



POLICIES AND PROCEDURES MANUAL

VERSION: 31 July 2018



Baringa Child-Care Centre Association Incorporated
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Part 1 - General

1. **PURPOSE**

This Policy and Procedure Manual has been developed to provide guidance to Board, Management, Educators, Parents and other relevant stakeholders of the Baringa Childcare Centre Association Incorporated (**BCCC**). The policies and procedures contained herein have been developed with consideration to the Baringa Childcare Centre philosophy and goals.

2. **PHILOSOPHY**

Baringa Childcare Centre offers a comprehensive integrated service including care; education, health, safety and nutrition programs which seek to foster all aspects of children's development. Baringa aims to provide quality care for children incorporating best practice.

We provide quality education and care, building strong relationships with great inclusion and consistency throughout the service. We ensure as Educators that we build secure, respectful and reciprocal relationships with the children and their families supporting them every step of the way.

We work in partnerships with our stakeholders and the broader community involved in every child's life to ensure a holistic approach is used for their teaching and learning.

At Baringa, we integrate the Framework "Belonging, Being & Becoming" and practice this on a daily basis.

- Holistic Approach
- Responsiveness to children
- Learning Through Play
- Intentional Teaching
- Learning Environments
- Cultural Competence
- Continuity of learning and transitions

Assessment for learning as educators, we reflect upon our practices so we can learn and seek new understandings of our existing culture and continue to grow to become better Educators. We believe that as Educators we should hold high expectations for children's learning so children can progress to their own learning outcomes.

Baringa Childcare Centre makes certain that we prepare children for lifelong learning including but not limited to respect for diversity.

3. **GOALS**

The goals of the Baringa Childcare Centre are to:

- Provide a friendly and caring environment for children and parents.
- Be open to provide flexibility for families.
- Recognise all children as an individual.
- Provide equal opportunities for children by providing non biased and non-sexist activities.
- Provide developmentally appropriate experiences.
- Provide stimulation and a space for free play.

- Provide a positive response to the children’s activities.
- Provide the children with at least 50% of their daily recommended dietary intake of nutrients in the form of safe and appetising foods.
- Provide care for:
 - ~ 30 babies aged from birth to 2 years (9 educators – 15 children each in Melaleuca & Hakea);
 - ~ 35 toddlers aged from 2 years to 3.5 years (10 educators – 20 children in Banksia, 15 children in Acacia);
 - ~ 54 pre-school children aged from 3 to 5 years (6 educators – 44 children in Grevillea, 10 children in Eucalyptus)).
- Provide a place of employment where educators will:
 - ~ have opportunities for professional development;
 - ~ be well remunerated; and
 - ~ be recognised for excellence in Childcare.

4. **STRUCTURE OF THE MANUAL**

The structure of the manual is to facilitate ease of use by educators, parents and the board. Application and adherence to the policies and procedures will realise the philosophy and goals of the Baringa Childcare Centre.

The manual contains four parts:

- Part 1 – General;
- Part 2 – Policies and Procedures – Children;
- Part 3 – Policies and Procedures – Facilities/ Safety;
- Part 4 – Policies and Procedures – Staff;
- Part 5 – Policies and Procedures – Families;
- Part 6 – Policies and Procedures – Governance; and
- Annexures.

5. **POLICY DIRECTIVE**

Some sections of the manual contain 'policy directives' and where applicable, subordinate procedures.

Policy Directives are readily identified in table format.

6. **REVIEW OF THE MANUAL**

The philosophy and goals that form the basis of this manual, and the subsequent policies and procedures, will be evaluated on an ongoing basis according to the priority determined by the Board.

7. **AMENDMENTS TO THE MANUAL**

Any proposed amendments to the manual are to be forwarded to;

The Centre Director.
Baringa Childcare Centre
64 Baddeley Crescent
SPENCE ACT 2615

Email: baringa@actweb.net

Ph: 02 6258 8891

8. **APPROVAL**

This version of the Policy and Procedure Manual was approved by the Board on **31 July 2018**.



Part 2 – Policies and Procedures – Children

9. DIGNITY AND RIGHTS OF THE CHILD

Last Update:	August 2016	Previously Numbered	1.1
References:	A, V		
National Quality Standard:			
Policy Directive 1.1.1	Baringa Childcare Centre upholds the dignity and rights of each child to learn and grow in an environment that offers opportunities which reflect the holistic way children learn and grow in the wider world of family and community, experiencing responsive and reciprocal relationships with people, places and things.		

9.1 Requirements

The dignity and rights of the child are upheld at Baringa Childcare Centre by offering each child:

- Dignity and respect as an individual.
- Opportunities to develop personality, talents, self-reliance and intellectual, social and physical abilities to their fullest potential.
- Affirmation of their own culture, religion and language.
- Equitable opportunities for full and active participation.
- Opportunities for play as a vehicle for learning and for recreation.
- Opportunities for rest and leisure.
- Protection from physical and mental abuse or injury.
- Access to a clean and protected natural environment.

10. BEHAVIOURAL MANAGEMENT

Last Update:	November 2016	Previously Numbered	1.2
References:	G, EE, LL, MM, OO		
National Quality Standard:			
Policy Directive 1.2.1	We provide "positive guidance" to children in an environment that nurtures a child's self-respect, self-worth and security. We believe that this will encourage children to behave in a way that is acceptable in the childcare environment. Baringa Childcare Centre educators receives Professional Development training on behaviour management and guidance annually.		

10.1 Unacceptable Behaviour

Requirements

We consider unacceptable behaviour to be:

- Harming another child, educators, another parent or visitor physically (biting, hitting, pinching, punching etc.)
- Aggressive or rude language to other children, educators, family members and visitors
- The violent destruction of Centre equipment or furniture; and
- Bullying

We actively use the following methods to decrease unacceptable behaviours:

- Acknowledge acceptable behaviour by verbal & non-verbal encouragement
- Role modelling by educators using appropriate language and physical gestures
- Structuring the environment to suit children's individual needs
- Planned patterns of restful and active play to prevent excitement
- Educators using language that suits a child's developmental stage
- The provision of flexibility in routines being consistent in setting limits and over expectations
- The encouragement from educators for children to be responsible for their own behaviour and to set their own limits
- Providing supportive environments to ensure respectful behaviour
- Educators will be flexible with the daily room routines but remain consistent in setting limits and expectations
- Educators in the older children's rooms will set aside times in the group time section of their program to discuss topics of learning empathy and compassion for others, how to feel confident in front of others, and develop the skills for resilience towards bullying and being bullied
- Individual Rooms develop goals in consultation with the children. Educators will assist the children with becoming familiar with these room rules/limits.

10.2 Procedures

When unacceptable behaviours are exhibited:

- Educators will try to distract the child, defuse the situation and attempt to redirect the child to another experience
- Educators will use positive language when an unacceptable behaviour is displayed by a child
- Educators will help children to realise the consequences of their actions

If unacceptable behaviours continue:

- Educators will meet with the family, and will work together to develop strategies or the child in diminishing the unacceptable behaviour. This will ensure that consistency in dealing with the behaviour exists between parents and centre educators
- If families and educators cannot reach a solution to deal with the behaviour, then Centre educators will work together with parents to refer the child to appropriate specialist educators e.g. Speech Pathologist, Behavioural Therapist etc. Educators will work closely with parents and specialist educators to monitor the child's progress and document subsequent assessments from the initial meeting. Educators will develop consistent strategies in conjunction with specialist educators to assist in the development of positive behavioural patterns in the child and offer support to parents.
- Once the above procedures have been implemented, and in the event a child continues to display behaviour which puts the safety and wellbeing of others at risk, cancellation of care at Baringa Childcare Centre may result. This final step will only be implemented after all other avenues have been sought.

- In the event a parent/s or legal guardian of a child displaying challenging behaviours refuse to acknowledge and work with Centre educators to reach an appropriate solution for the challenging behaviour/s, the child's enrolment may be cancelled. Cancellation of the child's enrolment is at the discretion of the Centre Director, Management Board and the relevant Team Leader.
- If children are exhibiting violent physical behaviours (i.e. hitting, kicking etc.), educators will ensure that the child is in no physical danger, by removing hazards (e.g. chairs, tables, toys etc.) Educators will try not to physically restrain the child as this may increase the risk of injury to educators or children. By physically restraining this also means educators will not use any form of violent behaviour to overpower a child. Educators that are seen using any of the above mentioned actions may face disciplinary and legal action.
- If educators are unable to calm the child who is displaying violent behaviours educators will remove other children from the immediate environment. The family will then be called to collect their child, and a educator will stay with the upset child until a family member arrives. Management, educators and the family will then convene at the earliest time to consider steps to manage the unacceptable behaviour.

11. DIVERSITY AND INCLUSION

Last Update:	8 November 2016	Previously Numbered	1.3
References:	Q, R, T, U, V, W, CC, NN, QQ, RR		
National Quality Standard:			
Policy Directive 1.3.1	Baringa Childcare Centre recognises that in Australian society there is a need to protect and promote an environment that is considerate to human differences and that people have the right to make choices about their lifestyle. Baringa Childcare Centre will appreciate and respect the uniqueness of each child will offer development for children regardless of colour, sex, race, creed and ability. Baringa Childcare Centre will promote that differences are valued and families are actively encouraged to share their experiences with educators, carers and other families.		

11.1 Background

Each child comes to the Centre with a different set of experiences, knowledge and interests. Baringa Childcare Centre seeks to build on the child's home experiences, and acknowledge the range of cultural backgrounds of families. We have a genuine regard for all children and their language, culture and achievements. Their family is valued and their culturally diverse backgrounds are accepted and reflected in our programs.

The construction of identity and attitudes is achieved by influencing the child's self-concept and attitude towards others through the daily routine, developmental program educators interactions (towards each other, children and parents) and integration for those who have additional needs.

Men and women can take on any role that they determine fits their interest, skills and abilities.

11.2 Requirements

- Educators will actively seek information from children, families and the community, about their:
 - social backgrounds;
 - cultures and beliefs;
 - sense of respect and fairness
- Educators will work in partnership with families to provide care that meets the child's needs and is consistent with the family's culture, beliefs and Childcare practices. Specific

requests will be honoured where practical, to demonstrate respect and ensure continuity of care of the child.

- Educators will obtain and use resources that reflect the diversity of children, families and the community.
- Educators will be sensitive and attentive to all children, respect their backgrounds and abilities, and ensure that their individual needs are accommodated at the centre. Children with additional needs will be provided with support so they can be included as equals within the service. This may require the assistance of social, ethnic or additional needs services which the Centre will access in collaboration with the child's family.
- Children will never be stereotyped, singled out, or made to feel inferior to or better than others. Educators and children will discuss incidents of bias or prejudice in children's play or relationships with each other, to help children to understand and find strategies to counteract these behaviours.
- Educators will model appropriate ways to challenge discrimination and prejudice, and actively promote inclusive behaviours in children.
- Educators will create opportunities as an integral part of their daily programs for children to learn about, develop respect for, and celebrate the diversity that exists in the service and in the broader community by:
 - encouraging all families, children and other educators to share their experiences, skills, cultures and beliefs;
 - inviting community members to the Centre to share their stories, songs, experiences, skills, cultures and beliefs;
 - accessing and using a range of resources (including multi-cultural and multi-lingual resources) that reflect the diversity of children and families in the service and in the broader community.
- All educators are encouraged to attend in-service training on multicultural programming for Centres.
- All activities in the Centre will be checked to ensure that they are multiculturally balanced.

11.3 Procedures

A diverse and inclusive environment may be created through programming with consideration to the following:

(a) The Visual/Aesthetic Environment

We have resources (books, toys etc.) that reflect social values, diverse gender roles, racial and cultural backgrounds, additional needs and abilities, range of occupations and a range of ages.

- ~ Posters that depict a variety of children and families, their lifestyles and languages.
- ~ Dramatic play, e.g. diversity of gender play, (female police officers, male nurses).
- ~ Accessibility and exploration of the tools used by people with additional needs, i.e. wheelchairs, crutches, canes and hearing aids.

(b) Language:

- ~ To hear and see various languages.

- ~ To experience sign language and braille.
- ~ Puzzles, posters, songs, finger-rhymes etc.
- (c) Music:
 - ~ Various cultural styles
 - ~ Singing, background music, lullabies
 - ~ Movement and dancing.
- (d) Art Materials:
 - ~ Textas, pencils and crayons.
 - ~ Artwork (paintings, drawings, sculpture) by artists of diverse backgrounds depicting women and men from various ethnic backgrounds.
 - ~ Mirrors for children to explore their own physical features.
- (e) Encouraging children to be:
 - ~ Assertive and gentle.
 - ~ Caring and physically strong.
 - ~ Active and contemplative.
 - ~ Creative and logical.
- (f) Encouraging children to develop and express a full range of emotions and behaviours:
 - ~ Invite parents & other family members into the Centre and participate in the programs.
 - ~ Combine block corner and the home corner over a period of time.
 - ~ Encourage girls in dramatic play to be ugly trolls and boys to be "Little Mr. Muffett" etc.
- Baringa will support educators to enhance their skills and knowledge in relation to guiding children's behaviour.

12. UTILISING SUPPORT SERVICES

Last Update:	8 November 2016	Previously Numbered	1.3
References:	Q, R, T, U, V, W, CC, NN, QQ, RR		
National Quality Standard:			
Policy Directive 1.3.2	Adults who are responsible for children should have access to services and facilities that will enhance their opportunities and abilities to provide for children's needs. Baringa Childcare Centre seeks to be a resource to parents, student, childcare service providers, teachers as well as the freedom to become a part of our program. Baringa Childcare Centre will ensure that appropriate inclusion support services are accessed and referred to families in order to support children's well-being and full inclusion into the program.		

12.1 Requirements

Baringa Childcare Centre will access a pool of bicultural support workers to assist communication with families from culturally and linguistically diverse backgrounds and/or telephone translation services when required and provide brochures/information on aspects of the service in languages that are spoken in the local community. Additional support, assistance and resources for children with additional needs including children from culturally and linguistically diverse backgrounds, children with high ongoing support needs (including disabilities) and ATSI children.

Where required, parent information will be translated into other languages through the help of the National Interpreting Service on 13 14 50. This is a 24-hour service.

13. SETTLING IN (INDUCTION)

Last Update:	1 July 2010	Previously Numbered	2.4
References:			
National Quality Standard:			
Policy Directive 2.4.1	Baringa Childcare Centre encourages parents and carers to work with educators to establish a secure and warm environment in which both the parents and child feel comfortable. We support and encourage the interest and involvement of parents to share in, contribute and feel a part of their child's experience at the Centre. The quality of early relationships and experiences and the environment strongly influence children as they grow into adulthood and positive early experiences lay a solid foundation for later life.		

13.1 Background

Settling in is a time of adaptation and change. It can be difficult for parents and children as well as educators. If it is the first time the child has been separated from the parents, it can be distressing and needs to be handled with tact and warmth.

13.2 Requirements

Communication, understanding and patience will expedite the achievement of a sound, trusting relationship between parents, educators and child.

- The parents and educators need to discuss the child's routine in terms of eating, likes and dislikes, sleeping and playing.
- Never leave your child without saying GOODBYE.

A secure and warm environment can be achieved in the following ways:

- The parent is encouraged to leave their child for short periods of time to settle the child into the centre. No payment is charged if the child stays less than 2 hours at a time.

- On return, the parent is encouraged to spend time in the Centre with their child before taking them home.
- Settling in to childcare is as individual as your child. Parents are encouraged to stay as long as possible. It is important to understand that your child may have a period of distress. Sometimes it may be better to leave your child BUT return early and spend time at the Centre - it all depends on your child.
- Please speak to the educators if you are worried or unsure of what to do. Together, you may be able to work out a strategy that will be beneficial to you and your child's needs.
- Parents are asked whether they wish to stay for the duration of the initial visit for the induction and also how long the visit may be.
- If the child(ren) are in the Toddler or Babies rooms, parents are requested to complete the Individual Routine Sheet and bring it to the first day of the induction.
- Parents are to be advised that the Centre encourages approximately one (1) hour visits, so that child(ren) get the opportunity to see how the Centre runs, but not too long to be daunting.
- After the initial visit, discussion with parents & team leader on how the visit went and if more such visits are required.
- Once induction is considered by parents to be satisfactory, parents will be asked for an approximate time of arrival on first morning where fees will be applicable. Parents and the team leader will discuss what will happen on the first morning they arrive (separation – stay for a while, leaving-handing over to educators, reading a story).
- Once induction has been completed and the child and family have settled into care, families are asked to complete our orientation evaluation survey.

14. CLOTHES AND BELONGINGS

Last Update:	8 November 2016	Previously Numbered	2.5
References:			
National Quality Standard:			
Policy Directive 2.5.1	Clothing worn by children at Baringa Childcare Centre should be comfortable, tough and easily laundered as Childcare involves a lot of hands "on" and "in" activities, which can be quite messy. Footwear needs to be sensible and safe for physical activities.		

14.1 Requirements

Parents are required to provide their child(ren) with a bag for their clothing and belongings. All children are allocated a hook in their room for their bag and belongings.

Children will be dressed appropriately for:

- play and activities; and for
- sleep/rest times i.e. removal of shoes, socks, heavy jumpers and pants.
- Your child needs to bring a hat so they may play outside.
- Your child needs to bring their own drink bottle.
- If your child is sent home with clothes belonging to the Centre, please wash and return them promptly as we have a very limited supply.

- Toys or videos from home are not permitted unless they are requested for a special activity. Exceptions are a “sleep toy” if needed, or if it is ‘show and tell’ day for the preschool children.
- Specific guidance on what clothing and belongings are required and not permitted is provided in [Annexure B](#).
- Children are not permitted to wear jewellery to Childcare. Jewellery can be a safety hazard in the Childcare environment. This includes necklaces, bangles, bracelets, rings and earrings other than studs. This also includes Amber Teething Beads and other jewellery for medicinal reasons. Some hair ornaments can also be a hazard, so we ask for your discretion when these are being used. Medic Alerts are permitted.

15. SLEEP

Last Update:	1 August 2016	Previously Numbered	2.7
References:			
National Quality Standard:			
Policy Directive 2.7.1	Baringa Childcare Centre provides the children with a rest period throughout the day. The individual needs of all children will be met throughout the Centre. As the Centre is open for ten hours per day all the children need to be given the opportunity to rest/sleep. Baringa Childcare Centre adopts the ‘SIDS for Kids’ principles for babies.		

15.1 Babies Rooms (Melaleuca and Hakea)

- Baringa provides each baby with their own individual cot, sheets and blankets.
- Babies are encouraged to sleep on their backs, with face uncovered, bed clothes secure so bedding does not become loose and on a firm mattress.
- Doonas, cot bumpers and soft toys and pillow must not be used.
- Each baby has their own sleeping routine and are put to bed accordingly.
- All cot rooms have window access for educators to view children sleeping and are checked every 5-10 minutes.
- Cot rooms are to be well ventilated with opening windows and fly screens, heating and cooling.

15.2 Toddler Rooms (Acacia, Banksia & Eucalyptus)

- Baringa provides the toddlers with a separate sleep room catering for 20 children.
- Each toddler is provided with their own stretcher or mattress and sheet.
- Parents are asked to provide a top sheet during the summer months and a warm blanket during winter.
- Each child takes their own blanket/sheet home on a weekly basis for laundering.
- All children are encouraged to sleep and educators will sit with individuals to ensure children are given this opportunity.
- When children are all asleep educators supervises all children whilst sleeping.
- Quiet music is played to provide a relaxing and comfortable environment to promote sleep/rest times.

- No child is forced to sleep however they are gently coached.
- If children don't sleep, these children are given a period of half an hour rest time, they are then able to return to the main play area for quiet activities.
- Children are dressed appropriately for sleep/rest times e.g. removal of shoes, socks, heavy jumpers and pants.
- Children are only woken at certain times upon parent request.

15.3 **Preschool Room (Grevillea)**

- In the preschool room we provide the children with the opportunity to either sleep or rest.
- Children are required to sleep/rest for a half-hour period. After this time, children are able to get up and participate in quiet activities.
- Children who sleep in the sleep room are provided with their own stretcher and sheet.
- Parents are asked to provide a top sheet during the summer months and a warm blanket during winter.
- Each child takes their own blanket/sheet home weekly for laundering.
- All children are encouraged to sleep and an educator sits with individuals to ensure children are given this opportunity.
- Parents sometimes ask that children be woken after a certain time. This is done on parent request only.

16. **ROUTINES**

Last Update:	1 July 2010	Previously Numbered	2.8
References:			
National Quality Standard:			
Policy Directive 2.8.1	Educators in consultation with parents, are to develop routines for meal times, rest times, toileting etc. which reflect the needs of individual children in care. It is not expected that children will be experiencing these at the same time.		

As the children's needs are constantly changing, routines should be flexible and also allow for additional needs of each child e.g. allergies, culture etc.

17. CHILD SUPERVISION

Last Update:	1 August 2016	Previously Numbered	5.2
References:	Q, CC		
National Quality Standard:			
Policy Directive 5.2.1	Baringa Childcare Centre will ensure the potential for accidents and injury to children is reduced to as low as reasonably practicable. Educators will be aware of the variables relating to supervision and will evaluate supervisory practices. Safety for children will be ensured when participating in excursions.		

17.1 Background

Supervision is perhaps one of the key requirements in the prevention of accidents and injury throughout the Centre. Childcare educators require the skills to be able to assess potential risks during supervision and be able to implement changes to supervision to avoid accident or injury. New and relief educators should be informed of potential supervisory risks according to each individual child in a confidential and sensitive way.

17.2 Requirements

Parents will:

- Hand children over to a educators on arrival and ensure the educator is informed when departing.
- Inform educators if someone other than those who are authorised to will be collecting the child.
- Ensure the 'authorised person to collect' information is up to date.
- Inform educators of any current or pending court orders affecting the child and provide the Centre with a photocopy of the court order to be kept with the child's enrolment form.
- Adhere to correct sign in and out procedures.
- Ensure that front gates and playground gates are closed after entry or exit.

Educators will:

- Never leave a child unattended on the nappy change table/mat.
- Ensure infants are securely buckled into highchairs and the drop side of cots must be raised when children are in cots.
- Never leave a child unattended to eat or drink, including from bottles (choking is often silent).
- Ensure that all children are within sight and/or hearing of educators at all times.
- Ensure that where multiple areas are available to children at the same time (indoor/outdoor activities) all areas are supervised.
- Position themselves (do not sit with your back to the children) and arrange equipment, furniture and activities appropriately.
- Communicate effectively by informing other educators if they are leaving an area.
- Be aware of policy 2.5 Delivery and Collection of Children and ensure children are only released to authorised people.

- Be flexible to allow for small groups of children who may require supervision e.g.: A group of children who are still eating their lunch.
- Be aware of the cultural and individual supervision needs of each child e.g.: a child may require private space but will still need to be supervised.
- Ensure younger children's safety is not compromised in mixed age groups.
- Regularly evaluate their supervisory practices through educators meetings, educators room discussions and at other times when required.
- Do regular head counts of children in their care (especially when entering the playground & on leaving the playground).
- Be aware of where every child is at all times.
- Discuss best position points of supervision (especially in the playground) to avoid clustering in one spot. Supervision should be active and interacting with the children (not just standing and watching).
- Ensure educators: child ratios are correct at all times to assist supervision.
- Encourage children to inform educators when they are leaving an area to use the bathroom.
- Question any stranger to the Centre in a friendly way e.g.: "Hello, can I help you?" (and observe their actions).
- Ensure an educator is allocated to supervise a wading pool or water play activity. If this is not possible, plan for this activity at another time. A water trough must be emptied before leaving the playground, as the group entering the playground after may not be aware that it has water in it.
- When returning from outdoor play all rooms will do a head count of all children.
- Ensure supervision of excursions adheres to Regulation guidelines (refer 3.2 Excursions policy).
- Ensure front gates and playground gates are closed after entry and exit.

Management will:

- Support educators in developing a plan for improving facilities and correcting problems if effective supervision is difficult due to the design of buildings or grounds.
- Maintain current records relating to authorised people to collect each child, court orders and custody issues.

18. INTERACTIONS WITH CHILDREN

Last Update:	28 November 2017	Previously Numbered	5.3
References:	Q, FF		
National Quality Standard:			
Policy Directive 5.3.2	Baringa aims to ensure all educators form positive relationships with children to enable them to feel safe and supported at Baringa. Educators will encourage positive relationships between children and their peers as well as with educators and community members at Baringa.		

18.1 Background

At Baringa Childcare, we recognise early childhood as a unique and valuable stage of life and accept that each phase within this development is important. Our centre aims to work in partnership with families and the community to provide an environment of security and love that collaboratively works toward positive outcomes for the children, families and staff.

18.2 Requirements

- Baringa will provide a relaxed and happy atmosphere for the children.
- Baringa will ensure mealtimes are relaxed and unhurried and educators will take the time to sit and talk with children.
- Our educators will encourage children to initiate conversations about their experiences inside and outside Baringa. Children will be encouraged to express their ideas and feelings, share humour with educators and seek assistance as they take on new challenges and try to do things for themselves.
- Our educators will respond sensitively and appropriately to children's efforts to communicate and engage them in sustained conversations about their interests in a positive manner.
- Our educators will encourage children to have their own opinions, ideas and comments. Educators will ensure all ideas are valued as children contribute to learning conversations.
- Our program allows for many opportunities for meaningful conversations between children and educators in one to one, small group and whole group situations.
- Our statement of philosophy will be visible
- Our educators will participate in children's play using children's cues to guide their level and type of involvement while always maintaining a positive approach when responding to children and offering assistance.
- Our educators will model reasoning, prediction and reflection processes and language.
- Our educators will collaborate with children about routines and experiences.
- Our educators will use techniques such as sign language and other resources and tools to support children with additional needs.
- Our educators will use their interactions with children to support the maintenance of home languages and learning English as an additional language.
- Our educators and coordinators will use information from their observations of interactions with children to extend the children's thinking and learning.
- Our educators will also support children to build secure attachments with one and then subsequent educators to help them feel secure at Baringa. Separation anxiety is

expected with many children and educators are sensitive to the needs of children experiencing anxiety. Educators will work towards ensuring each child feels safe and happy at Baringa.

- Our educators will learn more about the histories, cultures, languages, traditions, child rearing practices and lifestyle choices of families at Baringa.
- Our educators enjoy speaking with parents about their children and extended family, which enables us to better meet the needs of all children.
- Baringa will implement strategies to assist all children to develop a sense of belonging and confidence through positive interactions between the children and educators.
- Our staffing arrangements will promote continuity for children and families.
- Baringa will gather information from families in the enrolment form in order to be able to provide support for children during the settling in process.
- When children have special needs Baringa will consult with other professionals or support agencies that work with children to gather information that will guide our interactions with these children. This information will be recorded in the child's file.
- Baringa's approach to equity and inclusion will be included in our philosophy.
- Educators will document the knowledge gained about children, through their interactions, in the child's file and will continually review the experiences that are planned for children in light of this information.

18.3 Positive Interactions with Children

Last Update:	28 November 2017	Previously Numbered	5.3
References:	Q, FF		
National Quality Standard:			
Policy Directive 5.3.3	Educators will guide positive behaviours and encourage respectful relationships between children and their peers.		

- Baringa will encourage children to participate in enjoyable interactions with their peers, respond positively to ideas, negotiate roles and relationships, contribute to shared play, and develop friendships.
- Our educators will engage children in ongoing group projects that involve research, planning, problem solving and shared decision making, should this arise as an interest.
- Our educators will model strategies for children to initiate interactions and participate in group play and social activities and assist them when they have trouble understanding or communicating with each other.
- Educators will ensure that the children have opportunities for peer scaffolding.
- Our educators will promote a sense of community in the service.
- Our educators will support and promote children's interpersonal relationships and support the inclusion of children from diverse backgrounds and capabilities in group play, projects and experiences.
- Our educators will learn about children's shared interests and will use this information to plan further experiences that provide collaborative learning opportunities.

- Our educators will pre-empt potential conflicts or challenging behaviours by monitoring children's play and supporting interactions where there is conflict.
- Baringa will ensure that the program and routines will include regular opportunities for children to engage in social play and group experiences.
- Baringa will encourage children to engage in cooperative and pro-social behaviour and express their feelings and responses to others' behaviour confidently and constructively, including challenging the behaviour of other children when it is disrespectful or unfair.
- Our educators will support children to explore different identities and points of view and to communicate effectively when resolving disagreements with others.
- Our educators will discuss emotions, feelings and issues of inclusion and fairness, bias and prejudice and the consequences of their actions and the reasons for this.
- Our educators will encourage children to listen to other children's ideas, consider alternate behaviour and cooperate in problem solving situations.
- Our educators will listen empathetically to children when they express their emotions, reassure them that it is normal to experience positive and negative emotions and guide children to remove themselves from situations where they are experiencing frustration, anger or fear.
- Our educators will support children to negotiate their rights and rights of others and intervene sensitively when children experience difficulty in resolving a disagreement.
- Our educators will learn about children's relationships with others and the relationship preferences they have and use this knowledge to support children manage their own behaviour and develop empathy.
- Our educators will work with each child's family to ensure that a consistent approach is used to support children with diagnosed behavioural or social difficulties.
- Educators will gather information from families about their children's social skills and relationship preferences and record this information in the child's file. Our educators will use this information to engage children in experiences that support children to develop and practice their social and shared decision making skills.
- Baringa will collaborate with other professionals or support agencies that work with children who have diagnosed behavioural or social difficulties to develop plans for the inclusion of these specific children. These will be kept in the individual child's file.
- Educators will ensure that children are being acknowledged when they make positive choices in managing their behaviour.
- Our educators will use positive language, gestures, facial expressions and tone of voice when redirecting or discussing children's behaviour with them. They will also remain calm, gentle, patient and reassuring even when children strongly express distress, frustration or anger.
- Our educators will guide all children's behaviour in ways that are focused on preserving and promoting children's self-esteem as well as supporting children to develop skills to self-regulate their behaviour.
- Baringa will have in place strategies to enable educators to encourage positive behaviour in children while minimising negative behaviour. We will also have strategies in place to involve children in developing behaviour limits and the consequences of inappropriate behaviour. Strategies will also be put in place for educators to manage situations when a child's behaviour is particularly challenging and when families have different expectations from the service in relation to guiding children's behaviour.

19. PROGRAMMING

Last Update:	August 2016	Previously Numbered	3.1
References:	A, Q		
National Quality Standard:			
Policy Directive 3.1.	Baringa Childcare Centre will provide a written program, written by the supervisor for each room based on Daily Diary entries and observations on individual children. The program will be available in each room for use by educators in that room, relief educators, and for the information of parents. In addition, the daily/weekly routine is to be displayed in the appropriate areas.		

19.1 Programming Guidelines

Programs should be developed taking into account both long and short term goals for the group and individual children, based on observations from the developmental records, observations and portfolios.

Recognising that children learn through active involvement, activities should be arranged to allow for a balance of indoor and outdoor activities and interactions in both large and small groups and individual (one on one), situations. The Centre shall provide:

- A range of developmentally appropriate activities should be provided.
- Activities that include opportunities for child initiated/adult initiated experiences.
- Activities during the day from a range planned by the educators, or initiated by the child.
- Programs including an evaluation component – assessing the achievement of objectives in terms of desired outcomes, resource suitability, activity suitability, effectiveness of the planning and preparations and future objectives.
- Provide a stimulating environment by offering a range of experiences to help each child in the Centre develop and grow at a rate appropriate to his/her own age and ability.
- Nurture a child's sense of wonder and sense of fun. Play is essential to young children's learning. We endeavour to meet needs of children's natural curiosity by providing opportunities for them to experiment, to discover and solve problems, to find out about themselves, other people and the world around them.
- Give children time to grow, to reflect and to experience success so that they are able to face future challenges, build on their strengths and accept their individual limitations without fear of failure and loss of self-esteem.
- Discourage competition between children.
- Provide children with a warm, caring environment.

Outdoor experiences will be planned to:

- Develop gross motor skills
- Allow the children to learn about the environment, e.g. sand and water play, science and nature activities.
- Give opportunities for both passive and active activities e.g. books or craft outside as well as bikes, balls, climbing equipment etc.
- Allow younger (toddler) and older (preschool) children some time for exclusive use of outdoor area.

- Allow time for adult/child activities on one to one or small group basis. This should be integrated into the program and not used simply as undirected play supervised by adults.

19.2 Requirements

The following areas will be considered:

(a) Physical Development

- ~ Experiences to promote health, growth and well-being in each child (refer 3.4 Physical Active Play)

(b) Social and Emotional Development

- ~ To develop positive self-esteem and self-confidence.
- ~ To participate in activities, both routine and new.
- ~ To develop skills to encourage fairness, cooperation, conflict resolution and social skills, e.g.

(c) Negotiation & **teamwork**.

- ~ Effective and constructive use of leisure time.
- ~ Awareness and responsibility of environment.

(d) Motor Skills

- ~ To help each child to develop gross and fine motor skills appropriate to his/her age.

(e) Intellectual Development

- ~ To assist each child to develop his/her language skills, problem solving ability and perception.
- ~ Encourage and recognise the potential of the environment inside and outside the centre as a learning experience.

(f) Creativity

- ~ To offer opportunities and guidance to allow the children to develop his/her creative abilities.

(g) Self Help Skills

- ~ To assist each child to develop skills which allow him/her to attain independence appropriate to his/her age and ability in caring for himself/herself, e.g. eating, toileting, dressing, social skills (as listed above), resting, use of leisure and activity time.

In programming for these objectives, the requirements of 1.1 Dignity and Rights of the Child and 1.3 Diversity and Inclusion will be considered. Other considerations are:

- Guidelines set down by the Government and funding bodies.
- Parental involvement in decision making concerning their children's care and education.

19.3 Learning Outcome Summaries

Last Update:	August 2016	Previously Numbered	3.1
References:	A, Q		
National Quality Standard:			
Policy Directive 3.1.2	Baringa Childcare Centre will keep developmental records on each child and will know each child, based on observation and interaction and provide experiences that match each child's unique interest and development.		

The supervisor of each group is to maintain developmental records for each child in his/her group.

The form of these records should be decided by Centre educators and should be updated at regular intervals, e.g. observation, checklists etc.

They will form the basis of programming for the group and individual children, including those with additional needs to incorporate all levels of development.

Parents should be made aware of the existence of these records and an opportunity to discuss them should be made available if requested by parents or educators.

They may be completed by any educators or student at the Room Leader's. The responsibility for them remains with the Room Leader's.

19.4 Programming Time

Last Update:	August 2016	Previously Numbered	3.1
References:	A, Q		
National Quality Standard:			
Policy Directive 3.1.3	Educators responsible for programming will be given non-contact time to undertake programming each week.		

Non-contact time is allocated dependant upon where the educators works;

Babies Rooms	4
Toddler Rooms	4
Pre-School Room	4
Outdoor	2

Non-contact time is for the purposes of:

- Programming, observing or setting up learning environments. This is in accordance with award guidelines (refer 3.1 Programming).
- Programming (non-contact) time is to be allocated at the discretion of the director and cause minimal disruption to the children.

20. EXCURSIONS

Last Update:	12 February 2018	Previously Numbered	3.2
References:	Q		
National Quality Standard:			
Policy Directive 3.2.1	Excursions are provided to extend the children's experiences beyond what is offered at the Centre. Excursions aim to be conducted in an enjoyable manner that is safe and anxiety free for the children, adults and educators		

20.1 Requirements

Excursions should be appropriate to the child's development, interests and needs.

20.2 Procedure

- The Room Leader must obtain permission from the Centre Director with all the Licensing requirements for excursions.
- The Excursion Preparation Form at [Annexure C](#) should be completed by the organising educators to ensure all aspects of this procedure are met.
- A tentative booking should be made to the place of the excursion if required.
- A Risk Assessment is to be completed prior to any bookings or commitments to proceed with the Excursion with sign off approval by the Centre Director.
- Decide how many children will be likely to participate in the excursion and calculate how many adults will be required to assist under the Licensing Regulations.
- Educators on all excursions will carry their WWVP card.
- At least 1 educators attending the excursion must have a current First-Aid certificate.
- Child: Adult ratios in accordance to regulation requirements are as follows:
 - 1 adult per 4 children (if there is water or another significant hazard)
 - 1 adult per 2 children (over 3 years)
 - 1 adult per child (under 3 years)
- Request parent helpers according to the required ratios.
- On the day of the excursion all children will wear a branded Baringa pinafore.
- Take a mini first aid kit on the excursion.
- Take required medicine for children eg Ventolin, EpiPen etc.
- A head count will be done at regular intervals, road rules should be discussed and enforced when walking with children. Be aware of additional risks such as water, bush, roads and crowds.
- On return to the Centre plan follow-up activities to extend on the children's knowledge gained from participation in the excursion.
- In case of a bus breakdown the bus company has assured us that the wait for a replacement bus won't be very long. Educators and Children are to remain on the bus, if they are able to, until the replacement bus arrives. If not, educators will wait with children

in a safe area until the replacement bus arrives. Educators will contact parents by mobile if needed.

21. PHYSICAL ACTIVITY AND SMALL SCREEN RECREATION POLICY

Last Update:	1 August 2016	Previously Numbered	3.3
References:	K, S		
National Quality Standard:			
Policy Directive 3.5.1	At Baringa Childcare Centre we strive to provide young children with opportunities and experiences that positively influence their decision making choices around active play. While being physically involved in play, this also supports children's intellectual, emotional and social development, producing life-long skills and abilities.		

21.1 Background

The first five years are the most fundamental stages of growth and development in a child's life. During this time, children learn behaviours and develop habits that they are likely to carry with them through to adulthood, especially when it comes to physical activity. Between the ages of 3 and 5 children are starting to develop their gross motor skills using their fundamental motor skills which includes balance skills, locomotor skills egg. running, jumping, hopping, and ball skills egg. catching, kicking and throwing.

21.2 Policy Statement

Baringa Childcare Centre recognises the following important functions of physical activity for young children:

- Promotes healthy growth and development
- Builds strong bones and muscles
- Improves cardiovascular fitness
- Improves balance, coordination, posture and strength
- Maintains and develops flexibility
- Assists with the development of gross motor and fine motor skills
- Provides the opportunity to develop fundamental movement skills
- Helps to establish connections between different parts of the brain
- Improves concentration and thinking skills
- Improves confidence and self-esteem
- Relieves stress and promotes relaxation
- Provides opportunities to develop social skills and make friends
- Helps to achieve and maintain a healthy weight
- Baringa is committed to implementing the key physical activity messages within Kids at Play Active Play and supporting the National Physical Activity Recommendations (as outlined below).

21.3 Requirements

National Physical Activity Recommendations for Children from Birth to 5 Years:

- Infants (birth to 1 year) - for healthy development in infants, physical activity – particularly supervised floor-based play in safe environments should be encouraged.
- Toddlers (1 to 3 years of age) and Pre-schoolers (3 to 5 years of age) should be physically active every day for at least 3 hours, spread throughout the day.
- Children should not be sedentary, restrained, or kept inactive for more than 1 hour at a time with the exception of sleeping.
- Children younger than 2 years of age should not spend any time watching television or using other electronic media (DVD's, computers & other electronic games).
- Children 2 to 5 years of age should have time spent watching television and playing with other electronic media (DVD's, computers & other electronic games) limited to less than one hour per day.
- This policy seeks to promote children's physical activity and the development of their gross motor and fundamental movement skills through a range of planned and spontaneous physically active play experiences, as well as through everyday physical tasks.
- Baringa Childcare Centre also seeks to limit the amount of time children spend engaging in sedentary small screen recreation and sedentary behaviour.
- Further, Baringa Childcare Centre recognises the importance of supporting families to promote their children's physical activity, and their gross motor and fundamental movement skills development, and to limit their children's small screen recreation and sedentary behaviour.

This policy aims to:

- Promote children's participation in a range of safe physically active learning experiences.
- Provide a positive physically active environment which reflects cultural and family values.
- Promote lifelong enjoyment of physical activity
- Limit time spent engaging in small screen recreation (Television, DVDs, computer and other electronic games) and sedentary behaviour whilst at the Centre
- Encourage communication with families about physical activity, gross motor skills development, fundamental movement skills development and limiting small screen recreation and sedentary behaviour.
- Promote children's participation in a range of safe physically active learning experiences. Note: Physically active learning experiences include planned play (e.g., action games/songs, intentional teaching experiences), spontaneous 'free' play (e.g., child initiated, active play in the playground, dancing to music), intentional teaching experiences and everyday physical tasks (e.g. helping with gardening, setting up experiences, tidying up spaces).

Baringa will:

- Provide the opportunity for children to be active every day through a balance of planned and spontaneous physically active 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 the planning of FMS experiences for older toddlers and pre-schoolers 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, throwing, catching, striking, kicking, underarm rolling and stationary dribbling.
- Ensure physically active experiences are play based, varied, creative, developmentally appropriate and cater to a range of abilities and interests.
- Ensure all physically active 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 (e.g. lighter through to vigorous activity).
- Provide space, time and resources for children to revisit and practice FMS and engage in active play.
- Where possible, educators will involve children in the planning of physically active experiences.
- Encourage educators to actively role model to children appropriate physical activity behaviours.
- Encourage children and educators to drink water before, during and after physically active experiences.
- Provide opportunities for educators to undertake regular professional development to maintain and enhance their knowledge about early childhood physical activity.
- Ensure all new educators at the service are aware of the Kids at Play Active Play and other physical activity materials/resources.

21.4 Requirements

Baringa will provide a positive physically active environment which reflects cultural and family values.

Baringa will:

- Positively encourage children to participate in a range of active play and physically active experiences.
- Provide children with encouragement and positive reinforcement.
- Provide positive instruction and constructive feedback to children to assist them in developing and refining their FMS.
- Offer inclusive physical activity opportunities which cater for children from culturally and linguistically diverse backgrounds and those children with additional needs.
- Adopt a participatory approach to physically active experiences offered to children and emphasise fun and participation rather than competition.
- Invite and engage families and the wider community to participate in promoting physical activity with the children.

- Encourage children to be understanding and accepting of the different physical skills and abilities of other children.

21.5 Requirements

Promote lifelong enjoyment of physical activity.

Baringa will:

- Offer a range of physically active learning experiences.
- Encourage children to be as active as possible during daily active play times.
- Encourage all children to participate in physically active 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 small screen time as part of their learning experiences.
- Assist children to develop daily habits, understandings and skills that support health and wellbeing.

21.6 Requirements

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

Baringa will:

- Limit the amount of time spent in small screen recreation.
- Endeavour to limit experiences involving small screen use to those which have an educational component – including movement.
- Discuss with children the role of small screen time in their lives and support them in making healthy choices about their use of small screen recreation for both education and recreation.
- Encourage educators to model appropriate small screen behaviours to the children.
- In accordance with the national recommendations, monitor all sedentary behaviours that children may be engaging in at the service and encourage the promotion of physical activity as necessary.
- Ensure that an appropriate balance between inactive and active time is maintained each day.

21.7 Requirements

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

Baringa will:

- 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 skills development, FMS development, everyday physical tasks, active transport and limiting small screen recreation 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.

22. SUPER HEROES

Last Update:	1 July 2010	Previously Numbered	3.4
References:	K		
National Quality Standard:			
Policy Directive 3.4.1	Super hero play meets some needs of the children who involve themselves in it. Those children perceive it as having positive value and the positive aspect of super heroes are to be encouraged.		

22.1 Background

Children have an irresistible fascination for super hero cartoon characters and for character roleplaying. Super heroes are designed as identity figures for children attracted to the idea of having special ability that makes them competent in all the changing confusion of life. Their appeal to young children is mainly based upon the ease with which they can be understood.

22.2 Requirements

Super hero play is likely to intrude on quieter activities. Like any vigorous play, it needs to be isolated from areas set aside from alternatives and supervised more closely than less physical play. Super hero play is only disruptive when it is allowed to occur without control, or it occurs in defiance of some form of prohibition.

There is a place for super hero role models but that it must be monitored at all times.

23. SUN SMART POLICY

Last Update:	20 October 2017	Previously Numbered	5.6
References:	A, C		
National Quality Standard:			
Policy Directive 5.6.1	The Baringa Childcare centre will effectively implement behavioural, environmental and organizational strategies that protect children and workers attending the service from the potentially harmful effects of the sun's UV radiation.		

23.1 Background

Australia has the highest incidence of skin cancer in the world. Over exposure to the sun during childhood and adolescence is known to be a major cause of skin cancer, over-exposure during adulthood also increases the lifetime risk of skin cancer. Our sun smart policy has been developed to ensure that all children and workers at Baringa Childcare are protected as much as reasonably practicable from skin and eye damage caused by potentially harmful ultraviolet (UV) rays of the sun. It is implemented from the beginning of August to the end of May, when UV levels reach 3 and above.

Due to low levels of UV experienced in Canberra around the June and July period, sun protection behaviour will not be enforced during this period, this is to assist children and workers maintain their winter vitamin D levels. However, sun protection may still be required if in Alpine areas, heading north or if outdoors for extended periods.

The policy aims to promote among children, workers and parents:

- Awareness of the need for sun protection and appropriate personal, environmental & organisational sun protection practices.
- Positive attitudes towards skin protection.
- Responsible decision making about skin protection.

23.2 Requirements

A combination of sun protection behaviour is to be implemented from the beginning of August to the end of May (i.e. when UV levels reach 3 and above) and will take into consideration:

23.3 Scheduling of activities

- When possible, minimise outdoors activities in the direct sun between the hours of 11.00am to 3.00pm during the daylight saving/summer time.
- Wherever possible outdoor activities will be scheduled before 11.00am and after 3.00pm daylight saving/summer time.
- The children's lunch, rest time, & indoor activities will be held between 11.00am & 3.00pm to avoid UVR exposure in the middle of the day during the daylight saving/summer period when UV levels peak.
- All outdoor activities held between 10.00 am & 2.00 pm (11.00am & 3.00 pm daylight saving time) will be held in shaded areas.

23.4 Shade

- Workers and children will be encouraged to use available shade whenever outdoors.
- The Baringa Childcare Centre management Board & Director will work to ensure current shade is maintained, there are shelter & trees providing adequate shade in the grounds where possible and plans for future shade, if necessary.

23.5 Clothing, Hats and Sunglasses

- Children and workers will wear clothing that protects as much skin as possible.
- Children and workers will be expected to wear a broad-brimmed hat, legionnaire style hat, or bucket hat with a deep crown that provides sun protection for the face, neck & ears, whenever they are involved in outdoor activities. Children not wearing an appropriate hat will be expected to play in shade/use a hat from spare set of hats kept for this purpose.
- Children and workers will be expected to wear suitable foot wear e.g.: enclosed comfortable shoes.
- Children and workers are required to wear shirts and longer style shorts/skirts.
- Parents will be advised on enrolment of the requirement to dress children in appropriate sun protective clothing.

23.6 Sunscreen

- Broad spectrum sunscreen with an SPF of 30+ will be liberally applied to clean, dry skin, 15-20 minutes before children and workers go outside.

- Sunscreen will be reapplied after two hours. Sunscreen will not be used to extend time in the sun, Sunscreen will be applied more frequently if children are involved with water play or are perspiring, have had their face and hands washed etc.
- Baringa Childcare Centre will provide a supply of sunscreen. Baringa Childcare Centre will ensure that sunscreen is available for use in each room.
- The Baringa Childcare Centre will notify all parents/carers about the use of sunscreen at the Centre on enrolment and annually. Parents/carers will be required to notify Baringa Childcare Centre in writing if their child is allergic to sunscreen or if they do not wish sunscreen to be applied to their child.
- With parent consent, children with naturally very dark skin will not be required to apply sunscreen.
- Sunscreen may be applied to babies on small areas of skin that is not protected by clothing or a hat when sun exposure is unavoidable.

23.7 **Babies**

- Babies will not be purposely exposed to direct UV when UV levels reach 3 and above. When UV levels are 'low' (i.e. under 3) some direct sun exposure is fine, however if spending extended time outdoors during this low UV period then it is still recommended to seek out some shade.

23.8 **Education**

- Reinforcing the Sun Smart message in all Baringa Childcare Centre activities is an important strategy in the adoption of skin protection behaviours.
- Workers will be encouraged to role model appropriate Sun Smart strategies.
- Workers will be encouraged to keep up to date with new information and resources through contact with the education service at Cancer Council ACT and SunSmart resources at: <http://www.actcancer.org/>
- Skin cancer prevention and awareness will be included in appropriate teaching activities and games etc.
- Parents will be encouraged to role model appropriate Sun Smart strategies when attending Baringa Childcare Centre.
- Baringa Childcare Centre will promote the Sun Smart message to parents/carers.
- Workers are encouraged to familiarise themselves with Canberra's Daily SunSmart UV Alert: <http://www.bom.gov.au/nsw/uv/canberra.shtml>

23.9 **Occupational UV Exposure**

Under OH&S requirements Baringa Childcare Centre has a duty of care to protect all workers as much as reasonably practicable from foreseeable harms, including occupational UVR exposure. Workers also have an OH&S responsibility to protect their own health and wellbeing. Baringa Childcare will work together with workers to reduce the risk associated with occupation UV exposure.

23.10 **Excursions**

All of the above will apply to children, workers, parents and carers where possible when attending excursions.

24. WATER SAFETY

Last Update:	28 November 2017	Previously Numbered	5.7
References:	Q, FF		
National Quality Standard:			
Policy Directive 5.7.1	The safety and supervision of children in and around water is of the highest priority. This relates to water play, excursions near water, hot water, drinking water and hygiene practices with water in the service environment. Children will be supervised at all times during water play experiences.		

24.1 Requirements

The Nominated Supervisor will

- Provide guidance and education to educators, staff and families on the importance of children's safety in and around water.
- Ensure work, health and safety practices incorporate approaches to safe storage of water and play.

Educators and staff will:

- Ensure water troughs or containers for water play are filled to a safe level. These activities will be supervised at all times and containers or troughs will be emptied onto garden areas after use. Children will be discouraged from drinking from these water activities.
- Teach children about staying safe in and around water.
- Empty buckets used for cleaning immediately after use. No buckets are left in play areas or accessible to children.
- Provide clean drinking water at all times. This water will be supervised to ensure that it is safe and hygienic for consuming. Water containers will be securely sealed. At the end of each day, the water container will be emptied and cleaned thoroughly.

Operational Safety

- Hot water accessible to children will be maintained at the temperature of 20degrees
Thermostatic valves to be tested and serviced annually by a plumber.
- A risk assessment will be conducted prior to any excursion taking place. Particular attention will be focused upon water safety where the excursion is near a body of water.
- Adults are not allowed to consume hot drinks within the play and outdoor areas of the centre.

25. SICK CHILDREN

Last Update:	8 November 2016	Previously Numbered	5.8
References:	A, M, N, O, Q		
National Quality Standard:			
Policy Directive	Baringa Childcare Centre will care for the health and wellbeing of all the children in care. A child who is sick and may have an infectious illness must be excluded from care with other children and will only be allowed to return to care on the advice of a qualified practitioner, or when the symptoms have disappeared.		

25.1 General

- Parents are asked to make arrangements to pick up their child when the child is sick. If the child is excluded from the Centre due to an infectious illness, it is the parent's responsibility to provide appropriate care for the child for the duration of the illness. Refer Annexure G on the website for our "Exclusion Policy".
- When a child becomes ill at home, the parent should make contact with the Centre prior to their arrival. This will enable the educators to discuss with the parent the nature of the child's illness. If there is any possibility the child may be suffering from an infectious illness, the needs of the other children in care must be considered and the child will be excluded.
- If it is not clear from the condition of the child that is required, a diagnosis should be sought to help make the decision.
- If required, the Centre will be able to clarify exclusion periods for specific illnesses and other matters relating to health. (Ref: Staying healthy in Childcare).
- A child will not be accepted into the Centre if the educators feel that the child is not well enough to cope throughout the day.

25.2 Administration of Medication

Last Update:	8 November 2016	Previously Numbered	5.8
References:	A, M, N, O, Q		
National Quality Standard:			
Policy Directive 5.8.2	The scheme aims to provide care for children who require authorised medication, either on a short or long term basis. The responsibility for the administration of medication will be negotiated and established between parent, care provider and the coordination unit educators. Parents will be required to provide separate written permission for the administration of any medication to their child.		

- The parent must give the care provider an authority for administration of the medication specifying:
 - ~ The name of the medication
 - ~ The date/s the medication is required.
 - ~ The name of the child.
 - ~ Dosage & time of administration together with the parent's signature.
 - ~ The time the parent administered the last dose.
- The medication record form held by the care provider is an acceptable authorising form for the parent to use, or in the absence of such a form, a letter is acceptable.
- With the prior agreement of the care provider, additional instructions in the administration of the medication may be given in the form of a letter from the parent and may include advice on the use of special equipment.
- If a medication record form is used, the care provider should have a separate page for each child to ensure confidentiality.

(a) Prescribed Medication

The instructions of a qualified medical practitioner printed on the label of the medication container are considered sufficient authority, as long as the name of the child is clearly identified and the fact that the medication is current is apparent.

(b) Over the Counter Medication

Over the counter medication can be administered by Childcare educators if a parent or guardian has signed the authorising form and the dose is as recommended on the bottle or container of the medication.

(c) Herbal Medication

Parents are required to provide written advice from a GP or registered complementary practitioner if herbal preparations are to be administered. The dose is as recommended on the container of the medication.

The parent of a child with a medical condition may wish to give the care provider a blanket written permission, including any qualified practitioner's instructions, allowing the administration of medication on an as-needs basis. The permission form should specify the circumstances in which this medication can be administered. In the case of an older child, such as an asthmatic, it may be specified that self-administration is permissible. The care provider must note the time and dosage. Chronic conditions should be regularly reassessed as recommended by a qualified practitioner.

All medications administered at the Baringa Childcare Centre must be checked by two educators with one being a level 4 or higher.

Before the care provider actually administers the medication, a check of parent's instructions against the qualified practitioner's instructions and then a double check of the instructions in relation to specific time and dosage should be made.

The care provider must record details of any medication administered to a child on the medication record form or the letter completed by the parent. This must also include the dosage and time of treatment, confirmed by the care provider's signature.

Where the child has a significant response to the medication, for example, good/moderate/slight, it would be useful for the care provider to note this response and advise the parent accordingly, verbally or in writing.

At all times, medication must be kept in a secure place and out of the reach of children.

The care provider should return unused medication to the parent by agreement, at the end of the day or less frequently, depending on the nature of the medication.

The licensee will retain the medication record form and other records for a period of three years after the child has left the Centre.

Baringa reserves the right to contact a health care professional if Educators are unsure about administering medication, to a child even if the parent or legal guardian has requested the medication to be administered.

26. EMERGENCY AID AND MEDICAL TREATMENT

Last Update:	8 November 2016	Previously Numbered	5.8
References:	A, M, N, O, Q		
National Quality Standard:			
Policy Directive 5.8.3	Immediate medical aid, and, if necessary, emergency medical treatment, must be given to children who require it – either because of serious illness, accident or injury. In the event of the administration of emergency medical aid to a child, the child's parents will be notified as soon as possible.		

26.1 Background

A care provider is responsible for the welfare of the children in care and is required to seek immediate medical aid and, where necessary, emergency medical treatment for any child who appears to need such assistance.

26.2 Requirements

- (a) A child placed with this Centre must be covered by an authority signed by the child's parents, authorising the Centre to seek emergency medical, hospital and ambulance services where deemed necessary for the welfare of the child. This mandatory authority laid out in the 'Contract of Care' form, should be signed by the parent upon the child's enrolment and a copy of the 'Contract of Care'.
- (b) All reasonable steps will be taken to provide immediate medical aid, if necessary, to the child. The Centre should act on their discretion in the application of first aid or resuscitation, and in the decision to contact the child's own doctor, or the closest doctor, or an ambulance.
- (c) If a child suffers an accident, illness or injury, every effort will be made to notify the child's parents of the nature of the accident, illness or injury. The details of any medication, medical, ambulance or hospital treatment administered to the child, or any other matter concerning the child's health while the child is in the Centre, will be given to the child's parents as soon as possible. If the parent cannot be contacted, the Centre will notify the parent's listed emergency contact person.
- (d) Any accident, injury or illness and subsequent treatment, must be recorded in written form, including the name of the child and the date, time and signature of the educator.

26.3 Documenting & Reporting Injuries in Childcare

Safety is a top priority of childcare programs. However, despite carefully planned environments and diligent supervision, injuries can still occur. Young children are naturally active and curious. Their motor skills are developing, and they are also in the early stages of learning about risks and consequences. These factors put young children at high risk for injuries.

Characteristics of group care settings, such as the presence of multiple children, furniture, toys, and the physical environment (doors, fences, gates, etc.) also can contribute to injuries in childcare programs.

Educators are trained to prevent and manage injuries, as well as how to document and record incidents when they occur. While most injuries that occur in childcare are relatively minor, like bruises or scrapes, any injury or incident should be documented.

What Should Be Included in Injury Records?

The following information on the injury reporting form:

- Name, and age of the injured child

- Date and time of injury
- Location where the injury took place
- Description of how the injury occurred
- Names and contact information of witnesses to the accident, as well as what the child reported
- Body parts involved
- Description of any consumer product involved
- Name and location of educators responsible for supervising the child at the time of the incident
- Actions taken on behalf of the injured following the injury
- Name of person completing the report
- Signatures of the Director / Assistant Director & Parent

Copies should be given to the child's parent or legal guardian and also maintained in the child's folder.

26.4 **Circumstances Requiring an Injury Report**

Injury report will be completed whenever an injury occurs in the childcare facility that requires first aid or medical attention for a child or adult. Even minor injuries that require simple first aid, such as a BandAid or a cold compress, should be reported.

If you are not sure if a form should be completed, err on the side of caution and complete the form. It is important to document while the incident is still fresh in your mind and you can recall details.

Documentation and reporting indicates competence and responsibility and is to your advantage. Injuries can occur, even with a safely designed environment and appropriate supervision.

26.5 **Patterns of Injury**

Injury patterns can warn of hazards in the childcare environment. For example, several children tripping over a rug indicates that it is placed inappropriately or it is not a safe surface.

An injury file will help you assess hazards in your childcare program so you can correct them before additional injuries occur.

For example, a specific type of fence or gate may be linked to a certain type of injury (e.g., accordion style gates caused strangulation injury). In such cases, childcare programs can be alerted to avoid further injuries. If several children have been pinched by a specific toy, the state agency may report the pattern to the manufacturer or the Consumer Product Safety Commission, and the toy may be recalled.

Another pattern that may emerge is that a single child may have repeated injuries that other children do not sustain in similar play activities. This may be an indicator that a child is struggling with a developmental or physical issue, such as perception, balance, or vision. Such situations may warrant additional observation or referral to the child's parents and appropriate health professional.

26.6 **Injuries to Educators**

Educators and adult injuries also should be reported. Educators should work in a safe environment, and reporting injuries helps address problems efficiently. The injury report form

used for children also is also used to document educators injuries, with copies distributed to appropriate individuals.

26.7 Informing Families about Injuries

Last Update:	8 November 2016	Previously Numbered	5.8
References:	A, M, N, O, Q		
National Quality Standard:			
Policy Directive 5.8.4	As an approved provider of an education and care service we will ensure that families will be informed within 24 hours of an accident or incident, if an accident report is not signed and the child has left for the day, we will endeavour to contact the family within this time period		

When families enrol children in our service, they are informed of our policies and procedures relating to reporting injuries.

26.8 Internet Resources

- Australian Children’s Education & Care Quality Authority <http://www.acecqa.gov.au/>
- ParentLink (ACT Government) <http://www.parentlink.act.gov.au/>
- WorkSafe ACT http://www.worksafe.act.gov.au/health_safety
- National Health & Medical Research Council <https://www.nhmrc.gov.au/>
- ACT Department of Health <http://www.health.act.gov.au/>

27. INFECTION CONTROL

Last Update:	8 November 2016	Previously Numbered	5.9
References:	A, D, N, O, Q		
National Quality Standard:			
Policy Directive 5.9.1	Baringa aims to prevent cross infection by practicing basic hygiene and first aid procedures.		

27.1 Background

Baringa Childcare Centre recognises a legal and ethical responsibility to provide both employees and children with adequate protection against infection hazards and to provide an environment which is safe and without risks to health. All communicable and infectious diseases are potentially serious.

27.2 Requirements

- Baringa Childcare Centre will implement procedures for infection control for:
- General Hygiene ([Annexure D](#)); o Toileting ([Annexure E](#)); o Rendering First Aid ([Annexure F](#)); and o Food Handling (refer 5.12 Food and Nutrition).
- Educators, volunteers and caregivers must take reasonable care to protect their own health and safety and the health and safety of children or clients. They must aim to prevent the spread of infection by familiarising themselves with the Baringa policies and procedures, practising appropriate procedures in the course of daily routine.

- Notification of infection control of communicable diseases will be reported to the ACT Department of Health on 6205 1734. Infectious diseases within the Centre will be displayed on the front door/s for parent's information.
- Baringa will endeavour to provide further information on infectious illness on request.

28. EXCLUSION OF CHILDREN WITH A MEDICAL CONDITION (ILLNESS)

Last Update:	8 November 2016	Previously Numbered	5.9
References:	A, D, N, O, Q		
National Quality Standard:			
Policy Directive 5.9.2	Baringa Childcare Centre has the right to exclude, or refuse to accept a child into care, who is believed to be suffering from a medical condition or illness, and believed to be unable to cope in a Childcare environment.		

28.1 Background

Nearly all children are prone to illness and it is essential that parents have emergency backup care arrangements which they can use at any time. Such arrangements are best worked out when your child is first enrolled in the Centre. This policy is necessary to comply with health regulations and to keep cross infection to a minimum.

Parents should understand and appreciate why these conditions are vital to the proper running of Baringa Childcare Centre. The wellbeing of the children who attend the centre, and the educators who care for them, is of the utmost importance.

28.2 Requirements

- Baringa Childcare Centre is obliged to sight immunisation records for all children who attend the Centre. From 2017, copies of all Immunisation records are to be sent to ACT Health.
- Parents who do not wish to have their child immunised are requested to confirm this in writing to the Centre Director – a copy of which will go on the child's file. In the event of an outbreak of a contagious disease, their child may be excluded from attending Baringa until the Director deems it safe for them to return.
- Baringa reserves the right to exclusion for children who have not fully recovered after an illness.
- The Director/room leader has the authority to override a doctor's certificate if they feel the need arises.
- The standard exclusion times Baringa Childcare Centre applies for specific medical conditions are listed at [Annexure G](#). The table is to be interpreted with the following taken into consideration:
 - Exclusion periods are based on the time that a person with a specific disease or condition might be infectious to others.
 - Non-exclusion means there is not a significant risk of infection to others. A person who is not excluded may still need to stay at home because they do not feel well.
 - Extension of exclusion times may be exercised at the discretion of the Centre Director.
 - Exclude unimmunized children aged less than 7 years for 14 days after the last exposure to infection or until they have received 5 days of a 14-day course of antibiotics.
 - close (childcare) contacts from care until they have commenced antibiotics.

- child who does not take antibiotics until 10 days after the last case of whooping cough has been detected.
- If parents disregard these guidelines in a particularly serious way or persistently disregard them, consideration must be given to cancelling the placement of the child(ren) at Baringa Childcare Centre.
- All children who are not able to cope with the group situation will be excluded from the Centre until they are well.
- Notification of infection control of communicable diseases will be reported to the ACT Department of Health on 6205 1734. Infectious diseases within the Centre will be displayed on the front door for parent's information.

28.3 Blood Precautions

Last Update:	8 November 2016	Previously Numbered	5.9
References:	A, D, N, O, Q		
National Quality Standard:			
Policy Directive 5.9.3	All Baringa Childcare Centre employees will adopt universal blood and body fluid precautions where all blood and body fluids or substances are regarded as a potential source of infection and direct exposure to these substances is always prevented, regardless of whether the possibility of communicable diseases being present.		

Baringa Childcare Centre will provide:

- information, instructions, training and supervision to ensure the adoption of safe systems of work. This will include information on the risk factors associated with infections, transmission situations that pose increased risk of exposure and actions to be taken should accidental exposure occur.
- an awareness of immunisation and encourages all educators and users of their service to be immunised as applicable.
- All Baringa program areas will have first aid kits and disposable gloves. Caregivers and volunteers are advised to utilize the first aid kit, including disposable gloves as appropriate.

28.4 HIV Positive and Hepatitis Status

Last Update:	8 November 2016	Previously Numbered	5.9
References:	A, D, N, O, Q		
National Quality Standard:			
Policy Directive 5.9.4	Clients, educators, caregivers, children and volunteers who are infected with HIV or Hepatitis, will not be excluded from or isolated within any Baringa service. These people are not obliged, by law, to inform Baringa. If they choose to inform the Centre of their condition, such advice must be retained as confidential. If advice is given to educators, volunteers or caregivers, for matters of educators support, they may inform their Room leader or the Centre Director.		

- HIV positive, Hepatitis infected or Hepatitis carriers who are employees, do not need to be removed from their responsibilities or areas if they are otherwise capable.
- Antibodies to HIV in their blood must be presumed to be viraemic (viruses present in the blood), even though they may be completely free of symptoms.
- Adherence to the universal precautions will minimise the risk of HIV and other infections.

- (d) In view of the potential for these people to become ill because of their condition, their own health must be monitored closely.

29. IMMUNISATION

Last Update:	8 November 2016	Previously Numbered	5.9
References:	A, D, N, O, Q		
National Quality Standard:			
Policy Directive 5.9.5	Medical immunisation is recommended and preferred for all children who are cared for at Baringa Childcare Centre. However, it is not a requirement of participation in care. This scheme caters for a mix of children, including children who are medically immunised and children who are not immunised.		

29.1 Children

- Baringa Childcare Centre is obliged to sight immunisation records for all children who attend the Centre. If a child is medically immunised, the record of immunisation, clinic book or doctor's letter, must be kept on record in the Centre. From 2017, copies of all Immunisation records are to be sent to ACT Health. Immunisation records will be kept on file in the Director's Office.
- An information form for parents on immunisation should be available at the introductory stage of placement, on verbal request or by means of the written application for care form.
- If a parent is seeking placement for a child who is not medically immunised, they must be made aware of the processes, being, that if an outbreak of an infectious disease occurs, the ACT Department of Health will be notified and a decision will be made as to whether or not the child will be removed from the Centre.
- At all times parents must provide current immunisation records to the Director and update them when necessary.
- Any child who cannot receive their immunisation must provide a letter from the child's Medical practitioner stating that the child cannot receive the particular immunisation required.

29.2 Educators Vaccination

Last Update:	8 November 2016	Previously Numbered	5.9
References:	A, D, N, O, Q		
National Quality Standard:			
Policy Directive 5.9.6	It is recommended that Baringa Childcare workers keep up to date with all the vaccinations that are recommended for adults as well as those special vaccinations which are recommended because of increased risk of exposure in the workplace.		

(a) Background

Evidence suggests that children who attend Childcare Centres are at increased risk of catching and transmitting infectious diseases.

(b) Requirements

Educators are encouraged to review their immunisation and update it as necessary.

The Centre offers to pay for some educators immunisations. This is a decision made by the Director.

The Centre keeps a educators immunisation record and educators are required to complete a personal record to be included on their educators information file.

30. **MEDICAL CONDITIONS POLICY**

Last Update:	28 November 2017	Previously Numbered	5.10
References:	A, Q, FF, PP. QQ, SS, UU		
National Quality Standard:			
Policy Directive 5.10.1	Baringa Childcare will effectively respond to and manage medical conditions including asthma, diabetes (if required) and anaphylaxis at the service to ensure the safety and wellbeing of children, staff and visitors.		

30.1 **Requirements**

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

Educators will also raise any concerns with the Director about any medical condition/suspected medical condition, or known allergens that pose a risk to the child so that the parents can then be contacted.

Families are required to provide information about their child's health care needs, allergies, medical conditions and medication on the Enrolment Form and are responsible for updating the service about these things, including any new medication, ceasing of medication, or changes to their child's prescription.

All educators and volunteers at the service must follow a child's Medical Management Plan in the event of an incident related to a child's specific health care need, allergy or medical condition. These are located in their personal file, in the office.

Parents can inform the service about any changes regarding medication, allergies, health care needs, medical conditions via contacting the centre (email or phone).

Information that must be provided in Enrolment Record

Baringa's Enrolment Form provides an opportunity for parents to help the service effectively meet their child's needs relating to any medical condition.

The enrolment record will include details of any:

- specific health care needs or medical conditions of the child, including asthma, diabetes, allergies, and whether the child has been diagnosed at risk of anaphylaxis.
- any Medical Management Plan provided by a child's parents and/or registered medical practitioner. This Plan should:
 - have supporting documentation if appropriate
 - include a photo of the child
 - if relevant, state what triggers the allergy or medical condition
 - first aid needed
 - contact details of the doctor who signed the plan
 - state when the Plan should be reviewed.

Copies of the plan should be on display in every room, and with the child's medication. It will also accompany them on any excursions.

Where there is a Medical Management Plan, a risk minimisation plan must be developed and informed from the child's Medical Management Plan.

Parents are responsible for updating their child's Medical Management Plan/providing a new Plan as necessary and will be regularly reminded by the service.

Any new information will be attached to the Enrolment Form and kept on file at the service.

Educators will ensure information that is displayed about a child's medical conditions is updated.

30.2 **Identifying Children with Medical Conditions and Communication Plans**

Any information relating to a child's medical conditions will be shared with relevant educators and volunteers at the service. Educators will be briefed by the Director on the specific health needs of each child.

Our service will implement the following communications plan to ensure that relevant educators, staff and volunteers are:

- informed about the Medical Conditions Policy
- easily able to identify a child with medical conditions
- are aware of the requirements of any medical management plans and risk minimisation plans
- aware of the location of each child's medication
- updated on the child's treatment along with any regulatory changes that may affect practices for specific medical conditions; and
- medical management communication will be undertaken during inductions and at regular staff meetings.

Our service will display information about a child's medical management plan, risk minimisation plan, and the location of each child's medication in an area near a telephone that is visible and easily accessed by all educators (e.g. front of store room door) to ensure all procedures are followed.

Where a child has been diagnosed at risk of anaphylaxis, a notice stating this must be displayed at the service so it is clearly visible from the main entrance.

30.3 **Medical Conditions Risk Minimisation Plan**

Using a child's Medical Management Plan, our service will develop a Medical Conditions Risk Minimisation Plan in consultation with a child's parents and medical professionals which will ensure that:

- any risks are assessed and minimised
- if relevant, practices and procedures for the safe handling of food, preparation, consumption and service of food for the child are developed and implemented (note we will follow all health, hygiene and safe food policies and procedures)
- all parents are notified of any known allergens that pose a risk to a child and how these risks will be minimised

Our service will provide support and information to all parents and other members of our community about resources and support for managing allergies, anaphylaxis asthma and diabetes.

30.4 **Anaphylaxis/Allergy Management**

Anaphylaxis is a severe allergic reaction to a substance. While prior exposure to allergens is needed for the development of true anaphylaxis, severe allergic reactions can occur when no documented history exists. We are aware that allergies are very specific to the individual and it is possible to have an allergy to any foreign substance.

The staff undertake anaphylaxis training by a certified trainer annually.

Anaphylaxis may be caused by a food allergy. Foods most commonly associated with anaphylaxis include peanuts, seafood, nuts and in children, eggs and cow's milk. While developing the Medical Conditions Risk Minimisation Plan, and to minimise the risk of exposure of children to foods that might trigger severe allergy or anaphylaxis in susceptible children, our service will:

- not allow children to trade food, utensils or food containers.
- prepare food in line with a child's medical management plan and family recommendations.
- use non-food rewards with children, for example, stickers for appropriate behaviour.
- request families to label all bottles, drinks and lunchboxes etc with their child's name.
- consider whether it's necessary to change or restrict the use of food products in craft, science experiments and cooking classes so children with allergies can participate.
- instruct educators on the need to prevent cross contamination.
- our centre is a Nut free centre. Under no circumstances are nuts to be in any area of the centre.
- if appropriate, seat a child with allergies at a different table if food is being served that he/she is allergic to. This will always be done in a sensitive manner so that the child does not feel excluded. If a child is very young, the family may be asked to provide their own high chair to further minimise the risk of cross infection.
- hold non-allergic babies when they drink formula/milk or there is a child diagnosed at risk of anaphylaxis from a milk allergy.
- ensure all children with food allergies only eat food and snacks that have been provided labelled by the kitchen.
- instruct food preparation staff and volunteers 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.
- closely supervise all children at meal and snack times and ensure food is eaten in specified areas. To minimise risk, children will not be permitted to 'wander around' the service with food.

Allergic reactions and anaphylaxis are also commonly caused by:

- all types of animals, insects, spiders and reptiles.
- all drugs and medications, especially antibiotics and vaccines.
- many homeopathic, naturopathic and vitamin preparations.

- many species of plants, especially those with thorns and stings.
- latex and rubber products.
- Band-Aids, Elastoplast and products containing rubber based adhesives.

Our service will ensure that body lotions, shampoos and creams used on allergic children are approved by their parent.

Risk minimisation practices will be carried out to ensure that the service is to the best of our ability providing an environment that will not trigger an anaphylactic reaction.

Our service will ensure that the auto-injection device kit is stored in a location that is known to all staff, including relief staff, easily accessible to adults (not locked away), inaccessible to children, and away from direct sources of heat.

Educators should be on the lookout for symptoms of an allergic reaction as they need to act rapidly if they do occur. If a child is displaying symptoms of an anaphylactic reaction our service will:

- call an ambulance immediately by dialling 000 or 112
- ensure the first aid trained educator/educator with approved anaphylaxis management training provides appropriate first aid which may include the injection of an auto immune device EpiPen® in line with the steps outlined by the Australian Society of Clinical Immunology and Allergy <http://allergy.org.au/health-professionals/anaphylaxis><http://allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis> and CPR if the child stops breathing.
- contact the parent/guardian or the person to be notified in the event of illness if the parent/guardian cannot be contacted.

30.5 Asthma Management

While developing the Medical Conditions Risk Minimisation Plan, our service will implement procedures where possible to minimise the exposure of susceptible children to the common triggers which can cause an asthma attack. These triggers include:

- dust and pollution
- inhaled allergens, for example mould, pollen, pet hair
- changes in temperature and weather, smoke from fires, heating and air conditioning
- emotional changes including laughing and stress; and
- activity and exercise.

Risk minimisation practices will be carried out to ensure that the service is to the best of our ability providing an environment that will not trigger an asthmatic reaction. These practices will be documented and reflected upon, and potential risks reduced if possible.

The staff under take Asthma management training by a certified trainer annually.

An asthma attack can become life threatening if not treated properly. If a child is displaying asthma symptoms, our service will:

- ensure a first aid trained educator/educator with approved asthma management training immediately attends to the child. If the procedures outlined in the child's medical management plan do not alleviate the asthma symptoms, or the child does not have a

medical management plan, the educator will provide appropriate first aid, which may include the steps outlined by Asthma Australia as follows:

- Sit the child upright
- Stay with the child and be calm and reassuring
- Give 4 puffs of blue reliever puffer medication
- Use a spacer if there is one
- Shake puffer
- Put 1 puff into spacer
- Take 4 breaths from spacer
- Repeat until 4 puffs have been taken
- Shake, 1 puff, 4 breaths
- Wait 4 minutes
- If there is no improvement, give 4 more puffs as above
- If there is still no improvement call emergency assistance 000
- Keep giving 4 puffs every 4 minutes until emergency assistance arrives
- contact the child's parent or authorised contact where the parent cannot be reached

The service will ensure that an asthma First Aid Kit is stored in a location that is known to all staff, including relief staff, easily accessible to adults (not locked away), inaccessible to children, and at room temperature in dry areas. An Asthma First Aid kit should contain:

- Blue or grey reliever puffer
- A spacer device that is compatible with the puffer
- A face mask compatible with the spacer for use by children under 5
- 70% alcohol swabs for cleaning devices. Note puffers, spacers and face masks from the Kit must be thoroughly cleaned after each use to prevent cross contamination.

30.6 **Diabetes**

Diabetes is a chronic condition where the levels of glucose (sugar) in the blood are too high. Glucose levels are normally regulated by the hormone insulin.

While developing the Medical Conditions Risk Minimisation Plan our service will implement procedures where possible to ensure children with diabetes do not suffer any adverse effects from their condition while at the service. These include ensuring they do not suffer from hypoglycaemia (have a "hypo") which occurs when blood sugar levels are too low. Things that can cause a "hypo" include:

- A delayed or missed meal, or a meal with too little carbohydrate
- Extra strenuous or unplanned physical activity
- Too much insulin or medication for diabetes
- Vomiting

Children with Type 1 diabetes may also need to limit their intake of sweet foods. Our service will ensure information about the child's diet including the types and amounts of appropriate foods is part of the child's Medical Management Plan and that this is used to develop the Risk Minimisation Plan.

Our service will ensure our first aid trained educator is trained in the use of the insulin injection device (syringes, pens, pumps) used by children at our service with diabetes.

If a child is displaying symptoms of a "hypo" our service will:

- ensure the first aid trained educator provides immediate first aid which will be outlined in the child's medical management plan and may include giving the child some quick acting and easily consumed carbohydrate.
- call an ambulance by dialling 000 or 112 if the child does not respond to the first aid and CPR if the child stops breathing.
- contact the parent/guardian or the person to be notified in the event of illness if the parent/guardian cannot be contacted.

Educator Training and Qualifications

- The approved provider must ensure that at least one educator attending the service holds a current approved first aid qualification
- has undertaken current approved anaphylaxis management training
- has undertaken current approved emergency asthma management training.

Our staffing Arrangements Policy has more details about educator training and qualifications in this area.

Educators in our service recognise how serious anaphylaxis is and will undertake steps to minimise the possibility of occurrence. The service will maintain the following in relation to educator qualifications for anaphylaxis:

- all educators in all services whether or not they have a child diagnosed at risk of anaphylaxis undertakes training in the administration of the adrenaline auto-injection device and cardio- pulmonary resuscitation every 12 months.

31. FOOD AND NUTRITION

31.1 Dietary Intake

Last Update:	1 August 2016	Previously Numbered	5.12
References:	A, D, L, N, O, P, BB		
National Quality Standard:			
Policy Directive 5.12.1	Baringa Childcare Centre will aim to provide children in long day care with at least 50% of their daily recommended dietary intake of nutrients in the form of safe and appetizing foods.		

Menus are displayed weekly in the main foyer and in each room. These menus have been nutritionally balanced to make sure the children are receiving their daily nutritional requirements. The Centre also provides morning and afternoon tea and a late snack if needed.

We are not able to accept homemade cakes & biscuits. If you wish to bring something to celebrate your child's birthday, please bring a store bought cake that includes a list of ingredients and has a "use by date" listed.

On enrolment you are asked to confirm any food or drinks that your child is allergic to. This is kept on record in the office and listed on the “Allergies & Intolerances list” that is shared with all Educators & our kitchen educators.

- Milk will be served with morning tea.
- All dairy products will be full cream.
- Only soy milks that are fortified with calcium will be used as a substitute for cow’s milk.
- Children will have access to bread or fruit if they are hungry between meals.
- Water will be available at all times.
- Children are allowed to have second helpings of fruit or milk based desserts.
- If children have not eaten their main meal, they may still receive desserts.
- Parents will be advised when their child is not eating well.
- When children are on special diets, the parents are asked to provide as much detail as possible to the cook about suitable foods.
- Gloves will be worn or food tongs used by any educators directly handling cooked food.
- Children will wash their hands before handling or eating meals and snacks.
- Food will be stored and served at safe temperatures.

31.2 Eating Environment

Last Update:	1 August 2016	Previously Numbered	5.12
References:	A, D, L, N, O, P, BB		
National Quality Standard:			
Policy Directive 5.12.2	Baringa Childcare Centre will provide an eating environment that assists the transmission of family and multicultural values.		

- (a) Educators should sit with the children and share the same food.
- (b) Food will not be used as a form of punishment either by its provision or denial.
- (c) Recipes and food awareness activities will be chosen from a variety of cultures.
- (d) Special occasions may be celebrated with culturally appropriate foods.
- (e) Parents will be invited to at least one food occasion each year.
- (f) Recipes for food served in the centre will be available to parents.
- (g) The weekly menu will be on display to parents and educators.

31.3 Education

Last Update:	1 August 2016	Previously Numbered	5.12
References:	A, D, L, N, O, P, BB		
National Quality Standard:			

Policy Directive 5.12.3	Baringa Childcare Centre will teach children about food and nutrition.
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- Food awareness activities will be included in the program.
- Children will be encouraged to get hands on experience in food preparation.
- The foods being served to children will be discussed with them.

31.4 **Breastfeeding**

Last Update:	1 August 2016	Previously Numbered	5.12
References:	A, D, L, N, O, P, BB		
National Quality Standard:			
Policy Directive 5.12.4	Baringa Childcare Centre promotes and encourages breast feeding to continue while the child attends the early childhood setting.		

Breast milk contains all the nutrients babies require in their first six months of life. Not only does it provide a nutritious and perfectly balanced food source for baby, it also provides a range of other important benefits for both babies and their mothers.

Baringa Childcare Centre will provide for the safe storage and handling of Expressed Breast Milk (EBM).

Annexure U details the EBM Heating procedure.

31.5 **Food Handling**

The potential risks to Food Safety are:

- Time lapse before appropriate storage
- Inappropriate defrosting
- Cross contamination from raw to cooked food
- Infected food handlers
- Use of leftovers
- Inappropriate storage / cooking temperatures
- Serving of food that the child is sensitive to causing an adverse reaction
- Inadequate hygiene procedures e.g. hand washing
- Contamination by vermin during storage

A food handler is any person who prepares and/or serves the following:

- Breakfast
- Morning Tea
- Lunch
- Afternoon Tea
- Late Snack

- Bottles

31.6 Provision of Safe Food

Last Update:	1 August 2016	Previously Numbered	5.12
References:	A, D, L, N, O, P, BB		
National Quality Standard:			
Policy Directive 5.12.5	Baringa Childcare Centre will provide safe food to Centre occupants. Food safety is an essential part of protecting the health of the children.		

- All food handlers will be food safe accredited.
- Food hygiene procedures are at [Annexure I](#)
- Formula Bottle heating procedures are at [Annexure J](#)
- EBM heating procedures are at [Annexure U](#)

31.7 Shopping

Food is purchased by the Cook or delegate directly from the supermarket (no suppliers) and delivered by Supabarn in a refrigerated truck and is stored within half an hour of delivery time.

31.8 Storage of Foods

Frozen foods & fresh foods are immediately stored in the freezer or refrigerator.

Meats are either frozen, or if to be used within one (1) day are stored on the bottom shelf of the refrigerator. Other food is stored appropriately in closed containers on shelves in cupboards. If not used within a week, jars, cans, etc. are used accordingly to date labels (stock rotation). Foods are stored to prevent contamination.

31.9 Temperature Monitoring

Daily temperature readings are to be checked daily for the freezer and refrigerator. The freezer needs to be kept below -18 degrees Celsius. The refrigerator needs to be kept below 5 degrees Celsius.

31.10 Post Cooking Handling

Raw meat and vegetables are kept away from cooked foods, separate utensils and chopping boards are to be used to prevent cross contamination. Hot food is served above 60 degrees Celsius. Germs are killed at high temperatures.

Cold foods are kept below 5 degrees Celsius (fridge temperatures will slow germ growth). All benches are to be sanitized prior to use. Disposable gloves are to be worn when preparing meals and food. Ensure thorough hand washing takes place. Educators are to have a sound knowledge of the '2 hour / 4 hour rule': If potentially hazardous food is out of temperature control for less than 2 hours, refrigerate or use immediately, between 2 and 4 hours use immediately or more than 4 hours throw it out.

31.11 Nut Free

Last Update:	1 August 2016	Previously Numbered	5.12
References:	A, D, L, N, O, P, BB		
National Quality Standard:			

Policy Directive 5.12.6	Baringa Childcare Centre has a duty of care to ensure the safety of all its children. As a result of an increased number of children that have been medically diagnosed as anaphylactic to nuts, the Centre has implemented a "Nut Free Policy". All personnel attending Baringa Childcare centre are asked to adhere to the guidelines of this policy to ensure the safety of affected children.
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The condition of anaphylaxis is a life-long and potentially fatal condition. It causes a number of reactions within the body, with the most dangerous symptoms being breathing difficulties or a drop in blood pressure, which can be potentially fatal. In affected people, just being in the vicinity of people who are consuming nuts can trigger an anaphylactic attack.

Baringa Childcare Centre will:

- establish and maintain a nut-free environment as far as is reasonably practical, for the safety of children who are anaphylactic to nuts and for those children who have unknown allergies to these products.
- provide training to educators regarding the recognition, prevention and necessary treatment of anaphylaxis in children under their care.

Parents / guardians of children are requested and encouraged to not provide food containing nut products within Baringa Childcare Centre. We cannot guarantee that no nuts will be brought into the Centre, however we will do our best to ensure all food prepared at Baringa to be "Nut Free". Parents are asked to provide necessary medication/s e.g. EpiPens etc for any required use whilst their child(ren) are at Baringa and ensure that they are kept up to date.

31.12 Dental Hygiene

Last Update:	1 August 2016	Previously Numbered	5.12
References:	A, D, L, N, O, P, BB		
National Quality Standard:			
Policy Directive 5.12.7	Baringa Childcare Centre is aware and will advocate the importance of dental care in young children.		

A dental hygienist visits the Centre every 12 months; however dental hygiene is discussed with the children and included in the programming on a regular basis. The children are given water after their main meal to assist in the process of keeping their teeth clean.

32. DEATH OF A CHILD

Last Update:	1 August 2016	Previously Numbered	5.14
References:	G, S, CC, QQ		
National Quality Standard:			
Policy Directive 5.14.1	Educators will ensure that immediate and appropriate action is taken to notify any relevant authorities in the event of the death of a child whilst at the Centre.		

32.1 Background

The death of a child affects children at Baringa, educators, families and management.

32.2 Requirements

Educators will follow and implement this procedure:

- Attempt CPR pursuant to current guidelines.

- Call an Ambulance immediately on 000.
- The Director will call the parents/guardians of the child and meet at the Hospital or medical facility.
- Medical staff will advise parents.
- Contact insurance company.
- Notify ACT Police.
- Notify ACECQA (Australian Children’s Education & Care Quality Authority).

Grief counselling would be offered to those affected by the death of the child. This offer would be arranged by the Centre Director.

33. MANDATORY REPORTING FOR SUSPECTED CASES OF CHILD ABUSE

Last Update:	1 August 2016	Previously Numbered	5.5
References:	A, B, Q		
National Quality Standard:			
Policy Directive 5.5.1	No person has the right to abuse or neglect a child, therefore it is our duty as a Centre to notify relevant government bodies if there is a reason to suspect child abuse and/or neglect – whilst maintaining confidentiality and observing without judgment.		

33.1 Background

All childcare workers in the ACT are mandated to report all suspected cases of child abuse. All educators are required to report any incidence of any form of child abuse to the Director immediately. The educator is also responsible to ensure that the director does follow-up the report.

The Director is required to seek advice from the Community Advocates Office. A Board Member will be appointed to liaise with the Director on matters relating to reported child abuse cases.

33.2 Requirements

Positive Action.

Educators training is available on child abuse, sexual abuse, educators burnout and stress management.

Procedures for reporting suspected child abuse.

Strict confidentiality must be maintained at all times. If an educator suspects a case of child abuse the following procedures are to be followed as listed:

- Report to room leader.
- Room leader to report to the Centre Director who will investigate concerns raised.
- Written documentation will be prepared (facts only).
- It is advisable to contact the Office for Children, Youth and Family Support to inform them that notification has been made. The mandated persons phone number is 1300 556 728
- The Centre Director will then notify the Public Trustee and Guardian office on 02 6207 0707.

- Consultation will take place and the Office of Children, Youth and Family Support will decide the course of action to be taken.
- Office of Children, Youth and Family Support will keep the Centre informed of their action or non-action.
- Office of Children, Youth and Family Support will provide support and guidance for the educators involved if necessary.



Part 3 - Policies and Procedures – Facilities/Safety

34. DANGEROUS PRODUCTS, PLANTS, VERMIN AND OBJECTS

Last Update:	22 May 2011	Previously Numbered	5.15
References:	G, CC II		
National Quality Standard:			
Policy Directive 5.15.1	Baringa Childcare Centre follows recommended guidelines from recognised health and safety authorities with regards to ensuring products are inaccessible to children at all times. Potentially dangerous products are those which pose a risk of poisoning or injuring children. As children do not understand the dangers of such products, plants and other objects, we ensure dangerous products are eliminated where possible or inaccessible through correct storage, labelling & safety checks.		

34.1 Requirements

Baringa Childcare Centre educators will ensure a safe environment is provided to children by:

- The correct storage of all medications & chemicals.
- Ensuring medications and chemicals are never left unattended.
- Ensuring medications are not kept in children's bags.
- Displaying simple warning signs where potentially dangerous products are stored.
- The Centre receives information from recognised health and safety authorities about safe storage of potentially dangerous products in the Centre and home.
- Ensuring that Educators & Contractors receiving information and training on correct labelling of potentially dangerous products and protecting children from other potential dangers (foreign objects, spiders, vermin, electrical appliances, sharps or damaged equipment).
- Ensuring that all products are clearly labelled.
- Ensuring electrical appliances etc. are not accessible to children.
- Ensuring safety plugs are fitted to all power points.
- All electrical appliances are 'tested and tagged' every 5 years by a qualified electrician.
- Conducting daily safety checks of the building and outdoor play areas to ensure no foreign objects, vermin sharps or damaged equipment are present.
- Discussing with children the safety issues relating to dangerous plants, products, vermin and objects within the program where appropriate.
- Maintaining emergency contact details for children by placing reminders in newsletter to parents to ensure their child's records are current.
- Ensuring that the Centre is treated by a pest control operator licensed under the Health Act, as often as required for the control of pests.
- Ensuring that plants accessible to children are not toxic or harmful.

34.2 Procedures

If a Needle or Syringe is found:

- Do not attempt to pick up the syringe.

- Remove the children from the area.
- Notify the Centre Director immediately.
- Call Access Canberra Hotline on 13 22 81.
- A City Ranger will come and collect the syringe as soon as possible.
- Do not let the children enter the area, until the syringe has been removed.

If Vermin is found:

Definition of: Vermin: various insects, bugs, or small animals regarded as pests because destructive, disease carrying, etc., as flies, lice, rats, mice or weasels

- Do not attempt to pick up or kill the vermin.
- Remove the children from the area.
- Notify the Centre Director immediately.
- The Centre Director will contact our contracted Pest Controller.
- Action to be taken as per Pest Controller guidance.
- Do not let the children enter the area, until the vermin are removed.

If a Snake is found:

- Do not attempt to pick up the snake.
- Remove the children from the area.
- One educator to remain watching the snake.
- Notify the Centre Director immediately.
- Call the RSPCA ACT on 6287 8100. Action to be taken as per RSPCA instructions.
- Do not let the children enter the area until the snake has been removed.

Ingesting a poisonous plant or product:

- If a child is suspected of ingesting a poisonous plant or product immediately inform the Centre Director and the child's parents.
- If a child swallows a poison do not try to make them vomit.
- Have the poison container with you or details of the plant or product and contact the Poisons Information Centre on 13 11 26.

Source:

- Kid Safe (www.kidsafensw.org)
- Poisons Information Centre (www.health.act.gov.au) Phone: 13 11 26
- Needle & Syringe Disposal in Canberra (Access Canberra Phone: 13 22 81)
- RSPCA Wildlife (www.rspcawildlife.org.au) Phone: 6287 8100
- TAMS (ACT Property Group) 6213 0700

35. SMOKE FREE

Last Update:	17 April 2012	Previously Numbered	5.16
References:			
National Quality Standard:			
Policy Directive 5.16.1	Due to acknowledged hazards to young children arising from exposure to second-hand smoke, it shall be the policy of the Baringa Childcare Centre to provide a smoke free environment for educators, children, and parents. This policy covers the smoking of any tobacco product and applies to both employees and non-employees. Educators and volunteers will serve as role models by not smoking in the presence of children, parents, or other visiting parties.		

35.1 Requirements

- There will be no smoking in any area of the Centre at any time.
- Designated smoking area is located out of the children's sight, and away from the main entrances to the building, and at least 15 metres away.
- If educators opt to smoke during their break times they must at all times before returning to their rooms wash hands thoroughly with sanitizer, use mints & body spray. Educators should not smoke in confined spaces such as their cars to avoid smoke smell on their clothing.
- All smoking trash, including butts and matches, will be extinguished and disposed of in appropriate manner.
- There will be no smoking by educators or volunteers when children are present. This includes both indoor and outdoor activities.
- Excursions, walks, and all other off-site activities and functions will be smoke-free.

36. HYGIENE STANDARDS

Last Update:	8 November 2016	Previously Numbered	5.11
References:	A, D, N and Q		
National Quality Standard:			
Policy Directive 5.11.1	Baringa Childcare Centre will maintain the highest practicable hygiene standards.		

36.1 Requirements

The following requirements will be adhered to in the Centre at all times:

- Children to wash and dry their hands before each meal and after toileting and handling animals.
- Educators are asked to encourage children to flush the toilet.
- Children are encouraged not to share food, drink and cutlery.
- Utensils and food dropped on the floor are not to be used.
- Educators are to wash their hands before serving food, before and after each nappy change, after toileting children, handling animals and after assisting children with nose wiping.

- When possible use a glove or small plastic bag to hold the tissue when wiping noses then turn the tissue into the bag or glove.
- Educators are to change paper on change table after each nappy change and clean toilets seats, if required.
- Cloth nappies are to be used with nappy liners at all times.
- Educators are to use wet wipes for wiping different children's faces and ensure the wipes are disposed of properly.
- Educators are to ensure bedding is washed weekly and changed for each individual child.
- In the case of illness, bed linen is to be washed and mattresses washed with warm soapy water and aired in the sun.
- Cots will be individually washed with warm soapy water weekly.
- Potties will be washed with warm soapy water after use.
- Dishes are to be washed in hot, soapy water after each use.
- Benches and floors are to be sanitised daily.
- Hairbrushes are to be washed in hot soapy water then immersed in boiling water for at least three minutes.
- Dummies, bottles, teats, etc. are to be sterilised daily by way of boiling for three minutes.
- Floors are to be cleaned by professional cleaners each night.
- Disposable gloves are to be used to apply creams at each nappy change and disposed of after each use.
- Cloth nappies are sent home in double bags (wet and soiled). Nappy Changing Procedures are at [Annexure H](#).
- Soiled, disposable nappies are to be placed in a bag, sealed and disposed of in bins provided. Wet, disposable nappies need not be bagged, but are required to be placed in bins provided.
- Soiled and wet pants need to be double bagged with the child's name, a description of the contents on the outside e.g. Blood, urine, faeces.
- Nappy bins are to be emptied twice daily. Baby soiled nappy bins must be emptied three times a day, after each lot of group nappies.
- Garbage bins are to be washed with warm soapy water once a week.
- External rubbish bins are emptied twice a week.
- Recycling bin is emptied once a week.
- All external windows must be fitted with fly screens.
- Toys in the baby area are to be washed with warm soapy water each day.
- Toddlers and pre-schoolers toys are to be washed with warm soapy water once a week.
- Educators are to wear gloves when attending to cuts, abrasions and at any other time when they will be in direct contact with blood.

- Paper towel is used for kitchen, craft and cleaning.
- A separate colour coded cooking board is to be used for raw/uncooked foods.
- All food handlers are to wear gloves.
- All Educators are to attend a food handlers course.
- Food will be prepared in designated areas.
- One drinking cup for each child will be issued at meal time

37. HAZARDOUS SUBSTANCES AND DANGEROUS GOODS

Last Update:	21 December 2016	Previously Numbered	5.13
References:	A, M, Q, CC, RR		
National Quality Standard:			
Policy Directive 5.13.1	Dangerous or contaminated products will be made inaccessible to children and be stored and handled accordingly by Baringa Childcare Centre educators.		

37.1 Background

Dangerous goods and chemicals may be hazardous to educators and children at Baringa Childcare Centre and therefore must be handled and stored appropriately. BCC has a Dangerous Substances & Hazardous Goods Policy which should be referred to as necessary.

37.2 Requirements

Management and educators are responsible for ensuring that any potentially dangerous products, plants or equipment are inaccessible to children, including:

- cleaning products, chemicals, pest control treatments and devices
- medications
- sharp utensils
- soiled nappies, clothing or linen
- spiders or vermin
- power points, boards or cords or electrical appliances
- any item or product that may potentially be dangerous or hazardous to children

To ensure the safety of children at Baringa Childcare Centre, educators will ensure the following requirements are met:

- All medications and dangerous chemicals are stored in clearly labelled areas and containers on high shelves out of children's reach or in child proof locked cupboards.
- All chemicals stored in the centre must have a Material Safety Data Sheet (MSDS) which is kept in a folder in the office.
- The main first aid kit and all room kits are kept out of reach of children.
- All areas where potentially dangerous products are kept are clearly labelled with warning signs.

- All hazardous products are kept out of children's reach at all times.
- Care is taken to ensure all plants in the Centre grounds are non-poisonous.
- Educators thoroughly check each playground before the children go out, to ensure it is free of any potentially dangerous vermin or objects.
- Educators discuss these dangers with the children to develop their awareness of dangerous products and objects.
- The Centre aims to provide families with information from recognised health and safety authorities about the safe storage of potentially dangerous products in the home.
- A first aid action plan and Materials Safety Data Sheets (MSDS) on products used in the Centre is kept in a folder in the office.
- Where possible, the Centre aims to keep the use of toxic and other potentially dangerous products to a minimum, however does not wish to jeopardize the hygiene standards of the Centre.

Parents will be encouraged to follow these procedures in the home, to ensure their child/ren's safety both in the Centre and the home.

37.3 **Contact with Dangerous Goods**

Last Update:	21 December 2016	Previously Numbered	5.13
References:	A, M, Q, CC, RR		
National Quality Standard:			
Policy Directive 5.13.2	An action plan will be developed and maintained to provide for the remote possibility that a child or children, or educators are affected by Dangerous Substances or Goods.		

The Action Plan for Dangerous Goods is contained at Annexure K.

38. **EMERGENCY EVACUATION**

Last Update:	29 November 2017	Previously Numbered	6.1
References:	FF		
National Quality Standard:			
Policy Directive			

The Centre will maintain an emergency evacuation procedure which will be posted near the emergency exits. Educators will be familiar with the emergency evacuation procedure. Evacuation drills will be conducted to practice the procedure at an interval of 3 months.

The emergency evacuation procedure is contained at Annexure L.

39. **LOCK DOWN PROCEDURES**

Last Update:	29 November 2017	Previously Numbered	6.2
References:	FF		
National Quality Standard:			
Policy Directive			

Lock downs occur when there is a severe natural disaster, storm or a threatening individual at the premises. Baringa will maintain lock down procedures dependent on the level of alert. Two levels of alert will require lock down of the Centre - Orange Alert and Red Alert. Educators will conduct lock down drills every 3 months.

40. MAINTENANCE

Last Update:	1 August 2016	Previously Numbered	7.1
References:			
National Quality Standard:			
Policy Directive 7.1.1	The Baringa Childcare Centre will ensure that the premises, all furniture, fittings, buildings, equipment, cooking and eating utensils are maintained in a safe, clean and hygienic condition by the following procedures		

The Centre is to be cleaned by a contract cleaner on a daily basis.

The ACT Government is responsible for pest control – the Centre is treated by a reputable pest control agency every 6 to 12 months.

Carpets and floors are shampooed, stripped and polished every six months and more often as required.

All maintenance issues will be reported to the OH&S Officer (Stephanie Norris) and/or the Centre Director (Betty Lam) and will be noted in the 'Maintenance Book' kept in the office.

All repairs will be carried out by a reputable repairer.

Any maintenance required to building etc. will be reported to The Response Centre (ACT Government) Ph: 6213 0700 or via email to bldgmn@act.gov.au

41. ENVIRONMENT PROTECTION, WASTE CONTROL AND RECYCLING

41.1 Respect for Environment

Last Update:	1 August 2016	Previously Numbered	7.2
References:	A, N, Z		
National Quality Standard:			
Policy Directive 7.2.1	Children are encouraged to value and respect themselves and others, the environment and the diversity of the society in which we live.		

- The Centre will educate educators, children and parents where necessary; to ensure that correct waste disposal, recycling and environmental protection is recognised.
- Themes in relation to environmental protection will be included in the children's program and in the day-to-day operation of the Centre.
- Children will be educated about environmental protection and recycling so that they can promote these qualities now and in later life.
- Educators will be encouraged and supported in environmental practices so they can be appropriate role models.

41.2 Cleanliness

Last Update:	1 August 2016	Previously Numbered	7.2
References:	A, N, Z		
National Quality Standard:			
Policy Directive 7.2.2	Children need to be surrounded by a clean and healthy environment. The Centre will make every effort to protect the environment both within the Centre itself and also within the broader community.		

- Management is to ensure that the Centre is upholding society's concerns for environmental protection.
- There will always be an appropriate sealed garbage disposal unit which children do not have access to.
- Wherever practicable, environmentally friendly products will be used at the Centre.
- All rubbish will be disposed of in an environmentally friendly way and recycled where practical.
- Information is supplied to all educators and parents, so that they can recycle correctly, save energy, reduce waste etc.
- The Centre promotes environmental protection.



Part 4 – Policies and Procedures – Staff

42. PARTICIPATION OF VOLUNTEERS AND STUDENTS POLICY

Last Update:	28 November 2017	Previously Numbered	4.2
References:	Q, FF		
National Quality Standard:			
Policy Directive 4.2.1	Baringa Childcare is committed to providing a safe environment for all children where their health, safety and wellbeing is of paramount importance. This policy provides guidelines for the engagement and participation of volunteers and students at Baringa Childcare Centre, while ensuring that children's health, safety and wellbeing is protected at all times.		

42.1 Background

Volunteers and students participate in programs and activities at the service to observe and experience the provision of centre-based education and care. This will be encouraged and facilitated by Baringa Childcare centre wherever appropriate and possible. Baringa Childcare centre aims to provide a range of opportunities for family members, volunteers and students to participate in programs and activities while adhering to clear guidelines regarding appropriate interactions and communication with staff, and other adults and children at the service (refer to Employee Conduct 4.1).

42.2 Definitions:

Student: A person undertaking a practicum placement as part of a recognised early childhood qualification. This student will be supported by an educational institution in the completion of their placement.

Volunteer: A person who willingly undertakes defined activities to support the education and care programs at a children's service in an unpaid or honorary capacity. These activities may include direct contact with children, administrative tasks, or preparing materials or food.

42.3 Values

Baringa Childcare centre is committed to:

- Supporting connections with educational institutions to provide opportunities for students to undertake practicum placements as part of their studies.
- Building relationships with community members and providing suitable opportunities to engage volunteers to contribute to the programs and activities of the service.
- Ensuring the health, safety and wellbeing of each child at the service through consistent compliance with this policy and procedures when engaging volunteers and students.

Volunteers and students can expect: a safe and well-managed workplace, meaningful work experience with appropriate direction, supervision and training recognition for their contribution.

The role that volunteers play in children's services varies and can include working with groups of children, preparing materials or food, assisting with administrative tasks or working one-on-one with individual children. The children's service is responsible for ensuring that volunteers are suitable to work with children, and that children's health, safety and wellbeing is protected at all times.

Volunteers should only be engaged to complement, not replace, the work of paid staff. Accordingly, services should not engage volunteers to fill the place of an employee who is ill or on leave, or to fill a vacant budgeted position.

Volunteers must not be asked to perform tasks that they are untrained, unqualified or too inexperienced to undertake that put the children or themselves in a vulnerable or potentially unsafe situation where there is a conflict of interest.

42.4 Requirements

Prior to participation at the service, a volunteer must be in possession of a Working with Children (WWC) Check card.

Prior to commencing work at the service, all volunteers should be interviewed to ascertain their suitability for, and interest in, the tasks they will be undertaking, and to assess whether the volunteer's goals can be achieved. The interview process also provides an opportunity for volunteers to have their questions answered.

Reference checks must be undertaken by the Approved Provider or a nominee of the Approved Provider, to confirm work abilities or character attributes. Good practice in volunteer management includes acknowledgement and recognition of volunteer contributions, and this can involve a mixture of formal and informal recognition strategies.

It is a requirement under the Education and Care Services National Regulations 2011, that the Approved Provider uses the staff record to document the details of all students and volunteers. The staff record must include the full name, address and date of birth of each student or volunteer who participates at the service. The Approved Provider of a centre-based service must also keep a record for each day on which the student or volunteer participates at the service, including the date and the hours of participation. In addition to this, it is recommended that students and volunteers undertake an induction to the service and complete an induction checklist; (refer to **Annexure V**), which should also be stored with the staff record.

42.5 Procedures

The Approved Provider is responsible for:

- developing guidelines in consultation with the Nominated Supervisor and educators for accepting applications from volunteers/students to work at the service
- accepting or rejecting a potential volunteer/student based on the circumstances of the service at the time, in consultation with the Nominated Supervisor ensuring that children being educated and cared for by the service are adequately supervised, and the legislated educator-to-child ratios are complied with at all times (Regulations 123, 355, 360) (refer to Supervision of Children Policy)
- ensuring that, where required, the Working with Children (WWC) Check has been read/sighted prior to the volunteer's commencement at the service,
- ensuring that the staff record contains information for all volunteers/students attending the service with details of name, address, date of birth, days and hours of participation and details of the Working with Children (WWC) Check (Regulations 145, 147, 149)
- ensuring that volunteers/students and parents/guardians are adequately supervised at all times, and that the health, safety and wellbeing of children at the service is protected
- ensuring that volunteers/students and parents/guardians are not left with sole supervision of individual children or groups of children
- ensuring that parents/guardians of a child attending the service can enter the service premises at any time that the child is being educated and cared for, except where this may pose a risk to the safety of children or staff, or conflict with any duty of the Approved Provider, Nominated Supervisor or educators under the law (Regulation 157)
- developing a range of strategies to enable and encourage the participation and involvement of parents/guardians at the service
- providing volunteers/students and parents/guardians with access to all service policies and procedures, and a copy of the Education and Care Services National Regulations 2011

- ensuring that volunteers/students and parents/guardians comply with the National Regulations and all service policies and procedures, including the Code of Conduct Policy, while attending the service
- developing an induction checklist for volunteers/students attending the service (**refer to Annexure V- Induction checklist for volunteers/students**) in consultation with the Nominated Supervisor and educators.

The Nominated Supervisor is responsible for:

- assisting the Approved Provider to develop guidelines for applications from volunteers/students to work at the service
- assisting the Approved Provider with decisions in relation to accepting/rejecting a potential volunteer/student based on the circumstances of the service at the time ensuring that children being educated and cared for by the service are adequately supervised, and the legislated educator-to-child ratios are complied with at all times (Regulations 123, 355, 360) (refer to Supervision of Children Policy)
- ensuring that, where required, the Working with Children (WWC) Check has been read/sighted prior to the volunteer's commencement at the service, and that details are included on the staff record ensuring that volunteers/students and parents/guardians are adequately supervised at all times, and that the health, safety and wellbeing of children at the service is protected
- ensuring that volunteers/students and parents/guardians are not left with sole supervision of individual children or groups of children
- ensuring that parents/guardians of a child attending the service can enter the service premises at any time that the child is being educated and cared for, except where this may pose a risk to the safety of children or staff, or conflict with any duty of the Approved Provider, Nominated Supervisor or educators under the law (Regulation 157)
- ensuring strategies are in place to enable and encourage the participation and involvement of parents/guardians at the service
- providing volunteers/students and parents/guardians with access to all service policies and procedures, and a copy of the Education and Care Services National Regulations 2011
- ensuring that volunteers/students and parents/guardians comply with the National Regulations and all service policies and procedures, including the Code of Conduct Policy, while attending the service assisting the Approved Provider to develop an induction checklist for volunteers/students at the service (refer to Attachment 1 – Sample induction checklist for volunteers/students)
- ensuring that volunteers/students have completed the induction checklist (refer to Attachment 1) and have been provided with a copy of the staff handbook, if applicable.

Responsible person and other educators are responsible for:

- assisting the Approved Provider and Nominated Supervisor to develop guidelines for applications from volunteers/students to work at the service
- ensuring that children being educated and cared for by the service are adequately supervised, and the legislated educator-to-child ratios are complied with at all times (refer to Child Supervision Policy)
- providing volunteers/students and parents/guardians with access to all service policies and procedures, and a copy of the Education and Care Services National Regulations 2011

- ensuring that volunteers/students and parents/guardians comply with the National Regulations and all service policies and procedures, including the Code of Conduct Policy, while attending the service
- complying with the requirement that volunteers/students and parents/guardians are adequately supervised at all times, and that the health, safety and wellbeing of children at the service is protected
- complying with the requirement that volunteers/students and parents/guardians are not left with sole supervision of individual children or groups of children
- enabling parents/guardians of children attending the service to access the service premises at any time the child is being educated and cared for except where this poses a risk to the safety of children and/or staff
- encouraging the participation and involvement of parents/guardians at the service
- assisting the Approved Provider and Nominated Supervisor to develop an induction checklist for volunteers/students at the service (refer to Attachment 1 – Sample induction checklist for volunteers/students)
- Assisting volunteers/students to understand the requirements of this policy and the expectations of the service.

Volunteers and students, while at the service, are responsible for:

- ensuring they have provided all details required to complete the staff record
- undertaking a Working with Children (WWC) Check and presenting a current WWC Check card or other notification, as applicable
- understanding and acknowledging the requirement for confidentiality of all information relating to educators and families within the service (refer to Privacy and Confidentiality Policy)
- complying with the requirements of the Education and Care Services National Regulations 2011 and with all service policies and procedures, including the Code of Conduct Policy, while at the service undertaking the induction process and completing the induction checklist (refer to Attachment 1) prior to commencement at the service.
- Following the directions of staff at the service at all times to ensure that the health, safety and wellbeing of children is protected.

Parents/guardians are responsible for:

- complying with the requirements of the Education and Care Services National Regulations 2011 and with all service policies and procedures, including the Code of Conduct Policy, while attending the service
- following the directions of staff at the service at all times to ensure that the health, safety and wellbeing of children is protected.

Evaluation

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider will:

- check staff records on a regular basis to ensure details of students and volunteers are maintained in line with all legislative requirements as outlined in the policy regularly seek feedback from everyone affected by the policy regarding its effectiveness

- monitor the implementation, compliance, complaints and incidents in relation to this policy keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

43. RELIEF EDUCATORS, STUDENT AND VISITOR CONDUCT INFORMATION

Last Update:	1 August 2016	Previously Numbered	4.3
References:	D, E, F, Q, CC		
National Quality Standard:			
Policy Directive 4.3.1	Relief Educators, Students and Visitors to Baringa Childcare Centre will conduct themselves in accordance with The Code of Conduct which is to be read in conjunction with this Policy and procedural manual. Representatives of Baringa Childcare Centre have an obligation to meet the community's needs because Baringa Childcare is a community based Centre.		

43.1 Requirements

- Remember to sign in and out on the educators attendance book in the Director's office for every shift.
- If you are working as relief educators, please make sure that you fill out:
 - ~ Time sheet (each day you work)
 - ~ Tax form
 - ~ Superannuation form.
- Always speak courteously to educators, children and parents.
- Swearing, slang or other inappropriate language will not be tolerated.
- Always greet parents as they arrive and farewell them as they leave. Make yourself known to parents.
- Please put things away in a neat and orderly manner.
- If you are unsure about or do not understand anything, please make sure you ask the person in charge of the area in which you are working.
- Do not have your back to the children at any time. Always position yourself so that you can see everything going on around you.
- Do not leave a child unattended with any toys or on any equipment that they are unfamiliar with.
- Do not give advice or offer suggestions to the parents.
- Look at the age appropriateness of the toys etc. you are giving the child/ren to play with.
- Do not sit apart from the children or group – include yourself in a group or with a child and be watchful of other children needing your assistance.
- If you are going to leave the room for any reason, always inform other educators of your temporary absence and your location at all times.

- If you are feeling lost and would like something to do, please ask the educators and they will direct you to an activity or duty.
- Only permanent educators are required to answer the phone. If you are asked to answer the phone your greeting should be: “Good morning/afternoon Baringa Childcare Centre”
- Please make sure that you are always appropriately groomed and dressed. Refer to 8.3 Sun Smart policy.

We hope you enjoy your time here and that it adds to your learning experience and resume.

44. INDUSTRIAL DEMOCRACY

Last Update:	1 July 2010	Previously Numbered	4.4
References:	E, F, Q		
National Quality Standard:			
Policy Directive 4.4.1	Industrial considerations will be addressed thoroughly and fairly whenever change of work practices, working conditions, Centre program or related issues are considered. Baringa Childcare Centre recognises that industrial democracy will contribute positively to the effectiveness of decision making, will assist to avoid discontent or disputation and will contribute to the morale of the team of professionals at the Centre.		

44.1 Background

Industrial Democracy (ID) at Baringa Childcare Centre is the involvement of Centre educators in decision making through established processes and structures. This approach is taken on all issues affecting work of educators and the program of the organisation and it recognises equal partnership of educators and management and their respective industrial organisation(s).

44.2 Requirements

The basis for the structured approach to decision making at Baringa is:

- The Management Committee recognises the legitimate role of the Union in negotiation about terms and conditions of employment and in decisions about the policy and practice of the Centre.
- Union membership is encouraged and support is given for Union training programs for members and particularly for delegates.
- An ID committee can be convened which will include all educators and a representative of either the Union and/or employer organisation if this is requested by any educators or by the Management Committee. The Management Committee may be represented by the President or a nominee of the President, if required.
- Generally, there should be no need to formally convene the ID committee provided that democratic processes for decision making are adopted in normal educators meetings, Management Committee meetings, Accreditation meetings and other committee structures – this should be considered by those responsible for running meetings including the ID committee.
- As a general practice at the Centre, all issues under consideration which are legitimate concerns of the ID committee should be notified to educators through meetings, if first raised by parents or the Management Committee and/or notified to the Management Committee, if first raised by educators. It is a responsibility of the Director to ensure that notification occurs.

45. EDUCATORS USING BARINGA FOR CHILDCARE

Last Update:	July 2010	Previously Numbered	4.6
References:	F		
National Quality Standard:			
Policy Directive 4.6.1	Educators will be offered priority on the waiting list at Baringa Childcare Centre for their own children.		

45.1 Background

This policy will facilitate in;

- Retaining educators that the Centre has invested in.
- Providing a career structure for educators.
- Savings in training new educators.
- Encouraging educators continuity.
- Allows educators to continue breast feeding.
- Provides supportive working conditions.

Requirements

- Educators have the option to use Baringa to care for their children.
- It is preferred for educators to work in a room other than the room their child is enrolled in.
- Standard fees and costs apply e.g. Centre improvement fund, excursions etc.
- All cases are subject to review by the Director and the Management Committee

46. LEAVE ENTITLEMENTS

46.1 Annual Leave

Baringa Childcare Centre annual leave entitlements are detailed at Section 7.1 of the United Voice and Baringa Childcare Inc. Agreement.

46.2 Personal Leave

Baringa Childcare Centre personal leave entitlements are detailed at Section 7.2 of the United Voice and Baringa Childcare Inc. Agreement.

46.3 Leave Without Pay

Last Update:	1 August 2016	Previously Numbered	4.7
References:	F		
National Quality Standard:			
Policy Directive 4.7.1	Baringa Childcare Centre leave without pay entitlements are detailed at Section 7.1.9 of the United Voice and Baringa Childcare Inc. Agreement. As required by the Agreement, the Director will consult with the Board and take into consideration each application for leave on a case by case basis, with consideration to the operational requirements of the Centre.		

Educators should note that:

- Unpaid leave can only be granted when all other paid leave has been used
- Unpaid leave will not be granted to enable educators to take up other employment in the childcare industry.
- An application for unpaid leave should be put in writing to the Board as far in advance of that leave as possible.
- Unpaid leave will be granted at the discretion of the Baringa Childcare Board of Directors.

In addition to the entitlements detailed in the United Voice and Baringa Childcare Inc. Agreement, the Board has determined that unpaid leave will be granted to give evidence. Educators will be provided unpaid leave to appear in court if subpoenaed to give evidence as a private citizen or because of expert knowledge in a particular field.

47. STUDY LEAVE

Last Update:	1 August 2016	Previously Numbered	4.7
References:	F		
National Quality Standard:			
Policy Directive 4.7.2	There is currently no provision in the United Voice and Baringa Childcare Centre Inc. Agreement for study leave, however the Baringa Childcare Board recognise the importance and benefits of study for individual career advancement, the Centre itself and educators satisfaction. Study leave may be granted to any employee where the study will benefit both the individual and the Centre.		

47.1 Requirements

Approval to study will not be an entitlement but may be granted at the discretion of the Board. Each application will receive equal consideration. There are some firm guidelines which the Board will need to follow in determining who will receive study leave and/or assistance. The board will need to consider:

- The needs of the Centre (course of study must be relevant to the childcare field)
- Funds must be available for reimbursement of fees and the provision of backup educators where required.
- Competencies required by the applicant for current and future jobs.
- Any other factor which the Board considers relevant.

Where more than one application is received, the Board may be required to give consideration to:

- The career and personal development needs of the applicants.
- The number of people who have already completed the same course.
- Length of service

If approval is granted, then the Centre will reimburse HECS fees or course fees, on successful completion of each unit or course, but not student union fees. Reimbursement will be made once proof of successful completion has been sighted by the Board. If a student fails a unit or course, then the student will be liable for any fees incurred.

The student will be required to pay for their textbooks and materials. No claim shall be made on the Centre for these items.

An application for study leave must be made to the Board for their consideration. The application should include details of:

- The applicant – career details, educational qualifications.
- The course applied for, including timetable details
- The benefits for the applicant and the Centre in approval of this course.

When approving leave, the Centre must give consideration to the amount of leave required. It will be unavoidable in most circumstances for the study leave not to affect the smooth running of the Centre, but the board wishes to minimise the cost of study and also minimise disruption to the Centre.

The following guidelines will be adhered to in approving study leave:

- **Study.** The maximum amount of approved leave per week will be 4 hours. However, if the 4 hours are not used, then the time will not accrue. If lectures or tutorials fall after normal working hours or on weekends, then the applicant will attend in his/her own time, and not leave in lieu will be granted.
- **Travel.** A maximum of 2 hours travel leave per week will be granted. This leave is only available for travel and may not be used for study. Any travel leave in excess of this amount must be made up by the applicant.
- **Examination.** Student will be given leave to attend formal examinations and to travel to and from them. Additional leave to study for exams must be made up from the students own leave i.e. recreation.
- **Other courses.** The board may receive applications for courses which are of a limited duration, say a few days or a week, in these circumstances, the Board must consider the leave arrangements for the course and calculate the cost of providing backup during such leave. These costs will be used in consideration of granting leave in those instances.

The following general considerations must be understood by the applicant and the Board when determining to approve study leave;

- Study leave may not be taken prior to formal approval being granted and cannot be granted retrospectively.
- Changes to timetables must be notified to the board as must withdrawal from a unit.
- Study leave to repeat a scheme of study or a subject which was not successfully completed will not generally be granted except in certain cases e.g. bereavement, illness etc. This will be up to the discretion of the board.

The decision made by the board in each case is final. Applicants may request counselling or further advice as to why they were unsuccessful and all such requests will be met by the board who will appoint representatives.

48. STAFF CONDUCT & PERFORMANCE

Last Update:	30 July 2018	Previously Numbered	
National Quality Standard:	4.2 (Professionalism), 4.2.1 (Professional Collaboration), 4.2.2 (Professional Standards), 7.1 (Governance), 7.1.2 (Management Systems), 7.2 (Leadership), 7.2.3 (Professional Development)		

Refer **Annexure R**.

49. BULLYING, HARASSMENT AND DISCRIMINATION

Last Update:	1 August 2016	Previously Numbered	1.4
References:	E, Q, T, V, CC, EE, PP, QQ, RR		
National Quality Standard:			
Policy Directive			

49.1 Background

Baringa Childcare Centre has a zero tolerance for any form of bullying, harassment or discrimination in the workplace. The policy covers all individuals involved with the BCCC:

- Educators
- Board members
- Volunteers
- Family members
- Affiliates

49.2 Workplace Harassment

Baringa Childcare Centre will aim to have a zero tolerance to bullying and/or harassment in any form at the workplace. It is every employee's right to work in a workplace that is free of harassment in all forms and to know that, if harassment and/or bullying does occur, it will be treated with the seriousness it deserves.

Baringa Childcare Centre is committed to providing an environment in which all employees are able to reach their full potential and are treated, and treat each other with fairness and respect. BCCC recognises that the individual differences and diversity of all employees are to be valued and used to improve our performance as an organisation and to provide an environment in which the diversity of talent within the organisation can flourish.

Bullying and/or harassment in the workplace is unacceptable, not just because of the effect it has on an individual, or because it is unlawful, but also because of its effect on the workplace in general. Lost productivity, the loss of valuable employees, absenteeism, low morale and damage to the organisation's reputation can all result when harassment is allowed to occur.

Baringa Childcare will demonstrate a commitment to a workplace free of harassment by:

- Refusing to tolerate any form of workplace harassment;
- Implementing effective procedures to deal with incidents of alleged workplace bullying and/or harassment;
- Acting promptly when bullying and/or harassment is alleged;
- Providing information and training on the workplace bullying and/or harassment policy and procedures as well as complaint and resolution mechanisms;
- Outlining the responsibilities of Team Leaders, OH&S Officer, Support Educators and Director to apply people management practices that foster a harassment and/or bullying-free workplace.

Baringa Childcare Centre actively seeks to maintain a workplace where everyone is treated fairly and with respect. Such a workplace will support not only efficient and effective work practices but also promote the self-esteem and the individual work goals of employees. It is expected that

everyone who works in the Baringa Childcare Centre will be responsible for promoting this kind of supportive work environment.

There are procedures in place that aim to deal with workplace bullying and/or harassment.

Employees who are subject to any form of workplace bullying and/or harassment have the right to choose either to:

- seek a remedy within the Baringa Childcare Centre workplace
- seek resolution outside Baringa Childcare Centre by lodging a complaint with the Human Rights and Equal Opportunity Commission (HREOC). Refer to The Complaint Guide issued by HREOC.

The Baringa Childcare Centre will provide support for complainants and Team Leaders, OH&S Officer, Support Educators and Director in dealing with cases of workplace bullying and/or harassment by:

- providing awareness training for employees;
- investigating complaints quickly and thoroughly, including taking any disciplinary action where appropriate; and
- providing a confidential and supportive environment in order to encourage employees to come forward with complaints.

49.3 Responsibilities

- Team Leaders, OH&S Officer

Team Leaders, the OH&S Officer and the Centre Director are responsible for ensuring that all employees understand that bullying and /or harassment is not tolerated in the workplace and for taking early corrective action to deal with behaviour that may be offensive or intimidating. If Team Leaders or the OH&S Officer feel that a reported incident might constitute bullying and/or harassment and they judge that the nature of the complaint is outside their expertise, he or she must refer the matter to the Director. The prevention of all inappropriate behaviours including bullying and/or harassment requires Team Leaders, the OH&S Officer and Director to:

- ~ be aware of, identify and prevent bullying and/or harassment in the workplace,
- ~ eliminate inappropriate behaviour regardless of whether a complaint is received about that behaviour,
- ~ encourage all educators to behave in accordance with the principles of equal opportunity and antidiscrimination,
- ~ provide leadership and role modelling in relation to appropriate and professional behaviour in the workplace,
- ~ respond promptly, sensitively and confidentially to all situations where inappropriate behaviour is exhibited or alleged to have occurred.

- Employee & Co-worker

The prevention of bullying and/or harassment requires employees to be responsible for the following actions:

- ~ be aware of and identify bullying and/or harassing behaviour and where appropriate use external mechanisms to stop any further instances of bullying and/or harassing behaviour,

- ~ behave in accordance with the principles of equal opportunity and anti-discrimination,
- ~ enable the employee to speak with the alleged bully or harasser to object to the behaviour, if bullying and /or harassing behaviour is witnessed or experienced and
- ~ offer to act as a witness if the person being bullied or harassed decides to report the incident,
- ~ keep a record or diary of incidents noting what happened, when and the names of witnesses

49.4 **What is Workplace Bullying?**

Workplace bullying is the repeated less favourable treatment of a person by another or others in the workplace. Bullying is persistent unwelcome behaviour, unwarranted or invalid criticism, fault finding, exclusion or isolation.

Instances of workplace bullying can cause physical and psychological distress to others and can include behaviour that intimidates, offends, degrades or humiliates a worker, possibly in front of other stakeholders (families, children, co-workers etc.). Bullying in the workplace can take place between:

- an employee and a Team Leader,
- co-workers, including trainees,
- a worker and another person in the workplace e.g. a family member, a student or a child.

It might include one of or a number of the following behaviours:

- manipulation,
- intimidation,
- belittling remarks,
- unreasonable persistent criticism which is not part of a managing performance process,
- loud and aggressive attacks or subtle intimidation such as constant criticism of a trivial nature,
- verbal and physical abuse, for example, shouting and throwing objects,
- isolation from colleagues,
- refusing to delegate or the withholding of information employees need to perform their job, removing responsibility and/or imposing menial tasks.

Bullying does not include occasional differences of opinion, and non-aggressive conflicts and problems in working relations, workplace counselling, managing under performance and other action in accordance with National Youth Science Forum Policy and Procedures.

Behaviour will be defined as bullying if a "reasonable person" observing the situation would consider it to be bullying. The reasonable person is defined as an objective third party.

Single incidents should not be ignored.

49.5 **Examples of Bullying**

- (a) Unwitting Bullying

This type of bullying may occur where stressful circumstances, stemming either from the workplace or from personal issues results in a deterioration of office behaviour. In reaction, an employee may become short tempered and irritable. When an employee under pressure reacts adversely, he or she will often recognise the inappropriateness of the behaviour. The employee should apologise and learn from the experience so that any adverse behaviour is avoided in the future. In some cases, the irritable employee may need to be counselled to understand that their behaviour is not acceptable.

(b) General Bullying

If an employee continues to exhibit inappropriate behaviour over a period of time in response to stress, this type of behaviour may fall under the general bullying category.

(c) Serial Bullying

Serial bullying is the most serious type of workplace bullying. Serial bullying behaviour is identified when an individual targets a number of employees in succession.

49.6 Problem Resolution Procedure

At the Baringa Childcare Centre, our employees are an important asset. Management sets direction and guidelines, yet the running of the Centre greatly depends on the contribution from and by employees.

In a positive and open environment, employees feel they can contribute and grow and this is the climate we strive to create at Baringa Childcare Centre.

Sometimes there are hurdles to overcome, but everything can be resolved as long as an intention exists to solve the matter in a positive fashion.

We invest extensively in our employees through training, development and selection, and we want the relationship to work for all involved.

The following problem resolution framework has been implemented to resolve matters affecting the workplace.

- All employees are invited to discuss matters with their Team Leaders, OH&S Officer and Director openly and positively.
- If matters cannot be resolved efficiently and professionally, the employee demonstrating positive intentions to solve the matter may approach another senior educators for assistance.
- The Team Leaders, OH&S Officer and Director may see the parties individually or as a group to resolve any outstanding and festering matters.
- Where the Team Leaders or OH&S Officer is unsuccessful in resolving the issue, the matter will be further mediated by the Director until a resolution is agreed.
- Where a resolution fails to evolve, the Director or their representative will enforce a solution to be implemented by all parties.

An independent third party mediator, external to the organisation, may be called upon to assist in this process.

During the course of the resolution, both parties may seek guidance and/or support from a peer, trade association, union representative or colleague. These people have no influencing or implementation power, other than to assist the process through its natural course.

All stages will be documented and file notes provided to the parties involved. Those concerned can access these notes through the Team Leaders, OH&S Officer or Director responsible for resolving the matter.

49.7 What can I do if I have a Complaint?

(a) Step 1 - Characterise Your Complaint

The best course of action for resolving your complaint will depend on the nature of that complaint. You should consider the nature of your complaint and the conduct that has affected you before moving ahead with the next step in the Harassment Procedure. If you are unsure whether conduct is in breach of the Harassment Policy or if you need assistance to characterise your complaint, you should contact either the

NYSF Director, Fair Work Commission (FWC), WorkSafe ACT or The Australian Human Rights Commission to discuss the incident.

Use common sense. If you have a genuine concern, then you should certainly talk to someone about it. You will not be blamed for speaking out or for failing to let the organisation know earlier.

You should be careful to make sure your understanding of the situation is not based on hearsay, gossip or rumour. Complaints against a person can be damaging, so it is important that you are as sure of your facts as possible.

(b) Step 2 - Consider Resolving the Complaint Yourself

You may be able to resolve the situation yourself by identifying some action that may help. If your complaint is about a person's behaviour, you should consider telling the person that it is not acceptable and/or offensive or hurtful. Sometimes people behave inappropriately without realising it or considering the repercussions.

Telling the person will give them a chance to stop or change what they are doing.

A useful formula for discussing a behavioural issue is: "When you (describe the behaviour)_____ I feel (name your feeling)_____ because (why do you feel this way?)_____ so (what is your desired outcome?)_____"

For example: "When you don't include me in meeting invitations, I feel excluded because I am entitled to attend educators meetings, so please remember to include me in the future."

(c) Step 3 - Report Your Complaint

If you are unable to, or it is inappropriate to resolve the complaint yourself, then explain the problem to your Team Leaders, OH&S Officer and Director. The Team Leaders, OH&S Officer and Director will:

- ~ listen empathetically to your concerns and try to relieve any initial distress you may be feeling;
- ~ suggest and explore options for resolving your complaint and identify possible outcomes;
- ~ support and assist you to resolve the complaint informally; and
- ~ support you and, if you wish, accompany you if you decide to lodge a formal complaint.

However, Team Leaders, OH&S Officer and Director will not investigate or determine the outcome of complaints.

The Team Leaders, OH&S Officer and Director will talk to you about your options including resolving the complaint informally or making a formal complaint, and the process involved in lodging a formal complaint. This will be done on a confidential basis. The person to whom you report your complaint, and any other person who subsequently

may be made aware of your complaint, will treat as confidential the information disclosed. Nothing will be done in relation to your complaint without your agreement, unless inaction might result in a breach of the law or an organisation's legal obligations to a third party (e.g. an insurer).

(d) Step 4 - Resolving Your Complaint Informally

If you have not been able to resolve your complaint yourself (Step 2), it may be possible to have it resolved informally. The Team Leaders, OH&S Officer and Director can talk with you about a range of options for informal resolution. These may include the arranging a discussion between you and the other person or involving other relevant educators in the resolution process. The aim is to come to a resolution of the complaint as quickly as possible through having you and the other person agree on a way to resolve the complaint. This process will not involve an investigation of the complaint. If, however, the complaint is not able to be resolved informally, you can lodge a formal complaint, seeking an investigation.

(e) Step 5 - Lodge a Formal Complaint

A formal complaint may be lodged with your Director. If you lodge a complaint with the Director, they will appoint an appropriate investigator.

At this stage, the investigator will decide whether it is appropriate to deal with your complaint under this procedure. If the investigator considers that your complaint should be dealt with under this procedure, the steps set out below will be followed. If the complaint is not to be dealt with under this procedure, you will be notified accordingly.

In dealing with your complaint, the investigator will set up a meeting to talk through your concerns. You may bring along a trusted person to that meeting and any future meetings if you feel that would help you.

During your interview, the investigator will want to identify any people relevant to your complaint, discuss any evidence that exists, and may seek your views as to what you would like done to resolve your complaint expeditiously (e.g. an apology from the person, a written warning etc.). The investigator will also explain what will happen if the complaint is found to be supported or not supported.

A more formal investigation will then be conducted by the investigator. The investigator will take all reasonable steps to ensure the investigation is fair and unbiased. This means that:

- ~ any person who is affected by the investigation will be given the opportunity to reply to the allegations and evidence made against them;
- ~ the investigator will obtain specialist advice on matters outside their knowledge or expertise; and
- ~ investigations will be carried out as quickly as reasonably practicable and with a degree of confidentiality consistent with the seriousness of the allegations raised.

The investigator will transfer the records of all interviews conducted and all records reviewed that affect the outcome of the investigation to the Director.

49.8 Frequently Asked Questions

- What happens to me during the resolution of my complaint?

The organisation understands that there might be personal implications for a person who raises a complaint under this Harassment Complaint Procedure. The organisation is committed to minimising such implications.

The organisation forbids any employee from acting in a way that penalises or victimises a person who raises a complaint that falls within the scope of this Harassment Complaint Procedure. Failure to abide by this element of the Harassment Complaint Procedure may result in disciplinary action.

- Am I allowed to tell anyone about my complaint?

You may feel the need to tell a trusted friend, family member or colleague about your complaint, but you should be careful and always treat the situation as confidential. If you lodge a formal complaint, then the importance of confidentiality in this process is paramount. You must not discuss the subject matter of an investigation or the fact that an investigation is underway. If you feel you need to talk to a friend or family member about your complaint during the investigation stage, you should first discuss this with the investigator looking into your complaint.

At the initial interview and during the investigation stage, all parties involved will be warned of the consequences if there is a breach of confidentiality.

- Can I raise a complaint anonymously?

Yes, anonymous complaints may be made to the Management, although you are encouraged to disclose your identity to this person who will keep your identity confidential.

However, there are significant limits on the organisation's ability to act on or investigate anonymous complaints. For example, if an anonymous complaint leaves out key facts or information then the organisation might be unable to pursue investigation without taking the risk that other people may realise a complaint has been raised and discover who has made it. There is also the inherent difficulty in resolving disputes about factual matters when the other person has not had a fair chance to debate the point with the complainant.

If your complaint does not involve conduct affecting you, you can make a complaint on the basis that your identity is disclosed to the Management and any person investigating your complaint, but not disclosed to the person against whom the complaint is made. The Organisation will do what it reasonably can to preserve your anonymity in such a case (but you will appreciate that sometimes this is not always practicable if the source of the complaint is fairly obvious).

On receipt of an anonymous complaint, the Management will consider appropriate actions and may refer the complaint to an appropriate investigator.

- What happens if a formal complaint is made against me?

If a formal complaint is made against you, you will be contacted by an investigator. You can seek support and advice from the Contact Officer; however, it must not be the Contact Officer who is providing support to the person making the complaint. In addition to any support you receive from the Contact Officer, educators can access the organisation's Employment Assistance Program.

Throughout the investigation period, you will be treated fairly and will be accorded natural justice. The same obligation of confidentiality to which the complainant is subject, will also apply to you.

- What happens once the investigation of a formal complaint has been completed?

After the investigators have completed the investigation, they will provide a report to the Director.

As soon as practicable of receiving the investigator's report, the Director will consider recommendations in the report and adopt any recommended outcome that he or she considers is appropriate. Director will contact all of the parties to the complaint about the

outcome of the investigation and provide details of any steps that need to be taken as result of the investigation. A report reflecting the outcome of the complaint will also be maintained for record keeping and reporting purposes.

The Director's decision is the final step in this Harassment Procedure and cannot be appealed.

- What are the possible outcomes of raising a formal complaint?

If your complaint proves to be well-founded, the following are possible outcomes (in relation to the person about whom you complain):

- ~ a written apology;
- ~ counselling;
- ~ an official warning;
- ~ steps such as changes in a person's employment duties, appropriate training or monitoring behaviour;
- ~ disciplinary action; or
- ~ referral to relevant regulatory bodies and authorities.

If there is not enough evidence to support your complaint, or if the evidence gathered conflicts and that conflict cannot be reconciled, the following are possible outcomes:

- ~ no further action;
- ~ appropriate training for relevant persons;
- ~ monitoring of behaviour of relevant persons; or
- ~ steps such as changes in a person's employment duties.

If your complaint is unfounded (i.e. the subject of your complaint is not proven) there may be no further action taken. If, however, your complaint was unfounded and not made in good faith, the following are possible outcomes (for you):

- ~ a written apology by you;
- ~ counselling;
- ~ an official warning;
- ~ appropriate training;
- ~ disciplinary action; or
- ~ referral to relevant regulatory bodies and authorities.

50. STAFF COMPLAINTS & GRIEVANCES

Last Update:	30 July 2018	Previously Numbered	4.8
National Quality Standard:	7.1 (Governance), 7.1.2 (Management Systems), 7.2 (Leadership)		

Refer **Annexure N**.

51. OCCUPATIONAL HEALTH AND SAFETY

Last Update:	1 August 2016	Previously Numbered	5.1
References:	A, Q, CC, GG, HH, LL		
National Quality Standard:			
Policy Directive 5.1.1	The health and safety of all employees, children, parents and visitors to the Baringa Childcare Centre is the responsibility of the employer and employee. In fulfilling this responsibility, the employer/employee has a duty to provide and maintain a working environment that is safe and where risk to health is kept as low as reasonably practicable. An Occupational Health and Safety Officer will be appointed by the Director.		

51.1 Requirements

Baringa educators and management are responsible for;

- Providing and maintaining safe systems of work.
- Maintaining the work place in a safe and healthy condition.
- Providing information, training and supervision for all employees enabling them to work in a safe and healthy manner.
- Maintain information and records relating to employee's health and safety.
- The health & safety of themselves, the children in their care, their colleagues & any visitors

The employer is responsible for the implementation and monitoring of this policy. In fulfilling the objectives of this policy, the employer is committed to regular consultation with employees to ensure that the policy operates effectively and that health and safety issues are regularly reviewed.

51.2 Duties

(a) OH&S Officer

- ~ Regular equipment checks.
- ~ Regular chemical compliance checks.
- ~ Monitoring educators Manual Handling procedures.
- ~ Maintaining first aid boxes.
- ~ Reviewing cleaning and disinfecting procedures.
- ~ Documenting (or reporting where necessary) incidents & accidents.
- ~ Ensuring information is available to all educators & visitors

(b) Educators

- ~ Ensure that children, parents and visitors to Baringa are not exposed to risk to their health or safety and are free from harm.
- ~ Observe, implement and fulfil the responsibilities under the "Work Health & Safety Act 2011" and the 'Childcare Act 2002'.
- ~ Follow the correct manual handling procedures.

- ~ Take all reasonably practical steps for their own health and safety and of others affected by their actions at work.
- ~ Ensure work areas are safe and help reduce accidents to themselves and others.
- ~ Employees to inform employer of any incidences and accidents with the work place as soon as practicable.

(c) Baringa Childcare Centre Occupational Health and Safety

- ~ Follow correct record keeping procedures for incidences and accidents etc.
- ~ Report any potential and actual hazards in the work place to the OH&S officer.
- ~ Check children's equipment regularly.
- ~ Supervise children at all times.
- ~ Store all dangerous chemicals appropriately.
- ~ Keep children out of kitchen areas.
- ~ Ensure all power points have safety plugs.
- ~ Do not have hot drinks around children.
- ~ Shut and lock all gates behind you.
- ~ Clean up all spills immediately (to prevent slipping)

All safety procedures covered under other policies e.g., Behaviour management, nutrition, medication etc., will apply under this policy.

52. **BACK INJURY PREVENTION**

Last Update:	1 August 2016	Previously Numbered	5.1
References:	A, Q, CC, GG, HH, LL		
National Quality Standard:			
Policy Directive 5.1.2	The risk of back injury in Childcare educators and other educators will be minimised by applying the principles of back care and correct lifting technique.		

52.1 **Background**

Childcare educators are at risk of work related ergonomic injuries, particularly back injuries, through carrying children, bending, reaching and not using adult sized furniture.

52.2 **Requirements**

This procedure applies to all educators, volunteers and students.

52.3 **Responsibilities**

(a) Room Leader

- ~ Implementation of this procedure in areas under their control and making available adequate resources.
- ~ Ensuring appropriate consultation with employees and others in determining this procedure.

- ~ Ensuring Safe Work Method Statements are prepared for the activities covered by this procedure and included in manual handling and risk control measures.
- ~ Ensuring induction for new employees addresses the requirements of this procedure.
- ~ Ensuring the provision of manual handling training and information for educators, displaying back care posters showing correct methods of lifting, and developing strategies for minimising risks such as educators mentoring each other, encouraging core strength awareness and discussion in meetings etc.
- ~ Providing adult height utilities and equipment for educators use, and self-help child equipment such as child height toilets and step stools.
- ~ Ensuring that any and all uncontrolled copies for the purposes of workplace reference are withdrawn and replaced with a current copy following document revision.

(b) Employee

- ~ Employees are responsible and accountable for:
- ~ Ensuring compliance with the requirements of this procedure.
- ~ Reporting any on site hazards to their supervisor.
- ~ Participating in the Risk Management process and development of Safe Work Method Statements and Risk Assessments.
- ~ Co-operating with Team Leaders/Supervisors with their efforts to provide a safe workplace.

52.4 Procedures

To minimise the risk of back injury in children's services, educators will:

- Use adult height utilities and equipment, including sinks and change tables.
- Use small chairs with good back support instead of squatting or bending for interaction with children.
- Use an adult feed chair for feeding infants, or sit in a low chair with good back support at child level.
- Use drop sides on cots.
- Use beds that are light weight and stackable with washable mattresses
- Have shelving, filing cabinets and storage cupboards at a suitable height to avoid stretching to reach them.
- Use child sized ladders for nappy changing.
- Where possible kneel rather than bend to avoid back problems.
- Carry children only when necessary, in the correct way - with one arm under the child's buttocks and the other arm supporting the child's back. At the same time hold the child facing you, as close to your body as possible. Try to avoid carrying a child on your hip because this will strain your back.
- Be careful to lift with a balanced and comfortable posture when lifting awkward loads.

- Minimise the need to reach above shoulder level and use a step ladder.
- Avoid extended reaching forward e.g. leaning into low equipment boxes. Share the load if the equipment is heavy, long or awkward.
- Ask for help and organise a team lift when sliding, pulling or pushing equipment.
- Use equipment and furniture that can be moved around safely and easily and comfortably as possible.
- Place lighter items higher on shelves.
- Lift furniture using at least two or more people.
- Where possible arrange children's activities, sleep around furniture, and equipment to minimise manual handling.
- Minimise lifting of children by having steps/foot stools/ladders in areas where lifting of children is likely to be needed, such as nappy change rooms.

52.5 Competencies

(a) Team Leader

Understanding of the:

- ~ Work activities performed by their educators and contractors.
- ~ Service workplace.
- ~ Requirements of the NSW Children's Services Regulations
- ~ Successful completion of Manual Handling Course

(b) Educators

- ~ Successful completion of Manual Handling Course



Part 5 - Policies and Procedures – Families

53. WAITING LIST AND PRIORITY OF ACCESS

Last Update:	1 August 2016	Previously Numbered	2.1
References:	W		
National Quality Standard:			
Policy Directive 2.1.1	Due to the high demand for Childcare, 'Priority of Access' guidelines will be consistent with those which have been set by the Federal Government (Department of Family and Community Services). Placement on the Baringa Childcare Centre waiting list is offered to families who have visited Baringa Childcare Centre.		

Families are required to forward the Waiting List Application ([Annexure A](#)) to the Centre Director at or following a visit to the Centre.

When considering placement of families on the waiting list priority is given to families where the custodial parent(s) are either:

- Actively working; or
- Actively seeking work; or
- Full time or part time student(s).

54. ENROLMENT AND ORIENTATION OF NEW FAMILIES

Last Update:	1 August 2016	Previously Numbered	2.2
References:			
National Quality Standard:			
Policy Directive 2.2.1	All families who use Baringa Childcare Centre service have a right to know how the centre operates and how their children will be cared for, will feel welcome and that they feel free to visit at any time.		

54.1 Requirements

Parents/Guardians will complete the Enrolment Form ([Annexure T](#)) and make a Contract of Care ([Annexure S](#)) with the Centre at the time of enrolment of a child/ children and will be invited to bring the child/children for a tour of the Centre.

- Parents will be informed that:
- The Centre is open from 7.30 am to 6:00 pm, Monday to Friday.
- The Centre is closed on Public Holidays and usually between Christmas Day and New Year's Day.
- Two weeks-notice must be given when withdrawing a child from the Centre.

Parents are welcome to visit the Centre at any time of the day and participate in the Centre's activities and they will have the opportunity to look at and discuss;

- Programmes
- Policies and procedures Manual
- Accreditation Committee

- Meet Educators
- Parental Involvement
- Educators development programmes
- Newsletters
- KidsXap

Baringa Childcare Centre educators will:

- Share Parent Handbook
- Answer queries etc.
- Direct their attention to items related to helping child(ren) settle into the Centre environment.
- Enquire as to whether parents/guardians would like any material translated into a different language.
- Ensure that an enrolment form is completed in full.
- Encourage parents to consider an induction. This enables the child and parent to settle in and interact with other children and educators, establishing relationships and familiarising faces.
- Invite parents to make an appointment for the induction of the child(ren) into the Centre. (Refer 3.3 Settling In) where they will be advised on what to bring.
- Advise parents to become familiar with the Baringa Childcare Policy and Procedure Manual.

55. ACCEPTANCE AND REFUSAL OF AUTHORISATION POLICY

Last Update:	28 November 2017	Previously Numbered	2.3
References:	Q		
National Quality Standard:			
Policy Directive 2.3.1	Education and Care Services National Regulations require parent or guardian authorisation to be provided in matters relating to administration of medication, medical treatment of the child including transportation by an ambulance service, collection of children from the service and excursions (including regular outings).		

55.1 Background

This policy outlines authorisations requirements for services and actions to be taken where an authorisation submitted by parents or guardians is incomplete and therefore could lead to refusal to enact the authorisation.

55.2 Authorisation requirements

Authorisation documents are required for the following situations and must have details recorded as specified:

Administration of medication

- The name of the child.

- The authorisation to administer medication, signed by a parent or person named in the child's enrolment record as authorised to consent to administration of medication.
- The name of the medication to be administered.
- The time and date the medications is to be administered.
- The dosage of the medication to be administered.
- The period of authorisation from and to.
- The date the authorisation is signed.

Medical treatment of the child including transportation by an ambulance service (included and authorised initially as part of the child's enrolment record):

- The name of the child.
- Authorisation to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service.
- Authorisation for the transportation of the child by an ambulance service.
- The name, address and telephone number of the child's registered medical practitioner
- The name of the parent or guardian providing authorisation.
- The relationship to the child.
- The signature of the person providing authorisation and date.

Emergency medical treatment (included and authorised initially as part of the child's enrolment record or as updates during enrolment):

- The service is able to seek emergency medical assistance for a child as required without seeking further authorisation from a parent or guardian in the case of an emergency (i.e. medical practitioner, ambulance or hospital) including for those emergencies relating to asthma and anaphylaxis.

Collection of children (included and authorised initially as part of the child's enrolment record or as updated during enrolment):

- The name of the child
- The name of the parent or the guardian of the child providing authorisation.
- The name of the person/s authorised by the parent or guardian to collect the child from the premises.
- The signature of the person providing authorisation and date.

Excursions (including regular outings) If the excursion is a regular outing, the authorisation is only required to be obtained once in a 12- month period, otherwise the following is required:

- the child's name; and
- the reason the child is to be taken outside the premises; and
- the date the child is to be taken on the excursion (unless the authorisation is for a regular outing); and
- a description of the proposed destination for the excursion; and

- the method of transport to be used for the excursion; and
- the proposed activities to be undertaken by the child during the excursion; and
- the period the child will be away from the premises; and
- the anticipated number of children likely to be attending the excursion; and
- the anticipated ratio of educators attending the excursion to the anticipated number of children attending the excursion; and
- the anticipated number of staff members and any other adults who will accompany and supervise the children on the excursion; and
- that a risk assessment has been prepared and is available at the service.

55.3 Confirmation of Authorisation

All authorisation forms received (other than the initial enrolment form) from parents or guardians are to be checked for completion and checked that the authoriser (name and signature) is the nominated parent or guardian on the enrolment form.

We accept authorisations through KidsXap, where they have been processed by the nominated Parent and Guardian.

If incomplete or inappropriately signed, the authorisation form should be returned to the parent or guardian for correction.

Unless confirmation has been proven, the activity will be suspended for the child's participation until the form has been completed and authorised correctly.

56. DELIVERY AND COLLECTION OF CHILDREN

56.1 General

Last Update:	1 August 2016	Previously Numbered	2.6
References:	A, Q		
National Quality Standard:			
Policy Directive 2.6.1	Children will be delivered and collected on time by parents / carers or a person authorised by the parent / carer.		

A child will only be given into the care of a parent or person authorised by the parent subject to the requirements of our Policy.

Notice by telephone or by using either the Child Collection Form (ONE-OFF) or Child Collection Form (ONGOING) should be given to the Centre if someone else is picking up your child. If this notice is not given, and contact cannot be made with the parent, the child will not be permitted to leave the Centre.

Discretion and common sense will be applied by the Centre to ensure the safety and welfare of the child in the event of an emergency or unforeseen circumstance, when neither the parent, nor person authorised by the parent, can collect the child.

If the person collecting the child appears to be intoxicated or under the influence of drugs and educators feel that person is unfit to take responsibility of the child, they are to bring the matter to the person's attention before releasing the child into their care. Wherever possible such discussion is to take place without the child being present. Educators are to suggest they contact the other parent or emergency numbers from the enrolment care, inform them of the situation and request they collect the child as soon as possible. If the person refuses to allow the child to be

collected by another authorised person, educators cannot prevent a parent from collecting a child but do have a moral obligation to persuade a parent to seek alternate arrangements if they feel the parent is in an unfit state to accept responsibility of the child.

Parents are required to let educators know when;

- Someone other than the parent is picking up the child.
- The child is sick
- The child is going on holidays
- Any allergies or health problems the child may have
- Custody/access arrangements have changed.
- They are leaving the Centre with their child
- Late fees apply if you are late to collect your child. These fees are to cover increased educators costs. The fees are \$15 for the first 5 minutes & \$5 for every 5 minutes thereafter.

56.2 Signing In/Out

Last Update:	1 August 2016	Previously Numbered	2.6
References:	A, Q		
National Quality Standard:			
Policy Directive 2.6.2	Parents are responsible for signing children in and out of Baringa Childcare Centre.		

Children must be signed in and out of the Centre each day by the parent or person authorised by the parent. Failure to correctly complete the sign-in book may affect the parents Childcare Benefit (CCB).

Identification in the form of a driver's license will be asked if the person collecting the child is unknown to the educators.

56.3 Late Collection

Last Update:	30 July 2018	Previously Numbered	2.6
References:	A, Q		
National Quality Standard:			
Policy Directive 2.6.3	Baringa Childcare Centre may make arrangements for collection of the child without parental consent where children are not collected.		

In the event of a child not being collected educators would assess the situation case by case in consultation with the Director where possible or Assistant Director. Collection or alternative arrangements will be made. Parents will be notified as soon as practicable.

57. **FEES & PAYMENT OF FEES**

Last Update:	30 July 2018	Previously Numbered	8.2
National Quality Standard:	7.1.2 (Management Systems), 7.1.3 (Roles & Responsibilities)		
National Regulations	168(2)(n) and 172		

Refer **Annexure M**.

58. **PARENT AND CARER GRIEVANCES**

Last Update:	1 July 2010	Previously Numbered	2.9.1
References:			
National Quality Standard:			
Policy Directive 2.9.1	It is the intention of this policy to set forward the process to resolve disputes. It is agreed that the policy shall in good faith, attempting to resolve any matters by direct negotiation and consultation.		

Any grievance or dispute which arises shall, where possible, be settled by discussion with the Director.

If the matter is not resolved at this level, the matter will be further discussed between the affected person or persons and be taken to the Two Board members at a time agreeable to both parties, if deemed relevant the Director of the Centre may be present.

If no agreement is reached, the Board or affected party may involve the office of Family and Community Services.

Opportunity is given to all parents or carers to offer feedback at any time via the 'Parent Evaluation Form' available on the Centre web site or from the Office.



Part 6 - Policies and Procedures – Governance

59. **SOCIAL INCLUSION AND CULTURAL DIVERSITY**

Last Update:	28 November 2017	Previously Numbered	5.3
References:	Q, FF		
National Quality Standard:			
Policy Directive 5.3.4	Educators will promote social inclusion and cultural diversity.		

- Baringa will promote and value cultural diversity and equity for all children, families and educators from diverse cultural and linguistic backgrounds;
- Baringa will recognise that children and adults from all cultures have similar needs and that each person is unique and valuable;
- Baringa will endeavour to provide a foundation that instils in each child a sense of self identity, dignity and tolerance for all people;
- Baringa will avoid common stereotypes and recognise individual differences within a cultural or ethnic group;
- Baringa will assist wherever possible families who are new to Australia with a transition to a new and different culture;
- Our educators will broaden their own cultural and ethnic group awareness and help children to understand themselves in relation to their family, community and other cultures;
- Our educators will be actively involved in the development of appropriate resources, support and implement an anti-bias, cross cultural program throughout Baringa's environment which is reflective of all families/children and the diversity present in Australian society and network with community agencies involved with cross cultural issues wherever possible;
- Our educators will be actively involved with children, showing respect, sharing ideas and experiences and asking questions;-
- Our educators will access and make available, resources and information supporting the delivery of anti-bias concepts in the program and attend regular training courses as required. Such resources will be integrated into the daily program and be made available to families;-
- Our educators will reflect on Baringa's philosophy and ensure that practices and attitude concur with the philosophy;-
- Our educators will work with families to encourage positive attitudes to diversity and an ant-bias ethos;-
- Our educators will ensure that all visitors to the service are aware of these practices and respect these values;
- Educators will provide learning experiences which reflect different cultures though the use of language, books, music and food;-
- Educators will encourage children to bring in real objects and artefacts used by their families that may be historical or typical of that child's/family's cultural group including food; and
- Educators will help children to develop an understanding and respect for physical, racial, religious and cultural difference.

- Our educators will practice all-encompassing and socially inclusive care.
- The program will recognise, value and reflect the social and cultural diversity of our community.
- Our educators will role model and actively encourage appropriate behaviours.
- Our educators will work closely with family members in order to cooperatively overcome instances of bullying.
- Our educators will empower children by giving them responsibilities that will make them feel valued.
- Our educators will help children deal with their anger. This includes offering alternative dispute resolution techniques that are socially acceptable.
- Our educators will seek the support of children's services professionals when it is necessary.
- Our educators will respond promptly to children's aggressive or bullying behaviour

60. GOVERNANCE AND DELEGATIONS

Last Update:	30 July 2018	Previously Numbered	
National Quality Standard:	7.1 (Governance), 7.1.2 (Management Systems), 7.2 (Leadership)		

Refer **Annexure W**.

61. CONTINUOUS IMPROVEMENT

Last Update:	August 2016	Previously Numbered	8.6
References:			
National Quality Standard:			
Policy Directive 8.6.1	Continuous Improvement will provide parents and children with the best services we can achieve with our resources. Baringa Childcare Centre is committed to providing a high quality service at all times and seek to continually improve based on review of services and feedback from stakeholders.		

61.1 Background

Baringa Childcare Centre offers a comprehensive integrated service including care, education, health, safety and nutrition programs which seek to foster all aspects of children's development – physical, social, emotional, intellectual and moral, to provide support for families and all who care for young children.

61.2 Requirements

The educators and management at Baringa are committed to meeting current regulations, principles of accreditation and code of ethics in order to abide by our philosophy and reach our goals.

To continue to improve our services, the following actions are required by the Centre:

- The Centre philosophy is to be revised on an annual basis to meet community changes as appropriate.
- The current version is available on the website

- Yearly reviews on all Centre policies and more detailed lists of procedures.
- More family involvement in the overall decision making processes.
- Additions to equipment and resources to enable more integration of children with additional needs.
- More qualified educators.
- More training and workshops made accessible to employees and parents.

61.3 Procedures

At the time of accreditation;

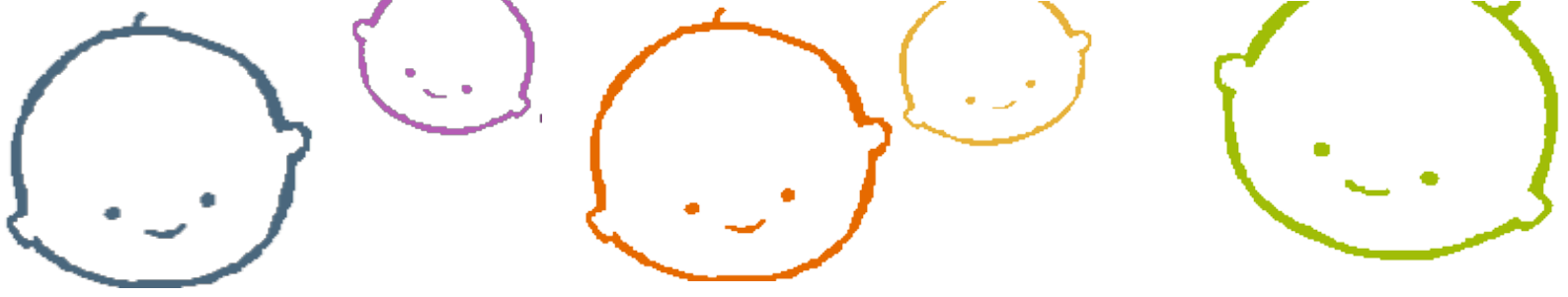
- Parents and educators will be issued with an evaluation form in order to gather appropriate feedback.
- A self-evaluation will be completed by the Centre Director.

Evaluations may help identify any areas for improvement in which case quality improvement plans may be implemented to ensure Baringa Childcare Centre is able to maintain a high level of quality service.

62. PRIVACY

Last Update:	31 July 2018	Previously Numbered	8.5
National Quality Standard:	7.1 (Governance), 7.1.2 (Management Systems)		

Refer **Annexure N**.



Part 3 – Annexures

Annexure A – Baringa Childcare Centre Waiting List Application

Annexure B – Clothing and Belongings: What is Required and What is Not Permitted

Annexure C – Excursion Preparation Form

Annexure D – General Hygiene

Annexure E – Toileting and Washing

Annexure F – Rendering First Aid

Annexure G – Exclusion Policy

Annexure H – Nappy Changing Procedure

Annexure I – Food Hygiene Procedure

Annexure J – Formula Bottle Heating Procedure

Annexure K – Dangerous Goods Action Plan

Annexure L – Emergency Evacuation Procedure

Annexure M – Fees and Payment of Fees

Annexure N – Privacy

Annexure O - Staff Complaints and Grievances

Annexure P – Association Membership Application

Annexure Q – Baringa Childcare Centre Association Inc. Board Nomination

Annexure R – Staff Conduct & Performance

Annexure S – Contract of Care

Annexure T – Enrolment Form

Annexure U – Expressed Breast Milk (EBM) Heating Procedure

Annexure V – Induction Checklist of Volunteers/Students

Annexure W – Governance and Delegations

Annexure X - Reference Schedule

Reference	Website
A. ACT Health	http://www.health.act.gov.au/our-services
B. National Association for Prevention of Child Abuse and Neglect	www.napcan.org.au
C. Cancer Council ACT	www.actcancer.org
D. Staying Healthy in Childcare 4 th Edition	www.nhmrc.gov.au/publications/synopses/ch43_syn.htm
E. United Voice (nominated Educators Union)	www.UnitedVoice.org.au
F. Children Services Award 2010	https://www.canberrabusiness.com/
G. Australian Government - Department of Education	https://docs.education.gov.au/system/files/doc/other/ed14-0053_child_care_service_handbook_final.pdf
H. Care Service Handbook 2006-2007	
I. Privacy Act 2004	www.austlii.edu.au/au/legis/cth/consol_act/paa2004188 http://www.austlii.edu.au/au/legis/cth/consol_act/paa2004188
J. Sids and Kids	www.sidsandkids.org/offices/act-region
K. Kids @ Play	http://www.health.act.gov.au/healthy-living/kids-play
L. Australian Dental Association	www.ada.org.au
M. Poisons Information	http://www.health.act.gov.au/public-information/consumers/emergency-contacts
N. ACT Government – Community Services	http://www.communityservices.act.gov.au/ocyfs
O. National Health and Medical Research Council	www.nhmrc.gov.au
P. National Heart Foundation	www.heartfoundation.org.au
Q. ACECQA - Australian Children's Education & Care Quality Authority	http://www.acecqa.gov.au/
R. Children & Young People Act 2008	http://www.legislation.act.gov.au/a/2008-19/current/pdf/2008-19.pdf
S. S Kidsafe ACT Additional needs	http://www.kidsafeact.org/about.html
T. Fair Work Commission	https://www.fwc.gov.au/
U. Department of Human Services	https://www.humanservices.gov.au/
V. Human Rights and Equal Opportunity Commission	www.hreoc.gov.au ((WAS U))

W.	ACT Government – Community Services	<u>http://www.communityservices.act.gov.au/ocyfs(V)</u>
X.	**Not Used**	
Y.	**Not Used**	
Z.	Environmental Protection Act	<u>http://www.legislation.act.gov.au/a/1997-92/default.asp</u>
AA.	Childcare Act 1972	<u>https://www.legislation.gov.au/Details/C2016C00512</u>
BB.	AS/NZS Food Standards 3.2.1	<u>http://www.foodstandards.gov.au/Pages/default.aspx</u>
CC.	Occupational Health and Safety Act 2000	<u>http://www.worksafe.act.gov.au/page/view/2798</u>
DD.	Associations Incorporation Act 1991 and Associations Incorporation Regulations 1991	<u>www.legislation.act.gov.au/a/1991-46/default.asp</u> and <u>www.legislation.act.gov.au/sl/1991-31/default.asp</u>
EE.	Children and Young People Legislation Amendment Act	<u>http://www.legislation.act.gov.au/a/2001-14/default.asp</u>
FF.	NSW Children's Services Regulations 2011	<u>http://www.legislation.nsw.gov.au/#/view/regulation/2004/260/whole</u>
GG.	Workers Compensation Act 1951 (ACT)	<u>http://www.legislation.act.gov.au/a/1951-2/default.asp</u>
HH.	Health & Safety in Children's Centres: Model Policies & Practices 2003	<u>http://catalogue.nla.gov.au/Record/937192</u>
II.	II Dangerous Substances (General) Regulation 2004	<u>http://www.legislation.act.gov.au/sl/2004-56/current/pdf/2004-56.pdf</u>
JJ.	**Not Used**	
KK.	**Not Used**	
LL.	Young Children's Behaviour 2 nd Edition	
MM.	The ACT Children and Young People's Commitment 2015 - 2025	<u>http://www.communityservices.act.gov.au/_data/assets/pdf_file/0008/798785/CSD_CYPSC_A4_web.pdf</u>
NN.	Fair Work Commission	<u>https://www.fwc.gov.au/</u>
OO.	ACT Inclusion Support Agency	<u>http://www.sdn.org.au/</u> (Phone: 6287 3330 / 1800 228 772)
PP.	Parent Link Website	<u>www.parentlink.act.gov.au</u>
QQ.	Anti-Discrimination Law Act 1991	<u>http://www.legislation.act.gov.au/a/1991-81/</u>
RR.	WorkSafe ACT	<u>www.worksafe.act.gov.au</u>
SS.	Australasian Society of Clinical Immunology and Allergy (ASCIA)	<u>https://www.allergy.org.au/</u>

- TT. National Asthma Council Australia <https://www.asthmaaustralia.org.au>
- UU. Australian Diabetes Council <http://www.nfpfoundation.org.au/organisation/australian-diabetes-council>
- VV. Epilepsy Action Australia <https://www.epilepsy.org.au/>
- WW. Department of Human Service (DHS) – Assistance with Childcare fees <https://www.humanservices.gov.au/individuals/subjects/assistance-child-care-fees>
- XX. DEEWR Child Care Service Handbook <https://docs.education.gov.au/node/29700>
- YY. Australian Tax Office – Child Care Services <https://www.ato.gov.au/business/small-business-benchmarks/in-detail/benchmarks-a-z/a-c/child-care-services/>

Annexure Y – National Quality Standards

NQS Area 1 Educational Program & Practice	Program	The educational program enhances each child's learning and development.
	Approved Learning Framework	Curriculum decision-making contributes to each child's learning and development outcomes in relation to their identity, connection with community, wellbeing, confidence as learners and effectiveness as communicators.
	Child-Centred	Each child's current knowledge, strengths, ideas, culture, abilities and interests are the foundation of the program.
	Program Learning Opportunities	All aspects of the program, including routines, are organised in ways that maximise opportunities for each child's learning.
	Practice	Educators facilitate and extend each child's learning and development.
	Intentional Teaching	Educators are deliberate, purposeful, and thoughtful in their decisions and actions.
	Responsive Teaching & Scaffolding	Educators respond to children's ideas and play and extend children's learning through open-ended questions, interactions and feedback.
	Child directed learning	Each child's agency is promoted, enabling them to make choices and decisions that influence events and their world.
	Assessment and Planning	Educators and co-ordinators take a planned and reflective approach to implementing the program for each child.
	Assessment and Planning Cycle	Each child's learning and development is assessed or evaluated as part of an ongoing cycle of observation, analysing learning, documentation, planning, implementation and reflection.
	Critical Reflection	Critical reflection on children's learning and development, both as individuals and in groups, drives program planning and implementation.
Information for Families	Families are informed about the program and their child's progress.	
NQS Area 2	Health	Each child's health and physical activity is supported and promoted.

Children's Health & Safety	Wellbeing and Comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation.
	Health Practice and Procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
	Healthy Lifestyle	Healthy eating and physical activity are promoted and appropriate for each child.
	Safety	Each child is protected.
	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
	Incident and Emergency Management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
	Child Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.
NQS Area 3 Physical Environment	Design	The design of the facilities is appropriate for the operation of a service.
	Fit for Purpose	Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child.
	Upkeep	Premises, furniture and equipment are safe, clean and well maintained.
	Use	The service environment is inclusive, promotes competence and supports exploration and play-based learning.
	Inclusive Environment	Outdoor and indoor spaces are organised and adapted to support every child's participation and to engage every child in quality experiences in both built and natural environments.
	Resources support play-based learning	Resources, materials and equipment allow for multiple uses, are sufficient in number, and enable every child to engage in play-based learning.
	Environmentally Responsible	The service cares for the environment and supports children to become environmentally responsible.
NQS Area 4	Staffing arrangements	Staffing arrangements enhance children's learning and development.

Staffing Arrangements	Organisation of educators	The organisation of educators across the service supports children's learning and development.
	Continuity of staff	Every effort is made for children to experience continuity of educators at the service.
	Professionalism	Management, educators and staff are collaborative, respectful and ethical.
	Professional collaboration	Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills.
	Professional standards	Professional standards guide practice, interactions and relationships.
NQS Area 5 Relationships with Children	Relationships between educators and children	Respectful and equitable relationships are maintained with each child.
	Positive educator to child interactions	Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included.
	Dignity and rights of the child	The dignity and rights of every child are maintained.
	Relationships between children	Each child is supported to build and maintain sensitive and responsive relationships.
	Collaborative learning	Children are supported to collaborate, learn from and help each other.
	Self-regulation	Each child is supported to regulate their own behaviour, respond appropriately to the behaviour of others and communicate effectively to resolve conflicts.
NQS Area 6 Collaborative Partnerships with Families and Communities	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role.
	Engagement with the service	Families are supported from enrolment to be involved in the service and contribute to service decisions.
	Parent views are respected	The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child's learning and wellbeing.
	Families are supported	Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing.
	Collaborative partnerships	Collaborative partnerships enhance children's inclusion, learning and wellbeing.

	Transitions	Continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities.
	Access and participation	Effective partnerships support children's access, inclusion and participation in the program.
	Community engagement	The service builds relationships and engages with its community.
NQS Area 7 Governance & Leadership	Governance	Governance supports the operation of a quality service.
	Service philosophy and purpose	A statement of philosophy guides all aspects of the service's operations.
	Management systems	Systems are in place to manage risk and enable the effective management and operation of a quality service.
	Roles and responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service.
	Leadership	Effective leadership builds and promotes a positive organisational culture and professional learning community.
	Continuous improvement	There is an effective self-assessment and quality improvement process in place.
	Educational leadership	The educational leader is supported and leads the development and implementation of the educational program and assessment and planning cycle.
	Development of professionals	Educators, co-ordinators and staff members' performance is regularly evaluated and individual plans are in place to support learning and development.