reheat food once
10. Children must not handle hot food
11. Cooked food should be cooled prior to serving to children
12. The temperature of the food should be cool enough to not burn a child's skin
13. Regularly check that your refrigerator is 5c or lower
14. Seal fresh food with cling wrap and store in the refrigerator
15. Store infant milk bottles in the back of the refrigerator, not in the door
16. Store raw food separately

Maintain good personal hygiene

1. Always wash your hands before preparing food
2. Cover any cuts or sores and tie long hair back
3. Re-wash your hands if you:
 - Touch your mouth, nose, hair or other parts of your body
 - Go to the toilet
 - Handle raw food
 - Handle garbage
 - Handle an animal
 - Smoke
4. Ensure children wash their hands before handling or eating food
5. Have individual food, plates, cups and utensils for each child

Maintain good cleaning practices

1. Wash utensils in warm soapy water then rinse in hot water
2. Ensure cutting boards are clean and have no crevices or crack
3. Use disposable paper towels to clean up spill
4. Change tea towels daily
5. Make sure garbage bins have liners and lids

Breast milk and formula

1. Breast milk can be frozen for two weeks in the freezer section of a refrigerator or 2 to 3 months in a freezer with a separate door
2. Prepared infant formula can be stored and used for 24 hours
3. Use defrosted breast milk within 24 hours. Throw out any milk left over after each feed.
4. Do not return it to the refrigerator or leave at room temperature
5. Warming milk in the microwave is not recommended because 'Hot Spots' form in the milk

Food brought from home

1. Children's lunch boxes should be stored in the refrigerator, an esky or cooler bag.
2. Dairy and meat products are particularly important.
3. If food needs to be warmed, reheat it quickly until steaming, then allow to cool until it is safe for the child to eat without scalding.
4. Reheat food only once and throw out any left-overs.

Transporting food

1. When transporting food to playgroup, outings and excursions, educators should ensure that perishables, particularly dairy and meat products are kept cool.
2. Esky or cooler bags with freezer blocks and/or frozen drinks can keep food fresh.
3. Frozen sandwiches are also to be defrosted by lunch time

6.2. ILLNESS, ACCIDENT AND INJURY

Where a child has an accident, injury or becomes ill, all reasonable steps will be taken to ensure the child receives appropriate care and attention in a timely manner.

- If a child has an injury and/or accident or becomes ill while care is being provided, every reasonable attempt must be made to notify the parent or guardian as soon as practically possible; and
- Where a child requires medical treatment, notify the director who is responsible for immediately reporting the matter to the licensing authority. The child must be kept under adult supervision until the child recovers or the child's family or some other responsible person takes charge of the child; and
- If the child requires immediate medical aid, all reasonable attempts must be taken to secure that aid, and to notify the parent of the accident or illness. The parent or another responsible person must be notified of any medication administered to the child and any other matter concerning the child's health that comes to the notice of the educator. If a child has an accident that causes hospitalisation or death or dies from non-accidental causes at the educator's premises, the chief executive officer of the licensing authority must be notified immediately of that fact and the circumstances of the injury or death.
- Details of all accidents and/or injuries, including the time, circumstances and actions taken by adults in attendance, must be maintained by the educator and the record of injury passed on to the Coordination unit, licensing body and Insurer.
- Where parents request this information in writing, the director of the service will respond.

6.3. INFECTIOUS DISEASES AND EXCLUSION POLICY INCLUDING COVID-19

Newton FDC is committed to maintaining the health and well-being of children in the care environment. To reduce the effect of infectious diseases in the FDC environment including Coronavirus by promoting safe and hygienic practices and implementing an exclusion policy for those who may be infectious.

The educator will ensure the health and safety of children in care is protected by:

- Applying current exclusion practices and guidelines included in the Staying Healthy - Preventing infectious diseases in early childhood education and care services, 5th Edition.
- Where a child has been unwell overnight, the family is required to telephone the educator prior to attending care. The family will inform the educator of the child's symptoms and any treatment given, so that a decision can be made regarding the provision of care on that day.
- Ensuring that children with a health condition are not discriminated against
- Maintaining the confidentiality of children and families in relation to medical conditions
- Discussing Newton FDC's policy on infectious diseases and exclusion practices with families seeking care
- Maintain effective hygiene practices, including:
 - Correct hand-washing and sanitising technique as outlined in Staying Healthy 5th Edition
 - Using standard precautions (See next page) when handling all body fluids, blood secretions, excretions, dried blood and other body substances
 - Cleaning and disinfecting bathroom and toilet areas at least once a day
 - Disinfecting toys and other items that children are likely to put in their mouths
 - Raking sandpits after use and securely covering them when not in use. When removing blood, faeces or any other body fluids from sandpits the surrounding sand should be extracted and placed in a plastic bag for disposal
- Seeking information from Newton FDC staff, Public Health Unit (1300 066 055), or Medical Practitioner regarding transmission details and current exclusion practice for an identified infectious disease in the care environment
- Inform in a timely manner, the Manager of the service, and families using their service of any infectious disease which may be present in the care environment, including exclusion details.

Newton FDC will:

- Provide educators with a current copy of Staying Healthy in Childcare, 5th Edition (Soft copy) prior to commencing work within the service. Educators use these guidelines to minimise the spread of infection within the care environment.
- Obtain current immunisation details from the family of every child commencing care. Ask families to provide a copy of the child's immunisation records to Newton FDC office on enrolment.
- Maintain current information on infectious diseases, specifically transmission and exclusion details, provide this information to families and educators when necessary.
- Provide information to families and educators regarding payment of child care fees in cases of absences due to illness.
- Maintain the confidentiality of educators, children and families in relation to medical conditions.
- Provide information to families where there is an outbreak of an infectious illness in the care environment.

The term 'Standard Precautions' means treating all blood and other body fluids as if they are infectious. This includes:

- Washing and drying hands before and after contact
- Using gloves, masks or other protective barriers, and disposing by sealing into a plastic bag
- Cleaning spills with paper towels and disposing of them into a sealed plastic bag
- Disinfecting the area with an appropriate solution, following instructions on the container
- Safe disposal of syringes or other sharp objects which may be contaminated

Infectious diseases including Covid-19 Educator Prevention Strategy

1. Morning routine (before children attendance)

Go through the daily hazard checklist and ensure all areas are clean, hygienic and there is enough soap, paper towels and hand sanitiser available and that all toys and surfaces have been cleaned and disinfected.

2. Upon child's attendance:

Parent not to enter the FDC area (social distancing between adults), child's temperature is to be checked with an infrared thermometer, Zoono hand sanitiser to be applied to child, and parent is to sign in (after they place hand sanitiser) after that, the child is good to enter.

3. During the day the following should be completed:

- Food is not to be shared, no self-service of food for children
- Educator to always wear masks and gloves when preparing/handling food and thorough hand washing of hands before and after meals for children and educators/assistants.
- Hands should be washed by children and staff, temperature checks are to occur if a staff member, family member or child is not feeling well as well as reminders to children to not hug/kiss other children and/or staff.
- Social distancing should be observed at all times between staff members, educators and parents.
- Family members that are not feeling well should not enter the FDC area until they feel better and have been cleared by the doctor.

Children who are sick cannot return to day care without a doctor clearance (Especially if they have any of the following symptoms: feeling tired, cough, high temperature, vomit and/or diarrhea).

4. Afternoon routine:

Child is to be handed to parent, parent is to apply hand sanitiser and sign out (social distancing should be applied between adults).

5. End of day cleaning:

Cleaning is to be undertaken in the FDC area including disinfecting any surface that children get in contact with including tables, chairs, play equipment, toys, bathroom etc. Educators should also do self-care by washing work clothes separately to other family members, shower and ensure they have enough rest to start work again the following day.

6.4. IMMUNISATION – NO JAB NO PAY

From 1 January 2016, the immunisation requirements for Child Care Subsidy (CCS) have changed.

What are the changes?

- CCS payment has been conditional on children up to the age of 7 meeting current immunisation requirements. From 1 January 2016, this requirement will be extended to apply to all children up to 12 years of age.
- Children will no longer be exempt from meeting the requirements for CCS payment if their parents have registered an objection to vaccination on the basis of personal or philosophical beliefs.
- A child must be fully immunised, on a catch-up immunisation schedule or have a valid exemption at the time a parent *makes their very first claim* for CCS.
- Previously, if parents met the other eligibility criteria, their CCS claim would be approved and they would have a 63 day 'grace period' for their child to meet the immunisation requirements. From 1 January 2016 the claim will *not* be approved if the immunisation requirements are not met.

What stays the same?

- Children with medical contraindications or natural immunity which are certified in writing by a General Practitioner will still be exempt from the immunisation requirements.
- Parents still have the right to choose not to vaccinate their child.
- Child care service providers can still set their own policies around whether or not they provide care to unimmunised children (in accordance with their state or territory requirements).
- If child care service providers or state/territory laws allow it, parents who are not eligible for child care payments can still use child care and pay the full fee.
- If a family is already eligible for CCS and the child misses a scheduled vaccination, the family receives a letter from Centrelink advising the vaccination is overdue. The family still has 63 days to catch up their vaccinations and become up-to-date again.

What should families be informed?

Families will be informed by Centrelink that their child/children do not meet the immunisation requirements for family assistance payments, and will be encouraged to speak with their immunisation provider about updating their vaccination records or commencing an appropriate immunisation catch-up schedule.

6.5. NAPPY CHANGING, TOILETING AND BATHING

Children will be engaged positively, be respected and have their dignity protected during nappy changing, toileting and bathing routines. At all times, the child's health is protected through good hygiene practices.

Nappy changing procedure (Extracted from Staying Healthy in Childcare 5th Edition):

PREPARATION	CHANGING	CLEANING
1. Wash your hands	4. Remove the child's nappy and put in a hands-free lidded bin. Place any soiled clothes in a plastic bag	12. Clean the change table with detergent and warm water after each nappy change
2. Place paper on the change table	5. Clean the child's bottom	13. Wash your hands
3. Put disposable gloves on both hands	6. Remove the paper and put it in a hands-free lidded bin	
	7. Remove your gloves and put them in the bin	
	8. Place a clean nappy on the child	
	9. Dress the child	
	10. Take the child away from the change table	
	11. Wash your hands and the child's hands	

Toileting for Children

- Pre-schoolers and school aged children are to be supported in their toileting, dressing and hand washing routines which maintains their dignity and rights and meets good health and hygiene practices. It is important to explain and/or discuss the reasons for keeping clean.
- If a child has an 'accident' or bed wetting incident whilst in care the care provider will deal with it calmly and respectfully
- Young children may need to be reminded to use the toilet on a regular basis to establish regular toilet routine
- Always have a clean change of clothing
- Assist the child to use the toilet
- Maintain the dignity and privacy of the child
- Remind child to flush the toilet after use
- Assist child to wash their hands
- If the child uses the potty, empty the contents into the toilet
- Wash potty in a facility where cross contamination will not occur
- Store moist clothes safely and hygienically
- Wash hands

6.6. NUTRITION

A healthy balance of food and drink in sufficient quantity should be provided on a daily basis.

When a child is been cared for by the staff or educators, they must ensure that the child is regularly offered food and beverages, which may have been provided to the service by the child's parents.

Where an educator does provide food as part of the education and care of a child – the food must be nutritious, varied, adequate in quantity, and have regard to the dietary needs of individual children based on each child's developmental need and any cultural, religious or health requirements.

The educator should take care at all times to avoid allergy-inducing food and drink (in children with known conditions).

1. Parents will give initial advice to educators with respect to a child's routine and food requirements and continue to consult and exchange information with the educator as the child grows.
2. Some foods, such as whole nuts, are not suitable for small children.
3. Liquids, including milk, water and diluted (50%) fruit juice, should be offered regularly through the day and very frequently during summer.
4. Food should be stored properly and hygienically, with due attention given to foods requiring refrigeration.
5. Plenty of fresh food in the form of fruit and vegetables need to be offered.
6. Children are encouraged to be seated for a meal as movement can cause choking. Being seated also provides opportunities for social interaction. Small children should not be left alone while eating.
7. Parents of babies will supply, to educators, formula etc with required preparations and storage instructions.
8. Food is never to be used as a form of punishment either by its provision or denial.
9. Educators will encourage children's learning around healthy food choices and provide opportunities for children to participate where appropriate with meal planning, food preparation, cooking and serving food.
10. Where a child has been provided with insufficient food for his/her needs, the educator is expected to provide the extra food required and charge the parent for the meal, as per the fee schedule.

6.7. SELECTION AND USE OF COTS, BEDS AND BEDDING

Nursery furniture and equipment used for children whilst in the care of Newton FDC educators must be safe and appropriate at all times.

Cots

All cots must meet Australian Standards (AS/NZS 2172):

- Spaces between the bars must be 50-85mm apart (spaces between bars narrower than 50mm or greater than 85mm can entrap babies)
- The mattress must fit snugly all the way around (no gaps wider than index finger) as baby can be trapped facedown and suffocate
- A minimum of 500mm between the top of the mattress and the top of the cot sides (preferably 600mm)
- No knobs or protrusions to snag clothing
- Drop-side mechanisms that are secure and easy for an adult to use but not a child
- Where a cot has wheels/castors they must only be on two legs or brakes on the wheels/castors
- Remove plastic packaging from the mattress.
- Ensure the cot is well maintained.

Wobbly or broken parts make the cot weak and need to be replaced. If the cot has an adjustable base, move it to the lowest setting once a child can sit unaided

Portable Cots (Portacots)

All portable cots sold in Australian stores must meet the mandatory Australian Standard (AS/NZS 2195) for portable cots (portacot). When assembling a portable cot it is important to read the instructions carefully, the instructions are there to help keep baby safe from sleeping accidents. Only use the firm, thin, well-fitting mattress that is supplied with the portable cot. Never add a second mattress or additional padding under or over the mattress, which has been specifically designed for the portacot, as baby may become trapped face down in gaps between the mattress and the sides.

When in use:

- Ensure the sides are fully clicked into place and secure
- Check mechanisms regularly for wear
- Use the cot mattress provided as ill-fitting mattresses may create a space where a small baby could be trapped

Potential hazards

- Do not place soft fluffy toys or products such as pillows, doonas, sheepskins cot bumpers, cushions in a cot as they are unnecessary and may cover a baby's face making breathing difficult.
- Ensure a cot is positioned away from dangerous items such as heaters and curtain/blind cords.
- Do not put small objects that could cause choking in the cot or anywhere within reach of a child (anything smaller than a 35mm film canister is a choking hazard for a child under 3 years)
- Make sure the space above the cot is free of objects like pictures or mirrors that could fall on the child.

- Do not put mobiles or toys with elastic cords in cots.
- Do not use V or U shaped pillows for children under 2 years of age. Small children under two can become wedged in the pillow and suffocate. It is safer not to use pillows at all for children under 2 years of age.
- Electric blankets and hot water bottles should never be used for babies and young children.
- Once a child can stand, any item in a cot can help them climb out and should be removed.
- Do not put a baby or toddler on a waterbed or a bean bag. They are not safe for babies or toddlers.

Safe Sleeping for Babies to reduce the risk of Sudden Infant Death Syndrome (SIDS):

- Put a baby to sleep on their back from birth
- Sleeping babies on adult beds is unsafe, as the baby may:
 - Get caught under adult bedding or pillows
 - Become trapped between the wall and the bed
 - Fall off the bed

Bunk Beds

Do not use bunk beds for children under six years of age. The most common and serious injuries are caused by young children falling from the bunk, head entrapment causing strangulation or limb entrapment. Although not always considered nursery furniture, bunk beds can be dangerous to children particularly to those under 6 years. When considering using bunk beds for children, use the following guidelines:

- Bunk beds must meet Australian Standards (AS/NZS 4220)
- Any part of the bunk higher than 600 mm from the floor should not have gaps that could trap a child's limbs or head.
- There should be no gaps in the top bunk, such as gaps in guard rails, between 75mm and 230mm (small bodies can fit through but heads can get stuck).
- The bunk bed must have guardrails that are at least 160mm above the top of the mattress
- Metal tubular bunks should have the tube ends plugged
- Check ladders and guardrails are permanent and stable
- No protrusion from the bunk bed should be greater than 8mm – anything more than this means clothing can catch and create a strangling risk
- Ensure all nuts, bolts and other fasteners are flush or recessed and do not create a sharp point, edge or snag hazard
- Never place a bunk bed near a window and keep the bunk beds at least 2 metres away from a ceiling fan

When using the bunk beds for children:

- Never allow a child under 6 years on the top bunk
- Do not let children use bunk beds as a play area
- Check regularly for wear and tear – always undertake repairs immediately

6.8. SLEEP AND REST

Background

Kids are dynamic individuals, always engaged in learning, playing, observing, and engaging with others. It's essential for their overall happiness, proper growth, and progress to have moments away from bustling environments to relax, contemplate, and explore their imagination. According to Dr Brenda Abbey, implementing effective sleep and rest techniques is pivotal in guaranteeing a child's safety and fostering a sense of security while they're in a care setting.

Risk Assessment

- To ensure sleep and rest of children is safe and suitable, a Sleep and Rest Risk Assessment must be completed
 - at least once every 12 months, and/ or as soon as practicable after becoming aware of any circumstance that may affect the safety, health or wellbeing of children during sleep and rest.
- A record of each Sleep and Rest Risk Assessment is kept.
- If, after conducting a risk assessment, it is identified that a change is required to related sleep and rest policies and procedures email newtonfdc@gmail.com as soon as practicable.

Policy statement

This policy outlines how the service ensures regular sleep and rest periods in accordance with the safe sleeping guidelines provided by Red Nose, the nationally recognised authority on safe sleeping practices for infants and children. These periods are tailored to accommodate the ages, developmental stages, and specific needs of each child and their families.

Strategies and practices

- The service prioritizes the safety of children during sleep and rest periods, taking all reasonable measures to prevent harm and hazards.
- Consultations with parents are conducted to understand their child's specific sleep patterns, habits, and preferences (such as the need for a comfort item), as well as their family values, cultural considerations, and parenting beliefs related to sleep and rest. These factors are taken into account when determining the sleep/rest requirements.
- Nominated supervisors and educators receive training and information on safe sleep and rest practices, following the guidelines outlined in the service's policy, and are fully aware of their responsibilities in implementing these practices.
- Infants sleep as per their demand, while toddlers and older children have scheduled sleep/rest periods, usually after lunch. Educators remain vigilant for signs that a child might need sleep/rest outside of the routine, and quiet areas are provided for children to rest or be alone.
- In cases where a family's beliefs and practices conflict with Red Nose guidelines, the service will only endorse alternative practices upon receiving written advice from the child's medical practitioner. Risk assessments and risk minimization plans may be implemented for the child in such situations.
- Sleep/rest strategies and practices of the service are detailed in the Parent Handbook, enrolment forms, and newsletters. The Red Nose Safe Sleeping Poster is prominently

displayed in each sleep room, and information on safe sleeping practices from Red Nose is shared on noticeboards along with other relevant sleeping-related information.

- Babies are placed on their backs in their cot. Babies who have been observed rolling confidently front to back and back to front are able to be left in the position they roll into as long as they are not wrapped/swaddled or have loose items in the cot with them.
- All children rest with head and faces uncovered.
- Staff ratios are maintained according to the Education and Care Services National Regulations during sleep/rest periods.
- Educators constantly monitor the children (e.g. breathing patterns) and sleep/rest environment (e.g. room temperature). They enter the cot room regularly to check each child's skin colour and overall condition, and then sign the Sleep and Rest Register.
- Checks are to be done as they happen, not after.
- The regulatory authority does not consider CCTV, audio, video or any other baby monitors, superior to physical checking by educators. Checking the window into the cot room is not sufficient. Educators MUST go into the cot rooms and check each child.
- Educators are to maintain supervision and not to do anything that will take away attention from sleeping and resting children. This includes programming and any administrative duties.

Educators should always be within sight and hearing distance from sleeping and resting children.

- Students or volunteers involved are supervised at all times.
- Sleep/rest areas are kept well-ventilated, uncluttered and appropriately lit and, as with all other areas of the Service, are smoke-free.
- Educators ensure children are dressed suitably for the room temperature. Some items of clothing may need to be removed for safety reasons (e.g. tops with hoods and cords that may cause choking). Educators are respectful and sensitive to cultural differences in attitudes to dressing, and encourage children to be independent in dressing at these times.
- Comforters from home will be given to children who need them to settle. However, toys with ribbons, removable parts or parts that can be looped over a child's head cannot be used because of the Service's adherence to the Red Nose guidelines. Babies under the age of 7 months are not to have any loose items in the cot.
- To help children relax for sleep/rest, educators dim the lights and may use soft calming music.
- While all children need time to relax at the Service, some do not need to sleep during the day. Rather, they only require a quiet comfortable place to relax.
- Children help educators in setting up the sleep/rest area and the quiet activities for children who do not sleep. To ensure the individual comforts of each child is being met, children are given choices for their sleep, rest and relaxation and what they do if they are not sleeping.
- No child is made to sleep against their wishes or needs, although it is expected that all children will otherwise speak and play quietly at this time in a suitably lit area.
- Children are left to wake of their own accord, and educators attend to and soothe them when they do wake unless a Sleep Plan has been formulated with a child's family.

- In instances where families request that their child remain awake, that child will not be encouraged to sleep (e.g. patted). However, if the child should subsequently fall asleep, educators will not wake that child unless the child has a Sleep Plan that dictates otherwise.
- On those occasions when parents do not supply a bed set, the Service will provide a spare sheet. These sheets are laundered after each child's use.
- The Service supplies bed sets for cots and mattresses. Each bed set consists of a fitted bottom sheet and a loose top sheet for summer, and a blanket in winter. Bed linen is washed weekly for full-time children or after each child's use by children who attend less frequently.
- The children's beds are cleaned/sprayed daily with a non-rinse disinfectant daily before being stored. The covers of any cushions used for rest and relaxation are washed after each use.
- Beds are positioned so that educators may walk between them to gain easy access to every bed from all four sides.
- Every child's sleep pattern for the day (e.g. time the child went to sleep and woke up) is recorded on the Infant Daily Report.
- Educators receive regular first-aid training in resuscitation, and in the Red Nose guidelines.

Additional safe resting practices for babies

SUDI (Sudden Unexpected Death in Infancy) is the sudden, unexpected death of a baby during sleep. Babies under twelve months are considered to be at greater risk of SUDI than children over twelve months. The Service closely follows the recommendations for safe sleeping practices from Red Nose (formerly SIDS and Kids).

- All cots meet the current mandatory Australian Standard for Cots (AS/NZS 2172), and carry a label to indicate this. Safety checks are conducted regularly. Babies are never put to sleep in a bassinet, hammock or pram/stroller because these items do not carry safety codes for sleep.
- All children are placed on their back when first being settled for sleep/rest. Babies begin rolling roughly around the age of 4-5 months of age so be sure to take baby out of swaddles and into arms free sleeping bags to allow them to roll safely.
- Should a child need to sleep on their stomach or side for sound medical reasons, the Service will only endorse this alternative practice upon receiving a letter from the child's Doctor stating the need for this alternative sleeping practice and a written permission form from the parents/guardian of the child.
- All children rest with head and face uncovered. Hooded tops, bibs, shoes and any neck jewellery/ bracelets are removed before children are put to rest.
- Children are placed with their feet at the bottom of their cot or mattress, and bedclothes are tucked in securely.
- If parents ask for their infant to be 'wrapped' as a means of settling for sleep, educators ensure that a lightweight wrap is used, the baby is not wrapped too tightly, and that the wrap is kept away from the face.

- Quilts, doonas, duvets, pillows, cot bumpers or lambskins are not used in cots. Other materials such as blankets, spare sheets are not draped over the sides or ends of cots to block light or children's view of each other.
- Snuggly rugs/blankets and soft toys are not given to children under the age of 7 months old.
- Mobiles or toys with stretch elastic cords are not used within reach of cots.
- Cots are positioned well away from dangling electrical and curtain /blind cords, heaters, fans and other electrical appliances, and power points.
- Cots are set up at least 30cm apart as well as 30cm from any other furniture.
- After a child is placed in a cot, the cot side is pulled up and securely locked, and the educator makes a final check before leaving the cot.
- The viewing window to the cot room is kept clear of obstruction, and educators check sleeping infants every 10 minutes, and initial the Sleep and Rest Register.
- All cots in the Service meet the Australian Standard, are assembled according to manufacturer's instructions, and are maintained in good condition.
- Cot mattresses meet the manufacturer's size recommendations and fit the cot base with no more than a 20mm gap between the mattress and the sides of the cot.
- No child is placed in a cot if the child has the ability to climb out.
- Electric blankets, hot water bottles or wheat bags are not used in the Service.
- Cots are wiped over each day with soapy water. Cot mattresses are sprayed and wiped with a sanitiser and paper towel at the end of a full-time child's week, or after each instance a part-time child has used the cot.
- The Service supplies a sheet set consisting of a fitted bottom sheet and a flat top sheet for each child. All bed linen is laundered at least weekly.
- The sleep/rest area, as are all other areas of the Service, is smoke-free.
- The temperature of the sleep room is monitored to ensure that the child is comfortable at all times. Babies should be dressed appropriately for the environment they are sleeping in.
- Each child is allocated a cot that they always sleep in.

Additional safe resting practices for a child who is unwell

- Consistent with the Service's Incident, Injury, Trauma and Illness and Supervision Policies, children who are unwell are constantly monitored until collected by their parent(s).

Responsibilities of parents

- Upon enrolment, to discuss with educators their child's particular needs (e.g. sleep patterns and habits, need for a comforter) and family values and parenting beliefs, cultural or otherwise, associated with sleep/rest. Update this information in the event of change (e.g. a child becoming anxious about sleep/rest at the Service).
- To supply a light blanket for winter.
- To provide any comforters necessary.
- To read the Infant Daily Report (for children over 2 years)

Procedures and forms

- Daily Feedback Sheet
- Red Nose Safe Sleeping Poster
- Sleep and Rest Risk Assessment

Links to other policies

- Evacuation and Lock Down Policy
- Enrolment and Orientation Policy
- Incident, Injury, Trauma and Illness Policy
- Tobacco, Drug and Alcohol Policy

Links to Education and Care Services National Regulations 2011, National Quality Standard 2011

Regulations	81	Sleep and rest
Regulations	97	Emergency and evacuation procedures
Regulations	103	Premises, furniture and equipment to be safe, clean and in good repair
Regulations	105	Furniture, materials and equipment
Regulations	107	Space requirements – indoor space
Regulations	110	Ventilation and natural light
Regulations	115	Premises designed to facilitate supervision
Regulations	168	Education and care services must have policies and procedures
Law	165	Offence to inadequately supervise children
Law	167	Offence relating to protection of children from harm and hazards

NQS	QA2.1.1	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation
NQS	QA2.1.2	Effective illness and injury management and hygiene practices are promoted and implemented
NQS	QA2.2.1	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
NQS	QA2.2.2	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
NQS	QA3.1.1	Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child
NQS	QA3.1.2	Premises, furniture and equipment are safe, clean and well maintained
NQS	QA3.2.1	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
NQS	QA4	Staffing Arrangements

Sources, further reading and useful websites

- ACECQA. (2019). *Safe sleep and rest practices*.
<https://www.acecqa.gov.au/resources/supporting-materials/infosheet/safe-sleep-and-rest-practices>
- Australian Competition Consumer Commission Product Safety Australia. *Folding Cots*.
<https://www.productsafety.gov.au/products/babies-kids/kids-furniture/folding-cots>
- Education and Care Services National Regulations 2011
- Guide to the National Quality Framework 2018 (September 2020 Update): Section 4 – Operational Requirements <https://www.acecqa.gov.au/sites/default/files/2020-09/Guide-to-the-NQF-September-2020.pdf>
- UNICEF. (n.d.). *What is the Convention on the Rights of the Child?*
<https://www.unicef.org/child-rights-convention/convention-text-childrens-version>
- NSW Department of Education - https://education.nsw.gov.au/content/dam/main-education/early-childhood-education/whats-happening-in-the-early-childhood-education-sector/media/ece-resources/safe-sleep/sleep-and-rest-for-children-policy-guidelines-for-ecec-services-28_July_2022.pdf
- Abbey, B. (2012). *Relaxation is a Must*.
http://www.childcarebydesign.com.au/uploads/brenda_abbey_article_relaxation_is_a_must.pdf
- Red Nose – <https://rednose.org.au/section/safe-sleeping>

Policy Review

The Service encourages staff and parents to be actively involved in the annual review of each of its policies and procedures. In addition, the Service will accommodate any new legislative changes as they occur and any issues identified as part the Service's commitment to quality improvement. The Service consults with relevant recognised authorities as part of the annual review to ensure the policy contents are consistent with current research and contemporary views on best practice.

6.9. ALCOHOL, SMOKING AND DRUGS

Educators will provide positive role models for children at all times; hence, the educator will need to make sure the premises are a child safe environment. NO smoking, consuming alcohol or taking drugs are to be permitted in the presence of children while they are in the educator's care.

This includes the time after children are signed out of care, and before the parent leaves the educator's home with the child.

6.10. CHILD PROTECTION

Our service is a child safe organisation that has a duty of care for the wellbeing of all children in care. Therefore, we have a duty to act quickly and responsibly where there are suspicions of child abuse and neglect. We have a duty to report suspicions of child abuse and neglect to the Department of Families and Community Services or the Police. Newton FDC acknowledges there are specific cultural considerations when dealing with any specific cultural backgrounds including Aboriginal, Torres Strait and South Sea Islander families and as such will seek specialist support.

Additional support is available from [Child Story Reporter](#) website.

Definition:

Child abuse is the misuse of power by adults over children that endangers or impairs a child's physical or emotional health and development.

It includes:

- Physical abuse
- Emotional abuse
- Neglect
- Sexual abuse or exploitation

Information and training available to all Stakeholders

As a service we are committed to child safety. All members of management, staff, students, volunteers, educators and their families will be provided with information and training that will support their understanding and response to child protection issues as they relate to the provision of FDC.

As part of the Child Protection Training offered, Coordination unit, staff and educators will learn strategies to empower children to respond to issues that may threaten their sense of personal safety, and how to implement them.

Where a parent or guardian is not caring adequately for a child and the educator has concerns about the child's wellbeing, the educator must notify the designated coordinator. The designated person/s for dealing with any child protection issues is Newton FDC coordinators, responsible person and /or directors, who has the responsibility to liaise with the Child Protection Services.

Support and Services offered to the family of a child at risk

If there is cause for concern for the well-being of a child, the parent may be contacted and the issue discussed. If the parent is contacted, options will be provided to the parent for extra support and resourcing such as extra childcare, counselling, parenting courses, etc.

Support and debrief of educators and Coordination unit staff

Educators and Coordination unit staff will be given the opportunity for extra support during and after incidents of reporting of harm of a child to ensure their own wellbeing.

Mandatory reporters: How to make a child protection report

The educator and coordinator have the right to confidentially report concerns where it is considered appropriate, this is done to protect the child.

There are two ways mandatory reporters can make a child protection report:

1. By eReport through the [ChildStory Reporter website](#).
2. By calling the Child Protection Helpline on [132 111](#).

Calling the Child Protection Helpline

Mandatory reporters can call the Child Protection Helpline on [132 111](#). It is open 24 hours a day, 7 days a week. Reading [Mandatory reporters: What to report and when](#) may help you to decide whether you should call or not.

If you're a member of the general public, you can also call the Child Protection Helpline.

Reading [Should I call to report a child at risk?](#) may help you to decide whether you should call or not.

Registering to submit eReports

Mandatory reporters need to register to submit eReports. Once registered, mandatory reporters:

- can create and submit eReports after using the Mandatory Reporter Guide (MRG), if the MRG outcome is "Report to DCJ" or "Refer to CWU"
- will be notified by email when there is a change of status for a report
- can log into the [ChildStory Reporter Community](#) website to see the status of any previous reports that have been submitted

How to register

1. Go the [ChildStory Reporter Community](#) website.
2. Click the "Login" button at the top right of the page.
3. Click on the words "Not a member?"
4. Fill in the required fields (first name, last name, email). Click on the "Sign Up" button.
5. You'll be sent an email telling you how to complete the sign-up process.

If you get an error or have any problems registering, please

email childstory.support@facs.nsw.gov.au with a screenshot of the error message and a description of the error, or call [1300 356 696](#).

More frequently asked questions about the sign-up process can be found on the [ChildStory website](#).

Accusations against Educators, staff members and volunteers

Accusations of abuse or suspected abuse against educators, staff members, and volunteers, the nominated supervisor or approved provider are treated in the same way as allegations against other people. Reports will be made to the Child Protection Helpline where a child is at risk of significant abuse by a person at the Service. If the Supervisor is involved in the abuse, then the approved provider or most senior educator will assist in notifying the Child Protection Helpline.

Educators will:

- Be able to recognise indicators of abuse
- Respect what a child discloses, taking it seriously and follow up their concerns.
- Allow children to be part of decision-making processes where appropriate.
- Comprehend they are mandatory reporters under the legislation and report any situation where they believe on reasonable grounds a child is at risk of significant harm to the Child Protection Helpline on 133 627 (available 24 hours/7 days a week).
- Be able to contact Child Wellbeing Units (CWUs) on 1300 480 420 (available Monday to Friday between 8:30am – 5pm) which also help mandatory reporters identify the level of risk to a child and whether to report the risk to the Child Protection Helpline
- Contact the police on 000 if there is an immediate danger to a child and intervene instantly if it is safe to do so.
- Associate families with referral 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). 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 you observed to contribute to the investigations of abuse or suspected abuse by the Child Protection Helpline or dealings with referral agencies.
- Understand that allegations of abuse or suspected abuse against them are treated in the same way as allegations of abuse against other people

Suspected child abuse

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

- Record their concerns in a non-judgmental and accurate manner as soon as possible.
- Record their own observations as well as precise details of any discussion with a parent (who may for example explain a noticeable mark on a child).
- Not Endeavor to conduct their own investigation.
- Document as soon as possible so the details are accurately apprehended including:
 - Time, date and place of the suspicion
 - Full details of the suspected abuse
 - Date of report and signature

DOCUMENTING A DISCLOSURE OF HARM

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

When receiving a disclosure of harm, the service will:

- Remain calm and find a private place to talk
- Not promise to keep a secret
- Tell the child/person they have done the right thing in revealing the information but that they'll need to tell someone who can help keep the child safe
- Only ask enough questions to confirm the need to report the matter because probing questions could cause distress, confusion and interfere with any later enquiries
- Not attempt to conduct their own investigation or mediate an outcome between the parties involved.
- Document as soon as possible so the details are accurately captured including:
 - time, date and place of the disclosure
 - 'word for word' what happened and what was said, including anything they said and any actions that have been taken
 - Date of report and signature.

Notifications of abuse

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

- Give the child or young person your full attention.
- Maintain a calm appearance.
- Don't be afraid of saying the "wrong" thing.
- Reassure the child or young person it is right to tell.
- Accept the child or young person will disclose only what is comfortable and recognise the bravery/strength of the child for talking about something that is difficult.
- Let the child or young person take his or her time.
- Let the child or young person use his or her own words.
- Don't make promises you can't keep.
- Tell the child or young person what you plan to do next.
- Do not confront the perpetrator.

Confidentiality

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

Protection for reporters

Reports made to Community Services are kept confidential. However, a law enforcement agency may access the identity of the reporter if this is needed in connection with the investigation of an alleged serious offence against a child. Under the Children and Young Persons (Care and Protection) Act 1998 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.

Referenced from [Keep Them Safe](#) website

Principles supporting Keep Them Safe

The NSW Government fully supports the eight principles set down by Justice Wood in the final report of the special commission of inquiry into child protection services in NSW. These principles are:

- Child protection is the collective responsibility of whole-of-government and primary responsibility for rearing and supporting children should rest with families and communities, with government providing support where needed, either directly or through the funded non-government sector.
- The child protection system should be child-focused, with the child's or young person's safety, welfare, and wellbeing of paramount concern, while recognising that supporting parents is usually in the best interests of the child or young person.
- Positive outcomes for children and families are achieved through development of a relationship with the family that recognises their strengths and needs.
- Child safety, attachment, wellbeing, and permanency should guide child protection practice.
- Support services should be available to ensure that all Aboriginal and Torres Strait Islander children and young persons are safe and connected to family, community, and culture.
- Aboriginal and Torres Strait Islander people should participate in decision making concerning the care and protection of their children and young people with as much self-determination as possible, and steps should be taken to empower local communities to that end.
- Assessments and interventions should be evidence-based, monitored, and evaluated.

6.11. PETS AND ANIMALS

Pets and animals are an integral part of the family environment and the interaction of children and pets can be of significant benefit when in a controlled situation.

Animals in an appropriate environment can be both educational to children and promote a sense of caring and responsibility. As educators of young children, we have a responsibility to ensure that children have an understanding of and caring attitude towards all living things, so that their experiences with animals are respectful and considerate. However, birds and animals can in certain situations pose a health or safety risk, therefore, children in Newton FDC must be allowed only supervised and limited access to any animal.

Educators must Inform families of any pets or animals in the household prior to enrolling their child in care.

Educators must advise Newton FDC and families before they obtain a new pet. It is also important to remember the safety and wellbeing of animals. Children who continually play with pets can cause irritation to the animal. Therefore, children interacting with pets need to be supervised, and an area is set aside where the animal can be left in peace.

- Where dogs are present in the home, the environment is to be managed in a hygienic manner with floors being washed daily, prior to the children accessing the area, to remove dog hair, and the educator being alert to any health or safety risks that the dog may present.
- Any incident where an animal, bird or pet has harmed a child must be reported.
- Ensure birds and animals are kept in a healthy state, have received the appropriate immunisations, are regularly wormed and bathed and are free of fleas.
- An educator shall only be permitted to keep animals in accordance with Local Government by laws.
- Educators must ensure that any animal or bird kept on the premises does not constitute a health or safety risk to children.
- Dogs kept at FDC premises must be in separate secure surroundings in an area approved by Newton FDC that is also appropriate, taking into account the size and activity level of the dog and its general welfare. Children will only have access to dogs at planned times and under direct adult supervision.
- Personal hygiene is vital. Regular washing of hands for children and adults, using soap, is essential after any contact with animals.
- Animals must be prevented from sleeping/lying on bedding furniture or equipment used by FDC children.
- Animals must be excluded from the immediate vicinity where children are participating in activities, eating or sleeping, and any area where small children are likely to be lying or crawling on the floor.
- Keep litter boxes, pet food, water dishes and pet toys in an area away from, and out of reach of, children.
- Any area used by the animals, including birds and pets, must be cleaned daily prior to the children coming into care, to ensure no faeces, urine, hair or smell is present before children are given access. Keep outdoor areas for children free of animal faeces.
- All appropriate veterinarian treatments are up to date, for example: parasite, worming, fleas, or immunizations.

Educators must consider any risks involved in the children interacting with and any animal to avoid any harm to the child or animal.

An animal, including bird or pet that is likely to adversely affect the health, safety or wellbeing of the children in care is not to be kept in a FDC home

6.12. BITING

Newton FDC recognises that biting occasionally occurs between children. Biting occurs for a variety of reasons and is most often a developmental stage and not related to an ongoing behavioural pattern.

- Where a child has bitten another child or developed a pattern of biting behaviour, every effort will be made to manage the behaviour in a way that preserves the child's self-esteem, and minimises the reoccurrence of the behaviour.
- We acknowledge how upsetting it can be for families when their child has been involved in a biting incident. Where a child has bitten another child and the skin is bruised, Newton FDC will contact the families to inform them of the incident. Confidentiality will be maintained at all times.
- Where a bite has occurred, the educator will attend to the emotional needs of the bitten child and administer appropriate First Aid. The biting behaviour will be addressed as per Newton FDC Guiding Children's Behaviour Policy.
- Where a pattern of biting behaviour develops, the coordinator and educator, in consultation with the family, will develop strategies to provide the child with alternative coping strategies that meet their needs.
- If the behaviour becomes entrenched and other children are at risk, Newton FDC has the right to terminate care.

6.13. CRITICAL INCIDENT PLAN

Immediate Actions: Assure the safety of children and educators and/or staff. Those to be notified of a critical incident in an educator's home are:

- Emergency services if applicable
- Parents if applicable
- Director as soon as possible
- Director to immediately notify the police and the licensing body in the case of a death of a child whilst in care
- Director to notify Workplace Health and Safety

Safety preparation

Evacuation Plans must be accessible and followed in an emergency. Children are to be familiar with evacuation plans. All educators and staff to hold current First Aid certification.

Children

Ensure the children are safe, administer First Aid, account for all of the children. If emergency services are required, explain what they are doing to help the situation.

1. Calm the children
2. Give children the facts

3. Give accurate information to children about what happened
4. How it happened (if known)
5. How it will affect them
6. What will happen next
7. When things will be back to normal

Staff

- All staff to remain calm and work together as a team
- Evacuate if necessary
- Account for all children
- Allocate someone to make telephone calls to emergency services
- Telephone the director who will notify the licensee, the licensing body, police and Workplace Health and Safety where appropriate
- Deal with emergency services personnel – give clear and accurate information where possible, staff or educator will accompany any child to the hospital to meet the parent/s there.

When parent/s arrive:

1. Address concerns of parents for the safety of their children
2. Deal with parent/s feelings
3. Provide accurate information
4. Do not admit liability
5. Let parents know what you need them to do
6. Tell them how we will manage the incident and when things will be back to normal
7. Allow time for parents to ask questions
8. Arrange for an interpreter service where required

Provide support for the staff (defusing and debriefing) and arrange for follow-up procedures

Educators

1. Evacuate
2. Account for all children
3. Call Emergency Services if necessary
4. Administer First Aid
5. Calm the children's feelings
6. Phone Newton FDC office
7. Phone children's parents
8. Where possible, accompany child to hospital

Subsequent actions by Coordination unit

It is now time to move on to medium-term tasks of catering for the emotional consequences of the events through debriefing, and in some cases, professional counselling.

Follow-up intervention must happen as soon as possible – between 24 hours and six weeks (beyond this time effectiveness is minimal).

A systematic intervention that provides, as far as possible, the opportunity for all those involved discussing their feelings and reactions. It should provide them with a framework for dealing with future responses.

Children

Staff and parents can help children recover from the incident by:

1. Observing their reactions and behaviour – look for any signs of unusual behaviour.
2. Providing opportunities for children to express their feelings – e.g. dramatic play, art, and discussions.
3. Continue familiar routines – separation, eating and sleeping patterns may be disrupted.

The director in consultation with staff may:

1. Call a staff meeting and debrief
2. Arrange an educator meeting to debrief and defuse feelings
3. Arrange a parent meeting to address concerns and feelings
4. Make policy and procedural changes where necessary
5. Liaise with/notify Government Departments
6. Provide staff/educators with professional counselling – staff/educators may feel guilt, inadequacy or helplessness. If excessive or prolonged, seek professional help.
7. Provide staff with compassionate leave to attend a funeral if a death has occurred as a result of the incident, and educators with time off, if required – if staff or educators require time off for recovery, it is important to maintain contact with work colleagues to minimise misinformation and rumour.
8. Provide staff/educators with ongoing support. Unexpected emotions may surface when things settle down. It is important for the staff to keep talking with the educators, parents, and the broader community if appropriate after the critical incident.
9. Document the incident as soon as possible, taking into account: The current child care legislation, duty of care and WHS for staff Insurance.

Parents

If the incident affects all children (i.e. infectious disease), parents need to be given accurate and prompt information about the incident:

1. Produce a short special newsletter – to prevent rumour and provide accurate information that outlines:
 - Factual information about the incident – what happened, where, who was involved
 - Steps taken by staff
 - Reactions of the children
 - What the children have been told
 - Any further actions or arrangements
2. Arrange a special parent meeting to discuss the incident.
3. If a parent remains disturbed by the events for a period of time, then refer the parent for counselling.

Others

1. Emergency personnel: Staff and parents may wish to thank emergency services personnel after the event for their support and assistance.
2. Media: Appoint a person to deal with the media.

Referrals to other professionals

In most cases, people who have been involved in a critical incident will have some immediate and short-term emotions (and sometimes behavioural or physical) reactions and these usually pass within months. Whenever a person finds that these reactions persist for months or years, it is often helpful for them to seek additional counselling from professional sources.

6.14. CHILD SAFETY

Our service is committed to ensuring that children are cared for in a physically and psychologically safe environment.

With the cooperation of educators, this scheme will ensure, through regular safety checks that every educator's home is safe, in a fit and proper state of repair and contains all the requisite safety facilities specified in the Education and Care Services National Law and the Education and Care Services National Regulations 2011

Children must be supervised by educators at all times. The educator must be in close proximity to children at all times. Such proximity would allow the educator to see and/or hear the activities of the children in care and return eye contact to a child within a few seconds.

Educators continually assess the level of hazard in the care environment and take steps to ensure the safety of children when a hazard is identified.

Above ground and below ground pools must be fenced as per council regulations. Gates must be self-locking. Gates and fences must be checked regularly and kept in good repair. Plants and furniture will be kept 900mm from the fence to avoid them being used as a climbing mechanism.

Wading pools will not be used. Buckets or containers of water are not to be accessible to children.

Any glazed area that is accessible to children and is no higher than 1 metre above the floor level, is to use safety glass or is otherwise treated to prevent the glass from shattering, or has a barrier to prevent a child from striking or falling against the glass.

The Coordination team is to provide information, training and support through home visits to ensure that educators are providing a physically and psychologically safe environment for children in care and ensure equipment to be used is in good condition, is age appropriate and meets the relevant Australian Safety Standards

Develop and display an emergency evacuation plan. Practice regularly with children and any new children in care, and review periodically. **In an emergency, priority will be given to the safe evacuation of all children present in the FDC home.**

Maintain current Senior First Aid and CPR Certification. Assess the level of hazard in the environment before taking young children on an outing or excursion

Permission forms are completed by the educator and signed by the parent/guardian prior to an excursion taking place

Educators are to take First Aid kits and emergency phone numbers when on an outing or excursion. Educators should take care to prevent children becoming separated when on an outing or excursion.

Ensure **vehicles in which children are transported are safe**, and are fitted with appropriate safety restraints suitable for the age of the child. Children must never be left unattended in a vehicle.

Firearms must be kept in a locked cupboard designed specifically for the storage of guns, ammunition to be kept separate to guns

Educators must ensure children are:

- In a smoke and alcohol-free environment
- Protected from skin damage from the sun
- Safe from animal attacks
- Safe from water hazards
- Safe from harmful plants
- Safe from electrical, fire and heat hazards

When preparing hot food and beverages for children:

Hot food will be served to children by an adult. Any hot food will be cooled prior to allowing any child to handle the food. The temperature of the food is such that any spills will not burn a child's skin.

Safety facilities inside the home must include the features outlined below:

- Secure or elevated storage areas for the containment of hazardous substances such as poisons, insecticides, detergents, bleaches, pressure packs, pills and medicines, toiletries, cigarettes, lighters and matches;
- Internal staircases which are inaccessible to children (gates at the top and bottom);
- A household first-aid kit must be kept in the FDC home out of reach of the children, but readily accessible to educators;
- A telephone available for sending and receiving calls at all times while care is being provided. The telephone must not be disconnected to use for internet access or for any other purpose.
- An effective evacuation plan in the event of fire or other emergency. Consultation may occur with the Coordinator or the Fire Service. The evacuation plan will illustrate the layout of the house indicating alternative methods of evacuation via the available exits depending on supposed locations of the children. This evacuation plan is to be prominently displayed;
- A comprehensive list of emergency telephone numbers kept beside the telephone including Newton FDC office, the parent/s, doctor, ambulance, poisons information, emergency educator, police, state emergency service and the fire service;
- Circuit breaker or safety switch installed;
- All hot water outlets accessible to children, and those used for children's personal hygiene purposes (hand washing and bathing), must deliver hot water regulated to 50c or less. Children must be supervised by the educator when accessing bathrooms.
- A fire extinguisher installed and serviced according to instructions; or a fire blanket installed near the kitchen area;
- Operational smoke detectors;
- Safety belts on high chairs;
- Safe and well-maintained cots which meet Australian Standards;
- Verandas that are off the ground must have child proof railings, or the area will be made inaccessible to children;
- If bean bags are provided, they should have two covers (the inside one must be sewn up).

6.15. SIGNING CHILDREN IN AND OUT OF CARE

Newton FDC has a commitment to ensure the safety of children being transferred into and out of their care.

When a child arrives into care, the authorised educator must receive the child. An authorised adult must deliver the child into care. The custodial parent (including guardian or authorised person) must record the actual arrival and departure times of their child or children attending care; the educator must ensure the custodial parent signs/ initials or use a pin code at the time of arrival and departure on each day of care.

When a child leaves the FDC home, the educator must ensure the person who receives the child is the child's parent or an adult who is authorised in writing by the child's parent to receive the child if it is not possible to comply with the above clause the parent must provide verbal approval for the child to be picked up by an adult, followed by written authorisation within 24 hours.

When a parent requests that a child attends an out-of-school organised activity, for example, sports, music or drama training then the parent must give written permission to the educator. The educator will sign the child out of care at the agreed venue at the agreed time.

Families are required to utilise their pin code provided by Newton FDC to confirm the transfer of care responsibility on arrival and departure (including times and signatures) of each day the child attends care in the Harmony web portal. A child will be delivered into the care of the engaged educator or support educator only and will be collected only by authorised persons.

Enrolment forms will specify the name of persons who are authorized by families to collect the child when required. An educator's 'Certificate of Approval' will identify details of any support educator who is engaged to take delivery of any child; however, parents will have been given prior notice and approved of a support educator caring for their child.

All reasonable notice will be given to families or educators when alternative care arrangements are required

Educators and families must provide each other with reasonable notice where possible of any delays or variations in delivery and collection times of the children. When an educator collects children from other care services or schools, the educator will act on behalf of the family and sign any records of attendance the parents/guardians are legally responsible for the safety of the child until he/she arrives at the educator home. It is recommended that children under the age of ten (10) are escorted to and from the educator's home.

Children making their own way to and from school must have written permission of the parent. The educator will have a risk management plan for children arriving at or leaving the educator's home unaccompanied. This plan should cover the situation of a child not arriving at the educator's home within a specified time-frame and should be devised in consultation with the family.

An educator will notify the school, family and Newton FDC if any child attending an after-school care service does not arrive at the educator's home within a specified time.

Where parenting arrangements are in place either formally or informally (such as, parenting plans or court orders), scheme staff and educators will:

- Collect information and advice from the parent the child normally resides with regarding any child care decisions or needs;

- Discuss with both parents where necessary, if a shared care arrangement is in place, as to who the primary contact parent is and take advice from both parents. It is expected that parents will negotiate satisfactory arrangements to maintain their child's access to care and if parents cannot reach a satisfactory arrangement with educators and scheme staff at any time, Newton FDC staff will seek legal advice in relation to managing any care issues.
- Families are required to provide copies of any court orders or other relevant documents to scheme staff to ensure any directives are followed in accordance with the order.
- Families are required to advise scheme staff and educators of any change in status of the court orders.

6.16. SUNSMART

Australia has the highest rate of skin cancer in the world. Skin cancer, including melanoma and non-melanoma, is the most common cancer in Australia.

Exposure to ultraviolet (UV) radiation in childhood is a major risk factor for the development of skin cancer later in life. By implementing a best-practice Sun Protection Policy, Early Childhood Education and Care Services can help protect staff and children from UV radiation and teach children good sun protection habits from an early age to reduce their risk.

Sun protection times are a 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 should 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 can be accessed via the SunSmart App or Cancer Council Australia's home page to determine sun protection requirements.

For a full list of 10 Recommendations by the Cancer Council please refer to Newton FDC Website (www.newtonfdc.com.au) Sunsmart policy available for download.

6.17. SWIMMING AND WATER SAFETY POLICY

Children are not to swim or use a wading pool whilst in the care of Newton FDC. If an educator has a pool or spa at the FDC home, they must ensure:

- The pool and spa fencing meet state government standards.
- No gaps under or through the fence
- Pools on the premises must have a self-closing and self-latching gate and which is never propped open
- Spas will have secure hard covering.
- There must be a 90 cm space between the fence and any furniture, ornament, raised garden, trees, anything where a child could gain a foothold.
- Children must be supervised at all times when in an outdoor area containing a pool or any body of water.
- Wading pools are not permitted for use whilst children are in the care of Newton FDC.
- No containers that hold water will be left in an area where children are playing or have access.
- No containers that may gather rainwater should be left in the area where children play.
- Each educator must hold a current CPR certificate and First Aid certification.
- Enrolling parents must be informed in advance if the FDC property contains a pool.
- Specific individual permissions are required for every excursion and it will be clearly stated if the excursion is to a place where there is a water hazard.
- Children are supervised at arms' length when around a water hazard
- Educators must have completed a risk assessment on a park prior to any excursion taking place.
- Educators are not permitted to take individual children to swimming lessons.
- A surf beach is not deemed as a safe venue for children in the care of Newton FDC.

6.18. MINIMISING THE USE OF TOXIC PRODUCTS AND DANGEROUS CHEMICALS

Traces of many toxic chemicals are measurable in adults and children. To protect children's health and well-being, Newton FDC recommends that educators minimise the use of toxic chemicals in the child care environment.

Chemical Safety at Home

Some of the everyday products we buy and use around the home includes chemicals that have the potential to harm people and the environment. Serious accidents can occur if they are not handled and stored properly. It is essential that the use, storage, handling and disposal of chemicals are carried out in accordance with the instructions on the label.

Always read the label first so that you know how to use the product properly and in safety. If you need more information, contact your supplier or the manufacturer.

Common Household Chemicals

Some common hazardous household chemicals are identifiable by their Dangerous Goods Class Diamonds such as:

- Flammable Gases
 - LPG cylinders
 - Aerosol spray cans.
- Flammable Liquids
 - Solvent based paints, varnishes
 - Petrol, mineral turpentine and kerosene
- Oxidizing Substances
 - Granulated pool Chlorine and Cyanuric acid (pool sunscreen).
- Toxic Substances
 - Insecticides
 - Disinfectants.
- Corrosive Substances
 - Household bleaches, drains cleaners, oven cleaners
 - Ammonia-based cleaners
 - Liquid chlorine and acids

Many of these products are identified by a Dangerous Goods Diamond, for example “Flammable Gas 2”. Although some do not have the Dangerous Goods Diamond but are still hazardous, such as water-based paints and paint strippers; general purpose household cleaners; engine oil and brake fluid; weed killers and fertilisers.

Chemical Use

Most chemical accidents occur in the home so it is important that you follow the directions on the container and take proper precautions.

- Always follow the directions on the label.
- Wear appropriate protective clothing – chemicals can enter the body by swallowing, breathing and through the skin.
- Many products should only be used in a well-ventilated area.
- Avoid mixing common household chemical products.
- Clean up spills.
- Replace lids and seal all packages.
- Good hygiene is essential – always wash up after use – yourself, your clothing and any equipment.

Chemical Storage

You can safely store pesticides or other household products until you need them again. Some of the safety rules to adhere to are:

- Follow the storage instructions on the label;
- Store products out of the reach of children and pets.
- Keep chemical household products locked in a cupboard;
- Store flammable products away from sources of heat such as portable heaters and outdoor barbecues;
- Never store pesticides or other potentially dangerous products in cupboards where food is stored, near food intended for people or animals or where you keep medicines;
- Always store chemical products in their original containers so that you can read the label for directions; and
- Never transfer chemicals to soft drink bottles or other food containers where people could mistake them for something to eat or drink;
- When you have finished using chemicals and don't want to keep them anymore, you need to dispose of them properly.
- Do NOT pour them onto the ground or into a stream.
- Do NOT bury them anywhere or burn the containers.
- Do NOT pour them down the sink, into the toilet or into the storm water drain - many wastewater treatment plants cannot handle that type of pollution.
- Do NOT put them in your bin – this can cause safety concerns in the collection truck, at the transfer station and at the landfill site. You would be damaging the environment if you dispose of any leftover products in any of these ways.

Management and Disposal of Chemicals

Many local authorities have waste collection programs for unwanted household chemicals, details of which will be available from your local council. Also read the section on disposal on the label.

Remember; only buy what you need to avoid unnecessary storage in the home or the need for disposal of leftovers.

Material Safety Data Sheets (MSDS)

These are general rules. Instructions for the handling of specific chemicals should be found on the labels and these should be strictly adhered to.

For further information about specific chemicals, phone the manufacturer.

6.19. GLASS HAZARDS

Glass has been identified as a significant risk to children. Each educator conducts a risk assessment of their approved premises in relation to the care of children and all glass in that environment. Documentation relating to this risk assessment is provided to the FDC office.

Family Day Care homes will vary in the type of glass used, so a range of options to minimise risk to children have been developed. The option chosen will depend on the results of the risk assessment.

Any glazed area on a Newton FDC approved premises that is accessible to children and is less than 1 metre above floor level, is:

- a) Glazed with safety glass, if required by the Building Code of Australia; or
- b) Fitted with safety glass; or
- c) Effectively guarded by a barrier to prevent a child striking or falling against the glass; or
- d) Treated with a product that prevents the glass from breaking into shards. In some cases, a barrier may be appropriate. Any material used as a barrier should prevent a child from running, jumping or falling into the glass be rigid be firmly fixed so that it does not contact the glass

Furniture, such as a sofa or chair, is not an appropriate barrier. Hopper windows that open into a walkway or play space are kept closed when children are in care. Glass can also be treated with a product that prevents the glass from breaking into shards. Some transparent films can be applied to the glass to minimise the risk of the glass breaking into shards on impact.

Newton FDC will strive to ensure that all transport of all FDC children is properly and safely undertaken and complies with the requirements of the

- Education and Care Services National Regulations (2011)
- Guide to the National Quality Standard 2011 (elements 2.3.1; 2.3.2; 2.3.3)
- Kidsafe www.kidsafe.com.au
- Work Health and Safety Act 2011

Educator and Scheme Vehicles

1. Are to have and maintain current safety checks, be registered and be maintained in a roadworthy condition;
2. Will have keys removed when the vehicle is unattended;
3. Are to have child restraints fitted securely and in accordance with instructions;
4. Are to be equipped with an appropriate First Aid Kit;
5. Are to have at least 3rd Party vehicle insurance.

Child Seats and/or Restraints

1. Are to be checked by a qualified person annually and a written report of this check provided to scheme staff; and
2. Are to meet Australian Standard AS/NZS 1754
3. Are to be age and weight appropriate in accordance with the [NSW Centre for Road Safety](#) road rules, including:
 - a. Children under 4 years of age cannot travel in the front seat of a vehicle; and
 - b. All children up to 7 years of age are to be restrained in the appropriate child restraint

4. Children must never be left unattended in a car or motor vehicle of any kind. It is expected that motor vehicles will be driven and parked with caution around an educator's home, and when travelling to and from the home always being aware of the location of each child and ensuring their safety away from moving vehicles.
5. Where an educator does not own a motor vehicle and is reliant on public transport, including buses and taxis, this must be made clear to the prospective parent prior to starting care in the full knowledge that permission for outings and excursions will be based on the use of public transport.
6. Whenever possible, educators should avoid travelling on public transport with FDC children during peak hours.
7. Will carry emergency contact phone numbers of all children being transported. Contact details will include child's name, nominated contact persons and their relationship to child, all contact phone numbers and details of any child's medical conditions
8. The driver of any vehicle used in the business of Newton FDC and transportation of children in care must be licensed and use such vehicle in accordance with the Roads and Maritime Services (RMS) regulations.
9. Before transporting children in a vehicle on an excursion, the parent/guardian must be informed of the day of the activity, estimated time of departure and return, method of transportation, and restraints, destination and number and name of accompanying adults.
10. The educator must carry emergency contact telephone numbers for all children being transported on an excursion away from the FDC home.
11. An educator must be available by phone at all times, therefore, when an educator leaves a FDC home, they must carry a mobile telephone which is switched on, and the educator either answers the telephone or returns a call as soon as possible.

6.20. LAUNDRY

Newton FDC scheme homes must provide adequate hygienic arrangements for laundry.

- This area needs to be maintained to minimise the risk of cross infection.
- The home must have laundry arrangements either on the premises or through another facility, service or arrangement.
- Must provide safe and sanitary facilities for the storage of soiled clothes, linen and nappies pending their laundering or disposal.

6.21. NURSERY EQUIPMENT

Nursery furniture and equipment used for children whilst in the care of Newton FDC scheme must be safe and appropriate at all times.

Falls occur when children are left unattended on nursery equipment such as change tables, high chairs, baby walkers and baby bouncers, or when stroller tip over. The following safe practices are required when using the equipment endorsed by Newton FDC scheme:

Change Tables

Babies are generally injured on change tables when they roll to the side and fall off. Injuries can occur when an educator turns away from the table to get something. Therefore, it is recommended that you:

- Choose a design that reduces the risk of a baby rolling off.
- Choose a hollow shape deep enough to stop a baby rolling off, and/or an easy to use restraint, and use at all times
- Keep everything you need to change a baby close at hand near the change table within easy reach of an adult but out of the reach of the child
- Never leave a baby on a change table.
- If you need to turn away keep one hand on the baby.
- If you need to leave, take the baby with you
- Make sure there are no gaps or spaces near the changing table that could trap a child's fingers, head or limbs.

Prams and Strollers

Injuries occur when children stand up or fall from a stroller. Some injuries involve fingers, toes, or limbs getting caught in moving parts (e.g. when a stroller collapses or is being folded up) Therefore, the following safety measures should be taken:

Strollers must meet Australian Standard (AS/NZS 2088) and they must:

- Be a stable design with easy to use frame locks
- Have easy to use five-point harness (shoulders, waist, and through the legs)
- Parcel containers positioned under the pram or stroller
- Use the harness every time
- Avoid hooking heavy shopping bags over the handles (a common cause of "tip over" injuries)

Note: Prams are not recommended for young babies to sleep in. A number of babies have died after wriggling or falling into positions in which they couldn't breathe. If a baby does fall asleep while away from the home, then direct (in sight) supervision is necessary.

High Chairs

Injuries occur when children attempt to stand up, or climb into or out of a high chair. Some injuries involve product failure (e.g. the tray falling off or the harness giving way) or a child becoming entrapped (e.g. a finger getting caught) Therefore:

When using a high chair in family day care, it must:

- Be a strong stable design
- Have an easy to use five-point harness (shoulders, waist, and through the legs)

If the high chair has adjustable height, use the lowest setting

- Ensure the child uses the harness every time (if there are wheels) use wheel locks before using. Check that the locks work on folding high chairs
- Ensure the high chair is at least 500mm away from windows, unsecured doorways, stoves, appliance cords, curtains or blind cords
- Replace any high chair that has torn seats before the padding is exposed as babies can choke on it

- Do not allow a child to stand up in a high chair or to get into or out of a high chair unassisted as the chair may become unstable
- Make sure that the child's hands are away from moving parts when the tray is adjusted
- Make sure the child cannot push against a vertical surface (such as a wall or cupboard) and push the chair over
- It is recommended that high chairs are out of reach when not in use

Baby Rockers

Most injuries occur when a baby falls from a rocker that has been placed on a high surface such as a table or other surface. Always use the baby rocker on the floor, place the rocker well clear of heaters and stairs, particularly when used on polished floors.

Footrests on Strollers

Ensure the footrest on a stroller is strong and secure. A weak footrest may give way and cause a baby or toddler to become trapped.

Restraints in Baby/Toddler Equipment

The child restraints must always be done up in baby/toddler equipment such as high chairs, stroller, etc. It can become dangerous if a baby becomes tangled in loose restraints. Also, restraints will not be the safety measure they should be if they are not done up in the way they are recommended by the manufacturer.

Playpens and Safety Barriers

Playpens can help supervise and protect children from other dangers as they become more mobile, however, some playpens may not be suitable for all children and some styles of safety barriers have been responsible for the deaths of children overseas.

Remembering that most children can pull themselves up by the age of 9 months and begin walking around 12 months, use the following safety measures when using a play pen or safety barrier:

- Heavy playpens are better than lighter models that may tip over if a child leans against the sides. Playpens should not be more than 500mm high and the spaces between the side bars should be between 50mm and 85mm, larger openings can trap a child's head.
- Do not use Playpens or safety barriers with exposed locks and catches. Do not place objects against or inside playpens that may help a child to climb over the sides.

6.22. TRANSPORTATION POLICY

The guidelines in this Transportation Policy will be used to educate children, families and the community on safely transporting children, road and pedestrian safety.

Educators will need to ensure each child is transported safely at all times. The service understands that the driver maintains ultimate responsibility for road safety and ensuring each child is properly seated and restrained. All educators, however, have a responsibility in assisting and checking that each child is seated and restrained appropriately using the following guidelines. Under no circumstances will any child be transported if all of the following guidelines are not met.

Education and Care Services National Regulations

Division 7 Transportation of children other than as part of an excursion

102A Application of Division

This Division does not apply to transportation of a child by or arranged by an education and care service that is undertaken as part of an excursion.

102B Transport risk assessment must be conducted before service transports child

A family day care educator must carry out a risk assessment in accordance with regulation 102C before an authorisation referred to in regulation 102D(4) is sought to transport a child. A risk assessment is not required under this regulation for transporting a child if -

- (a) the transportation is regular transportation; and
- (b) a risk assessment has been conducted for the regular transportation of the child within the previous 12 months.

102C Conduct of risk assessment for transporting of children by the education and care service

(1) A risk assessment for the transportation of a child by or arranged by the education and care service must be completed before any transport can take place and must-

- (a) identify and assess risks that transporting the child may pose to the safety, health or wellbeing of the child; and
- (b) specify how the identified risks will be managed and minimised.

102D Authorisation for service to transport children

A family day care educator must ensure that a child being educated and cared for by the educator as part of a family day care service is not transported by the service or on transportation arranged by the service unless written authorisation has been given under subregulation (4).

The authorisation must be 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

General Transport Guidelines

- Children will never be left unattended in any vehicle to promote positive supervision and to prevent heat stress.
- Educators will ensure that car seats, booster seats and seat belts are properly secured on each child and themselves before departing.
- Educators will assist each child to fasten and release the safety restraints on their seats.
- Children will only be transported in a vehicle in the manufacturer's stated capacity is adhered to at all times.
- Children will be accompanied at all times, including to and from the vehicle.
- If possible, children who have special needs will have their needs accommodated for.
- Smoking of any substance, the intake of alcohol or the use of any illegal substance by any person while involved with the transportation of children is prohibited. Educators will refer to the service's ALCOHOL, SMOKING AND DRUGS policy for further guidelines.

Guidelines for Seatbelts and Restraints

- Seatbelts and restraints must meet Australian Standards (AS/NZS1754) and be marked as complying with the Australian Standard.
- Educators will ensure that each child under seven years of age must be secured in a child restraint or booster seat when travelling in a vehicle.
- Babies up to six months of age must be restrained in a rearward facing restraint.
- Children from six months to under four years of age must be restrained in a rearward facing or forward-facing restraint.
- Children under four years of age must not be in the front row of a vehicle with two or more rows.
- From four years to under seven years of age a forward-facing restraint or booster seat must be used.
- Children from four to under seven years of age can only sit in the front row of a vehicle with two or more rows when all other seats are occupied by children of a lesser age in an approved child restraint.
- The ages specified above are a guide for the safety of each child. If a child is too small for a restraint specified for their age, they should be kept in their current restraint for as long as necessary.
- If a child is too large for a restraint specified for their age, they may move to the next level of restraint.
- Child restraints purchased overseas do not comply with Australian Standards and they are not compatible with Australian vehicles.
- More information is available from Roads and Maritime Services <https://www.rms.nsw.gov.au/> or on 13 22 13

Buses (more than 12 seats)

- A driver of a bus, that is designed to seat over 12 adults (including the driver), is not required to ensure passengers, including those under 16 years of age are in a restraint.
- It is recommended that where a restraint is available, it should be worn.

Small Buses (9 to 12 seats)

A driver of a small bus (between 9 to 12 seats including the driver) providing a public passenger service under the Passenger Transport Act 1990 must ensure that:

- All passengers younger than 12 months are secured in a child restraint.
- All passengers aged over 12 months and under 16 years:
 - occupy a seating position that is fitted with a suitable seatbelt, and
 - not occupy the same seating position as another passenger, and wear the seatbelt properly adjusted and fastened.
- No passenger under 4 years old is in the front seat and a child 4 years or older but under 7 years may only sit in the front row if all of the other seats in the row or rows behind the front row are occupied by passengers who are also under 7 years old.
- A driver of a small bus not providing a public passenger service under the Passenger Transport Act 1990 is required to fully comply with the child restraint laws and must ensure that all passengers under 7 years old are appropriately restrained in an approved child restraint or booster seat.

Medical Exemptions

- Children are exempt from wearing a child restraint if they hold a medical certificate signed by a medical practitioner which certifies that the child should not, for medical reasons, be restrained while travelling in a motor vehicle.
- Generally, if a child is unrestrained within a vehicle on medical grounds, they must travel in a rear seat. However, if the medical certificate signed by a medical practitioner certifies that the child should not, or cannot, for medical reasons, travel in a rear seat, then the child may sit in the front row.

Vehicles

- Only insured, licensed and well-maintained vehicles will be used.
- The vehicle will have a First Aid Kit inside it and emergency contact details for all children and educators in the vehicle.
- A mobile phone will be available in case of emergencies.

Drivers

- Drivers must be legally-licensed.
- Drivers must be able to pass a criminal history check.
- Drivers will hold first aid certificates.
- Drivers will drive legally and follow road rules at all times.
- Drivers will not be talking on a mobile phone at any time, including hands free systems, and loud music will not be played to prevent distractions.
- The educator is responsible for ensuring the safety of the vehicle, ensuring the vehicle and keeping it at a safe standard.

Road Safety

Pedestrian Safety

Based on KidSafe Australia's guidelines, our service recognises and will follow the following information -

- Children are vulnerable road users.
- Although children may think they can handle crossing a road by themselves, remember that children:
 - are easily distracted and focus on only one aspect of what is happening
 - are smaller and harder for drivers to see
 - are less predictable than other pedestrians
 - cannot accurately judge the speed and distance of moving vehicles
 - cannot accurately predict the direction sounds are coming from
 - are unable to cope with sudden changes in traffic conditions
 - do not understand abstract ideas - such as road safety
 - are unable to identify safe places to cross the road
 - tend to act inconsistently in and around traffic

Children need to be accompanied and closely supervised by a parent or adult carer to keep them safer. A simple way of doing this is to hold hands.

Educators will use the following to guide education with families and the community –

- Parents and caregivers have a key role in educating their children about road safety. Children learn about road safety largely by experience.
- Parents and adult carers have opportunities in day-to-day routines to discuss road safety with children on the way to the newsagent, local shop or going to school.
- Whenever crossing roads, it is a good idea to talk about when and why it is safe to cross the road with your children so they can gain understanding about the broad range of factors involved.
- Anywhere where there is a potential for moving vehicles is a potentially dangerous traffic situation for children. This includes residential areas, car-parks, at traffic lights, along footpaths, zebra and other crossings, driveways, quiet streets, and busy streets.
- Children need parental/adult carer close supervision in and around traffic to make them safer.

Drive Way Safety

- ALWAYS SUPERVISE your children whenever a vehicle is to be moved - hold their hands or hold them close to keep them safe.
- If you're the only adult around and need to move a vehicle, even just a small distance, PUT CHILDREN SECURELY IN THE VEHICLE WITH YOU while you move it.
- ENCOURAGE CHILDREN TO PLAY IN SAFER AREAS AWAY FROM THE DRIVEWAY & CARS - the driveway is like a small road and should not be used as a play area.
- MAKE CHILD ACCESS TO THE DRIVEWAY DIFFICULT – for example use security doors, fencing or gates.

6.23. SAFE ARRIVAL OF CHILDREN POLICY

Newton FDC is committed to the safe arrival of children during travel between the school setting and outside school hours care. We have detailed processes, procedures and practices in this regard and ensure that all educators and staff implement them.

Risk Management

- Identifying and managing risk is an integral part of our service's operations.
- Policies and Procedures and other relevant Regulations, Laws and Legislation guide the development and implementation of our Risk Assessment and management processes.
- Risk Assessments will be conducted for daily travel of children to and from the Service. The risk assessment must be conducted at least once every 12 months, and as soon as practicable after becoming aware of any circumstance that may affect the safe arrival of children travelling between an education and care service and any other education or early childhood service.

Background

The *Education and Care Services National Regulations* require approved providers to ensure their services have policies and procedures in place in relation to the safe arrival of children who travel between an education and service and any other education or early childhood service.

Children's safety and wellbeing is of primary importance, and approved providers and their services must ensure that appropriate measures are in place to protect children from any harm or hazard, including during the time children are travelling to or from the service.

The travel of children to, and away from, a service requires particular attention, particularly given how busy it can be at certain times and the number of people coming and going. Safeguarding children during travel between the service premises and other educational settings can be enabled by the creation of policies and procedures and an effective process for their implementation.

Section /regulation	Description
Section 165	Offence to inadequately supervise children
Section 167	Offence relating to protection of children from harm and hazards
Section 175	Offence relating to requirement to keep enrolment and other documents
Section 167	Offence relating to protection of children from harm and hazards
Regulation 99	Children leaving the education and care service premises
Regulation 100	Risk assessment must be conducted before excursion
Regulation 101	Conduct of risk assessment for excursion
Regulation 102	Authorisation for excursions
Regulation 102AAB	Safe arrival of children policies and procedures
Regulation 102AAC	Risk assessment for the purposes of safe arrival of children policies and procedures
Regulation 102C	Conduct of risk assessment for transporting children by the education and care service
Regulation 102D	Authorisation for service to transport children
Regulation 122	Educators must be working directly with children to be included in ratios
Regulation 123	Educator to child ratios
Regulation 161	Authorisations to be kept in enrolment record
Regulation 168	Education and care service must have policies and procedures
Regulation 169	Additional policies and procedures – family day care service
Regulation 170	Policies and procedures to be followed
Regulation 171	Policies and procedures to be kept available
Regulation 172	Notification of change to policies or procedures

Principles

The safety, health and wellbeing of the children at our service is paramount. Our policies and procedures ensure that children are safeguarded during the time between the points of delivery to, and collection from, the service.

- We acknowledge the important role played by our service leaders, educators and staff. They are provided with the necessary training and support to implement the policies and procedures for the travel to, and collection from, the service premises.
- Our service leaders, educators and staff have a clear understanding of who holds the duty of care when children travel between schools and education and care settings.
- We have clearly defined roles and use effective communication to ensure that management, educators and staff are aware of their responsibilities in relation to the travel of children to and from the service.
- Being prepared and knowing the risks involved when children travel to or from the service is vital. We develop risk assessments to assist us in identifying the risks involved during this time moving to or from the service.

Links to other policies

- Acceptance and refusal of authorisations
- Delivery of children to, and collection from, education and care service premises
- Excursions
- Providing a child safe environment
- Safe transportation of children

Induction and ongoing training

In a family day care setting, induction training provides essential groundwork for new staff members, ensuring they understand the values of the organisation, safety guidelines, and their specific responsibilities. Ongoing training and information-sharing initiatives are crucial for managers, coordinators, educators, and all staff, including casual or relief workers, within this unique childcare environment. These programs should be tailored to address the specific needs and challenges of family day care, such as fostering strong relationships with families or adapting to diverse home environments. Regular workshops, training sessions, and platforms for sharing knowledge are essential for continuous learning and skill development, enabling the team to effectively fulfill their roles and provide quality care and education to children in a family day care setting.

Policy created/reviewed

This policy was created on 11th of April 2024 and it will be reviewed yearly ensure that they are up to date and compliant with the National Law and National Regulations.

6.24. EXCURSIONS / OUTINGS

Excursions and outings away from the FDC home can be a valuable and interesting part of the lives of children in FDC settings.

Excursions and outings must adhere to all safety requirements. Prior written permission will be obtained from parents before children are taken on any excursions.

A FDC educator must carry out a risk assessment before an authorisation is sought under Regulation 102 for an excursion.

Note: A risk assessment is not required under this regulation for an excursion if:

- (a) The excursion is a routine outing; and
 - (b) A risk assessment has already been conducted for the excursion.
1. Risk Assessment - A risk assessment for an excursion must identify and assess risks that the excursion may pose to the safety, health or wellbeing of any child being taken on the excursion; and specify how the identified risks will be managed and minimised.
 2. Outings - Written permission for anticipated regular outings will be obtained as required via the Routine Permission Form.
 3. Excursions - The prior written notice of any planned excursions (outside the local area as defined on the Routine Permission Form) will contain details of: the date; the proposed destination and activities; duration of excursion including time of departure and anticipated time of return; method of transport and type of safety restraints; the number and name of adults to accompany and supervise the children. This prior written notice must be given on the forms supplied or approved by Newton FDC and signed with appropriate signatures of authority by a parent or guardian.
 4. Outings to parks – Prior to taking children to a park, a risk assessment form is to be completed to assess the potential risks to children and strategies put in place to ensure children's safety and comfort and well-being. For example, does the park have toilets and running water?
 5. Excursions and outings are to be child-centred i.e. the enjoyment and benefit to the child must be considered. Suggested outings include playgroup, libraries, local shop and local parks. Excursions will not interfere with the child's normal sleep or meal patterns.
 6. Excursion Forms and Routine Permission Forms must be completed and forwarded to Newton FDC office as required.
 7. While on excursions or outings away from the FDC home, a First Aid kit must be carried at all times in the vehicle.
 8. Educators are required to be contactable at all times, therefore, educators are required to take a mobile phone on outings/excursions. The mobile phone must be switched on and phone calls from parents or the office must be answered as soon as practicable.
 9. Particulars of all children will be carried at all times. This includes emergency contacts and any health plans and medications.
 10. In the case of an emergency occurring during an excursion or outing, educators must ensure they have ample food, drinks and clothing for each child. Children are to be offered food and drinks frequently throughout the day including when they are on an excursion.

Conduct of risk assessment for excursion

1. A risk assessment for an excursion will include -
 - a. Identification and assessment of risks that may be encountered on the excursion
 - b. Specify how each identified risk will be managed and minimised.
 - c. The proposed route and destination for the excursion
 - d. Any water hazards
 - e. Any risks associated with water-based activities
 - f. The transport to and from the proposed destination for the excursion
 - g. The number of adults and children involved in the excursion

Given the risks posed by the excursion, the number of educators or other responsible adults that is appropriate to provide supervision. Are any adults with specialised skills required for that excursion?

Specialised skills could include life-saving skills.

- a) The proposed activities; and
- b) The proposed duration of the excursion; and
- c) The items that should be taken on the excursion.

6.25. EMERGENCY AND CRITICAL INCIDENT

We are committed to ensuring the safety, health and wellbeing of children attending our education and care service by identifying the risks and hazards of emergency and evacuation situations.

Children, educators and staff will regularly rehearse our emergency and evacuation procedures to maximise their safety and wellbeing in the event of an emergency or event requiring evacuation

All educators have a written plan to manage fire and other emergencies, including an evacuation plan. Educators in high bushfire risk areas also have a Bushfire Action Plan.

Emergency and evacuation procedures

(1) The emergency and evacuation procedures required under regulation 168 must set out--

- (a) instructions for what must be done in the event of an emergency; and
- (b) an emergency and evacuation floor plan.

(2) For the purposes of preparing the emergency and evacuation procedures, the approved provider of an education and care service must ensure that a risk assessment is conducted to identify potential emergencies that are relevant to the service.

(3) The approved provider of an education and care service must ensure that--

- (ab) in the case of a family day care service, the emergency and evacuation procedures are rehearsed every 3 months by each family day care educator and the children being educated and cared for by the family day care educator on that day; and
- (b) the rehearsals of the emergency and evacuation procedures are documented.

(4) The approved provider of an education and care service must ensure that a copy of the emergency and evacuation floor plan and instructions are displayed in a prominent position near each exit at the education and care service premises, including a family day care residence and approved family day care venue.

Emergencies and critical incidents can vary significantly in duration. Effective emergency management involves coordinated actions that will:

- Reduce the likelihood of emergencies and critical incidents;
- Minimise the impact on students, staff and site activities; and
- Facilitate the return of the site to normal operations as soon as possible

Risk Assessment involves:

- Step 1: Identify the problem, which is known as hazard identification.
- Step 2: Determine how serious a problem it is, risk assessment.
- Step 3: Deciding what needs to be done to solve the problem, risk elimination or control.

Management of emergencies and critical incidents will involve consideration of:

- Prevention and mitigation
- Preparedness for
- Response to
- Recovery from and
- Review of emergencies and critical incidents

A critical incident may include:

- An accident, loss, death, Natural disaster, violence, terminal illness, emergency situations, media attention, harassment, emergency first aid and robbery.

Fire Equipment:

Educator's homes must be provided with:

- Appropriately placed smoke detectors;
- A fire blanket that is kept adjacent to cooking facilities; and
- Appropriately located fire extinguishers.

Note: Equipment is required to be tested every 6 months or as directed by safety regulations.

When a child is seriously injured, the educator will:

- Attend to the child immediately.
- Give appropriate First Aid treatment, including medical assistance, if necessary, an ambulance is to be contacted immediately by dialling 000.
- Any medical/dental treatment required should be carried out by parents nominated medical/dental practitioner, where possible.
- Stay with the child until the ambulance arrives.
- Contact the family to inform them that an ambulance has been called for their child.
- Contact the Coordinator to report the incident.

6.26. BREASTFEEDING POLICY

Newton FDC offers this model policy to educators for adaptation. The purpose of this policy is to:

- Ensure breastfeeding standards of service and support.
- Inform parents and the public about the breastfeeding supportive services a family child care home provides.
- Ensure families receive support to breastfeed their child to their goals.
- Prepare educators for expectation of licensure policy requirement and child care food program compliance.
- Provide educators with standards for which to use to measure staff performance.

Newton FDC breastfeeding policy is as follows:

Supportive Environment

1. We provide an atmosphere that welcomes breastfeeding families. We support mothers who continue to breastfeed their infants/children as they return and continue to work.
2. We have a private, designated space (other than the bathroom) for mothers to breastfeed their children. If a space is not available, a portable divider/partition will be made available. We welcome mothers to breastfeed in the classroom as well.
3. We maintain a breastfeeding supportive environment through posting and providing culturally appropriate breastfeeding support materials (pictures, posters, etc).
4. We “check-in” with mothers for feedback and ways to continue providing support.
5. Staff communicates the infant’s changing schedule (i.e., feeding, napping, etc.) so a mother can adjust her schedule for pumping and/or visiting to feed her infant.

Initial Contact

6. We discuss breastfeeding support with all potential new families and share this policy and breastfeeding resources with them. The policy is included in parent handbook.
7. We work with parents prior to their first day in child care to transition the infant to bottle or cup feedings.

Feeding and Handling Milk

8. Newton FDC staff and Educators follows storage and handling of breast milk as defined by the National Health and Medical Research Council Infant Feeding Guidelines.
9. We discuss with all families how expressed milk is handled at our educator’s home.
10. Freezer space is available for milk storage.
11. Educators informs families on written procedures on the proper way to label and handle breast milk.
12. Educators coordinate with parents about the quantity of milk remaining in containers to avoid waste. Educators fill bottles with less breast milk than necessary for a feeding. Educators will have additional breast milk available to add to the bottle as needed.
13. Educators develop a sustainable feeding plan with each family including feeding infants on demand as we observe hunger cues and coordinating the last feeding of the day to meet the mother’s feeding needs (either to feed or await mother’s feeding).

7. MEDICAL POLICY

7.1. MEDICAL CONDITIONS

1. The medical conditions policy of the education and care service must set out practices in relation to the following -
 - a) The management of medical conditions, including Asthma, diabetes or a diagnosis that a child is at risk of Anaphylaxis;
 - b) Informing the nominated supervisor, staff members and volunteers at the service of practices in relation to managing those medical conditions;
 - c) The requirements arising if a child enrolled at the education and care service has a specific health care need, allergy or relevant medical condition, including -
 - (i) Requiring a parent of the child to provide a medical management plan for the child; and
 - (ii) Requiring the medical management plan to be followed in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition; and
 - (iii) Requiring the development of a risk-minimisation plan in consultation with the parents of a child-
 - (a) To ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised; and
 - (b) If relevant, to ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented; and
 - (c) If relevant, to ensure that practices and procedures to ensure that the parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented; and
 - (d) To ensure that practices and procedures ensuring that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication are developed and implemented; and
 - (e) If relevant, to ensure that practices and procedures ensuring 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 care need, allergy or relevant medical condition are developed and implemented.
 - (iv) Requiring the development of a communications plan to ensure that-
 - (a) Relevant staff members and volunteers are informed about the medical conditions policy and the medical management plan and risk minimisation plan for the child; and
 - (b) A child's parent can communicate any changes to the medical management plan and risk minimisation plan for the child, setting out how that communication can occur.
2. The medical conditions policy of the education and care service must set out practices in relation to self-administration of medication by children over preschool age if the service permits that self-administration.

3. In sub regulation (2), the practices must include any practices relating to recording in the medication record for a child of notifications from the child that medication has been self-administered.

REG. 91 Medical conditions policy to be provided to parents

The approved provider of an education and care service must ensure that a copy of the medical conditions policy document is provided to the parent of a child enrolled at an education and care service if the provider is aware that the child has a specific health care need, allergy or other relevant medical condition.

7.2. ADMINISTRATION OF FIRST AID

The family day care educator engaged by or registered with Newton FDC service must hold a current approved First Aid qualification, have undertaken Anaphylaxis management training and have undertaken emergency Asthma management training. Newton FDC educators are to possess the following first aid qualifications:

1. A current approved first aid qualification.
2. Undertake Anaphylaxis management training.
3. Undertake emergency asthma management training.
4. Implement practices to minimize cross infection while providing first aid.
5. Maintain the list of emergency services, a list of the child's current contact numbers and emergency services and keep these in an accessible position at all times.

First Aid Kit

1. The first aid kit shall not be accessible to children. However, it will be made accessible to family day care educators, family day care educator assistants, regular visitors, staff members, family day care educator family members, students, parents and volunteers.
2. Family day care educator assistants, regular visitors, staff members, family day care educator family members, parents, students and volunteers will be informed of the location of the first aid kit on their first day in the family day care residence and/or venue.
3. Family day care educators will possess a portable first aid kit for excursions and a permanent first aid kit will be located in the family day care educator's vehicle if transporting children.
4. Contents of the first aid kit are to be replaced if used and kept within date.
5. Personal Protective Equipment (i.e. gloves and masks) are to be kept in the FDC premises.
6. If sharps (such as needles) are used by a child in care, the family day care educators will dispose of these in an approved sharps dispenser.

Communication with families

1. The family day care educator will obtain authorisation from parent/s and/or nominated contact on the enrolment form to administer first aid and obtain medical treatment and/or an ambulance if necessary.
2. Family day care educators will inform parent/s or nominated person on the enrolment form following a first aid response.

First Aid response

When a child in care is seriously injured or becomes ill, the family day care educator will:

1. Attend to the child immediately.
2. Give appropriate first aid treatment which may include medical assistance. Any medical or dental treatment required must be carried out by the parent/s or family nominated preferred medical/dental practitioner where possible.
3. Call an ambulance if required and stay with the child until the ambulance arrives.
4. Contact the parent/s or nominated contact on the enrolment form (by telephone or the most direct method of contact as indicated by the parent/s on the enrolment form) to inform that an ambulance has been called for their child.
5. Remain with other children in care whilst the child goes in the ambulance.
6. Contact the family day care service by the next working day of calling an ambulance. The ambulance response will be financed by the parent.

7.3. MEDICATION

Prescription medication to be given to a child in care is to be appropriately labelled, including instructions for administration, and accompanied by written permission from the practitioner and parent.

The written instructions include:

- Name of the drug
- Form of the drug
- Strength of the drug
- Route of administration of the drug
- Frequency of administration of the drug
- Duration of the administration of the drug.

The first dose should be given to the child before coming into care, to assess any effect it may have on the child.

Non-prescription and over the counter medication such as cough mixture (excluding those containing Paracetamol) have written instructions on the medication packaging. Where instructions are supplemented by written instructions from the parent, these must be consistent with the instructions on the product packaging. Guidelines for those containing Paracetamol are provided in the relevant fact sheet.

REG. 92 Medication record

1. The approved provider of an education and care service must ensure that a medication record is kept that includes the details set out in sub regulation (3) for each child to whom medication is or is to be administered by the service.
2. A FDC educator must keep a medication record that includes the details set out in subregulation (3) for each child being educated and cared for by the educator as part of a FDC service to whom medication is or is to be administered.

3. The details to be recorded are -
 - (a) the name of the child;
 - (b) the authorisation to administer medication (including, if applicable, self-administration), signed by a parent or a person named in the child's enrolment record as authorised to consent to administration of medication;
 - (c) the name of the medication to be administered;
 - (d) the time and date the medication was last administered;
 - (e) the time and date, or the circumstances under which, the medication should be next administered;
 - (f) the dosage of the medication to be administered;
 - (g) the manner in which the medication is to be administered;
 - (h) if the medication is administered to the child
 - (i) the dosage that was administered; and
 - (i) the manner in which the medication was administered; and
 - (ii) the time and date the medication was administered; and
 - (iii) the name and signature of the person who administered the medication; and
 - (iv) if another person is required under regulation 95 to check the dosage and administration, the name and signature of that person.

REG.93 Administration of medication

1. The approved provider of an education and care service must ensure that medication is not administered to a child being educated and cared for by the service unless -
 - (a) The administration is authorised; and
 - (b) The medication is administered in accordance with regulation 95 or 96.
2. The approved provider of an education and care service must ensure that written notice is given to a parent or other family member of a child as soon as practicable, if medication is administered to the child under an authorisation referred to in sub regulation (5)(b).
3. The nominated supervisor and educator must ensure that medication is not administered to a child being educated and cared for by the service unless -
 - (a) The administration is authorised; and
 - (b) The medication is administered in accordance with regulation 95 or 96.
4. In this regulation the administration of medication to a child is authorised if an authorisation to administer the medication -
 - (a) Is recorded in the medication record for that child under regulation 92; or
 - (b) In the case of an emergency, is given verbally by -
 - (i) A parent or a person named in the child's enrolment record as authorised to consent to administration of medication; or
 - (ii) If a parent or person named in the enrolment record cannot reasonably be contacted in the circumstances, a registered medical practitioner or an emergency service.

Reg.94 Exception to authorisation requirement—Anaphylaxis or Asthma emergency

1. Despite regulation 93, medication may be administered to a child without an authorisation in case of an Anaphylaxis or Asthma emergency.
2. If medication is administered under this regulation, the approved provider or nominated supervisor of the education and care service or FDC educator must ensure that the following are notified as soon as practicable -
 - (a) A parent of the child;
 - (b) Emergency services.

Reg.95 Procedure for administration of medication

Subject to regulation 96, if medication is administered to a child being educated and cared for by an education and care service -

- a. The medication must be administered—
 - (i) If the medication has been prescribed by a registered medical practitioner, from its original container, bearing the original label with the name of the child to whom the medication is to be administered, and before the expiry or use by date; or
 - (ii) From its original container, bearing the original label and instructions and before the expiry or use by date; and
- b. The medication must be administered in accordance with any instructions—
 - (i) Attached to the medication; or
 - (ii) Any written or verbal instructions provided by a registered medical practitioner; and
- c. Except in the case of a FDC service or an education and care service that is permitted to have only 1 educator to educate and care for children, the following must be checked by a person other than the person administering the medication—
 - (i) The dosage of the medication to be administered;
 - (ii) The identity of the child to whom the medication is to be administered.

Reg.96 Self-administration of medication

The approved provider of an education and care service may permit a child over preschool age to self-administer medication if -

- a. An authorisation for the child to self-administer medication is recorded in the medication record for the child under regulation 92; and
- b. The medical conditions policy of the service includes practices for self-administration of medication.

7.4. ASTHMA

FDC educators MUST have Asthma training (Emergency Asthma care certificate BEFORE they can accept to enrol a child with Asthma)

People with Asthma have sensitive airways in their lungs. When they are exposed to certain TRIGGERS their airways narrow, making it harder for them to breath. The main factors cause the airways to narrow:

- The inside lining of the airways becomes red and swollen (inflammation).
- Extra mucus (sticky fluid) may be produced, which can block up airways
- Muscle around the airways tightens. This is called bronchoconstriction

Asthma affects over two million Australians, and it can start at any age, though it is more common in children:

- Coordination unit staff will provide educators with information about Asthma.
- Maintain a record of the children that have Asthma
- Educators must be aware of Asthma triggers and how to minimize them
- Children under the age of 6 are unable to recognise the signs of Asthma. Therefore, it is the educator's responsibility to know the symptoms of Asthma and how to give the appropriate First Aid.
- Asthma can occur at any time, an attack can be life threatening and must be taken seriously.
- Parents must give to the FDC all of the child's Asthma details or any other information or prescription given by the doctor.
- Parents must inform the educator about any updates.
- Children with Asthma must be treated the same way as other children.

7.5. DIABETES

Ensure families provide information on the child's health, medications, medical condition, allergies, their doctor's name, address, phone number, emergency contact names and phone numbers, and First Aid Plan or Emergency Medical Plan approved by their doctor, on enrolment and prior to the child commencing care, or when the child is diagnosed, or when changes to their condition/treatment occurs.

Ensure regulations and policies are adhered to when administering medication and treatment in emergencies, and written consent has been given. A written Management Plan for the known Medical Condition following enrolment and prior to the child commencing care should include:

- Signs & symptoms to be aware of,
- Any specific monitoring required, any specific medication/treatment required,
- What meals and snacks are required including food content, amount and timing,
- What activities and exercise the child can or cannot do, and whether the child is able to go on excursions and what provisions are required.
- A current First Aid or Medical Management Plan following enrolment and prior to the child commencing care should include:
 - What symptoms and signs to look for,
 - What action to take, including emergency contacts for the child's doctor and family, or what first aid to give.

In an emergency involving a child with any known medical condition dial 000 or 112 for an ambulance and notify the family in accordance with the Regulation and guidelines on emergency procedures, and administer first aid or emergency medical aid according to the child's First Aid or Emergency Medical Plan, or doctor's instructions.

7.6. ANAPHYLAXIS

Anaphylaxis Policy Note: This policy is lengthy: make sure you scroll all the way down this page to view the entire text.

SOURCED: *The NSW Department of Education acknowledges the contribution of the Royal Children's Hospital Department of Allergy, Kindergarten Parents Inc. and Anaphylaxis Australia Inc. for their contribution to the development of this model policy for children's services in NSW.*

1. Policy statement

Values

This children's service believes that the safety and wellbeing of children who are at risk of Anaphylaxis is a whole-of-community responsibility. The service is committed to:

- Providing, as far as practicable, a safe and healthy environment in which children at risk of Anaphylaxis can participate equally in all aspects of the children's program and experiences.
- Raising awareness about allergies and Anaphylaxis amongst the service community and children in attendance.
- Actively involving the parents/guardians of each child at risk of Anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for their child.
- Ensuring each staff member and other relevant adults have adequate knowledge of allergies, Anaphylaxis and emergency procedures.
- Facilitating communication to ensure the safety and wellbeing of children at risk of Anaphylaxis.

Purpose

The aim of this policy is to:

- Minimise the risk of an anaphylactic reaction occurring while the child is in the care of the service.
- Ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an EpiPen®.
- Raise the service community's awareness of Anaphylaxis and its management through education and policy implementation.

2. Scope

The National Regulations 2011 requires proprietors of licensed children's services to have an Anaphylaxis management policy in place. This policy is required whether or not there is a child diagnosed at risk of Anaphylaxis enrolled at the service. It applies to children enrolled at the service, their parents/guardians, staff and licensee as well as to other relevant members of the service community, such as volunteers and visiting specialists.

3. Background and legislation

Anaphylaxis is a severe, life-threatening allergic reaction. Up to two per cent of the general population and up to five per cent of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow milk, bee or other insect stings, and some medications. Young children may not be able to express the symptoms of Anaphylaxis.

A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline auto-injection device such as an EpiPen®. The licensee recognises the importance of all staff responsible for the child/ren at risk of Anaphylaxis undertaking training that includes preventative measures to minimise the risk of an anaphylactic reaction, recognition of the signs and symptoms of Anaphylaxis and emergency treatment, including administration of an auto-injection device such as an EpiPen®.

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

4. Definitions

Allergen: A substance that can cause an allergic reaction.

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

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

Ambulance contact card: A card that the service has completed, which contains all the information that the Ambulance Service will request when phoned on 000.

An example of this is the card that can be obtained from the Metropolitan Ambulance Service and once completed by the service it should be kept by the telephone from which the 000 phone call will be made. Anaphylaxis: A severe, rapid and potentially fatal allergic reaction that involves the major body systems, particularly breathing or circulation systems.

Anaphylaxis Medical Management Action Plan: A Medical Management Action Plan prepared and signed by a Registered Medical Practitioner providing the child's name and allergies. This information will be transferred to an Allergy Action Plan for the service with a photograph of the child and clear instructions on treating an anaphylactic episode. An example of this is the Australian Society of Clinical Immunology and Allergy (ASCI) Action Plan.

Anaphylaxis Management Training: All staff and educators (prior to starting work) will undertake Anaphylaxis Management Training which includes strategies for Anaphylaxis management, recognition of allergic reactions, risk minimisation strategies, emergency treatment and practise with a trainer adrenaline auto-injection device such as the EpiPen® trainer.

Adrenaline auto-injection device: A device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered. There are a range of commercial devices including the EpiPen®.

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

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

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

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

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

Educator: The educator is the person caring for the child at risk of Anaphylaxis and liaises between the child's parents/guardians and the licensee. This person also checks the adrenaline auto-injection device such as an EpiPen® is current, the auto-injection device (EpiPen®) kit is complete and practises using the EpiPen®.

Communication plan: A plan that forms part of the policy outlining how the service will communicate with parents and staff in relation to the policy and how parents and staff will be informed about risk minimisation plans and emergency procedures when a child diagnosed at risk of Anaphylaxis is enrolled in the service.

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

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

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

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

5. Procedures

1. Newton FDC Service will:

- Ensure there is an Anaphylaxis management policy in place
- Ensure that the policy is available for all parents and guardians at the service (reg. 20(2)).
- Ensure that all staff and educators, whether or not they have a child diagnosed at risk of Anaphylaxis attending the service undertake training in the administration of the adrenaline auto-injection device such as an EpiPen®. It is recommended that practice with the trainer EpiPen® is undertaken on a regular basis.

2. In services where a child diagnosed at risk of Anaphylaxis is enrolled, the educator shall also:

- Conduct an assessment of the potential for accidental exposure to allergens while child/ren at risk of Anaphylaxis are in the care of the service and develop a risk minimisation plan in consultation with staff and the families of the child/ren.
- Ensure all staff members and educators have completed recognised Anaphylaxis management training and that practice of the adrenaline auto-injection device such as the EpiPen® administration is undertaken on a regular basis.
- Ensure that all educators are aware of the child's allergy and have a copy of the allergy action plan. The parents taking a child to the alternative care placement are to make the educator aware of the location of the auto-injection device kit/EpiPen®.
- Ensure that no child who has been prescribed an adrenaline auto-injection device such as an EpiPen® is permitted to attend the service or its programs without that device.
- Ensure parents/guardians of the child diagnosed at risk of Anaphylaxis are provided with a copy of the policy.
- Display an Australasian Society of Clinical Immunology and Allergy (ASCI) generic poster called action plan for Anaphylaxis in a key location at the educator's home or Newton FDC venue.
- Ensure that a child's individual Anaphylaxis Medical Management Action Plan signed by a registered medical practitioner is inserted in to the enrolment records for each child. This will outline the allergies and describe the prescribed medication for that child and the circumstances in which it should be used.
- Ensure that the educator or staff member accompanying children outside the service carries the Anaphylaxis medication and a copy of the Anaphylaxis Medical Management Action Plan in the auto-injection device (EpiPen®) kit

Educator or Staff responsible for the child at risk of Anaphylaxis shall:

- Ensure that a copy of the child's Anaphylaxis Medical Management Action Plan is visible to all educators and relevant staff.
- Follow the child's Anaphylaxis Medical Management Action Plan in the event of an allergic reaction, which may progress to Anaphylaxis.

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

- Call an ambulance immediately by dialling 000.
- Commence First Aid measures.
- Contact the parent/guardian.
- Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.
- Contact the office or get someone else to call the office
- Practice adrenaline auto-injection device (EpiPen®) administration procedures using an EpiPen® trainer and “Anaphylaxis scenarios” on a regular basis, preferably quarterly.
- Ask all parents/guardians as part of the enrolment procedure, prior to their child’s attendance at the service, whether the child has allergies and document this information on the child’s enrolment record. If the child has severe allergies, ask the parents/guardians to provide a Medical Management Action Plan signed by a Registered Medical Practitioner.
- Ensure that parents/guardians provide an Anaphylaxis Medical Management Action Plan signed by the child’s Registered Medical Practitioner and a complete auto-injection device (EpiPen®) kit (which must contain a copy the child’s Anaphylaxis Medical Management Action Plan) while the child is present at the service.
- Ensure that the auto-injection device (EpiPen®) kit is easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat.
- Ensure that the auto-injection device (EpiPen®) kit containing a copy of the Anaphylaxis Medical Management Action Plan for each child at risk of Anaphylaxis is carried by the educator or staff member accompanying the child when the child is removed from the service e.g. on excursions that this child attends.
- Regularly check the adrenaline auto-injection device (EpiPen®) expiry date. (The manufacturer will only guarantee the effectiveness of the EpiPen® to the end of the nominated expiry month.)
- Comply with the procedures outlined in the policy.

Parents/guardians of a child at risk of Anaphylaxis shall:

- Inform staff, either on enrolment or on diagnosis, of their child’s allergies.
- Develop an Anaphylaxis risk minimisation plan with service staff/educator.
- Provide manager of Newton FDC and the child’s educator with a copy of an Anaphylaxis Medical Management Action Plan signed by the Registered Medical Practitioner giving written consent to use the EpiPen® in line with this action plan.
- Provide the child’s educator with a complete EpiPen® kit.
- Regularly check the adrenaline auto-injection device (EpiPen®) expiry date.
- Assist educator and staff by offering information and answering any questions regarding their child’s allergies.
- Notify the manager of Newton FDC and the child’s educator 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 the child’s educator, for example, any matter relating to the health of the child.

- Comply with the service's policy that no child who has been prescribed an adrenaline auto-injection device such as an EpiPen® is permitted to attend the service or its programs without that device.
- Comply with the procedures outlined in the policy.

6. Related documents

Related documents at the service

- Anaphylaxis action plan
- Risk Minimisation Plan

7. The licensee shall:

- Work with educators and parents to ensure that documentation is current and complete.
- Provide opportunities for parents/guardians of children at risk of Anaphylaxis to discuss the effectiveness of this policy and gauge their satisfaction with both the policy and its implementation in relation to their child.
- Respond to complaints.
- Review the adequacy of the response of the service if a child has an anaphylactic reaction and consider the need for additional training and other corrective action.

Schedule 1 - Risk minimisation plan

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

In relation to the child at risk:

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

In relation to other practices at the educator's home or service venue: Ensure tables, high chairs and bench tops are washed down after eating.

- Ensure hand washing for all children before and after eating and, if the requirement is included in a particular child's Anaphylaxis Medical Management Action Plan, on arrival at the children's service.
- Restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments at playgroups, and at educator's home depending on the allergies of particular children. Educators and/or staff should discuss the use of foods in such activities with parents/guardians of this child and these foods should be consistent with the risk minimisation plan.
- All children need to be closely supervised at meal and snack times and consume food in specified areas. To minimise risk children should not 'wander around' with food.
- Staff should use non-food rewards, for example stickers, for all children.
- The risk minimisation plan will inform the educator or staff's food purchases and menu planning.
- All staff and educators will undertake food handling training to be instructed about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food – such as careful cleaning of food preparation areas and utensils.
- Where food is brought from home, all parents/guardians will be asked not to send food containing specified allergens or ingredients as determined in the risk minimisation plan.

Schedule 2 Enrolment Checklist for Children at Risk of Anaphylaxis

- A risk minimisation plan is completed in consultation with parent/guardian, which includes strategies to address the particular needs of each child at risk of Anaphylaxis, and this plan is implemented.
- Parents/guardians of a child diagnosed at risk of Anaphylaxis have been provided a copy of the service's Anaphylaxis management policy.
- All parents/guardians are made aware of the Anaphylaxis management policy
- Anaphylaxis Medical Management Action Plan for the child is signed by the child's Registered Medical Practitioner and is visible to all parents at the educators home and, staff and educators at the service venue. A copy of the Anaphylaxis Medical Management Action Plan is included in the child's auto- injection device (EpiPen®) kit.
- Adrenaline auto-injection device such as an EpiPen® (within expiry date) is available for use at any time the child is in the care of the service.
- Adrenaline auto-injection device is stored in an insulated container (e.g. EpiPen® Kit), in a location easily accessible to adults (not locked away), inaccessible to children and away from direct sources of heat
- All staff, including relief staff, are aware of each EpiPen® kit location and the location of the Anaphylaxis Medical Management Action Plan
- Staff responsible for the child/ren diagnosed at risk of Anaphylaxis undertake accredited Anaphylaxis management training, which includes strategies for Anaphylaxis management, risk minimisation, recognition of allergic reactions, emergency treatment and practise with an EpiPen® trainer, and is reinforced at regular intervals
- The service's emergency action plan for the management of Anaphylaxis is in place and all staff understand the plan

- A treat box is available for special occasions (if relevant) and is clearly marked as belonging to the child at risk of Anaphylaxis
- Parent/guardian's current contact details are available
- Information regarding any other medications or medical conditions (for example Asthma) is available to staff
- Where food is to be prepared at the service (Food Handling Certificate is required), measures are in place to prevent contamination of the food given to the child at risk of Anaphylaxis.

Schedule 3 Sample Risk Minimisation Plan for Anaphylaxis

The following suggestions may be considered when developing or reviewing a children's service risk minimisation plan. How well has the children's service planned for meeting the needs of children with allergies who are at risk of Anaphylaxis?

1. Who are the children?
 - a. List names of each of the at-risk children
2. What are they allergic to?
 - a. List all of the known allergens for each of the at-risk children
 - b. List potential sources of exposure to each known allergen and strategies to minimise the risk of exposure. This will include requesting that certain foods/items not be brought to the service
3. Does everyone recognise the at-risk children?
 - a. List the strategies for ensuring that all staff, including relief staff and cooks, recognise each of the at-risk children
 - b. Confirm where each child's Action Plan (including the child's photograph) will be displayed

Do families and staff know how the service manages the risk of Anaphylaxis?

- Record when each family of an at-risk child is provided a copy of the service's Anaphylaxis management policy
- Record when each family member provides a complete auto-injector (EpiPen®) kit
- Regular checks of the expiry date of each adrenaline auto-injection device are undertaken by the educator and the families of each at risk child
- Service writes to all families requesting that specific procedures be followed to minimise the risk of exposure to a known allergen. This may include requesting the following are not sent to the service:
 - Food containing the major sources of allergens, or foods where transfer from one child to another is likely, for example peanut, nut products, whole egg, chocolate
 - Food packaging of risk foods - for example cereal boxes, egg cartons and so on
 - A new written request is sent to families if the food allergens change
 - Ensure all families are aware of the policy that no child who has been prescribed an adrenaline auto-injection device such as an EpiPen® is permitted to attend the service without that device.
 - The auto-injector (EpiPen®) kit including a copy of the Anaphylaxis Medical Management Action Plan is carried by the educator or a staff member when a child is removed from the service e.g. excursions

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

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

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

- Know what each child's Anaphylaxis Medical Management Action Plan says and implement it
- Know who will administer the adrenaline auto-injection device (EpiPen®) and stay with the child; who will telephone the ambulance and the parents; who will ensure the supervision of the other children; who will let the ambulance officers into the service and take them to the child
- All educators and staff have undertaken Anaphylaxis management training and regularly practice the administration of the adrenaline auto-injection device (EpiPen®).

How effective is the service's risk minimisation plan?

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

8. CHILDREN'S EXPERIENCES, LEARNING AND DEVELOPMENT

8.1. EDUCATION PROGRAM

For the purpose of section 323 of the Law, the following, as in force on the scheme commencement day, are declared approved learning frameworks -

The Early Years Learning Framework (EYLF), developed for the Australian Government by Early Childhood Australia, provides ongoing professional support to services as they engage in the EYLF implementation process. The program is a national initiative. My Time, Our Place: Framework for School Age Care in Australia produced by the Commonwealth Government Department of Education and Training.

The Framework conveys the highest expectations for all children's learning from birth to five years and through the transitions to school. It communicates these expectations through the following five learning outcomes:

- Children have a strong sense of identity
- Children are connected with and contribute to their world
- Children have a strong sense of wellbeing
- Children are confident and involved learners
- Children are effective communicators

The Framework provides broad direction for early childhood educators in early childhood settings to facilitate children's learning.

It guides educators in their curriculum decision making and assists in planning, implementing and evaluating quality in early childhood settings. It also underpins the implementation of more specific curriculum relevant to each local community and early childhood setting.

The Framework is designed to inspire conversations, improve communication and provide a common language about young children's learning among children themselves, their families, the broader community, early childhood educators and other professionals.

8.2. INTERACTION WITH CHILDREN

Newton FDC must take reasonable steps to ensure that the education and care service provides education and care to children in a way that:

- Encourages the children to express themselves and their opinions; and
- Allows the children to undertake experiences that develop self-reliance and self-esteem; and
- Maintains at all times the dignity and rights of each child; and
- Gives each child positive guidance and encouragement toward acceptable behaviour; and
- Has regard to the family and cultural values, age, and physical and intellectual development and abilities of each child being educated and cared for by the service.
- Opportunities for children to interact and develop respectful and positive relationships with each other and with staff members of, and volunteers at, the service.

8.3. CHILDREN WITH SPECIAL NEEDS

Demonstrating acceptance and respect for the children with special needs.

- Newton FDC policy is to show the children with special need are valued and perceived as whole person and meet their needs.
- Newton FDC will take the time to get to know the child's strength and their particular interest as well as their areas of need.
- Our policy is to use child's interests and strength as a basis for planning learning experiences for them.
- We will seek information about the child's specific needs and condition from the family, and other relevant sources, and how this can be supported.
- Adapting planned activities and daily routine to support the child's participation.
- Supporting other children to understand the child's needs and to include the child in daily experiences and the family and child's confidentiality must be respected.
- We will provide regular information about the child's progress and experience.
- We will recognise signs that may indicate that the child is becoming distressed or is having difficulty coping.
- We will obtain all the information about the support or therapies that the child is receiving from other agencies or professionals.

8.4. CHILD'S SELF RELIANCE AND SELF ESTEEM

Newton FDC provides a positive care environment that offers choices, recognises and promotes success and builds on children's self-esteem.

8.5. CULTURAL RELEVANCE

Newton FDC acknowledges and respects the traditional custodians whose ancestral lands we live upon. We acknowledge the deep feelings of attachment and relationship of Aboriginal and Torres Strait Islander people to this country. We acknowledge the Aboriginal and Torres Strait Islander people as the custodians of Australia and that their cultural and heritage beliefs are still as important to the living Aboriginal people today.

Newton FDC acknowledges and promotes Australia's culturally and linguistically diverse society and seeks to ensure that equitable, spiritually enriched learning, wellbeing and care outcomes for all children are enhanced by their social, cultural and linguistic backgrounds.

The FDC program promotes the valuing of and respect for all cultures and languages by fostering positive experiences relating to people, language, lifestyles, customs and expectations.

8.6. GENDER EQUALITY

All children in Newton FDC have access to a range of developmentally appropriate experiences and learning. Educators and staff encourage all children to participate and offer opportunities to all children regardless of their gender.

8.7. GUIDING CHILDREN'S BEHAVIOUR

Behaviour management and guidance requires a broad approach which will in the first instance keep children physically and psychologically safe and will gradually guide them to communicate needs verbally, to learn the skills to relate socially with others, to solve their own problems and to ask for help when needed. It requires an approach which sees behaviour as a form of communication linked to the child's cognitive, physical, social and emotional state. It also means that adults create a physical and emotional environment that facilitates personal and social growth.

- Behaviour should be seen as an expression of feelings or an attempt to meet immediate or underlying needs. Educators and/or staff should be aware of what the child is trying to communicate, validate the child's feelings, and deal with the underlying problem as well as guiding the child towards more appropriate ways of communicating needs and of interacting pro-socially with others.
- Adult responses to and strategies for guiding and managing behaviour should take account of the child's whole life situation.
- Behaviour guidance strategies should acknowledge family and cultural attitudes to behaviour within the boundaries of the safety and wellbeing of children, but not be stereotyped, as reactions vary from child to child as well as from culture to culture.
- Adult responses should include consideration of and possible assessment for physiological and psychological conditions that could be affecting behaviour.
- Adults should seek to develop, in a collaborative way, partnerships with parents which support them in feeling confident and open in exploring options for addressing their children's needs at home or in the care environment.
- Educators, staff and parents should work together and share information to try to identify stresses that might affect the child's behaviour. Early childhood personnel need to be culturally aware so they understand why some parents might find it difficult to approach them or cooperate.
- At no time should behaviour guidance include any form of isolation, withdrawal of affection and punitive actions which belittle, humiliate or coerce children.
- Behaviour guidance and management strategies should be framed in positive language and enhance the child's self-esteem.
- Adults should include strategies for guiding children towards appropriate ways of getting needs met and expressing feelings.
- The adults focus should be on the behaviour, not the child, and positive behaviours and strengths of the child should be encouraged. Children should believe that acceptance does not depend on behaviour.
- The adult's responses to behaviour should be appropriate to the developmental level and emotional and cultural understanding of each individual child.
- In meeting the needs of the individual child, consideration should also be given to the needs of all other children in the group.
- Expectations should be clearly articulated and consistent. These should be oriented towards the respect for and safety of people and property rather than towards authoritarian ends.
- Children should be involved in the formulation of group expectations as far as they are able. Opportunities for guiding behaviour should be seen as opportunities for new learning.
- Where families are experiencing stress, children's behaviour will reflect such stress and those families will be linked into relevant support networks.

- Adults working with children should model the positive behaviour which they desire children to emulate or achieve.
- If a child has problems that have not responded to consistent individual behaviour guidance and management strategies, the educator should seek additional support and resources. Ongoing concerns about such problems need to be addressed with the child's parents and referral to specialist services should be actively pursued.

8.8. TIME AWAY

We are committed to establishing a learning environment that promotes positive behaviour and relationships where children treat each other with care and respect. We have an inclusive setting that supports all children as they take increasing responsibility for themselves, their actions and consider the welfare and wellbeing of others.

- Time away recognises that each child from time to time needs time away from the group when they are not coping.
- The time away space should be set up as a peaceful place where the child can escape and gather their emotions and the care provider can still supervise them.
- The time away area could be a pop-up tent with soft cushions and quiet toys or a comfortable lounge chair and books overlooking a garden.
- It should be established that only one child at a time can use the time away space. The educator could assist the children to negotiate if more than one child wants to use the time away area. Children move away from the time away space when they choose.
- The goal of time-away is teach the child to manage their own behaviour in an appropriate way.
- Educators help children to recognize and label their feelings and if appropriate suggest the child might like to have some time to themselves in the time-away area.
- In this way children learn to understand and label what they are feeling, to manage their behaviour appropriately and to understand how their behaviour impacts on others.

8.9. AUSTRALIA'S PHYSICAL ACTIVITY & SEDENTARY BEHAVIOUR GUIDELINES FOR CHILDREN

Being physically active is good for children's health and creates opportunities for making new friends and developing physical and social skills. These Guidelines are for all children aged from birth to 12 years of age irrespective of cultural background, gender or ability.

The Australian 24-Hour Movement Guidelines for the Early Years show there is an important relationship between how much sleep, sedentary behaviour and physical activity young children get in a 24-hour period.

Physical Activity Recommendations (Birth to 5 years)

For healthy growth and development in:

- **Infants (Birth to one year)** physical activity particularly through supervised interactive floor-based play in safe environments should be encouraged from birth. For those not yet mobile, 30 minutes of tummy time including reaching and grasping, pushing and pulling, and crawling spread throughout the day during awake periods is encouraged.
- **Toddlers (1 to 2 years)** should spend at least 180 minutes a day doing a variety of physical activities including energetic play such as running, jumping and twirling spread throughout the day- noting more is better.
- **Pre-schoolers (3 to 5 years)** should spend at least 180 minutes a day in a variety of physical activities, of which 60 minutes is energetic play such as running, jumping and kicking and throwing, spread throughout the day - noting more is better.

Sedentary Behaviour Recommendations

- **Infants (Birth to one year)** should not be restrained for more than 1 hour at a time (e.g. in a stroller, car seat or high chair). Infants should also not spend any time watching television or using other electronic media (DVDs, computer and other electronic games) and instead, when sedentary, the caregiver is encouraged to engage with them through activities such as reading, singing, puzzles and storytelling.
- **Toddlers (aged 1-2 years)** should not be restrained for more than 1 hour at a time (e.g. in a stroller, car seat or high chair) or sit for extended periods. For those toddlers younger than 2 years, screen time is not recommended during sedentary periods. For those aged 2 years, screen time should be no more than 1 hour in total throughout the 24-hour period- less is better. When toddlers are sedentary, the caregiver is encouraged to engage with them through activities such as reading, singing, puzzles and storytelling.
- **Pre-schoolers (aged 3-5 years)** should not be restrained, for more than 1 hour at a time e.g. in a stroller or car seat) or sitting for extended periods. Sedentary screen time should be no more than 1 hour in total throughout the 24-hour period -less is better. When pre-schoolers are sedentary, caregivers are encouraged to engage with them through activities such as reading, singing, puzzles and storytelling.

Sleep

- **Infants (Birth to one year)** are recommended to have 14 to 17 hours (for those aged 0-3 months) and 12 to 16 hours (for those aged 4-11 months) of good quality sleep, including naps during the 24-hour period.
- **Toddlers (aged 1-2 years)** are recommended to have from 11 to 14 hours of good quality sleep, including naps during the 24-hour period with consistent sleep and wake-up times.
- **Pre-schoolers (aged 3-5 years)** are recommended to have 10 to 13 hours of good quality sleep, which may include a nap, with consistent sleep and wake-up times.

Physical Activity Recommendations (5 to 12 years)

For healthy growth and development in children aged 5 to 12 years:

- Children should accumulate at least 60 minutes of moderate to vigorous intensity physical activity every day.
- Children's physical activity should include a variety of aerobic activities, including some vigorous intensity activity.
- On at least three days per week, children should engage in activities that strengthen muscle and bone.
- To achieve additional health benefits, children should engage in more activity – up to several hours per day.

Sedentary Behaviour

To reduce health risks, children aged 5-12 years should minimise the time they spend being sedentary every day. To achieve this:

- Limit use of electronic media for entertainment (e.g. television, seated electronic games and computer use) to no more than two hours a day – lower levels are associated with reduced health risks.
- Break up long periods of sitting as often as possible.

8.10. PHYSICAL ACTIVITY AND SCREEN TIME POLICY (PROCEDURE/GUIDELINE)

Rationale

The increasing prevalence of overweight and obesity in childhood reflects the levels of physical activity and sedentary behaviour of entire communities. Developing healthy habits associated with being physically active sets the foundation for good habits in later life and can impact on immediate and long term health outcomes. Early childhood education and care services are an ideal place to develop good habits in young children and influence the behaviours of families. Educators and families can work together to share the responsibility of making physical activity a priority both inside and outside the home.

Service Commitment

Newton FDC seeks to promote children's physical activity by supporting the development of their gross motor skills and fostering the emergence of their fundamental movement skills through a range of intentionally planned and spontaneous active play learning experiences. Our service also supports limiting the amount of time children spend engaging in screen time and sedentary behaviour for recreational purposes.

Our service is committed to a journey of continuous improvement, striving for quality service provision under the National Quality Framework. We will ensure key physical activity messages within *Munch & Move* are embedded into our curriculum supporting the *Australian 24-Hour Movement Guidelines for the Early Years (birth to 5 years): An Integration of Physical Activity, Sedentary Behaviour, and Sleep* and the *Get Up & Grow* Physical Activity Guidelines.

Further, Newton FDC recognises the importance of supporting families to promote children's physical activity through positive, respectful and reciprocal relationships.

Relevant Legislation

National Quality Framework

Early Childhood Education and Care Services National Regulations

Part 4.3 Physical environment

Part 4.5 Regulation 155 – Interaction with children

Part 4.5 Regulation 156 – Relationships in groups

National Quality Standard

Standard 1.1 – The educational program enhances each child's learning and development.

Element 1.2.2

Standard 2.1 – Each child's health and physical activity is supported and promoted.

Element 2.1.3

Element 2.2.1

Standard 3.1 – The design of the facilities is appropriate for the operation of a service.

Standard 3.2 – The service environment is inclusive, promotes competence and supports exploration and play-based learning.

Element 4.2.2

Element 5.1.1

Elements 6.1.2, 6.1.3

Standard 6.2 – Collaborative partnerships enhance children's inclusion, learning and wellbeing.

Element 7.1.2

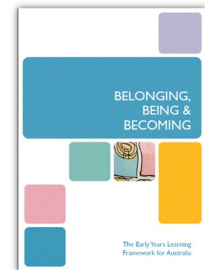
Element 7.2.1

Early Years Learning Framework

Learning Outcome 3 – Children have a strong sense of wellbeing.

Principles – Secure, respectful, reciprocal relationships; Partnerships with families; High expectations and equity; Ongoing learning and reflective practice.

Practices – Learning environments; Intentional teaching; Learning through play; Responsiveness to children; Assessment for learning.



Australian 24-Hour Movement Guidelines for the Early Years (birth to 5 years):

An Integration of Physical Activity, Sedentary Behaviour, and Sleep

For healthy growth and development in:

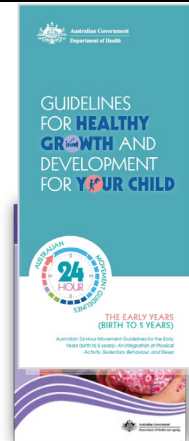
Infants (Birth to one year)

- Physical activity, particularly through supervised interactive floor-based play in safe environments, should be encouraged from birth. For those not yet mobile, this should include **30 minutes of tummy time** (including reaching and grasping, pushing and pulling, and crawling) spread throughout the day during awake periods.
- Infants should not be restrained for more than 1 hour at a time (e.g. in a stroller, car seat or high chair).
- Screen time is **not recommended**.

- When sedentary, engaging in pursuits such as reading, singing, puzzles and storytelling with a caregiver is encouraged.

Toddlers (1–2 years)

- Toddlers should spend at least **180 minutes** in a variety of physical activities, including energetic play, spread throughout the day; more is better.
- Toddlers should not be restrained for more than 1 hour at a time (e.g. in a stroller, car seat or high chair) or sit for extended periods.
- For those younger than 2 years, sedentary screen time is **not recommended**.
- For those aged 2 years, sedentary screen time should be **no more than 1 hour**; less is better.
- When sedentary, engaging in pursuits such as reading, singing, puzzles and storytelling with a caregiver is encouraged.



Pre-schoolers (3–5 years)

- Pre-schoolers should spend **at least 180 minutes** in a variety of physical activities, of which **at least 60 minutes** is energetic play, spread throughout the day; more is better.
- Pre-schoolers should not be restrained for more than 1 hour at a time (e.g. in a stroller or car seat) or sit for extended periods.
- Sedentary screen time should be **no more than 1 hour in total throughout the 24-hour period**; less is better.
- When pre-schoolers are sedentary, caregivers are encouraged to engage with them through activities such as reading, singing, puzzles and storytelling.

Key Resources

- NSW Health *Munch & Move* program resources available on the Healthy Kids website www.healthykids.nsw.gov.au
- *Australian 24-Hour Movement Guidelines for the Early Years (birth to 5 years)* – <http://www.health.gov.au/internet/main/publishing.nsf/content/health-pubhlth-strateg-phys-act-guidelines#npa050>
- SunSmart NSW – www.sunsmartnsw.com.au
- Kidsafe – www.kidsafe.com.au

This policy (procedure/guideline) aims to:

1. Promote children's participation in a range of safe active play learning experiences.
2. Provide a positive active play environment which reflects cultural and family values.
3. Promote lifelong learning and enjoyment of physical activity.
4. Limit time spent engaging in screen time (television, DVDs, computer and other electronic games) and sedentary behaviour whilst at the service.
5. Encourage communication with families about physical activity, gross motor and fundamental movement skills development and limiting screen time and sedentary behaviour.

Our strategies to implementing this policy (procedure/guideline) include:

1. Promote children's participation in a range of safe active play learning experiences

Note: Active play learning experiences include planned play (eg. action games/songs, intentional teaching experiences), spontaneous 'free' play (eg. child initiated, active play in the indoor/outdoor environments; dancing to music), intentional teaching experiences and everyday physical tasks (eg. helping with gardening; setting up experiences; tidying up spaces).

- Provide opportunities for children to be active every day through a balance of planned and spontaneous active play experiences (including everyday physical tasks), in the indoor and outdoor environments.
- Plan daily intentional Fundamental Movement Skills (FMS) experiences to support children's physical activity and their FMS development. This includes daily floor-based play for babies – tummy time, and the intentional planning of FMS experiences for older toddlers and preschool-aged children that consists of a warm-up, FMS game and a cool-down.
- Foster the development of a range of FMS - including running, galloping, hopping, jumping, leaping, side-sliding, skipping, overarm throwing, catching, striking a stationary ball, kicking, underarm throwing and stationary dribbling.
- Ensure active play experiences are play based, varied, creative, developmentally appropriate and cater to the abilities and interests of each individual child.
- Support educators to provide active play experiences that encourage children to explore, challenge, extend and test their limits.
- Ensure all active play experiences are safe by providing an appropriate environment - ensuring all equipment is developmentally appropriate and well maintained and supervision is constant.
- Encourage children's participation in physical activity of varying intensity (eg. lighter through to vigorous activity).
- Provide space, time and resources for children to revisit and practice FMS and engage in active play.
- Encourage educators to provide opportunities for learning about the importance and benefits of being physically active, and involve children in the planning of active play experiences.

- Encourage educators to actively role model to children appropriate physical activity behaviours.
- Encourage children and educators to consume water before, during and after active play experiences.
- Provide opportunities for physical activity during excursions (eg. walking excursions promoting physical activity and safe active travel).
- Provide opportunities for educators to undertake regular professional development to maintain and enhance their knowledge about early childhood physical activity.

2. Provide a positive active play environment which reflects cultural and family values

- Positively encourage children to participate in a range of active play experiences.
- Provide children with ongoing encouragement and positive reinforcement.
- Provide positive instruction, role modelling of the correct FMS and constructive feedback to children to assist them in developing and refining their FMS.
- Plan active play experiences that are inclusive of and reflect the diverse cultural backgrounds of our educators, families and community.
- Work in collaboration with families and other professionals to provide active play experiences that are inclusive of all children including those with additional needs.
- Promote physical activity for everyone to participate in a fun experience and not for competition.
- Invite and engage families and the wider community to participate in promoting physical activity with the children.
- Encourage children and families to choose active travel options to and from the service and provide safe storage of active travel equipment while children are in care at the service.
- Encourage children to be understanding and accepting of the different physical skills and abilities of other children.
- Provide families with information and ideas on incorporating physical activity at home, including sharing information about community events that promote children's wellbeing through physical activity.

3. Promote lifelong learning and enjoyment of physical activity

- Provide opportunities and encourage all educators to engage in professional development topics related to promoting physical activity and limiting screen time for example *Munch & Move* training.
- Offer a range of active play learning experiences.
- Encourage children to be as active as possible during daily active play times.
- Encourage all children to participate in active play experiences to the best of their ability.

- Provide opportunities for children to engage in discovery learning about the importance of being physically active and reducing screen time as part of their learning experiences.
- Assist children to develop daily habits, understanding and skills that support health and wellbeing.
- Ensure any fundraising promotes healthy or active lifestyles and advocates for children's wellbeing.

4. Limit and monitor the time children spend engaging in screen time (television, DVDs, computer and other electronic games) and sedentary behaviour whilst at the service

- Endeavour to limit experiences involving screen use to those which have an educational component – including movement.
- Discuss with children the role of screen time in their lives and support them in making healthy choices about their use of screen time for both education and recreation.
- Encourage educators to model appropriate screen behaviours to the children.
- Encourage the promotion of productive sedentary experiences for rest and relaxation.
- Ensure that an appropriate balance between inactive and active time is maintained each day.
- Under no circumstances is the screen to be used as a reward or to manage challenging behaviours.
- Ensure that children under two years of age are not provided with screen-based activities, such as watching television and DVDs or playing computer games.

Block inappropriate content: Even the most basic parental controls tend to include a feature that blocks inappropriate content – like Google Safe Search – whether it's a webpage that uses a banned word like "drugs" or it's a website without a security certificate. This prevents the child from being able to access content that might be harmful to their mental health, provide a negative influence or enable malware to be downloaded.

Intervene in risky situations: The appeal of many parental control solutions is that you as an educator can see all their online communication so that you can step in if you suspect something risky is happening e.g., a conversation with a predator or scammer. This can also be a good way to keep an eye on the child's emotional state and to immediately know if cyberbullying occurs.

Monitor screen time and time spent online: It's undeniable that children today are spending more and more time online especially at home – with the COVID-19 lockdown only increasing this further – so it's understandable that another strong appeal of leading parental control solutions is the fact that you can monitor and limit how much time the child spends online.

5. Encourage communication with families about physical activity, gross motor and fundamental movement skills development and limiting screen time and sedentary behaviour

- Provide a copy of the *Physical Activity and Screen Time Policy* to all families during orientation to the service.

- Request that any details of children's additional needs in relation to physical activity participation be provided to the service.
- Encourage families to share with the service links between cultural backgrounds and physical activity.
- Communicate regularly with families and provide information, support and advice on physical activity, gross motor and fundamental movement skills development, everyday physical tasks, active transport and limiting screen time and sedentary behaviour. This information may be provided to families in a variety of ways including factsheets, newsletters, noticeboards, during orientation, information sessions and informal discussion.

Monitoring and Review

- Review the *Physical Activity and Screen Time Policy* every 12 months.
- Provide families with opportunities to contribute to the review of this policy (procedure/guideline).