



Murrindindi Family Day Care



POLICY AND PROCEDURE MANUAL 2023



Murrindindi
Shire Council

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POLICY 1 - CHILDREN’S HEALTH AND SAFETY POLICY

PURPOSE:

We have policies to ensure the health and safety needs of all children in our programs in respect of:

- A. Nutrition, food and beverages, dietary requirements
- B. Food safety
- C. Sun Protection
- D. Water Safety
- E. Hygiene
- F. Oral Hygiene
- G. Nappy Changes
- H. Physical Activity
- I. Sleep and rest

POLICY STATEMENT:

As a health promoting service we will promote positive social and emotional wellbeing for children, educators, staff and families through learning, policies, creating a safe and healthy physical and social environment, and developing community links and partnerships.

SCOPE:

This Policy applies to the Approved Provider, the Family Day Care Coordination Unit, Educators working under the Family Day Care scheme and families.

LEGISLATION AND STANDARDS:

Relevant legislation and standards include but are not limited to:

Education and Care Services National Regulations.	National Quality Area	National Quality Standard/Element
81,82,83,86,100,103,105,110,113,114,115,161,166,168,170,171, 172,176	2	2.1,2.1.1,2.2.1,2
	3	3.1,3.1.1,3.1.2,3.2.2
	4	4.2.2
	5	5.1,5.1.2,5.2.2
	6	6.21,6.2.2

A. NUTRITION, FOOD AND BEVERAGES, DIETARY REQUIREMENTS

Background

Healthy eating and good nutrition have a major influence on children’s health and wellbeing and a direct impact on their growth and development. Establishing healthy eating habits in childhood encourages good eating habits in later life.



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Whole Service engagement

It is recognised that every member of the service impacts on children's health and can contribute to creating an environment that promotes healthy eating. All members of the service including educators, staff, children, families and volunteers are supported in implementing this policy.

Definitions

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

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

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

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

'Discretionary'/'Sometimes' food and drink: Discretionary/Sometimes food is high in fat, sugar and salt or a combination of these.iii They typically have very little nutritional value and are often processed and packaged.

Examples of discretionary food include:

- chocolate, confectionery, jelly
- sweet biscuits, high fat/salt savoury biscuits, chips
- high sugar/high fat cakes and slices
- cream, ice cream
- deep fried foods (e.g. hot chips) and pastry based foods (pies, sausage rolls and pasties)
- most fast food and takeaway foods
- some processed meats (e.g. sausages, frankfurts/hot dogs, salami, strasbourg, devon, some commercial chicken nuggets and fish fingers)
- soft drinks, fruit juice and fruit drinks, cordial, sports drinks, energy drinks, flavoured milk and flavoured mineral water

Procedure

We follow the Australian Guide to healthy eating.

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

Where children have food allergies confirmed by a medical practitioner, services will actively adhere to the medical recommendations, and ensure that it is communicated to those persons who directly care for the child.

When allergies or sensitivities are identified it is a requirement that a Risk Minimisation Plan is completed by the family with the Educator • Note: Some medical conditions require a dietary intake of certain foods that conflicts with national nutritional guidelines. For example some children with Fructose intolerances may need reduced or limited fruit intakes. In such instances, the medical needs of the child will outweigh the national nutritional guidelines.

A healthy body image and an enjoyment of eating will be promoted.

Food and drink are not used as an incentive, bribe or reward at any time.

Educators will be supported to access professional development and resources to enable them to deliver healthy eating education.



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RESPONSIBILITIES:

The Approved Provider is responsible for

Providing families with information and ideas on how to provide nutritious foods and the importance of a healthy diet for young children.

The Family Day Care Educator is responsible for:

Providing families with information and ideas on how to provide nutritious foods and the importance of a healthy diet for young children.

Modelling healthy eating behaviours to children by sitting with the children at snack and meal times. This provides the opportunity for discussions and conversations about healthy choices and demonstrating routines that promote a healthy balanced lifestyle .

Planning mealtimes to be positive, relaxed and social where children are able to develop independence in serving and self-feeding.

Encouraging children to eat but not forcing children to eat food they do not like or to eat more than they need.

Supporting children to recognise when they are hungry or full.

If an educator provides all of the children's food, a weekly menu will be displayed describing the food to be provided each day, if the educator only provides snacks, information about what is provided in the snacks will be displayed.

Ensuring that fruit and vegetables are provided every day. At times extra meals or snacks may be provided as part of a planned cooking experience in our service.

Providing children with learning opportunities around growing, cooking, preparing and eating healthy food.

Recognising and celebrating special occasions with limited use of 'sometimes' food which is safe for all children in care on that day to eat.

Considering a child's family values, home environment and cultural background when planning the food the children are to eat and the nutrition activities to be offered.

Providing nutritious food that is varied, adequate in quantity, and appropriate to the children's growth, cultural and developmental needs. Fruit and vegetables are encouraged every day and 'sometimes' foods and drinks are discouraged. (See *Guidelines*) The quality and quantity of food provided (as above) will meet the child's nutrient and energy needs in proportion to the amount of time spent in care.

Preparing formula used for babies as needed.

Encouraging and supporting parents to attend the service for breastfeeding their child

The Family is responsible for:

Providing all required supplies, equipment and instructions to ensure baby formula is prepared safely.

Parents may choose to supply expressed breast milk for their child while in family day care or they may choose to come to the service to breast feed their child.

Providing nutritious food that is varied, adequate in quantity, and appropriate to the children's growth, cultural and developmental needs. Fruit and vegetables are encouraged every day and 'sometimes' foods and drinks are discouraged. (See *Guidelines*) The quality and quantity of food provided (as above) will meet the child's nutrient and energy needs in proportion to the amount of time spent in care.



B. FOOD SAFETY

RESPONSIBILITIES:

The Approved Provider is responsible for

Providing families with information and ideas on how to store and use food safely via the regular monthly newsletters.

Encouraging Educators who provide meals and/or snacks for children to complete a Food Safety Supervisor level 1 certificate.

Ensuring FDC premises or venues have facilities to cook or heat food, washing up facilities, and refrigerated storage facilities.

The Family Day Care Educator is responsible for:

Ensuring that cleanliness is observed where the food and beverages are stored, handled and prepared.

Ensuring that food and beverages on the premises intended for consumption are protected from contamination at all times

Ensuring that food offered to children is age appropriate from both dietary and safety perspectives (choking).

Educators providing food to children with allergies must ensure that the food provided is safe for them to eat and will not cause an adverse reaction.

FDC premises must have facilities to cook or heat food, washing up facilities, and refrigerated storage facilities.

Ensuring food is served safely to children. This includes hand washing, having a designated eating area, not sharing cutlery, crockery or utensils, using tongs if food is from a shared platter.

The Family is responsible for:

Providing safe, healthy food in appropriate containers for their children to eat during the day.

PROCEDURE

Purchase of supplies (if applicable)

Ensure that:

Package labels are in English or educator's home language and contain the name of the food

Food is lot or date marked

Perishable food is kept at 5° Celsius or below

Frozen food remains frozen

Packages are not damaged so that food remains uncontaminated

Refrigerated and frozen foods are placed in cold storage as soon as possible

Storage of food

Check lunch boxes for perishable items, store in refrigerator if necessary.

Check that food is in edible condition.



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Perishable foods must be stored at 5° Celsius or below.

Frozen foods must be stored at -15° Celsius or below.

Hot foods must hold a core temperature of 70° Celsius or above.

So that cross contamination is avoided all foods must be covered during storage, different food types must be stored separately and cooked foods must be stored above raw foods.

Food must be stored so that contamination with chemicals is avoided.

Food is rotated, using 'first in – first out' principal.

Food must be used within the use-by-date.

Food which has been cooked must be consumed within three days of cooking.

Cooling of food

Cooked food must be cooled as quickly as possible, ensuring that it is cooled throughout, and then stored in the refrigerator.

Reheating of food

Reheated food must be heated so that the temperature reaches 70° Celsius or above, and stay at that temperature for two (2) minutes. Food is best reheated in a microwave and eaten immediately. Hot food not eaten immediately must be kept at 70C or above or cooled and refrigerated.

Food preparation procedures

Vegetables must be washed in potable (drinkable) water. Frozen food must be thawed in the microwave or refrigerator. Food thawed in the microwave must be cooked immediately.

Hands must be washed according to the hand washing procedure in this manual, before and after handling raw food and before handling cooked food.

Food which is to be cooked must be prepared by using different boards and utensils than those used for raw food. Food handling utensils such as tongs must be used as much as possible to avoid touching food with hands. Perishable food must be prepared as quickly as possible.

Perishable food must not be left out of refrigerator for more than 2 hours. Check lunchboxes when children arrive and store food items appropriately.

High risk food (mince, chicken, rolled roast, casseroles) must be cooked to a core temperature of more than 70° Celsius for at least 2 minutes.

Remove only enough food for consumption out of the refrigerator each time.

Do not reuse packaging material such as cling wraps.

Packaging materials should be stored in a clean area to avoid contamination.

Breast milk should be stored in the refrigerator and warmed to room temperature for feeding. Left over breast milk should be discarded if not consumed during feed.

The 2-hour / 4-hour rule

The following guidelines must be followed for ready to eat food which has been at a temperature between 5°C and 70°C (the danger zone for food poisoning bacteria to multiply):

- If the food has been at a temperature between 5°C and 70° C for a total of less than 2 hours it must be refrigerated or eaten immediately (milk formula not to be reheated)
- If the food has been at a temperature between 5°C and 70°C for more than 2 hours but less than 4 hours it must be eaten immediately or thrown away (do not put back in fridge)
- If the food has been at a temperature between 5°C and 70°C for more than 4 hours it must be thrown away (do not eat)

Total time out of the fridge must not exceed 4 hours.



Sources

Belonging, Being and Becoming. The Early Years Learning Framework for Australia. Australian Government Department of Education, Employment and Workplace Relations, 2009
Victorian Early Years Learning and Development Framework, for all Children from Birth to Eight Years. Department of Education and Training, 2016
Guide to the National Quality Standard. Australian Children's Education & Care Quality Authority, 2020
Australian Dietary Guidelines. National Health and Medical Research Council, 2013
Commonwealth of Australia, 2012, *Staying Healthy: Preventing infectious diseases in early childhood education and care services*, 5th ed.
Australian Breastfeeding Association, Expressing and Storing Milk, <https://www.breastfeeding.asn.au/bf-info/breastfeeding-and-work/expressing-and-storing-breastmilk>, updated December 2020 and Accessed online 16 September 2021

C. SUN PROTECTION

Rationale

The sun's ultraviolet (UV) radiation can't be seen or felt. Whatever the weather, it's important for people of all skin types to use sun protection whenever UV levels are three or higher. Too much of the sun's UV can cause sunburn, skin and eye damage and skin cancer. Australia has one of the highest rates of skin cancer in the world, with two in three Australians developing some form of skin cancer before age 70. Infants and toddlers up to four years of age are particularly vulnerable to UV damage due to lower levels of melanin and a thinner stratum corneum (the outermost layer of skin). UV damage accumulated during childhood and adolescence is strongly associated with an increased risk of skin cancer later in life. By teaching sensible sun protection habits from an early age and implementing sun protection measures, early childhood services can play a significant role in reducing skin cancer risk.

Purpose

This SunSmart policy provides guidelines to:

- ensure all children, educators and staff are protected from over-exposure to UV radiation;
- ensure the outdoor environment provides shade for children, educators and staff;
- ensure children are encouraged and supported to develop independent sun protection skills;
- support duty of care and regulatory requirements; and
- support appropriate OH&S strategies to minimise UV risk and associated harms for educators, staff and visitors.

Special note regarding infants

SunSmart practices consider the special needs of infants. All babies under 12 months are kept out of direct sun when UV levels are 3 or higher. Physical protection such as dense shade, cool covering clothing and soft broad-brimmed hats are the best sun protection measures. For those small areas of exposed skin not protected by clothing or hats, apply sunscreen to infants six months and older. The widespread use of sunscreen on babies under 6 months old is not recommended.

Procedures

- To assist with the implementation of this policy, educators and children are encouraged to access and display the local sun protection times (available from the free SunSmart app or at [sunsmart.com.au](https://www.sunsmart.com.au)). *The sun protection times are a forecast from the Bureau of Meteorology for the time of day UV levels are forecast to reach 3 and above. In Victoria, UV levels regularly reach 3 or higher from mid-August to the end of April.*
- The sun protection measures listed below are used for all outdoor activities during the daily local sun protection times.



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Environment

Seek shade

- Educators make sure there are enough shelters and trees providing shade in the outdoor area particularly in high-use areas.
- The availability of shade is considered when planning all outdoor activities.
- Children are encouraged to choose and use available areas of shade when outside.
- A shade assessment is conducted regularly to determine the current availability and quality of shade.
- Children who do not have appropriate hats or outdoor clothing are asked to choose a shady play space or a suitable area protected from the sun.

Behaviours

Slip on sun-protective clothing

- Children wear loose-fitting clothing that covers as much skin as possible. Clothing made from cool, densely woven fabric is recommended. Families are asked to choose tops with elbow-length sleeves, higher necklines (or collars) and knee-length or longer style shorts, skirts and dresses for their child. If a child is wearing a singlet top or shoestring dress, they will be asked to choose a t-shirt/shirt to wear over this before going outdoors.

Slap on a sun protective hat

- All children and educators wear hats that protect their face, neck and ears (legionnaire, broad-brimmed or bucket style). Caps and visors are not considered a suitable alternative.
- Children without a sun protective hat are provided with a spare hat where possible.

Slop on sunscreen

- SPF30 (or higher) broad-spectrum, water-resistant sunscreen is supplied by the service and/or families.
- Sunscreen is applied in accordance with the manufacturer's directions (applied at least 20 minutes before going outdoors and reapplied every two hours, or more frequently if sweating or swimming).
- To help develop independent skills ready for school, children from three years of age are given opportunities to apply their own sunscreen under supervision of staff, and are encouraged to do so.
- Sunscreen is stored in a supervised, cool place, out of the sun. The expiry date is monitored.

Slide on sunglasses [if practical]

- Where practical, children wear close-fitting, wrap-around sunglasses that meet the Australian Standard 1067 (Sunglasses: Category 2, 3 or 4) and cover as much of the eye area as possible.

Learning and skills

- Sun protection is incorporated into the learning and development program.
- The SunSmart policy is reinforced by educators and through children's activities and displays.
- Educators, staff and families are provided with information about sun protection through family newsletters and a service handbook.

When enrolling their child, families are:

- informed of the service's SunSmart policy;
- asked to provide a suitable sun protective hat, covering clothing and sunscreen for their child;
- required to give permission for educators to apply sunscreen to their child; and
- encouraged to use SunSmart measures themselves when at the service.

Medical advice and an individual management plan will be provided by parents/guardians of children who cannot use sunscreen.

As part of OHS UV risk controls and role-modelling, educators, staff and visitors:

- wear a suitable sun-protective hat, covering clothing and, if practical, sunglasses;
- apply sunscreen; and
- seek shade whenever possible.



Sources

Cancer Council Victoria 2021, *Sample SunSmart Policy for Early Childhood Services (July 2021)*.
Accessed on 30 July 2021 <http://www.sunsmart.com.au/>

D. WATER SAFETY

RESPONSIBILITIES:

The Approved Provider is responsible for

Assessing Educators homes in relation to access to water e.g. ponds, pools and storage of nappy/soaking buckets.

Ensuring educators and families understand ratios for swimming and ratios are adhered to unless altered for appropriate reasons as stated below.

Ensuring risk is assessed for water play and swimming events including active supervision.

Assessing Educator's risk management plans and approving prior to being provided to families for approval and permissions.

The Family Day Care Educator is responsible for:

Preparing risk assessments and risk management plans prior to a swimming excursion.

Ensuring risk management plans are approved by the Approved Provider prior to being provided to families for approval and permissions.

Water Play

- Educators will manage children's safety regarding water play.
- Educators will be in attendance at all times when children are participating in water play or paddling
- Water play activities/paddling will be set up in an area with a non-slip surface
- Water play and paddling containers will not be filled above 15 cm and will be emptied after use and stored in such a way that prevents water collection,
- All water containers, e.g. nappy buckets, animal drinking bowls etc. will be inaccessible to children
- All ponds accessible to children will have heavy re-enforcing wire placed no lower than 2cm below the surface of the water.

The Family is responsible for

Providing approval to attend a swimming excursion after sighting a risk management plan and before the excursion takes place.



PROCEDURE

Swimming

The following ratios must be met if any children in care are taken swimming.

One adult per child under three years of age. **1:1**

- This means that if you have one child less than three years of age in care (including your own), you may only take that **one** child swimming.

One adult per two children three years and over. **1:2**

- This means that you may take two children in care (including your own) swimming, if **both** have turned three years of age.

Ratios above may be updated if children are attending swimming lessons conducted by a qualified instructor, or if all children in care are of school age and the pool is manned by qualified lifeguards.

MFDC staff must approve any amendments to given ratios prior to any excursion.

E. HYGIENE

Toileting and bathing of young children and personal care procedures of older children will be conducted in a sensitive, consistent and positive manner, which recognises children's efforts and fosters independence while empathising with their physical and emotional needs.

PROCEDURE

i. **Head Lice**

As per the Exclusion period table, children infected with head lice must have commenced an effective treatment program prior to care being available again. The child does not need to be sent home immediately. Where there are repeated infections of the same child, parents will be asked to extend treatment periods and take the advice of educators if necessary.

ii. **Toileting and Bathing**

Toileting and bathing of young children and personal care procedures of older children will be conducted in a sensitive, consistent and positive manner, which recognises children's efforts and fosters independence while empathising with their physical and emotional needs.

Personal care of older children includes, but is not limited to, washing, showering, bathing, toileting, and dressing or undressing.

MFDC does not recommend the bathing or showering of children in care unless they are staying overnight or there is an issue of safety or hygiene, which can only be dealt with by bathing the child.

Children in care overnight with MFDC should have a shower or bath within that time.



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Educators will directly supervise children in a bath or shower at all times unless, after consultation with families, it is agreed that a child is safe to bathe independently and is of an age where this is necessary due to issues of privacy. A signed agreement to this effect should be completed with a copy to the educator, one to the family and another to the coordination unit.

Older children in care must be allowed to toilet, change clothes and bathe in privacy, keeping in mind the educator's overall responsibility for the well-being of all children in care.

Toilet training

As children show a readiness to toilet train, educators and parents are encouraged to plan a consistent approach and to communicate regularly about progress (or otherwise).

Educators will consult with parents/carers about toilet training and will be encouraging of children in their efforts.

Parents or guardians are to supply several changes of clothing where necessary.

Soiled or wet clothes are to be placed in a plastic bag with a firmly tied top for parents to take home to wash. Soiled clothes are not to be washed by the educator.

Educator should help a child being trained to use the toilet and to wash their hands, explaining that washing hands and drying them properly will stop the spread of germs that might make them sick.

Educator should handle toileting accidents sensitively and discreetly.

If a potty or potty seat is used it must be washed immediately in a different sink or basin than the one used for washing hands or preparing food.

Toileting – older children

Older children have a right to privacy when going to the toilet, however educators will still provide appropriate supervision (know where the child is and be able to hear the child if s/he calls out).

Educator will ensure that older children have washed their hands and discuss with them that washing hands and drying them properly will stop the spread of germs that might make them sick.

Bathing (and other personal care)

Young children will only bathe under the strict supervision of the educator.

Older children have a right to privacy when bathing or showering, however educators will ensure water temperatures are safe and still provide appropriate supervision (know where the child is and be able to hear the child if s/he calls out).

Educators will assist with hair brushing when appropriate and ensure each child brings his/her own hairbrush.

Educators will assist with tissues when wiping nose, dispose of tissue and wash child's hands.

Educator's will guide children with brushing their teeth night and morning if staying in care overnight and at other times if parent has requested that this be done.

Sources

National Health and Medical Research Council 2012, *Staying healthy: preventing infectious diseases in early childhood education and care services*, Fifth Edition.

Kidsafe 2008 *Hot Water Burns Like Fire* (pamphlet)

Murrindindi Family Day Care –Policies and Procedures – Policy 1 - Children's Health and Safety



F. ORAL HYGIENE

Educators can support oral hygiene in many ways such as cleaning of teeth, eating nutritious foods, particularly plenty of fruit and vegetables, and drinking water.

Oral health is essential for children's overall health and wellbeing. Oral diseases can negatively affect individuals through pain, discomfort, general health and quality of life. The main oral health condition experienced by children is tooth decay, affecting over half of all Australian children, making it five times more prevalent than asthma.¹ Tooth decay is Australia's most prevalent health problem despite being preventable.

Oral Health definition:

A standard of health of the oral and related tissues that enables an individual to eat, speak and socialise without active disease, discomfort or embarrassment and that contributes to general wellbeing

RESPONSIBILITIES:

The Approved Provider is responsible for:

Providing health promotion information to parents and educators through the *Child Care Chatter newsletter* and distribution of brochures and other material when available.

Supporting public health initiatives such as the Smiles 4 Miles program.

The Family Day Care Educator is responsible for:

Encouraging and supporting good oral health for the children in their care through activities, play and discussion.

Providing access to drinking water at all times.

Encouraging children to drink water regularly.

Discussing care of teeth with children as part of routines and activities.

Offering guidance with teeth brushing for children to develop effective techniques

The Family is responsible for:

Providing the child's own toothbrush and paste in a container if teeth brushing is apart of the routine at FDC.

Practice good oral hygiene at home.

PROCEDURE

Oral Hygiene practices

It could generally be assumed that teeth are brushed at home morning and night, however, if parents ask that children brush their teeth in care, they must supply the child's own brush and paste in a named container.

Educators can encourage and support children in oral health care through development of their own procedures

¹ Australian Research Centre for Population Oral Health, 2011, Dental caries trends in Australian school children, *Australian Dental Journal*, vol 56, pp 227–30.



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if necessary.

Oral health practices from diverse cultural backgrounds are respected in this service.

The service will work with local health professionals to assist educators in delivering oral health promotions.

Educators are supported to access professional development and resources to enable them to deliver oral health education.

Sources

Victorian Government, 2012, *Victorian Health Promotion Achievement Program*

G. NAPPY CHANGING

Nappy changing will be conducted in a sensitive, consistent and positive way, which recognises children's efforts and fosters independence while empathising with their physical and emotional needs.

PROCEDURE

Educators will have an area set aside specifically for nappy changing.

A child will not be left unattended on a nappy change table.

A change mat will be effectively cleaned and dried between each use.

Children who can walk to this area should do so.

Parents or guardians should provide enough nappies and supplies for their child for the day in care unless the educator includes these as part of the service charge.

If children wear cloth nappies parents or guardians should also provide plastic pants.

Cloth nappies will be placed in a plastic bag to be laundered by parents or guardians at home.

Educators and parents/guardians must discuss and agree on the best waste management procedure for disposable nappies.

Mats will not be cleaned in sinks or troughs which are used for hand washing, or in food preparation areas.

Nappy Change procedure

1. Check to make sure all supplies are ready
2. Place paper on the change mat
3. Put child on change mat
4. Put gloves on
5. Remove child's nappy and any other clothes which are wet or soiled (put in plastic bag)
6. Clean the child's 'bottom' and elsewhere if needed



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7. Put clean nappy on the child
8. Remove the paper and put in 'hands free' lidded bin
9. Remove gloves without letting your skin touch the outer contaminated surface of the glove.
10. Dress the child
11. Wash and dry the child's hands
12. Take the child away from the change table
13. Clean the change mat with detergent and warm water or disinfectant wipes
14. Wash and dry your hands

Sources

National Health and Medical Research Council 2012, *Staying healthy in childcare: preventing infectious diseases in early childhood education and care services*, Fifth Edition.

H. PHYSICAL ACTIVITY

MFDC programs will support public health initiatives and programs.

RESPONSIBILITIES:

The Approved Provider is responsible for:

Providing health promotion information, particularly about the importance of active play, road safety and limiting screen time, to parents and educators through the *Child Care Chatter newsletter* and distribution of brochures and other material when available.

Identify opportunities to engage children, and to educate and promote appropriate physical activity skills and active play.

The Family Day Care Educator is responsible for:

Including physical activity (adult guided or child initiated active play) in their program every day using appropriate resources as a guideline.

Acting as role model for positive physical activity and are physically engaged in children's active play.

Identifying opportunities to engage children, and to educate and promote appropriate physical activity skills and active play.

Providing verbal prompts to provide children with encouragement and positive reinforcement to participate in active play. The active play program will be appropriate for children of all abilities.

The Family is responsible for:

Encourage and provide active play opportunities for their children.



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PROCEDURE

Equipment and play spaces provided are varied, safe, creative and well-maintained.

Active play and movement opportunities, including outdoor play, are frequent throughout the day.

Screen time will be limited, in line with Australian Guidelines (www.health.gov.au). Children under 2 years of age should not have screen time. This includes television, DVDs computer games etc. Children 2-5 should have no more than one hour per day. Programs watched should be age appropriate and of high quality.

Road safety

Promote pedestrian and car safety and playing safely through the education program and through incursions and excursions.

Road safety and travel safety will be considered in risk assessments for excursions and routine outings, in line with regulations.

Implement strategies promoted by VicRoads and the *Starting Out Safely* program.

Promote children and families walking and or riding to the educator's home.

Sources

Victorian Government, 2012 *Victorian Health Promoting Achievement Program*.

Australian Government, Department of Health www.health.gov.au Frequently Asked Questions. Accessed 10/09/2014

Raising Children Network http://raisingchildren.net.au/articles/screen_time.html Accessed 10/09/2014

I. SLEEP AND REST

POLICY STATEMENT

All children have individual sleep and rest requirements. Our objective is to meet these needs by providing a comfortable, relaxing and safe space to enable their bodies to rest. This environment will also be well supervised ensuring all children feel secure and safe.

This Policy sets out how we provide regular sleep and rest periods which follow the safe sleeping recommendations of a recognised authority, RedNose.org, and take into consideration the ages, development and needs of individual children and their families.

If a family's beliefs and requests are against current recommended evidence-based guidelines, we will need to determine if there are exceptional circumstances that allow for alternate practices.

We will only approve an alternative practice if we are provided with written advice from, and the contact details of a registered medical practitioner accompanied by a risk assessment and risk minimisation plan for individual children. We have a duty of care to ensure children are provided with a high level of safety when sleeping and resting and every reasonable precaution is taken to protect them from harm and hazard. In meeting our duty of care, it is a requirement that all our Educators implement and adhere to this policy to ensure we respect and cater for each child's specific needs.



MURRINDINDI FAMILY DAY CARE - POLICY / PROCEDURE



Procedure/Practices

Approved providers, nominated supervisors and educators have a duty of care to ensure children are provided with a high level of safety when sleeping and resting and every reasonable precaution is taken to protect them from harm and hazard. This applies to children of all ages, including school age children in after school care.

We will:

- Ensure that beds/mattresses are clean and in good repair.
- Ensure that bed linen is clean and in good repair. Bed linen is for use by an individual child and will be washed before use by another child.
- Create a relaxing atmosphere for resting children by playing relaxation music, reading stories, cultural reflection, turning off lights and ensuring children are comfortably clothed. The environment will be tranquil and calm for both educators and children.
- Educators will sit near resting children and support them by encouraging them to relax and listen to music or stories.
- Remember that children do not need to be “patted” to sleep. By providing a quiet, tranquil environment, children will choose to sleep if their body needs it.
- Infants sleep on demand. Toddlers and older children have a scheduled sleep/rest period shortly after lunch. School age children will be provided with quiet, relaxing spaces that are accessible to them at any time while in care. In addition, educators are alert to any indication that a child might need sleep/rest outside of routine. Quiet areas for children to rest or be alone are always available.
- Nominated supervisors and educators will receive information and training to fulfil their roles effectively, including being made aware of the sleep and rest policies, their responsibilities in implementing these, and any changes that are made over time.
- We will consult with families about their child’s individual needs and be sensitive to different values and parenting beliefs, cultural or otherwise, associated with sleep and rest.
- If a family’s beliefs and requests are in conflict with current recommended evidence based guidelines, we will need to determine if there are exceptional circumstances that allow for alternate practices. For example, with some rare medical conditions, it may be necessary for a baby to sleep on his or her stomach or side, which is contrary to Red Nose recommendations. It is expected that in this scenario we would only endorse the practice, with the written support of the baby’s medical practitioner. We may also consider undertaking a risk assessment and implementing risk minimisation plans for the baby.
- In other circumstances, nominated supervisors and educators would not be expected to endorse practices requested by a family, if they differ with Red Nose recommendations. For example, a parent may request the service wrap or swaddle their baby while they are sleeping. However, according to Red Nose recommendations, this practice should be discontinued when a baby starts showing signs that they can begin to roll (usually around four to six months of age, but sometimes earlier). Nominated supervisors and educators should be confident to refer to our Sleep and Rest Policy and Procedures if parents make requests that are contrary to the safety of the child. Child safety should always be the first priority.
- Children have different sleep, rest and relaxation needs. Children of the same age can have different sleep patterns, which nominated supervisors and educators need to consider.
- All children under 12 months are placed on their back when being settled for a rest. Children under 6 months who turn onto their side or stomach during sleep will be turned onto their back by educators.
- All children rest with faces uncovered.
- Educators constantly monitor the children (e.g. breathing patterns) and sleep/rest environment (e.g. room temperature).
- Sleep/rest areas are kept well-ventilated, uncluttered and appropriately lit and are smoke-free.
- Educators ensure children are dressed suitably for the room temperature. Some items of clothing may need to be removed for safety reasons (e.g. tops with hoods and cords that may cause choking, teething necklaces). Educators are respectful and sensitive to cultural differences in attitudes to dressing and encourage children to be independent in dressing at these times.
- Comforters from home will be given to children who need them to settle. However, toys with ribbons, removable parts or parts that can be looped over a child’s head cannot be used because of our adherence to the SIDS and Red Nose guidelines.
- Teething necklaces are not permitted due to choking risks.



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- No child is made to sleep against their wishes or needs, although it is expected that all children will otherwise speak and play quietly at this time.
- Children are left to wake of their own accord, or as per parents' wishes and educators attend to and soothe them when they do wake. In instances where families request that their child remain awake, that child will not be encouraged to sleep (e.g. patted).
- Beds are positioned so that educators may easily monitor the children.
- Every child's sleep pattern for the day (e.g. time the child went to sleep and woke up) is recorded.

ADDITIONAL SAFE RESTING PRACTICES FOR BABIES

SIDS (Sudden Infant Death Syndrome) is the sudden, unexpected death of a baby during sleep. Babies under twelve months are considered to be at greater risk of SIDS than children over twelve months. We closely follow the recommendations for safe sleeping practices from Red Nose.

- All children are placed on their back when first being settled for sleep/rest. If a child younger than 6 months turns onto their side or stomach during sleep, educators return the child onto their back.
- Should a child need to sleep on their stomach or side for sound medical reasons, we will only endorse this alternative practice upon receiving a letter from the child's Doctor stating the need for this alternative sleeping practice.
- Children are placed with their feet at the bottom of their cot or mattress
- If parents ask for their infant to be 'wrapped' as a means of settling for sleep, educators ensure that a lightweight wrap is used, the baby is not wrapped too tightly, and that the wrap is kept away from the face.
- Quilts, doonas, duvets, pillows, cot bumpers or lambskins are not used in cots. Other materials such as blankets, spare sheets are not draped over the sides or ends of cots to block light or children's view of each other.
- Snugly rugs/blankets and soft toys are not given to children under the age of 12 months.
- Mobiles or toys with stretch elastic cords are not used within reach of cots.
- Cots are positioned well away from dangling electrical and curtain /blind cords, heaters, fans and other electrical appliances, and power points.
- Educators check sleeping infants at least every 10 minutes, and document the time of the check.
- All cots in the Service meet the Australian Standard, are assembled according to manufacturer's instructions, and are maintained in good condition.
- No child is placed in a cot if the child has the ability to climb out.
- Electric blankets, hot water bottles or wheat bags are not used.

RESPONSIBILITIES OF PARENTS

- Upon enrolment, to discuss with educators their child's particular needs (e.g. sleep patterns and habits, need for a comforter) and family values and parenting beliefs, cultural or otherwise, associated with sleep/rest. Update this information in the event of change (e.g. a child becoming anxious about sleep/rest at the Service).

Six ways to sleep baby safely and reduce the risk of sudden unexpected death in infancy:

1 Sleep baby on back



Sleeping baby on the side or tummy increases the risk of sudden infant death

2 Keep head & face uncovered



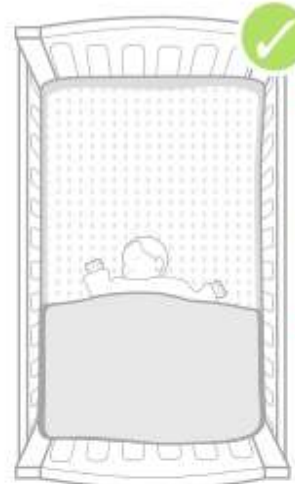
- Baby on back
- Feet to bottom of cot
- Blankets tucked in firmly



- Use a safe baby sleeping bag with fitted neck and armholes and no hood

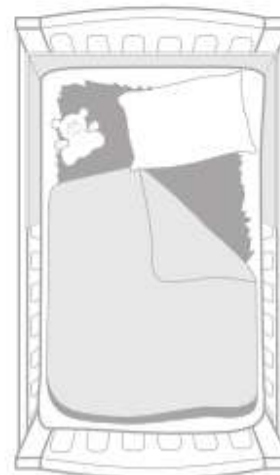
Covering baby's head or face increases the risk of sudden infant death

4 Safe sleeping environment night & day



- **Safe cot**
[should meet current Australian Standard AS2172]
- **Safe mattress**
firm, clean, flat, right size for cot
- **Safe bedding**
soft surfaces and bulky bedding increase the risk of sudden infant death

No soft surfaces or bulky bedding



- ✗ pillow
- ✗ cot bumper
- ✗ lambs wool
- ✗ soft toy eg: teddy
- ✗ doona

Sources

Red Nose, *Safe Sleeping* <https://rednose.org.au/resources/education>. Accessed 20 July 2021.
ACECQA, *Safe Sleep and Rest Practices*, <https://www.acecqa.gov.au/resources/supporting-materials/infosheet/safe-sleep-and-rest-practices>. Accessed 20 July 2021



MURRINDINDI FAMILY DAY CARE - POLICY / PROCEDURE



EVALUATION

To assess whether the values and purposes of the Policy have been achieved, the Approved Provider will:

- regularly seek feedback from everyone affected by the Policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents concerning 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 unless a lesser period is necessary because of risk.

AUTHORISATION

This policy was adopted by the Approved Provider of Murrindindi Family Day Care on 31 July 2021

REVIEW DATE: August 2023



POLICY 2 INCIDENT, INJURY, TRAUMA AND ILLNESS

PURPOSE:

This policy has been established to ensure clear lines of action are identified to effectively manage an event involving a child becoming injured, ill, or involved in an incident.

BACKGROUND

The *Education and Care Services National Regulations* require approved providers to ensure their services have policies and procedures in place in the event that a child is injured, becomes ill, or an incident occurs while attending the service.

SCOPE

This Policy applies to the Approved Provider, the Family Day Care management team, Educators working under the Family Day Care scheme and families.

POLICY STATEMENT:

a. Accident and emergency situations

The safety, health and wellbeing of children is a paramount consideration for our service.

RESPONSIBILITIES:

The Approved Provider is responsible for:

Checking educator's first aid kits as part of the six monthly and annual home safety check.

Identifying educators who operate in a Bushfire at Risk area and ensure they have appropriate bushfire emergency management plans in place and do not operate on Catastrophic days.

Notifying the [regulatory authority](#) within **24 hours** of becoming aware of a serious incident (Section 174(2)(a) and Regulation 176(2)(a).

A serious incident (regulation 12) is defined as any of the following:

- the **death of a child** while being educated and cared for by the service or following an incident while being educated and cared for by the service
- any **incident involving a serious injury or trauma to a child** while that child is being educated and cared for, which:
 - a reasonable person would consider required urgent medical attention from a registered medical practitioner; or
 - the child attended or ought reasonably to have attended a hospital e.g. broken limb*
 - any **incident involving serious illness of a child** while that child is being educated and cared for by a service for which the child attended, or ought reasonably to have attended, a **hospital** e.g. severe asthma attack, seizure or anaphylaxis*



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NOTE: In some cases (for example rural and remote locations) a General Practitioner conducts consultations from the hospital site. Only treatment related to serious injury, illness or trauma is required to be notified, not other health matters.

- any emergency for which **emergency services** attended
NOTE: This means an incident, situation or event where there is an imminent or severe risk to the health, safety or wellbeing of a person at an education and care service. It does not mean an incident where emergency services attended as a precaution.
- a child appears to be **missing or cannot be accounted for** at the service
- a child appears to have been **taken or removed** from the service in a manner that contravenes the National Regulations
- a child is mistakenly **locked in or locked out of the service** premises or any part of the premises.

Ensuring that each family day care educator and family day care educator assistant engaged by or registered with the service:

- holds a current approved first aid qualification
- has undertaken current approved anaphylaxis management training
- has undertaken current approved emergency asthma management training.

Each family day care educator and educator assistant will hold all three qualifications.

The Family Day Care Educator is responsible for:

Educators will ensure that a first aid kit is available, suitably equipped and that all supplies in it are current.

Emergency phone numbers will be displayed in a prominent position always be readily available (including on an excursion). An educator will have a working phone available at all times.

Emergency evacuation/lockdown procedures will be displayed in a prominent location and this procedure will be practised and documented at least once every three months.

In an emergency the educator will take every reasonably practicable step to ensure the safety of themselves and of the children in care.

If a child requires urgent medical treatment an ambulance will be called immediately. Other emergency services (police, fire brigade, SES) will be called if necessary.

If the need for medical treatment is not urgent the educator will ensure that the parent or guardian is notified as soon as practicable to take the child for treatment.

Family day care residences and/or venues that have been identified as located in an area considered high risk of bushfire will not operate on any day declared to be a code red day for the district in which the family day care residence and/or approved family day care venue is located. Educators will be advised as soon as practicable after a Code Red Day is confirmed, but all educators will monitor <https://emergency.vic.gov.au/>

PROCEDURE

Educators and staff members will receive relevant and up-to-date training to ensure they can effectively respond to incidents, injuries, trauma and illness.

Care will be taken when assessing the seriousness of an incident and if there is a need for emergency services to be contacted.



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Keeping families informed is paramount: families will be notified of any serious incident involving their child at our service as soon as possible.

In the event of an incident, injury, trauma or illness, we will undertake a review (including a risk assessment) and take any appropriate action to remove or rectify the cause if required.

High levels of supervision will be maintained and ratios will be met at all times and supervision plans will be regularly reviewed.

Educators and staff will be provided with access to appropriate and up-to-date information and regular professional development on the management of incidents.

All educators and staff will be provided with the necessary resources to respond to incidents and injuries. Confidentiality is important and will be maintained at all times.

All incidents, illnesses, trauma or injuries will be reported to the MFDC staff on a *Report of injury, illness, trauma or incident (Child in Care)* form and a *Report of incident involving another child* form (if necessary) within 24 hours of the incident occurring. Educators will maintain a copy of this form.

a. Application of First aid

Policy Statement

Each family day care educator and family day care educator assistant engaged by or registered with the service will hold a current approved first aid qualification, and has undertaken current approved anaphylaxis management training, and has undertaken current approved emergency asthma management training.

Each family day care educator and educator assistant will hold all three qualifications.

RESPONSIBILITIES:

The Approved Provider is responsible for

- ensuring that educator qualifications are current.
- Checking first aid supplies are within use by dates

Educators are responsible for:

- having a CPR summary chart in a readily accessible location.
- Maintaining a suitably equipped first aid kit, in effective order, in the home where care takes place and any vehicle used to transport children whilst in care.
- Carrying the following if taking the children outside the care environment
 - o A suitably equipped first aid kit e.g. emergency bag
 - o The telephone number of any person who is to be notified of any accident, injury, trauma or illness involving a child
 - o the child's registered medical practitioner or medical service
 - o an operational mobile telephone with an appropriate connection to a mobile telephone network
 - o If the child has been diagnosed as at risk of anaphylaxis, allergies, asthma, diabetes or any other illness that requires medication, the child's medication, medical management plan and Risk Minimisation Plan are required



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- First aid supplies kept in a position that is inaccessible to children but readily accessible to the educator in an emergency. The first aid kit will be easily recognisable. If stored in a cupboard, the cupboard will be clearly labelled. First aid supplies will be within the 'use by' date.

Procedure

Educator's first aid kits will be checked by the coordinator during random support visits and as part of the quarterly and annual Home Safety check.

Educators are encouraged to add an Asthma emergency kit to their first aid kit.

SOURCES:

Section 165 Offence to inadequately supervise children
Section 174 Offence to fail to notify certain information to Regulatory Authority
Section 174A Family day care educator to notify certain information to approved provider
Section 167 Offence relating to protection of children from harm and hazards
Regulation 85 Incident, injury, trauma and illness policies and procedures
Regulation 86 Notification to parents of incident, injury, trauma and illness
Regulation 87 Incident, injury, trauma and illness record
Regulation 89 First aid kits
Regulation 95 Procedure for administration of medication
Regulation 97 Emergency and evacuation procedures
Regulation 103 Premises, furniture and equipment to be safe, clean and in good repair
Regulation 104 Fencing
Regulation 117 Glass
Regulation 161 Authorisations to be kept in enrolment record
Regulation 168 Education and care service must have policies and procedures
Regulation 169 Additional policies and procedures – family day care service
Regulation 170 Policies and procedures to be followed
Regulation 171 Policies and procedures to be kept available
Regulation 172 Notification of change to policies or procedures
Regulation 177 Prescribed enrolment and other documents to be kept by approved provider Regulation 183

- *Education and Care Services National Regulations, 2012*
- *The National Quality standards*
- *Australian Children's Education and Care and Quality Authority* <https://www.acecqa.gov.au/>

EVALUATION

To assess whether the values and purposes of the Policy have been achieved, the Approved Provider will:

- regularly seek feedback from everyone affected by the Policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents concerning 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 unless a lesser period is necessary because of risk.

AUTHORISATION

This policy was adopted by the Approved Provider of Murrindindi Family Day Care on 31 July 2021.

REVIEW DATE: TBA



POLICY 3 - INFECTIOUS DISEASES

PURPOSE:

To provide guidelines for practice in MFDC which minimise the risk of infection transmission in the care situation to protect and promote the health and well being of children, families and educators.

POLICY STATEMENT:

As a health promoting service we will promote best practice infection transmission prevention through learning, policies, creating a safe and healthy environment for the children in our care and their families.

SCOPE:

Educator's homes and practices, MFDC staff monitoring of the environment in FDC premises.

All MFDC staff, educators, families and children.

Other people residing in an educator's residence and volunteers.

LEGISLATION AND STANDARDS:

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Regulations 2011: Regulation 88*
- *National Quality Standard, Quality Area 2: Children's Health and Safety*
- *National Quality Standard, Quality Area 7: Governance and Leadership*

RESPONSIBILITIES:

The Approved Provider is responsible for

- Ensuring educators are fit for work. The coordination unit may request a medical certificate from an educator to verify readiness to return to work if there is any concern for the safety and well being of the children in care due to the educator's condition.
- Ensuring families are given a copy of the medical conditions policy
- Ensuring Emergency Management Plan is kept up to date with DET requirements, including procedures for a pandemic.
- Reporting any outbreaks of infectious diseases including illnesses as a result of vaccine failure to the Local Government Environmental Health Officer or the Department of Health's Communicable Diseases Section. An outbreak is defined as two or more related cases.

The Family Day Care Educator is responsible for:

- Notifying parent or guardian as soon as practicable if a child becomes ill whilst in care.
- Making arrangements as soon as practicable to remove the child from the educator's



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residence or family day care venue if it is necessary in the interests of health, safety or wellbeing of the child or other children attending the service. Educators will call an ambulance for a sick child if they cannot manage the child's condition themselves and if the child's parents, guardians or emergency contacts cannot be contacted to collect the child. Parents/guardians will be contacted as soon as possible.

- Informing MFDC staff of any outbreaks of infectious diseases in child care.
- Educators will not care for children if they are sick themselves and will also follow exclusion periods for infectious diseases.
- Ensuring families are given a copy of the medical conditions policy.
- Completing a *Report of injury, illness, trauma or incident (Child in Care)* form. Educator will forward to the coordination unit after parent/guardian signs.
- Advising parents and coordination unit if they are sick and unable to provide care for children.
- Advising parents when their child may return to care (if child is sick but not in care) or when care will be available again (if educator is sick).
- Informing coordination unit if there is an outbreak of an infectious disease. Notifying parents or guardians of each child using care that there has been an occurrence of an infectious disease as soon as practicable. The child concerned should not be named.

Families are responsible for:

- Keeping children at home when they are ill.
- Being aware of our service's medical conditions policy.
- Providing medical certificates when requested.
- Respecting the need for our service to prevent infection transmission and the guidelines we have in place.
- Sign *Report of injury, illness, trauma or incident (Child in Care) form* after an incident occurs.

Procedure:

Educators will not care for children who have an infectious illness.

If parents or emergency contacts are not available to take responsibility for a sick child, educators have the authority to seek whatever medical or other attention they feel is necessary to ensure the well being or safety of children in their care.

Exclusion periods for infectious diseases as per the exclusion table <https://www2.health.vic.gov.au/public-health/infectious-diseases/school-exclusion/school-exclusion-table> are to be adhered to by parents and educators.

If children have had a gastric complaint they must be free of symptoms for at least 48 hours before care is resumed.

Educators may request that parents obtain a doctor's certificate if there is uncertainty whether a child should be excluded or not. The medical certificate should specify the child's condition. The educator or coordination unit will then make a decision on whether the child's condition fulfils the criteria for return to care.

See Policy Number 2 for definition of and actions to be taken when reporting a serious event.

Educators are encouraged to be fully immunised for Whooping Cough, MMR, Chicken Pox, Hep A and B and Flu.

Additional strategies for infection prevention for coronavirus (COVID – 19) pandemic.

As this is a constantly changing situation, we will abide by regulations and recommendations as set out by DET and in line with <https://www.coronavirus.vic.gov.au/operating-guidelines-for-early-childhood-education>.



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Educators will ensure all toys and equipment along with all high touch surfaces (door handles etc) are cleaned each night after the last child has been collected.

Educators will isolate children that have cold and flu symptoms and call parents/carers to collect. If parents/carers are not available or will not collect child, the emergency contact will be asked to collect child. If the child has coronavirus (COVID-19) symptoms the child will be excluded from care until a medical clearance has been given. This may include testing for coronavirus (COVID-19).

Educators will ask parents/carers to drop children at the front door. Minimising adult interaction with the educator's learning environment will reduce the risk of the spread of coronavirus (COVID-19).

Educators may stagger start/finish times to reduce the number of people at the residence/venue at one time.

Parents and children will be asked to sanitise hands on arrival, as well as MFDC staff and DET staff. Educators may require all adults entering the residence to wear a mask.

Educators may ask children to remove shoes at the door.

Educators may take child's temperature (with a non-contact thermometer) prior to entering the residence/venue (with parental consent). If a child's temperature is over 37.5C they will not be accepted into care.

If an educator comes into contact with a confirmed coronavirus (COVID-19) case and requires testing, there will be no care offered until the educator has received a medical clearance. As much notice as possible will be given to parents/carers if this occurs.

If a child or parent/carer of a child is being tested due to being in contact with a confirmed or suspected case of coronavirus (COVID-19), the child will be excluded from care until a medical clearance is obtained. This is to protect as much as possible from the virus being spread.

These additional strategies will remain in place until the pandemic is declared by health authorities in Australia to be over.

Murrindindi Family Day Care encourages all educators, families and children to have a flu vaccination each year.

Sources

Department of Health, *A guide for the management and control of gastroenteritis outbreaks in children's centres*, Victorian Government, 2010

National Health and Medical Research Council 2013, *Staying healthy in childcare: preventing infectious diseases in childcare* Fifth Edition.

Victorian Government Department of Human Services 2009, *Communicable diseases: Minimum period of exclusion from schools and children's services for infectious diseases cases and contacts*

Physical distancing and transmission reduction in early childhood education and care settings, in the context of coronavirus (COVID-19), DHHS factsheet, May 2020

Regulations/NQS

r. 87, 88. NQS 2.1

Infection Control

The Approved Provider is responsible for;

- Instructing all new educators in infection control procedures
- monitoring cleanliness of the care environment and adherence to infection control procedures as part of home support visits



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- raising awareness of how infections spread by providing articles in newsletters and educator updates and distributing brochures and flyers from recognised health authorities, as they are available.

The Family Day Care Educator is responsible for:

- observing cleaning routines and infection control measures, including correct handwashing and nappy changing procedures.
- promoting and practicing correct hand washing procedures with the children and demonstrating this by their own actions.

Families are responsible for:

- Keeping children home if there is an outbreak of a disease they are not immunised against as per standard exclusion periods.
- supplying children with adequate spare clothes in case of toileting accidents or food and liquid spills

Procedure:

Hand washing

Encourage and support children with good hand washing techniques as follows:

- Wet hands with running water
- Spread soap over hands
- Rub hands vigorously as you wash them
- Wash hands all over including palms, back of hands, between fingers, under fingernails and around wrists
- Rinse hands thoroughly to remove all suds and germs
- Pat dry hands with new paper towel or individual cloth towel

Train children to wash hands in this way. Children will need to be supervised they can develop good practice. There are some good songs to sing whilst washing hands, which help children to remember techniques and make hand washing fun. Family Day Care staff can pass on ideas to help make hand washing fun and easy for everyone. Non-alcohol wipes can be used only if necessary (picnics etc. or if not practical to take a small baby to the bathroom basin). This is not as good as hand washing. Use a clean wipe for each child.

Times to wash

- At the start and end of the day in care (recommended)
- Before and after eating or preparing food
- After having a nappy changed
- After toileting
- After outdoor play
- After touching nose secretions

Infectious Disease Outbreak Control Procedures

General

- Notify parents of ill child immediately if you suspect s/he has an infectious disease and arrange for a parent to assume responsibility of the child as soon as possible.
- Isolate the child while waiting for parent. Keep other children away from any 'spills'.
- All play areas and toys and equipment must be washed as per cleaning procedures below as soon as child has left care.
- Contact MFDC staff and complete a *Report of Injury/Illness* form.
- Inform parents of other children in care if necessary, adhering to MFDC Policy No.12 *Confidentiality*,



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Privacy and Records Management.

Potentially infectious waste

Spills of blood, faeces, vomit, urine or nasal discharge in a wet area such as a bathroom or toilet, should be washed carefully into the sewerage system if possible.

If it is not possible to dispose of blood, faeces, vomit, urine or nasal discharge via the sewerage system then gloves and paper towel should be used to remove the spilt material which should then be placed, along with the gloves, into a plastic bag. Seal the plastic bag and place into the rubbish bin. Put on new gloves and clean the surface with warm water and detergent and allow to dry. Remove and discard gloves and wash your hands thoroughly.

Kitchen

If food poisoning is suspected contact the Coordination Unit and provide a sample of the suspect food. Coordination unit will liaise with the Health Department.

Dispose of all contaminated food once a sample has been provided to the Health Department.

Wash and rinse all kitchen surfaces (including floors, benches, white goods) and equipment which has been used or may have come into contact with the contaminated food with hot water and soap or detergent. Use hot soapy water to wash loose items.

Bathroom and toilet

Wash, as above, and sanitise toilets, potties, basins, door handles, flush buttons, taps and floors. Wash towels and bath mats in hot water and detergent.

Bedroom

Where cots, beds and bedding have been used by the infected child, wash all surfaces as per cleaning procedures for kitchen (above).

Wash bed linen in hot water and detergent.

Area surrounding cots and beds, including carpet and drapes, should be washed and may need to be sanitised (contact Health Department).

Notes on disinfectants

The use of disinfectants is usually only necessary in an outbreak of an infectious disease.

If there is an outbreak of an infectious disease contact the Coordination unit for appropriate measures to take in order to control the spread of the disease.

Regular cleaning schedules

It is important to establish a regular cleaning regime in all homes where care is provided by educators registered with Murrindindi Family Day Care.

Toys

Remove toys from use if mouthed by a child, sneezed on or used by a child who is unwell. Have a 'toys to wash' box or bucket handy in the play area. These should be washed daily. A swing top bin is suitable as children will be less able to 'retrieve' toys from this than from an open container.

Some basic guidelines to minimise the spread of infection on shared toys and games:

- Buy washable toys. If a child plays with or sleeps with a soft toy ensure it is not shared with other children
- Wash toys in hot water and detergent, or the dishwasher, then rinse well and air dry
- It is only necessary to sanitise toys after an outbreak of an infectious disease, or contamination by body fluids
- All toys including cloth toys and books can be dried in sunlight
- Books should be inspected for visible dirt or grime. They can be wiped over with a moist cloth and detergent. Dry with a cloth or air dry
- Dress up clothing should be washed regularly. Once a week in hot water and detergent is recommended. Dolls clothes, rugs etc. should also be washed regularly.

Bed linen and towels



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Unsoiled linen and towels should be washed in hot water and detergent.

Treat soiled linen as you would a soiled nappy:

- Carry to laundry in a basket, don't let it touch your clothes
- Soak to remove the bulk of the contamination
- Wash separately in hot water
- Dry in the sunlight or on a hot cycle in the clothes dryer

If a child soils a crib or cot:

- Put on gloves and clean the child
- Remove gloves and dress the child
- Wash and dry the child's hands and your own hands
- Put on gloves and clean the cot removing bulk of soiling or spill using paper towel or clean rags
- Place soiled linen in an impervious container or bag
- Clean cot using warm soapy water
- Remove gloves
- Wash and dry your hands thoroughly
- Remake crib or cot with clean linen

Sandpits

A sandpit must be constructed properly and have good drainage and a cover. It must be well maintained and kept clean. Sand should be raked through before each use to help screen for foreign objects.

Sandpits should be dug to a spade's depth each month to aerate the sand.

Sand may become contaminated with faeces and urine, usually from cats or dogs, but sometimes from children and this can be a source of infection.

Sand that becomes contaminated by faeces, urine, blood or other body fluids should be removed. Use a shovel and dispose of the sand in a plastic bag. The remaining sand should be raked over at intervals during the day and left exposed to the sun.

If extensive contamination has occurred all sand should be replaced and the area may need to be sanitised.

Dummies or teething devices

Children should never share dummies.

Dummies should be sterilised by boiling or using a commercial solution supplied by parents if it has been on the floor or handled/used by other children.

When not in use, dummies should be stored in individual plastic containers with the child's name clearly marked on the container and stored out of reach of small children.

Toothbrushes

Children should never share toothbrushes.

Toothbrushes should be stored out of reach of children and clearly marked with child's name.

Toothbrushes should not be allowed to drip on one another.

The bristles should be air dried to prevent the growth of bacteria or mould.

Waste Disposal Procedures

Responsible disposal of waste in bags or containers which do not allow access by rodents, flies, wasps, cats or dogs will help minimize problems with the growth and spread of bacteria which may cause illness.

Indoors

Bins must be placed conveniently around the working area.

Bins must be clearly distinguishable from other storage containers.

Bins must have tightly fitting lids, well sealed swing tops or be kept in an inaccessible cupboard.

Plastic liners must be used in waste disposal bins.

Bins are to be emptied daily, at least.

Tie up plastic liners before disposing of in outdoor bin.

It is recommended that dry and wet waste be disposed of separately.



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Outdoors

Garbage in outdoor bins should be removed weekly at least.

Outdoor bins should be cleaned weekly with warm soapy water and left to air dry.

Recycling

Adopt good recycling practices as per council guidelines

Materials being used for activities such as art and craft or cubby making should be in clean condition.

Pest Control Procedures

General

External entrances must be closed or fly screened to prevent access by pests.

Remove waste regularly.

All food items must be stored in sealed containers or packaging.

Bins must be well away from eating areas.

Weekly inspections for evidence of pests should be carried out, if infestation is observed, consult a pest control agent or your local hardware store for advice.

Control of rodents

Rodent control must be carried out carefully and safely. A variety of baits, traps and plug-in devices are available at hardware stores or stock and station suppliers. Please follow instructions carefully and only use in areas inaccessible to children.

Control of insects

Fly screens should be fitted to external windows and doors. Rubbish bins must have tight fitting lids and food scraps must be disposed of as soon as possible. Fly spray can be used when necessary but must be sprayed away from children and food preparation surfaces.

Ants can be eradicated by safe use of poisons. These must be used strictly according to manufacturers' instructions and never be left within reach of children.

Surface sprays and removal of spider webs will eliminate spider habitation of the home.

Powders available at your local hardware store can eliminate wasp or cockroach problems around the home.

Follow the manufacturer's instructions exactly and never leave powders where children are likely to play. A suitably trained person is best to carry out this procedure.

Severe infestations

In cases of severe infestation of any sort you should contact a pest control specialist who will be able to advise you on the best course of action to eliminate the problem.

If the home where care is taking place through Family Day Care needs to have a pest control eradication program carried out, educators and children will need to be out of the home for a period of time. This may necessitate a rearrangement of your bookings.

Please inform the MFDC staff of any likely disruption to your service.

SOURCES AND RELATED POLICIES

National Health and Medical Research Council 2012, *Staying healthy in childcare: preventing infectious diseases in childcare* Fifth Edition.

Department of Human Services 2005, *Guidelines for the control of infectious diseases: the Blue Book*.

Accessed 30 July 2014 from <http://www.health.vic.gov.au/ideas/bluebook>

Victorian Government Department of Human Services 2009, *Communicable diseases: Minimum period of exclusion from schools and children's services for infectious diseases cases and contacts*

Regulations/NQS

r. 88 NQS 2.1



MURRINDINDI FAMILY DAY CARE - POLICY / PROCEDURE



EVALUATION

To assess whether the values and purposes of the Policy have been achieved, the Approved Provider will:

- regularly seek feedback from everyone affected by the Policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents concerning 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 unless a lesser period is necessary because of risk.

AUTHORISATION

This policy was adopted by the Approved Provider of Murrindindi Family Day Care on 31 July 2021.

REVIEW DATE: tba



MEDICAL CONDITIONS – POLICY 4

PURPOSE:

Children are supported to feel physically and emotionally well, and feel safe in the knowledge that their wellbeing and individual health care needs will be met when they have a medical condition or are unwell. At all times staff will act in the best interests of the children and ensure the health, safety and wellbeing of all children being educated and cared for at the service.

To establish and define the responsibilities of educators and parents registered with MFDC in regard to medical conditions, allergies and other health care needs.

To define the responsibilities of educators and parents registered with MFDC programs in regard to administering medication to children in care.

POLICY STATEMENT:

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

As per Reg.91

We will partner with families of children with diagnosed medical conditions to develop a risk minimisation plan to ensure that the risks relating to the child's specific health care need or relevant medical condition are assessed and minimised. In conjunction with the risk minimisation plan, a communication plan will be developed setting out how communication occurs if there are any changes to the medical management plan or risk minimisation plan for the child. The communication plan ensures all staff are informed of the child's medical condition and relevant documentation. Risk minimisation and communications plans will be reviewed whenever there is a change to the needs of the child, or every 6 months.

We will communicate with families about their children's health requirements in a culturally sensitive way.

SCOPE:

This Policy applies to the Approved Provider, the Family Day Care management team, Educators working under the Family Day Care scheme and families.

LEGISLATION AND STANDARDS:

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Regulations 2011: Regs 85, 86, 87, 90, 91, 92, 93, 94, 95, 96, 136*
- *National Quality Standard, Quality Area 2: Children's Health and Safety*
- *National Quality Standard, Quality Area 7: Governance and Leadership*

PROCEDURE:

Educators will ensure that all children with a health condition are able to participate safely in programs and activities provided by the educator.

If changes to be made as a result of ensuring inclusion of children with a medical condition, impact strongly on the provision of service, families of other children enrolled with the educator should be given as much warning



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about the changes as possible.

MFDC coordination unit will provide access to resources for educators that have children enrolled who are diagnosed with a medical condition that they have not received training for.

a. Anaphylaxis

Before the child starts care parents/guardians, coordination unit staff and educator/s will conduct a safety check of the care environment to identify critical points and develop a risk minimisation plan to address identified issues.

Educators will check the plan and store it in an accessible place in case of emergency.

An EpiPen must be easily accessible by adults (not locked), inaccessible by children, and kept away from direct heat sources. Its location should be sign posted.

Educators will need to have a regular schedule for checking that the EpiPen is kept up to date. A current EpiPen will need to be accessible during excursions attended by children at risk of anaphylaxis.

Information must be provided to all relevant people if a child 'at risk' is attending care and clear instructions provided about management of the risk minimisation plan. Relevant people include, but are not limited to, educator's family, parents of other children in care and the other children attending care.

All Educators will hold a current approved Anaphylaxis Management Certificate and this must be kept current at all times. This is a regulatory requirement. Educators and staff should practice Anaphylaxis emergency procedures on a regular basis, preferably quarterly.

Parents are responsible for providing and maintaining a supply of at least one current EpiPen for each child with a diagnosed anaphylactic condition.

A child who has an EpiPen prescribed will not be allowed to stay in care without the EpiPen.

If an EpiPen is used an ambulance must be called and the child must go to hospital.

If a child who is diagnosed with an anaphylactic condition presents at the service with an Anapen the parents are to be informed that staff are only trained to administer an EpiPen and will require training in the administration of an Anapen before accepting the child into care.

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

- o Call an ambulance immediately by dialing 000.
- o Commence first aid measures.
- o Contact the parent/guardian when practicable.
- o Contact the emergency contact if the parents or guardian can't be contacted when practicable.
- o Notify the regulatory authority within 24 hours.

b. Asthma

Educators will hold a current approved Asthma Management certificate.

Parents of children with asthma must complete a written *Asthma Care Plan* prior to the child starting care, or when a child is diagnosed with asthma, and discuss this management plan with the child's educator.

This *Asthma Care Plan* will be accessible by the Educator for reference in the case of an attack.



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Information on this *Asthma Care Plan* is to be updated every six months. It is the joint responsibility of the parent and educator to ensure this is done.

Type of medication and dosage must be verified by a medical practitioner.

The coordination unit will provide all educators with a laminated copy of the standard 4 step asthma first aid plan. The educator will store this where it is readily accessible.

In the absence of an individual plan the educator is to follow the standard 4 step asthma first aid plan should a child in care with no previous asthma history have an asthma attack.

A bronchodilator may be used for a first attack of asthma for a child with no previous asthma history.

Educators have the authority to call an ambulance for a child who is having an asthma attack. Educators must call an ambulance if a child with no previous asthma history has an asthma attack.

Medication is to be stored securely (out of children's access) and at recommended temperature.

Medical information

Enrolment forms should seek to determine the child's history e.g. "Has your child ever had asthma?"

Medical Management, Risk Minimisation plan should be completed by the parent and educator if a child in care has a diagnosed health condition.

If an incident occurs, educators will report using the *Report of Injury or Illness (Child in Care)* form.

Asthma awareness

Educators must be aware of children with diagnosed asthma in their care and have accurate and current information about the symptoms, triggers and treatment procedures for each child provided in an *Asthma Care Plan*.

Children with asthma should be given the same opportunities as other children in care. Educators who suffer from asthma should manage their own condition effectively in order to ensure the health and safety of the children in care.

Emergency management

Emergency asthma management procedures should be readily accessible/on display at all times.

Educators should recognise and treat symptoms early. Regardless of whether these are mild, moderate or severe, treatment must commence immediately as delay may increase the risk to the child's health.

Follow the child's *Asthma Care Plan* emergency procedure where possible.

In the absence of a child's *Asthma Care Plan*, follow the 4 Step Asthma First Aid Plan. Refer to *4 step Asthma First Aid Plan*.

Contact parents / emergency contact person.

In the event that an ambulance has been called, educators should continue to administer blue reliever medication and contact the parent or emergency contact person. The child should be handed into the care of the ambulance officers for treatment and the educator should remain with the other children in care.



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First or unknown attack

If a child suddenly develops or complains of difficulty in breathing and/or has an incessant cough or wheeze, appropriate care must be given immediately WHETHER OR NOT the child is known to have asthma.

1. Call an ambulance immediately (dial 000) and state that the child is having breathing difficulty.
2. Try to keep the child calm.
3. The blue reliever puffer can be accessed from the first aid kit if the educator has purchased one.
4. Administer 4 separate puffs of a blue reliever puffer via a spacer (if available). Use one puff at a time and ask the child to take 4 breaths from the spacer after each puff.
5. Keep giving 4 separate puffs of a blue reliever puffer via a spacer every 4 minutes until the ambulance arrives.

This treatment could be life saving for a child whose asthma has not been previously recognised and it will not be harmful if the collapse or breathing difficulty was not due to asthma. Reliever puffers are extremely safe, even if the child does not have asthma.

Training

1. All educators must be trained in the first aid treatment of asthma.
2. Educators who have successfully completed the accredited *Course in Emergency Asthma Management* are able to hold a blue reliever puffer in their first aid kit in line with Victorian Drugs and Poisons Regulations and Victorian Pharmacy Board Guidelines and current best practice.

Sources

Children's Services & Education Legislation Amendment (Anaphylaxis Management) Act 2008
Department of Human Services 2006, *Anaphylaxis Resource Kit: managing severe allergies in Victorian children's services*

Department of Education and Early Childhood Development 2010, *New adrenaline auto injection device (Anapen)*

Asthma Australia 2014, *Asthma Care plan for education and care services*

Asthma Australia 2014, *Asthma First Aid Plan*

Department of Education and Early Childhood Development 2013 *National Quality Framework: Children with medical conditions attending education and care services* Fact Sheet 2013

c. Medication

Procedure:

Parent/guardian's permission to administer any medication is to be given in writing on the *Permission to administer medication to a child in care* form provided by the MFDC staff.

Educators must have clear directions from the parents regarding dosage and times to administer first and subsequent doses.

All medication is to be provided in its original container.

Prescription medicines are only to be given to the child named on the container as the prescribed person.

No prescription medication is to be administered to a child for the first time by an educator.

Medication must be handed to the educator prior to the parent leaving the child in care.

Medication is to be stored securely (out of children's access) and at recommended temperature.



MURRINDINDI FAMILY DAY CARE - POLICY / PROCEDURE



Educators will document administration of medication on the *Permission to administer medication to a child in care* form.

The administration of medication which requires an invasive procedure will be decided on a case-by-case basis after discussion between all parties involved and special consideration of the educator's responsibility to all children in care.

Training by qualified medical personnel must be provided to an educator who agrees to administer medication requiring an invasive procedure.

Non-prescription medicines and alternative medicines will not be administered by educators unless prescribed by a doctor and labelled as above.

Pain Assistant medicine appropriate for children (eg Panadol or Bonjela) does not have to be prescribed but written permission must still be obtained from parent/carer.

Unused medication will be returned by educator to parents or destroyed by educator.

Self-administration of medication

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

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

Procedure:

Educator to outline/provide medication policy to parents and explain the responsibilities of parents and educator in relation to this policy.

Parent to complete/review *Permission to administer medication to a child in care* form at least weekly when child attends care and needs medication.

Parent to hand medication to educator on arrival. Medication must not be left in a child's bag.

Educator to store medication securely.

Educator to administer medication strictly as instructed by parent on *Permission to administer medication to a child in care* form and to sign when done. If for any reason the medication is not administered on the day, educator will complete the second page of the Permission form with reasons as to why, sign and date and retain a copy for their records and for the office.

Educator to return medication to parent when no longer needed.

An educator must not give any non-prescription medication, ie over the counter pain medication or cough medicine, without written permission from the parent, unless another person (adult, coordinator etc) is there to verify the dose and the identity of the person to be administered.

Sources

National Health and Medical Research Council 2012, *Staying healthy in childcare: preventing infectious diseases in childcare* Fifth Edition.



MURRINDINDI FAMILY DAY CARE - POLICY / PROCEDURE



EVALUATION

To assess whether the values and purposes of the Policy have been achieved, the Approved Provider will:

- regularly seek feedback from everyone affected by the Policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents concerning 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 unless a lesser period is necessary because of risk.

AUTHORISATION

This policy was adopted by the Approved Provider of Murrindindi Family Day Care on 31 July 2021.

REVIEW DATE: tba



EMERGENCY AND EVACUATION – POLICY 5

PURPOSE:

This policy will provide a framework for the development of emergency and evacuation procedures, practices and guidelines at Murrindindi Family Day Care as well as raising the awareness of all educators, children and families about potential emergencies and appropriate responses.

Murrindindi Family Day Care is committed to providing a safe environment for all children, educators, staff and families affiliated with Murrindindi Family Day Care by having a plan to manage emergencies in a way that reduces risk to those present at a registered family day care premises or venue. This is done by ensuring effective procedures are in place to manage emergency incidents, ensuring an appropriate response in emergency incidents to meet the needs of the children, their families, staff and others at the service.

POLICY STATEMENT:

We will identify and maintain an up to date record of our family day care educators operating in a family day care residence or approved family day care venue in Victoria who may be at risk of bushfire (bushfire-at-risk educators).

For any bushfire-at-risk educators, the approved provider will ensure that:

- a. bushfire-at-risk educators do not operate on any day declared by the Victorian Emergency Management Commissioner to be a day of 'Code Red' Fire Danger Rating that would apply to the location in which that family day care residence or approved family day care venue is located; and
- b. the service's emergency and evacuation policies and procedures required under regulation 168 of the Education and Care Services National Regulations include a current Emergency Management Plan (EMP) for managing the service's bush-fire related risks;
- c. the Emergency Management Plan (EMP) is kept up to date, reflects the family day care educator's operating context and includes:
 - i. procedures for monitoring and managing bushfire risks and events;
 - ii. procedures for notifying families of any closure
- d. the Emergency Management Plan (EMP) is reviewed and updated as necessary at least once each calendar year.

Educators will maintain current emergency evacuation plans and will review and update bushfire evacuation procedures in August each year for approval by the Approved Provider.

On days of total fire ban or high to extreme Fire Danger Rating Days, educators living in areas where residents may need to evacuate will discuss planned emergency procedures with families before children come in to care on that day.

CODE RED Days.

Our service has educators in the North Central and Central Total Fire Ban Districts. Should there be a Code Red declared in those areas, there will be no care available from educators who operate in those zones.

SCOPE:

This Policy applies to the Approved Provider, the Family Day Care management team, Educators working under the Family Day Care scheme and families.



RESPONSIBILITIES:

The Approved Provider and Persons with Management or Control are responsible for:

- Ensuring a risk assessment is conducted annually to identify potential emergencies relevant to the FDC home or approved venue.
- Ensuring educators have designed and displayed a copy of the emergency and evacuation floor plan and instructions are displayed in a prominent position near each exit at the premises.
- Ensuring educators have an evacuation kit, including contact numbers for each child, required medication, water, nappies (if required) a mobile telephone and a first aid kit.
- Ensuring that educators are rehearsing emergency evacuation practices at least once every three months at various times, and ensure all children are involved as stated in Reg 97.
- Ensuring educators also include 'lock down' situations practice i.e. in case of an intruder or dangerous hazards and have a suitable place within in the home that is a 'safe area'.
- Ensuring educators document the rehearsals of the emergency and evacuation procedures with the date, time and names of children present and any notable outcomes (times, strategies that worked well, required improvements etc.)
- Ensuring educators place a copy of the emergency contact numbers displayed prominently near phones at FDC homes.
- Ensuring a current database is maintained of educators living in a location identified as 'at risk of bushfire'.
- Ensuring regular monitoring of the Bureau of Meteorology and Country Fire Authority websites on days where there is a high or declared risk of bushfire (Daily during high fire season).
- Ensuring that educators and families are notified that no education and care will be provided by educators living in a location declared at risk on a Code Red' Fire Danger Rating, following direction from the Bureau of Meteorology and Country Fire Authority (CFA).
- Requiring educators to have an operating telephone to enable immediate communication to and from parents and emergency services.
- Requiring educators to have ready access to emergency equipment such as fire extinguishers and fire blankets, and are adequately trained in their use.
- Ensuring educators have working and sufficient smoke detectors positioned throughout their home/venue and that they are regularly tested.
- Ensuring educators are offered support and debriefing following a serious incident, emergency or evacuation.

Educators are responsible for:

- Updating their Emergency Management Plans annually.
- Being contactable whilst children are in attendance at the service for emergency alerts.
- Rehearsing and documenting emergency evacuation procedures with the children every three months and document the events – ensuring all children are involved.
- Evaluating the effectiveness of the evacuation drill and consult with the approved provider or nominated supervisor of any modifications that may be required.
- Ensuring instructions for what must be done in an emergency and an emergency and evacuation floor plan is displayed in a prominent position near each exit at their service premises.
- Providing awareness and support to children before, during and after emergencies and drills
- Ensuring a fully equipped first aid kit is available and the kit is clearly identifiable and is located somewhere that is not accessible for children but easily accessible for educators.



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- Ensuring that children are signed in.
- Keeping a written record of all visitors to the service, including the time of arrival and departure. This includes a QR code check in for COVID-19 tracing purposes.
- Ensuring all family members, children, and visitors present during an emergency are accounted for in the event of an evacuation
- Ensuring all required emergency items (first aid kit, emergency evacuation bag, attendance register) are taken out of the home during any evacuation or practice drill.
- Regularly testing and maintaining emergency equipment including replacing batteries in smoke detectors annually.
- Reviewing and evaluating any emergency and actions taken, completed by the educator in collaboration with the approved provider.
- Ensuring near-miss incidents are documented and communicated to the approved provider.

References:

- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011* including Regulations 97, 98, 168(2)(e)
- *National Quality Standard*, including Quality Area 2: Children's Health and Safety
- *National Quality Standard*, including Quality Area 7: Governance and Leadership

EVALUATION

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

- review the policy to determine whether it adequately addresses a range of potential emergencies
- regularly seek feedback from everyone affected by the policy regarding its effectiveness particularly following an emergency
- review procedures, including evacuation procedures, to determine their effectiveness, including timing and processes
- use information gained from checks on documentation and practices and the *Incident, Injury, Trauma and Illness Record* to inform proposed changes to this policy
- revise the policy and procedures as part of the service's policy review cycle, or as required by legislation, research, policy and best practice
- consult with emergency services such as the MFB and CFA, to ensure the policy and procedures meet current best practices
- notify parents/guardians at least 14 days before making any change to this policy or its procedures unless a lesser period is necessary because of risk.

AUTHORISATION

This policy was adopted by the Approved Provider of Murrindindi Family Day Care on 31 July 2021.

REVIEW DATE: TBA



DELIVERY AND COLLECTION OF CHILDREN - POLICY 6

PURPOSE:

To ensure children are always supervised during delivery and collection, excursions/outings and pick up and drop off at school and kindergarten.

To ensure children are only released from care to someone authorised by the parent/guardian to collect the child.

POLICY STATEMENT:

Family Day Care is committed to creating and maintaining a child safe organisation where protecting children and preventing and responding to child abuse is embedded in the everyday thinking and practice of all staff, Educators, Educator household members, work experience/work placement students and volunteers irrespective of their involvement in child related duties.

Children must arrive and depart from care accompanied by an authorised adult. This includes transition times between home, the care environment, kindergartens, schools and during routine outings and excursions.

SCOPE:

This Policy applies to the Approved Provider, the Family Day Care management team, Educators working under the Family Day Care scheme and families.

PROCEDURE:

1.1 Arrival and departure from care

The parent or guardian must provide authorisation in writing of all authorised adults permitted to drop off or collect a child.

All children arriving and departing from care with the FDC service will be accompanied by the parent, guardian or an authorised person eighteen (18) years or older nominated by the parent or guardian and recorded on the enrolment form.

The parent, guardian or authorised person collecting the child from care must always supervise the child, once the child has been signed out of care.

The parent or guardian is responsible for accurately recording the time the child is delivered or collected from the FDC service, on the Attendance Record. This will be done in written form or using a Personal Identification Number (PIN) if the Educator is using digital attendance records, eg Harmony Web.

When an Educator accepts before and after school care, they accept the responsibility of delivering and collecting the children to and/or from school as part of the care arrangement. When doing this the Educator must sign or PIN the child into and/or out of care on drop off to and/or collection from school.

When an Educator accepts care including kindergarten attendance, they accept the responsibility of delivering and collecting the children to and/or from kindergarten as part of the care arrangement. When doing this the Educator must sign or PIN the child into and/or out of care on drop off to and/or collection from kindergarten.

The Educator will accompany all FDC children to and from the school and/or kindergarten premises when dropping off or collecting any child from school or kindergarten.



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The Educator will sign the absence on the Attendance Record if the parent/guardian is absent or is unavailable. No child should be given into the care of a parent/guardian or authorised person if the Educator has reasonable grounds to believe that doing so would place the child at risk of harm, even if the person in question has lawful authority to collect the child. If this type of situation arises the Educator will report it to the Coordination Unit immediately.

1.2 Missing child or children

If a child or children appear to be missing from the Educator's premises the Educator must immediately thoroughly check all areas of the FDC premises, both inside and outside to find the child/ren.

A child will be deemed "missing" if they are not at the designated pickup point/time at school or kindergarten as arranged with the parent/guardian. Educators are to approach school/kindergarten staff immediately.

If the child is not found or is missing, the Educator must immediately contact the Coordination Unit. In the event the incident occurs out of hours, the Educator must call the coordinator.

The Coordination Unit will support the Educator by attending the Educator's home or the location of the incident.

The Coordination Unit will contact the parents and then call the Police if the child is not located within 10 minutes of the initial report. The Coordination Unit and the Educator will cooperate with the Police as directed and provide support to the family.

The Coordination Unit will notify the Council's Child Safety Officer immediately. Council's policies will be followed to report and manage the situation.

The incident must be recorded by the Educator and the Coordination Unit staff, and then retained on the child's and the Educator's file.

The Coordination Unit will report the incident to the Department of Education and Training (DET) as a Serious Incident within **24 hours**.

1.3 Child/ren not collected by an Authorised Person

If the child is not collected by the booked time and the Educator has not heard from the family, then the Educator will attempt to contact the parents/guardians using the family's contact details. If the Educator is unable to contact a parent/guardian, they will attempt to contact people listed as authorised persons on the child's enrolment details.

If the Educator has been unable to contact the parent/guardian and/or authorised persons, then the Educator will inform the Coordination Unit immediately. If this is outside business hours the Educator will call the coordinator.

To minimise the impact on the child of not being collected by their parent/guardian or authorised person, Educators will continue to care for the child for as long as practicably possible. If the Educator is unable to continue care for the child, the Coordination Unit staff will endeavour to find alternative care.

The Coordination Unit staff will contact the Police and Child Protection to notify them of an uncollected child. The Coordination Unit and the Educator will cooperate with the Police and Child Protection as directed. If needed, support will be provided to the families using care with the Educator.

The Children's Services Coordinator will provide support where needed and report the situation within Council and to DET.

In an emergency situation, authority to collect a child may be given over the phone for a person who is not on the authorised list, only once certain requirements are met;

- The educator satisfactorily establishes the identity of the parent giving permission over the phone
- The person collecting the child must provide photo ID to the educator and sign a collection form.
- The child is happy to leave with the person.
- The educator feels comfortable letting the child go with the person.



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Educators will be provided with support in the event of issues arising regarding collection and delivery of children.

Educators will be provided with time sheets for parents/guardians to complete.

Educators will be provided with copies of the family file that sets out who has the legal authority to collect children and details of custody/court orders if possible, and emergency contacts.

Additional strategies for infection prevention for coronavirus (COVID – 19) pandemic.

Educators will ask parents/carers to drop children at the front door. Minimising adult interaction with the educator's learning environment will reduce the risk of the spread of coronavirus (COVID-19).

Educators may stagger start/finish times to reduce the number of people at the residence/venue at one time.

Parents and children will be asked to sanitise hands on arrival.

Educators may ask children to remove shoes at the door.

Educators may take child's temperature (with a non-contact thermometer) prior to entering the residence/venue (with parental consent). If children present with a temperature over 37.5C they will not be accepted into care.

These additional strategies will remain in place until the pandemic is declared by health authorities in Australia to be over.

REGULATIONS

Education and Care Services National Law 2010: Section 165,167, 175, 189 Education and Care National Regulations 2011: Regulations 99, 158-159, 168 (2)(f):176

EVALUATION

To assess whether the values and purposes of the Policy have been achieved, the Approved Provider will:

- regularly seek feedback from everyone affected by the Policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents concerning 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 unless a lesser period is necessary because of risk.

AUTHORISATION

This policy was adopted by the Approved Provider of Murrindindi Family Day Care on 31 July 2021

REVIEW DATE: tba



EXCURSIONS AND OUTINGS, TRANSPORTATION - POLICY 7

PURPOSE:

To allow for the provision of a range of appropriate excursions for children in MFDC programs. Excursions provide the opportunity for children and educators to practice road safety skills, pedestrian and car safety and playing safely.

POLICY STATEMENT:

Educators are encouraged to provide a range of safe experiences outside the home for the children in care taking into account the number, age, and parental wishes of the children, the benefits of the excursion and the duration of the excursion.

Educators who transport children are required to hold a current Australian drivers licence.

Educators will not leave children unattended in a vehicle at any time, including when refuelling.

Educators will only transport the number of children that can be safely restrained. The vehicle must use a child restraint, booster seat or seat belt that is properly adjusted and fastened to suit the age and/or weight and height of the child. Educator's cars will be frequently assessed for this purpose.

Educators will ensure that child restraints and booster seats meet the Australian Standards, are safe, clean and in good repair, and are no more than ten years old.

Educators vehicles will be suitably maintained, roadworthy, safe for children, registered and adequately insured.

Educators will complete a risk assessment for routine outings, transport and excursions which must be approved by MFDC Coordination unit prior to any excursion, routine outing or transport.

'Dickie seats' will not be used due to safety concerns with these types of seats in the event of a crash.

Vehicles will be locked and inaccessible to children when not in use.

MFDC will consult with parents/guardians and appropriate professionals to ensure that children with disabilities or medical conditions are provided with child restraints that are appropriate for their needs.

MFDC will perform a car safety check, approved by Vic Roads, each year at the same time as a Home Safety Check. Licence and vehicle registration checks will also be completed at this time. MFDC will also include testing educator's knowledge of safety getting children in and out of the vehicle.

Children will provide their own helmets for bicycle riding and riding wheeled toys. Educators will ensure that they are correctly fitted, in good condition and meet the ANZ Standards.

SCOPE:

This Policy applies to the Approved Provider, the Family Day Care management team, Educators working under the Family Day Care scheme and families.



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LEGISLATION AND STANDARDS:

Relevant legislation and standards include but are not limited to:

Education and Care Services National Regulations.	National Quality Area	National Quality Standard/Element
100, 101, 102, 168	2	2.1, 2.2.1, 2.2.2

PROCEDURE

Educators have a duty of care to address situations where a child is observed to be at risk while being transported to or from the FDC residence/venue. This may include instances where a child is observed to be travelling unrestrained, in an inappropriate restraint, riding a bicycle or wheeled toy without a helmet, or instances where a parent/guardian is in an unfit state to drive due to intoxication or impairment.

If an educator observes this they will talk with the parent/guardian/authorised nominee about the importance of safe transport procedures, including the correct use of child restraints and/or relevant road safety behaviours and inform the Co-ordination team.

If the behaviour persists the Coordination unit will contact the parent directly and discuss the importance of child restraint use and/or safe road user behaviour, including legal requirements and implications, and offer assistance.

If a parent/guardian or authorised nominee appears to be impaired or intoxicated when arriving to collect their child, the FDC educator will encourage the parent/guardian or authorised nominee to use an alternative form of transport or contact another authorised person to collect the child.

If the parent/guardian or authorised nominee is not willing to use an alternative form of transport, the educator will notify the coordination unit, police and/or child protection authorities **immediately** if the educator is of the opinion that the child may not be safe in the care of the parent/guardian or authorised nominee.

Excursions and Routine Outings

Educators must be confident that they can supervise all children on an excursion at all times. Educators must only care for the relevant number of children prescribed for the purpose when taking children outside the FDC residence or venue.

The National Regulations require a risk assessment to be completed before an authorisation is sought for an excursion or a routine outing. Routine outings are regular trips outside the education and care residence or venue. For routine outings, Educators must complete an Annual Routine Outing Risk Assessment form each year for each destination, which clearly sets out all relevant information about the routine outing as well as listing and mitigating all risks associated with each routine outing. All risk assessments must include consideration of the risks involved with the transportation of children during the excursion or routine outing. This includes transportation that covers transport of children to and from school or kindergarten.

For all other instances where a child is to be taken on an outing outside the premises at which the children's service is provided, educators must complete an Excursion Risk Assessment form setting out all relevant details about the excursion and clearly considering each risk, including interactions with strangers.



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A child being educated and cared for by the service must not be taken outside the service or the family day care educator's residence or approved family day care venue on an excursion unless written authorisation has been provided (regulation 102). For routine or regular outings (including for transport to or from kindergarten or school) a person named in the child's enrolment record as having lawful authority must have provided a written authority within the previous 12 months on an *Annual Routine Outing Authority form* (one authority required for routine excursions each 12 months. To be updated each March). Educators will NOT be able to take a child on regular routine outing unless these documents have been lodged and approved with the coordination unit.

Authorisations by parents/guardians for excursions or routine outings will include the following information:

- The child's name
- The reason the child is to be transported
- If the authorisation is for regular transportation, a description of when the child is to be transported
- If the authorisation is not for regular transportation, the date the child is to be transported
- A description of the proposed pick-up location and destination
- The means of transport
- The period of time during which the child is to be transported
- The anticipated number of children likely to be transported
- The anticipated number of staff members and any other adults who will accompany and supervise the children during the transportation
- Any requirements for seatbelts or safety restraints under a law of each jurisdiction in which the children are being transported
- That a risk assessment has been prepared and is available at the education and care service
- That written policies and procedures for transporting children are available at the education and care service.

The purpose of a risk assessment is to identify possible risks of harm to children prior to an excursion or routine outing, to ensure risks to children's health, safety and wellbeing are minimised or avoided when taking children outside an education and care service, family day care residence or family day care venue. A risk assessment must include strategies for minimising and managing the identified risks (regulation 101).

When taking children outside an education and care service, a family day care residence or family day care venue, every aspect of the environment must be considered at each stage of the excursion to make sure that risks have been identified and addressed. A risk assessment must consider:

- proposed route and destination for the excursion
- any water hazards
- any risks associated with water based activities
- method of transport to and from the proposed destination
- number of adults and children involved in the excursion
- given the risks posed, the number of educators or other responsible adults that is appropriate to provide supervision and whether any adults with specialised skills are required to ensure children's safety
- proposed activities
- proposed duration of the excursion
- items that should be taken on the excursion.

The risk assessment will also include strategies for accounting for all children on the excursion, particularly during transition times, such as ensuring all children have been transported to the destination and have been returned to the service at the conclusion of the excursion.

Excursions will not be approved unless all information is provided and MFDC is satisfied that all risks have been satisfactorily dealt with. Excursions must be approved by MFDC before the event can go ahead.



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Educators must consider how the excursion supports the educational program. Consideration will also be given to toileting facilities, washing and drying facilities that are safe for children. Educators will ensure that children have access to safe drinking water and are offered appropriate food during the excursion.

Educators must take the following – first aid kit, operating mobile phone, emergency contact names and numbers for each child, other items specific to excursion (sunscreen, hat, water etc). Educators must consider and meet all safe travel requirements as listed in the Excursion risk Assessment.

Educators must ensure that all excursions and routine outings are COVID-safe.

Road safety education, based on the *National Practices for Early Childhood Road Safety Education* will be included in the program where relevant.

Educators will have access to regular professional development/training in road safety and will be kept up to date with current legislation, regulations, rules, standards and best practice information.

Educators that use cars to transport children will have them checked for safety annually and their knowledge of safe procedures for getting children in and out of vehicles will also be tested.

General road safety information will be available to parents in regards to transporting children to and from Family Day Care (which might include using the 'safety door' (the rear kerbside door), driveway safety, and role modelling safe road use) via newsletters or educators.

The provision of location-specific road safety information (e.g. details about where to park safely when delivering and collecting children and local area speed limits etc.) will be made available where relevant to parents/guardians and visitors.

Road safety will be considered in all risk assessments for excursions and routine outings to ensure the safety of all children and to build on children's knowledge of safety around roads.

SOURCES

National Quality Framework: *Transporting Children in family day care*, Fact sheet, September 2014

ACECQA: Safe Transportation of Children Information Sheet , October 2020

Best Practice Guidelines for the Safe Restraint of Children Travelling in Motor Vehicles (2013):<http://www.neura.edu.au/CRS-guidelines>

VicRoads: www.vicroads.vic.gov.au

EVALUATION

To assess whether the values and purposes of the Policy have been achieved, the Approved Provider will:

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MURRINDINDI FAMILY DAY CARE - POLICY / PROCEDURE



AUTHORISATION

This policy was adopted by the Approved Provider of Murrindindi Family Day Care on 31 July 2021.

REVIEW DATE: tba



PROVIDING A CHILD SAFE ENVIRONMENT - POLICY 8

POLICY STATEMENT:

We are a Child Safe organisation. Family Day Care staff and educators protect the rights, safety and wellbeing of children and provide a child safe environment. (See our Statement of Commitment Appendix 5)

In developing and providing services for children and their families MFDC will be guided by the Child Safe Standards, and the principle that society as a whole shares responsibility for promoting the wellbeing and safety of children.

From 1 July 2022 there are 11 Victorian Child Safe Standards, which are:

1. Organisations establish a culturally safe environment in which the diverse and unique identities and experiences of Aboriginal children and young people are respected and valued
2. Child safety and wellbeing is embedded in organisational leadership, governance and culture
3. Children and young people are empowered about their rights, participate in decisions affecting them and are taken seriously
4. Families and communities are informed, and involved in promoting child safety and wellbeing
5. Equity is upheld and diverse needs respected in policy and practice
6. People working with children and young people are suitable and supported to reflect child safety and wellbeing values in practice
7. Processes for complaints and concerns are child focused
8. Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training
9. Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed
10. Implementation of the Child Safe Standards is regularly reviewed and improved
11. Policies and procedures document how the organisation is safe for children and young people

SCOPE:

MFDC Educators and Staff. Children in care, educators and families registered with MFDC.

All domestic and farm animals. Residents of and visitors to homes where child care is provided, back up educators, volunteers and parents.

This policy is reviewed and updated on a regular basis but at least every three (3) years. This policy is shared with the community through FDC residences/venues and everyone is given the opportunity to provide feedback.

DEFINITIONS

Physical safety: Protection from harm and hazards that can cause injury. Identified risks are managed and minimised.

Cultural Safety: An environment that is spiritually, socially and emotionally safe, as well as physically safe for people; "where there is no assault challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning together."

Cyber Safety/Online Safety/Internet Safety/E-safety: The safe and responsible use of technology including use of the internet, electronic media and social media in order to ensure information security and personal safety. There are 3 main areas of risk to safety:

Content: being exposed to illegal, inappropriate or harmful material

Contact: being subjected to harmful online interactions with other users (including bullying)

Conduct: personal online behaviour that increases the likelihood of, or causes, harm".



LEGISLATION AND STANDARDS:

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Regulations 2011*: Regulations 84, 107, 108, 155, 156, 157, 168.
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
- *National Quality Standard*, Quality Area 5: Relationships with children
- *National Quality Standard*, Quality Area 6: Partnerships with families and communities
- *National Quality Standard*, Quality Area 7: Governance and Leadership

PROCEDURE:

All FDC educators and staff are responsible for reporting child abuse and ensuring the protection of children.

We have a duty of care to children. We will take all reasonable steps to prevent injuries that are reasonably foreseeable and protect the wellbeing of children. We will take positive action and report any reasonable belief that a child is being abused.

We will ensure that children are adequately supervised and protect children from any hazard likely to cause harm. Any form of corporal punishment, such as hitting or smacking or any form of punishment that is meant to cause pain or hurt is not used in our service.

We use the Child Safe Standards to inform our child safe practices and have robust recruitment and induction procedures.

We promote the participation and empowerment of children by involving them in making decisions and choices.

We manage risks in MFDC consistently and effectively so that children are kept safe on a daily basis.

We have guidelines for the purchase and use of equipment in MFDC programs.

We recognise the importance of Aboriginal and Torres Strait Islander culture and encourage Aboriginal and Torres Strait Islander children and families to express their culture and enjoy their cultural rights.

We understand that some children are more vulnerable than others and therefore we recognise their additional needs. This includes children from diverse cultural backgrounds, children with a disability, children that cannot live at home and LGBT children.

We recognise that peer support and friendships build children's confidence and wellbeing, and we include group play as part of our programming.

MFDC has a robust recruitment procedure that will reduce risks in engagement of appropriately and suitably qualified educators.

Children will be supervised by educators at all times. 'Supervise' means visual and/or aural contact as a minimum, to be maintained through regular 'scanning'.

MFDC will promote awareness of safety issues to all staff and parents and guardians of the children in care through newsletters, training and brochures.

MFDC staff will monitor safety in FDC through the initial, daily, and bi-annual Home Safety Checks, and by ongoing observations at the regular support visits.

Car and road safety will be promoted and practised by educators to provide a role model for children.

Children will be encouraged to develop appropriate behaviour and be aware of the consequences of their actions on



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the safety of themselves and other people.

Educators will have home emergency and/or bushfire evacuation or lockdown plans displayed in the homes/venues where care is provided and these are to be explained to parents and practised with the children every three months as a minimum.

As an aspect of the service's safety monitoring procedures a person with 'fresh eyes' will conduct a home/venue and car safety inspection at each premises regularly (annually at the least).

MFDC ensures that all educators and staff receive regular training in recognising the indicators of abuse and have current information/resources.

All FDC programs recognise the right of children to sleep safely, when they need to, in comfortable and hygienic surroundings.

Educator registration depends on complying with all relevant safety issues in the initial and annual safety checks and maintaining this standard of safety as assessed by daily and other safety checklists.

Initial and bi-annual safety checks will be conducted according to the *Family Day Care Victoria Home Safety Checklist*, and other safety checklists as required.

Educators will conduct a daily safety check and document on the *Daily Safety Checklist* form.

MFDC will conduct an annual child safety review of policy and procedures around child safety. This will take place generally in March of each year.

MFDC has a zero tolerance of racism and any instances will have consequences that may include additional training, warnings, suspension and in extreme circumstances termination of an agreement.

Equipment

All equipment purchased for use in Family Day Care will meet relevant Australian Safety Standards. This includes, but is not limited to high chairs, change tables, prams, strollers, cots, car seats and restraints, play equipment and toys.

All equipment, including outdoor play equipment, purchased for use in FDC programs will be installed and used in accordance with manufacturer's instructions and any relevant Australian Standards.

Educators are responsible for the purchase and maintenance of equipment. Any second hand equipment obtained for use in Family Day Care must meet Australian Standards and pass a safety check conducted by MFDC staff.

Outdoor equipment must have soft fall zones as per applicable standards.

Damaged equipment must be removed immediately or repaired by an authorised person.

MFDC staff will check the condition and safety of all equipment annually.

Trampolines will be fitted with barrier netting and padded as per Australian Safety Standards. Older trampolines can be retrofitted with frame padding and an enclosure barrier safety system that complies with the Australian Standard.

Educators will ensure they are aware of correct procedures for use of equipment and facilities and children are educated in correct use.

Educators will also ensure that children are educated about the correct use of protective equipment such as helmets, trampoline nets etc.

For swing sets manufactured before 2004 and swing sets that do not have recommended fall zone distances available from manufacturers in writing the required fall zone for supervised early childhood settings is: Fall zone = 1.75m from the furthest extension point from front and back of the swing.



Tobacco, Drug and Alcohol Free Environment

When children are in care no person will be permitted to smoke any tobacco product, consume alcohol, or take other drugs (apart from prescribed medication) in their presence. This includes e-cigarettes. This includes members of the educator's family.

When children are in care no person will be permitted to smoke any tobacco product, consume alcohol, or take other drugs (apart from prescribed medication) in the area outside a home/venue where care is provided. The area includes verandahs, yards and carports. This includes members of the educator's family.

There must be no evidence of smoking, drinking or drug taking, including smell, in any Family Day Care home or venue when children are in care.

When children are in care educators will not consume or be affected by alcohol or drugs. This includes prescription medication that impairs the educator's ability to care for children.

The service avoids encouraging the consumption of alcohol as a part of events, celebrations, awards, gifts and fundraising.

Educators will guide age-appropriate, sensitive discussions about health issues related to tobacco, alcohol and drug use as opportunities arise. (eg, if a child is pretending to smoke)

Professional development and resources are provided to educators and staff to help them guide age-appropriate, sensitive discussions about health issues related to tobacco, alcohol and drug use as opportunities arise.

Educators and staff who want to quit smoking, drinking or using other drugs are supported and referred to appropriate agencies.

Tobacco, alcohol and other drug policy requirements are included in staff induction/orientation.

Resources about the health risks related to smoking, excessive drinking and taking drugs are available to educators and staff.

Information about health risks related to smoking, excessive drinking and using other drugs is available for families and community members, including information about accessing support services.

Partnerships are established with relevant organisations and health professionals to support smoke-free, drug-free and responsible consumption of alcohol initiatives where appropriate.

There are no partnerships with organisations that market or supply alcohol or tobacco.

Use & Storage of Potentially Dangerous Substances

MFDC defines dangerous substances as any chemical, poison, drug, or other material that can cause potential harm, injury or illness to persons or damage to the service's environment.

MFDC promotes the use of non-toxic products in FDC.

All cleaning products and other potentially dangerous products must be stored out of reach of children or in a locked cupboard.

All chemicals and cleaners must be stored in their original containers with the original label detailing directions for use, keep out of reach of children warning and original tight fitting lid or lockable spray bottle.

If spray bottles for mixing own batches of cleaners or disinfectants are used they must be clearly labelled with the name of the chemical, the strength of dilution of the product and a keep out of reach of children warning.

Correct measurements of all products must be used as per manufacturer's directions.

Dish washing detergents will be used as needed to clean toys and equipment, usually after the children have gone



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home but may be done as required throughout the day.

Disinfectants will be used as needed to clean toys and equipment. Sanitisers will not be used when children are present.

Educators will call the Poisons Information call centre on 13 11 26 if they suspect poisoning even if symptoms are not present.

Educators will use guidelines in Policy 3 *Infection Control* to ensure that there are emergency procedures and practices in place for cleaning up accidental spills and contamination.

Animals

Pets and animals can play a very important role child early childhood development, with current early childhood thinkers putting forward the notion that animals are the fourth teacher. Pets are a valued and loved member of an educator's family. However, it needs to be recognised that educators run a home based ECE service where the family pet may not be suitable in fulfilling your professional duty. The purpose of this policy and procedure is to ensure the safety of children.

SCOPE

This policy applies to educators, educator's assistants, and visitors, people who reside at the FDC residence/venue, staff, volunteers and work placement students. This policy must not result in restrictions to children's access to normal inside or outside activities.

POLICY

In MFDC pets and various other domestic animals are a valued and much loved part of many family day care settings. Pets and domestic animals play a significant role in children's early learning and development. It is the role of the early childhood educator to identify and minimise any possible hazards or health risks to children in care.

To minimise and avoid potential harm to children or animals, the educator must have in place risk management strategies that identify specific risks involved in allowing children access to the animals, and any interactions that may take place.

Procedure

Pets and animals are a valued part of a family, as well as a positive and enhancing aspect to a child's development. There are factors that need to be addressed to ensure the wellbeing and safety of both the children and animal(s). To ensure the safety and wellbeing of the children being cared and educated for, the following procedures are to be followed;

- Educators must notify Murrindindi FDC as per Regulations that they have acquired a new pet or domestic animal on their premises. This notification must occur whether or not the FDC children will come into direct contact with the animal. Notification should happen before the animal/pet arrives on the FDC premise and we are to be emailed of the arrival to MHBCC@murrindindi.vic.gov.au
- Prior to the enrolment of a new child and/or family, the educator must inform the parents(s)/guardian(s) of any pets or animals on the premises.
- A pet management plan must be completed for all animals/pets (irrespective of whether or not children come into contact with the animal) at the FDC residence/venue. This plan is to be completed and emailed to coordination a week prior to animals/pets being introduced into the educational venue/premise.
- FDC educators must give at least two weeks notice of obtaining a new animal/pet.
- An educator who has a pet or domestic animal on the premises must insure the pet/animal has a separate area where they can escape away from the children to retreat. This should be an area where both children and animal/pet have a chance to play free from each other. This area should have a finger-proof barrier between the areas.
- All animals kept on the educators premises (whether it is a residence or a venue) must be maintained in a clean and healthy condition, and in such a way that children will not be in danger of injury or infection or illness.



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- When animals are being introduced to children, the FDC educator will be sensitive to the children and family's fears, anxieties and dislike of the animals(s).
- The educator must ensure that animals are NOT present, nor have access to, the area in which a child is sleeping.
- Children are encouraged to show respect to animals at all times.
- Children are to not be forced to play with any animal/pet. It is always their choice if they wish to participate.
- Parents and guardians must give permission for their child/children to interact with domestic animals/pets.
- When experiences and interactions with pets occur, educators must be present and supervising at all times.
- Specific breeds of dogs can be deemed dangerous, these dogs will need to be separate from children and will not be able to interact with children unless under supervision at all times.
- Any animals with infectious illnesses are to be kept separate to children at all times until well. This is to stop children from irritating the animal/pet.
- Any animal that has the potential to bite a child/children is to be kept in an area/enclosure that is inaccessible to children. This does not mean that children may never interact with the pet- supervision must occur at all times.
- Pets and domestic animals that are kept at the FDC premises will be kept in a clean and healthy condition. For example, regularly cleaned, fed, have their flea and worm treatment and vaccinations. Educators will keep up to date animals health records.
- The educator needs to ensure no animals or pets are present during food preparation time. This includes all children's meal times.
- Animal droppings and hair will be removed from all accessible areas for children prior to the start of service. Animal bedding, food, bones, water and feeding containers must be inaccessible to very young children (under 2). Discussions will be had with older children about safety and hygiene around animals feeding and sleeping areas.
- Any poultry, live-stock and beehives must be maintained per local council environmental by-laws.
- Educators need to be sure that their pets/animals are registered and are licensed as required by law and government regulations (eg. Council registrations, wildlife licence, reptile keepers license)
- Hygiene is to be considered when handling livestock.
- Educators must know of any allergies or illnesses children have prior to the handling of pets.
- Pet management plans are to be completed every 12 months. A pet management plan may be completed sooner if the need arises or when there is a change in circumstances. Ie. Temperature of animal, temperament of animal, incident including a child, new animal introduced or removed from premises.
- If a child wishes to bring a pet to visit the service, the educator will discuss the animal's health and temperament with the child's parent prior to the visit, to ensure it is safe to have the animal visiting the service. The educator will complete a risk management plan for this pet incursion. The pet visit will be supervised by the educator and the pet will be supervised by the owner.
- Any incidence of defecation or urine is to be cleaned and removed immediately.
- If any animal licks, drools or slobbers on any toy or equipment, the educator is to clean the toy/equipment prior to the children using it.
- Animals are not permitted to be in a vehicle while other children are in the car during service hours.
- Hand hygiene is a must after every encounter with an animal.
- Educators will have direct supervision of children and animals at all times.

NOTE

- If your dog is registered as a dangerous dog, the dog must NOT come into contact with any child/children.
- If an authorised council officer or a local court has declared your animal as dangerous, Murrindindi FDC must be notified as soon as the declaration is made. The animal is NOT, under any circumstances allowed to interact with FDC children. It must be kept away and in an enclosure.
- If an authorised council officer or a local court has declared your animal as menacing, Murrindindi FDC must be notified as soon as the declaration is made. The animal is NOT, under any circumstances allowed to interact with FDC children. It must be kept away and in an enclosure.
- If there is an issue/concern with the animal the council or staff may determine that the animal must not interact with children ie if the animal regularly growls at the children/families/staff, if the animal snips, nips towards children/families/staff.



REGULATIONS

National regulations	NQA	NQA / element
7 7, 158, 159, 160, 161, 162, 168, 169	2	2.1: 2.1.1, 2.1.2 2.2: 2.2.1, 2.2.2, 2.2.3
	3	3.1.2, 3.2.3
	6	6.1.2, 6.2.2
	7	7.1.2, 7.1.3

(New policy adopted May 2022)

Child protection

Recruitment

MFDC staff use a variety of strategies to objectively assess the suitability of people who apply to be educators of children with FDC.

Before an educator is registered to provide care the MFDC Coordinator will have read the applicant's criminal history notification (police check) issued within 3 months immediately before the registration with respect to the educator, all permanent residents of and regular visitors to the household 18 years of age and older. We will consider any criminal history in that notification having regard to the security, health, safety and welfare of children before registration of an educator.

Before an educator is registered to provide care the MFDC Coordinator will have read the applicant's current assessment notice (Working With Children Check) with respect to the educator, and current volunteer assessment notice for all permanent residents of and regular visitors to the household 18 years of age and older.

Currency of assessment notices is to be checked every 6 months and documented in the educator's record.

Adults who accompany educators and children on excursions away from the care home are also subject to the above three clauses. As such, they will require a volunteer WWCC, and a current police check before being approved to accompany educators and children on an excursion. Close relatives of the children are exempt from this requirement.

Educators must actively supervise children and their environment at all times.

Protective behaviour strategies should be introduced to children as appropriate.

Educators will receive Child Protection training upon induction and will complete Mandatory Reporting training that is refreshed yearly. Mandatory reporting training will include information about indicators of abuse.

The responsibility for investigating an allegation of child abuse rests solely with Child Protection and/or Victoria Police. MFDC staff or educators should only enquire sufficiently to form a belief that may require further action.

Educator's families will be provided with information to support their understanding and response to suspected child protection issues as they relate to the provision of FDC.

Children will not view inappropriate images, concepts or language accessed through any media, which may include magazines, television programs, videos, DVDs, computer games, music and the internet whilst in care.



A child who poses an ongoing and unacceptable risk of causing harm to other children or educators can be asked to leave the service only after reasonable effort has been made by MFDC staff to assist the educator to include the child in the program through accessing professional support for the child, the family and the educator/s.

Disclosures of abuse

Processes for disclosures or complaints will be child focused and understood by children and young people and their families, in addition to staff and volunteers.

If a child discloses an incident of abuse:

- Discreetly separate them from other children and listen to them carefully as they use their own words to explain what has happened
- Reassure them that you believe them, and are taking them seriously, that it is not their fault and they are doing the right thing in telling you
- Explain to them that this information may need to be shared with others, such as their parent/carer, specific people in your organisation, or the police. Do not promise not to tell anyone about the incident. But do tell them that you will do your best to keep them safe
- Do not leave the child in a distressed state. If they seem at ease in your company, stay with them
- If it is appropriate you may wish to support them to complete a child safe incident report form. Alternatively, as soon as possible after the disclosure, record the information using the child's words. Ensure the disclosure is recorded accurately and that the record is stored securely
- Report the disclosure as per section 6.11 of this policy and procedure
- Ensure the Reportable Conduct processes are followed if required.

Allegations of abuse by an educator or staff member

If someone alleges an incident of abuse by an educator or staff member (whether during or outside work hours):

- Reassure them that all abuse allegations are taken very seriously
- Ask about the well-being of the child
- Allow them to explain the incident in their own words
- Advise them that you will take notes during the discussion to capture all details
- Explain to them the information may need to be repeated to authorities or others, such as the Child Safety Officer, members of Council's Management Team, Police or Child Protection
- If they are not the parent/carer of the child the parents should be notified
- Ask them how they would like to be involved in the process moving forward
- Make no promises but reassure them that you will do your best to keep the child safe
- Provide them with an incident report form to complete, or complete it together
- Ensure the report is recorded accurately and that the record is stored securely
- Report the disclosure.

Our organisation takes our legal responsibilities seriously, including:

- **Failure to disclose:** Reporting child sexual abuse is a community-wide responsibility. All adults in Victoria who have a reasonable belief that an adult has committed a sexual offence against a child under 16 have an obligation to report that information to the police.
- **Failure to protect:** People of authority in our organisation will commit an offence if they know of a substantial risk of child sexual abuse and have the power or responsibility to reduce or remove the risk, but negligently fail to do so.

The failure to disclose offence helps to ensure that protecting children from sexual abuse is the responsibility of the whole community.

Reportable Conduct

If an incident of child abuse is alleged to have occurred which involves an educator, a resident of a home



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where care is provided, or a visitor to the care situation, the police will be notified and the educator will be issued with a notice of suspension of registration for the duration of the investigation.

From 1 July 2017, any allegation of child abuse made against an educator will be reported to the Commission for Children and Young people under the Reportable Conduct Scheme. Investigations into the alleged incident will be carried out by the service provider and appropriate authorities, ie Victoria Police.

There are five types of 'reportable conduct':

- sexual offences committed against, with or in the presence of a child
- sexual misconduct committed against, with or in the presence of a child
- physical violence against, with or in the presence of a child
- any behaviour that causes significant emotional or psychological harm to a child
- significant neglect of a child.

Educators must ensure that every reasonable precaution is taken to protect a child in care from harm and from any hazard likely to cause injury.

Investigating Reportable Conduct

Reportable Conduct applies to any kind of suspected abuse involving a staff member, whether the suspected abuse occurred while working or not.

Any allegation or suspicion of abuse or child safety concerns regarding a staff member, or volunteer, will be investigated in line with Child Safe Requirements and Council's Performance Management and Discipline Policy.

During the investigation the staff member will not be allowed to work directly with children, and will be stood down with pay or moved to alternate duties. The same applies if an employee, volunteer or contractor is under investigation through another organisation, and Council will acknowledge and respond to those findings.

All staff must cooperate fully with the investigation.

A group of appropriately trained staff from the working group may be convened to support the process.

The first decision to be made is if the suspected abuse constitutes Reportable Conduct. If so, this should be communicated to the CEO and a report made to the Commissioner for Children and Young People within 3 days.

The Commission must be updated about the progress of the investigation, findings and response within 30 days. The Commission may provide advice on further actions that should be taken, which must be followed.

Where appropriate, children who are witnesses or victims should be interviewed as part of the investigation processes though this should be handled differently to interviews with an adult.

External legal representatives may be involved in this process if deemed appropriate. Further information can be found on the Commission's website.

Documentation and information sharing

Information Sharing

Sharing relevant information can be critical to managing child safety.

Silos occur when parts of an organisation avoid sharing information with others. Silos can result in risks to children not being picked up and being allowed to continue.

It may also be important for Council to share information with other organisations. The Child Information Sharing Scheme, Family Violence Information Sharing Scheme and the Reportable Conduct Scheme allow



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some authorised organisations to share information with each other to support child wellbeing or safety.

Council will consider sharing information about the safety of a child as follows:

Internally: The relevant people in the organisation will be informed about child safety risks, concerns and complaints and act on these. These include leaders, child safety officers, managers, and staff. The information can be used to improve and refine organisational policies and strategies that promote child safety.

Other organisations: It may be necessary to share information with other organisations to promote the safety and wellbeing of a child. It may also be necessary if there has been a child safety complaint raised against a staff member or volunteer who also works with another organisation. It may also be necessary to share information with Victoria Police, Child Protection, the Commission for Children and Young People and other regulators.

The alleged victim: Information about the progress and resolution of a child safety complaint should be shared with the child and their parents or carers.

The alleged perpetrator: Information about the nature of the allegation and the investigation should be shared with the alleged perpetrator. We will follow any directions given by authorities, for example, Victoria Police, about what can be disclosed and when.

Our community: Members of our community should be informed about the way the organisation has responded to certain child safety incidents. It could be important to share information to keep children in the organisation safe from a known risk. Confidentiality and privacy will be maintained.

Documentation

The following information will be recorded:

- Observations, disclosures and other details that led to the reasonable belief or suspicion of abuse
- Time and date of when the observation, disclosure or concern for child took place
- Location of incident/concern
- Names of any witnesses
- A record of facts that occurred
- Actions that were taken, including any names and organisation of anyone it was reported to
- The details of the child or young person if known
- Name of person who completed the report
- If there is an investigation – details of that will be recorded including people involved and action taken.

Mandatory Reporting

Mandatory reporting refers to the legal requirement of certain professional groups to report a reasonable belief of child physical or sexual abuse to child protection authorities.

Educators and coordination staff will refresh their Mandatory Reporting training each year. Mandatory reporting training will include information about indicators of abuse.

In Victoria mandated reporters must make a report to child protection, if in the course of practising their profession or carrying out duties of their office, position or employment, they form a reasonable belief, that a child has been or is at risk of significant harm, as a result of physical or sexual abuse, and the child's parents have not protected or are unlikely to protect the child from that abuse.

The report must be made as soon as practicable after forming the belief and after each occasion on which they become aware of any further reasonable grounds for the belief.

Early childhood staff members are also required to inform the Quality Assessment and Regulation Division, Department of Education and Training and the Victorian Institute of Teaching (if appropriate).

MFDC staff are to document any process involving child protection issues and to report when practicable to Council's Child Safety Officer.



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Reporting suspected child abuse to DFFH Child Protection or Victoria Police does not constitute a breach of Victorian privacy laws. Staff are allowed to disclose personal or health information in cases where this disclosure is authorised or permitted by law. For example, mandatory reporters can report a child in need of protection from physical abuse or sexual abuse to DFFH Child Protection or the Victoria Police. This is expressly permitted and authorised in the Children Youth and Families Act 2005.

Staff cannot be successfully sued or suffer formal adverse consequences in their work because they have made a report to Victoria Police or DFFH Child Protection. Reporters and referrers identity will be protected, unless they consent to its disclosure or disclosure is required by law.

Disclosure of information to DFFH Child Protection in good faith does not constitute unprofessional conduct or a breach of professional ethics.

An allegation of abuse by a staff member or educator or visitor to an educator's home/venue must be reported within 24 hours to the Secretary of the Department of Education and Training (DET) and to the Commission for Children and Young People.

Early Years obligations and the Reportable Conduct Scheme



I am concerned about a child's safety. What should I do?

Follow the PROTECT guidelines: the Four Critical Actions for Early Childhood Services in responding to incidents, disclosures and suspicions of child abuse



Call Victoria Police on 000 if you have immediate concerns for a child's safety

Victoria Police

You must notify Victoria Police immediately if you have reasonable belief that a child has been abused or that criminal behaviour has occurred. Failure to notify Victoria Police that an adult may have committed a **sexual offence** against a child is a criminal offence.

DFFH Child Protection

You must report to DFFH Child Protection if you have significant concern for a child's safety and wellbeing and the child's parent/carer has not protected or is unlikely to protect the child from harm.

Department of Education and Training/Victorian Institute of Teaching

You must notify your regulatory body (such as DET) of any incidents, circumstances or complaints which raise concerns about the safety and/or wellbeing of children using your service. This includes notifying the Victorian Institute of Teaching if the source of suspected harm is an early childhood teacher.

Reportable Conduct

The Reportable Conduct Scheme (the Scheme) operates alongside other reporting obligations. The scheme applies to all Victorian early childhood services from **1 January 2019**. All workers, volunteers and contractors are covered by the Scheme and the Scheme captures allegations about reportable conduct and misconduct that may include reportable conduct which occurs **both within and external** to your organisation.

There are five categories of Reportable Conduct:

Against, with, or in the presence of a child

Physical violence

Sexual offences

Sexual misconduct

Behaviour that causes significant emotional or psychological harm

Significant neglect

Report to the Commission

If you, or anyone else, forms a **reasonable belief** that reportable conduct has taken place, you should follow your organisation's reporting procedures and should notify your Head of Organisation. The Head of Organisation must notify the Commission **within 3 business days** of becoming aware of the allegation(s) of reportable conduct and must wait for clearance from Victoria Police before commencing an internal investigation. If you form reasonable belief that a person associated with another organisation who is covered by the Scheme has committed reportable conduct, you may make a public notification to the Commission through its website.

FOUR CRITICAL ACTIONS FOR EARLY CHILDHOOD SERVICES

Responding to Incidents, Disclosures and Suspicions of Child Abuse



It is strongly recommended that ALL early childhood services carry out a **Family Day Care Critical Action** as soon as they receive an incident or disclosure that could be a sign of child abuse or a sign of being abused.

This is not a waiting game where potential abuse and harm is not directly addressed the minute it is reported or suspected. It is a deliberate and proactive approach to child abuse and harm that is supported by the Victorian Government and the Victorian Child Care System.

Following these actions will support your service to meet your obligations to your children and the Victorian Child Care System.

It is a strongly recommended that you use the **Responding to Suspected Child Abuse Template** to help standardise your response. MDCN provides an option to use it both in print and online through our information management systems.

1 RESPONDING TO AN EMERGENCY

If there is a risk of immediate harm, go to **Action 1**.

If there is an immediate risk to a child's physical safety, call:

- 1800 222 222 for a police officer
- 1800 222 222 for a police officer
- 1800 222 222 for a police officer
- 1800 222 222 for a police officer

When reporting, you may also need to provide the following information:

- Child's name and date of birth
- Child's address
- Child's gender
- Child's ethnicity
- Child's religion
- Child's language spoken at home
- Child's current location
- Child's current activity
- Child's current clothing
- Child's current footwear
- Child's current accessories
- Child's current health status
- Child's current behaviour
- Child's current mood
- Child's current appearance
- Child's current condition
- Child's current status
- Child's current location
- Child's current activity
- Child's current clothing
- Child's current footwear
- Child's current accessories
- Child's current health status
- Child's current behaviour
- Child's current mood
- Child's current appearance
- Child's current condition
- Child's current status

2 REPORTING TO AUTHORITIES

As soon as there is a risk of immediate harm, go to **Action 1**. If there is no risk of immediate harm, report to the appropriate authority as soon as possible. Failure to report physical or sexual child abuse may result in a criminal offence.

Where does the source of suspected abuse come from?

WITHIN THE SERVICE

VICTORIA POLICE
You must report all incidents of child abuse within your service to the police as soon as possible.

REPORT TO MANAGEMENT
You must report your suspicions of child abuse to your manager as soon as possible.

NOTIFY THE REGULATOR
Unlicensed providers must also report to their Quality Assessment and Regulatory Division.

Notifications may be made at any time.

WITHIN THE FAMILY OR COMMUNITY

DHHS CHILD PROTECTION
You must report all incidents of child abuse to the police as soon as possible.

REPORT TO MANAGEMENT
You must report your suspicions of child abuse to your manager as soon as possible.

NOTIFY THE REGULATOR
Unlicensed providers must also report to their Quality Assessment and Regulatory Division.

Notifications may be made at any time.

3 CONTACTING PARENTS/CARERS

You must report all incidents of child abuse to the police as soon as possible.

You must also contact the parent or carer as soon as possible.

You must also contact the parent or carer as soon as possible.

4 PROVIDING ONGOING SUPPORT

You must provide ongoing support to the parent or carer as soon as possible.

You must provide ongoing support to the parent or carer as soon as possible.

CONTACT

DHHS CHILD PROTECTION AREA North Division: 1300 664 6777 East Division: 1300 664 6781 Day Division: 1300 664 6781 West Division: 1300 664 6781 After Hours: 1300 664 6777	QUALITY ASSESSMENT AND REGULATION DIVISION North Division: 1300 664 6777 North West Division: 1300 664 6777 South Division: 1300 664 6777 South West Division: 1300 664 6777 After Hours: 1300 664 6777
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Venues

MFDC will ensure that sufficient and appropriate indoor and outdoor space is available for all children in approved FDC venues.

MFDC will ensure that FDC has the right to occupy the premises for a FDC service.

MFDC will make an assessment that the venue is appropriate for service.

Children need at least 3.25 metres of unencumbered indoor space and at least 7 square metres of outdoor space as per Regulation 107 and 108. Space requirements will be verified by a Registered Building Practitioner in the case of a venue other than a school site. School site space requirements will be calculated from school records.

Each year as part of the Safety Check, MFDC officers will need to verify appropriateness of the venue, along with verifying access to appropriate space and that the FDC educator continues to have the right to occupy the premises for FDC purposes.

(See also Policy 16 – Assessment and reassessment of MFDC residences and venues for FDC)



Definitions and Indicators of abuse

Indicators of abuse may be physical, behavioural or both. The presence of a single indicator does not necessarily prove that a child has been abused; although in some instances single indicators clearly suggest the possibility of abuse. The repeated occurrence of one indicator or the presence of several indicators raises the possibility that the child has been abused.

A child or young person may also make a disclosure of abuse. All children and particularly young people, are more likely to disclose abuse to an adult with whom they have developed a trusting relationship. For many children it takes great courage to speak about abuse, particularly if the abuse has been occurring for years. Disclosures of abuse by children of any age must always be taken seriously.

Please note: Some of the definitions and indicators below are graphic or descriptive and may be triggering for some staff. They have been included in this policy to give clear, best practice and in some instances legal, definitions and indicators of child abuse.

Physical abuse:

Physical abuse consists of non-accidental form of injury or serious physical harm inflicted on a child or young person by any person. Physical injury and significant harm to a child may also result from the failure of a parent, carer or guardian to adequately ensure the safety of a child by exposing the child to extremely dangerous or life-threatening situations.

What constitutes physical abuse?

- Hitting
- Punching
- Pinching
- Twisting Limbs
- Slapping
- Scratching
- Kicking
- Shaking
- Throwing
- Choking
- Biting
- Burning
- Poisoning
- Factitious Disorder by proxy
- Family Violence
- Otherwise causing physical harm to a child/young person

Physical Indicators	Behavioural Indicators
Bruises or welts on facial areas and other areas of the body, including back, bottom, legs, arms and inner thighs	Disclosure of an injury inflicted by someone else (parent, carer or guardian), or an inconsistent or unlikely explanation or inability to remember the cause of injury
Bruises or welts in unusual configurations, or those that looks like the object used to make the injury, e.g. fingerprints, handprints, buckles, iron or teeth	Unusual fear of physical contact with adults
Burns that show the shape of the object used to make them, e.g. iron, grill, cigarette	Wearing clothes unsuitable for weather conditions to hide injuries



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Burns from boiling water, oil or flames	Wariness or fear of a parent, carer or guardian
Fractures of the skull, jaw, nose and limbs, especially those not consistent with the explanation offered, or the type of injury possible at the child's age of development	Reluctance to go home
Cuts and grazes to the mouth, lips, gums, eye area, ears and external genitalia	No reaction or little emotion displayed when hurt or threatened
Human bite marks	Habitual absences without explanation
Bald patches where hair has been pulled out	Overly compliant, shy, withdrawn, passive and uncommunicative
Multiple injuries, old and new	Unusually nervous, hyperactive, aggressive, disruptive and destructive to self and/or others
Effects of poisoning	Regressive behaviour
Internal injuries	Poor sleeping patterns, fear of the dark, nightmares
	In older children and adolescents, drug or alcohol misuse, attempted suicide or self-harm

Sexual abuse:

A child is sexually abused when any person uses their authority or power over the child or young person to engage in sexual activity. Sexual activity may include fondling genitals, masturbation, oral sex, vaginal or anal penetration by a finger, penis or other object, voyeurism and exhibitionism. It can also include exploitation through pornography or prostitution.

Peer on peer abuse can also constitute sexual abuse particularly where the child is displaying problem sexual behaviours towards another child or sibling. There is where a child or young person demonstrates age-inappropriate sexual behaviours, or behaviours that are concerning because they involve coercion or physical threats to other children. (Note: specialist interventions are required for peer on peer abuse. More information can be found on the DHHS website – *Children with Problem Sexual behaviours and their families*).

What constitutes sexual abuse?

- Touching/fondling a child's genitals or forcing a child to touch/fondle own or another's genitals
- Exposure of genitals/exposing child to explicit images or video's
- Obscene, suggestive/indecent phone calls, messages
- Voyeurism persistent intrusion of a child's/young person's privacy
- Penetration with penis, finger or other object
- Child prostitution and sexual exploitation, taping sexual acts
- Internet – inappropriate/ sexualised online mediums (social networking, online grooming, 'sexting')
- Forcing/coercing child to engage in sexual acts with others
- Rape



Physical Indicators	Behavioural Indicators
Injury to the genital or rectal area (eg. Bruising, bleeding, discharge, inflammation or infection)	Disclosure of sexual abuse
Injury to areas of the body such as breasts, buttocks or upper thighs	Persistent and age-inappropriate sexual activity
Discomfort in urinating or defecating	Attempted sexual contact with other children or explicit play with toys or animals
Presence of foreign bodies in the vagina and/or rectum	Drawings or descriptions in stories that sexually explicit and not age-appropriate
Sexually transmitted diseases	Fear of home, specific places or particular adults
Frequent urinary tract infections	Poor/deteriorating relationships with adults and peers
Pregnancy, especially in very young adolescents	Poor self care or personal hygiene
Anxiety-related illnesses	Complaining of headaches, stomach pains or nausea without psychological basis
	Sleeping difficulties
	Regressive behaviour (eg. bed-wetting or speech loss)
	In older children or adolescents, depression, self-harm, drug or alcohol abuse, prostitution or attempted suicide
	Sudden decline in academic performance, poor memory and concentration
	Promiscuity
	Wearing layers of clothing to hide injuries and bruises

Emotional abuse:

Emotional abuse occurs when a child or young person is repeatedly rejected, isolated or frightened by threats or by witnessing family violence. It also includes hostility, derogatory name-calling and put-downs, or persistent coldness from a person, to the extent that the behaviour of the child is disturbed or their emotional development is at serious risk of being impaired.

What constitutes emotional abuse?

- Constant criticism
- Rejection
- Coldness
- Ignoring



- Scapegoating
- Name-Calling
- Belittling
- Insulting
- Mocking
- Excessive teasing
- Deliberately scaring
- Threats and intimidation
- Humiliating
- Punishing normal behaviour
- Isolating
- Corrupting and exploiting
- Withholding praise, love and affection

Physical Indicators	Behavioural Indicators
Speech disorders, for eg. language delay, stuttering, selective mutism (only speaking with certain people or in certain situations)	Overly compliant, passive and undemanding behaviour
Delays in emotional, mental or physical development	Extremely demanding, aggressive and attention-seeking behaviour
Failure to thrive (without an organic cause)	Being overly affectionate to adults they do not know very well
Child talks about violence occurring at home	Anti-social and destructive behaviour
	Low tolerance or frustration
	Poor self-image and low self-esteem
	Unexplained mood swings, depression, self-harm and suicidal thoughts
	Behaviours that are not age-appropriate (eg. Overly adult or overly infantile)
	Fear of failure, overly high standards, and excessive neatness
	Poor social and interpersonal skills
	Attempts at running away
	Violent drawings or writing
	Lack of positive social contact with other children

Neglect:

Neglect includes a failure to provide the child with an adequate standard of nutrition, medical care, clothing, shelter or supervision to the extent that the health or physical development of the child is significantly impaired or placed at serious risk. A child is neglected if they are left uncared for over long periods of time or abandoned.



Two types of neglect are:

Serious neglect: This includes situation where a parent has consistently failed to meet the child’s basic needs for food, shelter, hygiene or adequate supervision to the extent that the consequences for the child are severe

Medical neglect: This includes situations where a parent’s refusal of, or failure to seek, treatment or agree to a certain medical procedure leads to an unacceptable deprivation of the child’s basic rights to life or health

What constitutes neglect?

- Supervision
- Food
- Clothing
- Shelter
- Safety
- Hygiene
- Medical care
- Education
- Love & affection

Physical Indicators	Behavioural Indicators
Appears consistently dirty and unwashed	Gorging when food is available or inability to eat when extremely hungry Begging for or stealing food
Is consistently inappropriately dressed for weather conditions	
Is at risk of injury or harm due to consistent lack of adequate supervision from parents	Appearing withdrawn, listless, pale and weak
Is consistently hungry, tired or listless	Aggressive behaviour, irritability
Has unattended health problems and lack of routine medical care	Little positive interaction with parent, carer or guardian
Has inadequate shelter and is exposed to unsafe or unsanitary conditions	Poor socialising habits
Is showing signs of failure to thrive (without organic cause)	Excessive friendliness towards strangers
	Indiscriminate acts of affection
	Poor, irregular or non-attendance
	Staying at program/service for long hours and refusing or being reluctant to go home
	Self-destructive behaviour
	Taking on an adult role of caring for parent



Family violence:

Family violence is behaviour by a person towards a family member that may include any of the following:

- Physical violence or threats of violence
- Verbal abuse, including threats
- Emotional or psychological abuse
- Sexual abuse
- Financial, Religious, Cultural and Social abuse
- Harm to pets
- Criminal offences are being committed

Physical Indicators	Behavioural Indicators
Speech disorders	Extremely demanding, aggressive, attention-seeking behaviour
Delays in physical development	Overly compliant, shy, withdrawn, passive and uncommunicative behaviour
Failure to thrive (without an organic cause)	Anti-social, destructive behaviour
Bruises, cuts or welts on facial areas, and other parts of the body	Very passive and compliant behaviour
Any bruises or welts in unusual configurations, or those that look like the object used to make the injury	Low tolerance or frustration
Internal injuries	Wariness or distrust of adults
	Demonstrated fear of parents, carers or guardians, and of going home
	Depression
	Anxiety

SOURCES:

- Family Day Care Victoria 2009 Family Day Care Victoria Home Safety Checklist
- MHBCC Risk Management Plan
- MHBCC Statement of Commitment
- Kidsafe 2014 *Fact sheets*, 'Nursery Equipment'. Accessed 30 July 2014 from: <http://www.kidsafwa.com.au>
- Victoria. Department of Human Services & Department of Education and Early Childhood Development 2012, *Protecting the safety and wellbeing of children and young people*. Accessed 27 July 2014 from <http://www.cyf.vic.gov.au>
- Victoria 2005, Child Wellbeing and Safety Act 2005
- Victoria 2005, Child, Youth and Families Act 2005
- National Standards for Family Day Care, section 5.1 'Fit and Proper Persons'
- Victoria: Department of Health and Human Services *'Betrayal of Trust' Child Safe Standards.2015*
- Victoria: Commissioner for children and young people "A Guide for Creating a Child Safe Organisation," 2022.
- Victoria: Commissioner for children and young people <https://ccyp.vic.gov.au/reportable-conduct-scheme/about-the-reportable-conduct-scheme/> 2017
- Victoria. Department of Human Services & Department of Education and Training, 2019, Mandatory Reporting to Child Protection in Victoria, Expansion of Mandatory Reporting Groups Fact Sheet, February 2019



Related Policies:

Related Service Policies

Children's Health and Safety (Policy 1)

Incident, injury, trauma and Illness (policy 2)

Staffing (Policy 9)

Assessment and reassessment of MFDC residences and venues for FDC (Policy 16)

EVALUATION

To assess whether the values and purposes of the Policy have been achieved, the Approved Provider will:

- regularly seek feedback from everyone affected by the Policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents concerning 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 unless a lesser period is necessary because of risk.

AUTHORISATION

This policy was adopted by the Approved Provider of Murrindindi Family Day Care on 31 May 2022

REVIEW DATE: May 2023



STAFFING - POLICY 9

PURPOSE:

To define the Code of Conduct for all MFDC educators and staff as well as volunteers.

To determine the responsible person present.

To ensure that a student placement will not compromise the quality of care provided to children in FDC. In this policy, student placement includes those students who have a Structured Learning Workplace Arrangement (VCAL) and those who are on work experience and are under the age of 18.

POLICY STATEMENT:

Our Service aims to provide Educators and Nominated Supervisors who have the qualifications and experience to develop warm, nurturing, and respectful relationships with children. We are committed to ensuring that children's health, safety, and wellbeing is protected at all times through providing appropriate and effective supervision according to legislated ratios and best practice. Our Educators, in collaboration with our Educational Leaders, design and implement programs that support children's engagement, interests, learning, and development.

SCOPE:

This Policy applies to the Approved Provider, the Family Day Care management team, Educators working under the Family Day Care scheme, Students, volunteers and families.

LEGISLATION AND STANDARDS:

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Regulations 2011: Regulations 145, 146, 147, 149, 150, 168*
- *National Quality Standard, Quality Area 4: Staffing*

Code of Conduct:

This code of conduct outlines appropriate standards of behaviour by adults towards children.

This code of conduct aims to protect children and reduce opportunities for abuse or harm to occur. It also helps staff by providing them with guidance on how to best support children and how to avoid or better manage difficult situations. All staff, educators and volunteers are required to comply.

All staff, educators and volunteers are responsible for supporting the safety, participation, wellbeing and empowerment of children by:

- adhering to service's child safe policy at all times
- taking all reasonable steps to protect children from abuse
- treating everyone with respect
- listening and responding to the views and concerns of children, particularly if they are telling you that they or another child has been abused and/or are worried about their safety or the safety of another



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- promoting the cultural safety, participation and empowerment of Aboriginal children (for example, by never questioning an Aboriginal child's self-identification)
- promoting the cultural safety, participation and empowerment of children with culturally and/or linguistically diverse backgrounds (for example, by having a zero tolerance of discrimination)
- promoting the safety, participation and empowerment of children with a disability (for example, during personal care activities)
- ensuring as far as practicable that adults are not left alone with a child
- reporting any allegations of child abuse or safety concerns to their coordinator or a member of the leadership team, and ensure any allegation is reported to the police or child protection
- if an allegation of child abuse is made, ensure as quickly as possible that the child(ren) are safe
- encouraging children to 'have a say' and participate in all relevant organisational activities where possible, especially on issues that are important to them.

Staff must not:

- develop any 'special' relationships with children that could be seen as favouritism (for example, the offering of gifts or special treatment for specific children)
- exhibit behaviours with children which may be construed as unnecessarily physical (for example inappropriate sitting on laps. Sitting on laps could be appropriate sometime, for example while reading a storybook to a small child in an open plan area)
- put children at risk of abuse (for example, by locking doors)
- do things of a personal nature that a child can do for themselves, such as toileting or changing clothes
- engage in open discussions of a mature or adult nature in the presence of children (for example, personal social activities)
- use inappropriate language in the presence of children
- express personal views on cultures, race or sexuality in the presence of children
- discriminate against any child, including because of culture, race, ethnicity or disability
- have contact with a child or their family outside of our organisation without Coordinator's consent (for example, no babysitting). Accidental contact, such as seeing people in the street, is appropriate.
- have any online contact with a child or their family (unless necessary, for example providing families with newsletters)
- ignore or disregard any suspected or disclosed child abuse.

By observing these standards you acknowledge your responsibility to immediately report any breach of this code to Team leader.

If you believe a child is at immediate risk of abuse phone 000



Responsible Person

Policy

A responsible person (support person) is available to provide support for MFDC educators at all times the service operates.

The name of the responsible (support) person will be listed in the service operation details and displayed at the front of the service premises and each MFDC residence.

The staff record will include the name of the responsible person for the service.

Procedure

The responsible (support) person will be over 18 years of age and will be either the Nominated Supervisor or the person with management and control of the service.

A back up responsible (support) person will be listed in the event that the principal responsible (support) person is not able to be contacted.

Educators are provided with all the contact numbers of all responsible (support) persons.

Student/Volunteer Placement in Educator's Homes

Policy

FDC supports professional development in the child care industry and acknowledges the importance of accepting student/volunteer placements. This includes students on Structured Workplace Learning Agreements (VCAL) and work experience for secondary school – aged children (under 18 years of age).

Student/volunteer placements must always take into consideration the best interests of the children in care.

An educator must not accept a Student/volunteer placement without prior approval of the coordination unit.

A Student/volunteer must have written authorisation from an authorised council officer before starting a placement with a MFDC educator. Such authorisation must be based on information provided by the Registered Training Organisation (RTO), if applicable, the Student/volunteer and the educator. If the student is at secondary school (under 18), the appropriate documentation should come from the student's school's authorised person.

An educator can only supervise a student if s/he holds a qualification higher than the one the student is studying (eg educator would need the appropriate diploma level qualification to be able to supervise a certificate 3 student).

There will be no payment to Student/volunteers placed with educators.

The RTO or school is responsible for any insurance applicable to the Student/volunteer.

Students and volunteers must be adequately supervised at all times.

Staff must record full name, address and date of birth of student or volunteer.



MURRINDINDI FAMILY DAY CARE - POLICY / PROCEDURE



Procedure:

Student

Training institution to contact coordination unit in writing requesting placement of student
Coordinator to discuss placement with manager/supervisor for approval in principle.
Letter to be sent to training institution for each individual student/volunteer with request that the following information be provided to coordination unit prior to commencement of student/volunteer placement:

- Reason for placement including course outline and what the student will be doing when at the educator's home
- Number of hours per week the student/volunteer will be placed at the educator's home
- Authorised copy of current Police Check for the student/volunteer
- Authorised copy of current Working With Children Check for the student/volunteer
- Copy of the RTO's Workplace Agreement containing a clause pertaining to insurance for the student
- Any other documentation requested by council relevant to the placement of the student/volunteer

On receipt of the above from the RTO a decision will be made whether placement with MFDC is appropriate.

Coordinator to discuss placement with educator who will 'host' student/volunteer and ensure that they are able to manage the placement without compromising the quality of care for the children. Educator to provide the following information to parents of children in care

- Name of the student/volunteer
- Confirmation that the student/volunteer has a current Police Check and Working With Children Check
- Approval of the coordination unit for student/volunteer to do a placement in the educator's home
- Days and times that the student/volunteer will be in the educator's home
- What the student/volunteer will be doing whilst on placement in the educator's home

Educator to obtain approval of parents of children in care of student/volunteer placement.

Student/volunteer is to sign a confidentiality agreement with MFDC.

Coordination unit to confirm placement in writing with RTO.

All documentation to be trimmed to the educator's file as well as into a 'Student/volunteer Placement' file

Students under 18 (VCAL or work experience)

- Documentation from the school will be authorised by the coordinator or the person with management and control.
- Council will ensure it has appropriate permissions to employ children and have appropriate child safe measures in place.
- Student will abide by MFDC Code of Conduct as it relates to relationships with children. In this instance children is taken to mean children in care with educators.
- Student will not be left unsupervised.
- Student will not be left alone with children.

EVALUATION

To assess whether the values and purposes of the Policy have been achieved, the Approved Provider will:

- regularly seek feedback from everyone affected by the Policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents concerning this Policy



MURRINDINDI FAMILY DAY CARE - POLICY / PROCEDURE

- 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 unless a lesser period is necessary because of risk.

AUTHORISATION

This policy was adopted by the Approved Provider of Murrindindi Family Day Care on 31 July 2021

REVIEW DATE: tba



INTERACTION WITH CHILDREN - POLICY 10

PURPOSE:

When children experience nurturing and respectful reciprocal relationships with educators, they develop an understanding of themselves as competent, capable and respected. Consistent emotional support contributes to children developing a strong sense of wellbeing and belonging. Relationships are the foundation for the construction of identity, and help shape children's thinking about who they are, how they belong and what influences them (Early Years Learning Framework, p. 20; Framework for School Age Care, p. 19).

Constructive everyday interactions and shared learning opportunities form the basis of equitable, respectful and reciprocal relationships between educators and children. Educators who are actively engaged in children's learning and share decision-making with them, use their everyday interactions during play, routines and ongoing projects to stimulate children's thinking and to enrich their learning. These relationships provide a solid foundation from which to guide and support children as they develop the self-confidence and skills to manage their own behaviour, make decisions and relate positively and effectively to others.

POLICY STATEMENT:

The Early Years Learning Framework (EYLF) identifies secure, respectful and reciprocal relationships with children as one of the principles that underpin practice. Within an early childhood community many different relationships are negotiated with and between children, educators and families. The way in which these relationships are established and maintained, and the way in which they remain visible impacts on how the early childhood community functions as a whole. Relationships directly effect how children form their own identity, whether or not they feel safe and supported, and ultimately, their sense of belonging.

SCOPE:

All MFDC staff, educators and placements.

LEGISLATION AND STANDARDS:

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Regulations 2011: Regulations 155. 156*
- *National Quality Standard, Quality Area 5 : Relationships with Children*

PROCEDURE:

Behaviour guidance is to be discussed with the parent at the placement interview.

Educators are responsible for getting in touch with FDC Field officers for support for behaviour guidance.

Field officers to support Educators to work with family to create behaviour guidance plans.



MURRINDINDI FAMILY DAY CARE - POLICY / PROCEDURE



Approved Provider is responsible for providing training for relationships with children and behaviour guidance as required.

Educators and coordination unit staff are to model positive attitudes and behaviour, and appropriate use of language to help children to learn socially acceptable ways of behaving and interacting with others.

Educator's expectations of children's behaviour will be developmentally appropriate and realistic for the situation.

Children are encouraged to express themselves and their opinion and should be given the opportunity to develop self-reliance and self-esteem. The dignity and rights of children are to be maintained at all times. Each child is given positive guidance and is encouraged towards acceptable behaviour.

Educators are encouraged to acknowledge that behaviour guidance employed in a positive and constructive way will enhance the child's self esteem.

Educators will have regular communication with parents on children's progress in managing their own behaviour.

Older children in any FDC setting should be given the opportunity to be involved in the development of their group's behaviour guidelines. They should also be encouraged to provide positive role models for the younger children.

Under no circumstances will any form of corporal punishment, immobilisation, or any other frightening or humiliating techniques be used to guide behaviour or punish a child, nor will food be used as a form of behaviour guidance.

Educators must consult with parents/guardians about developing specific behaviour guidance strategies for children who do not respond positively to daily behaviour guidance strategies.

Educators must refer to the coordination unit for access to professional assistance and/or external support for children who do not respond positively to specific daily behaviour guidance strategies developed in conjunction with parents/guardians.

Understand that children behave in an inappropriate way for a variety of reasons including:

- Boredom
- Frustration
- Angry feelings
- Illness
- Not having the language to express their feelings
- A need for love or connection
- Low self esteem
- Anxiety eg. From unrealistic expectations for the child's age
- Confusion eg. Different 'rules' at home and in care

Plan the care environment to minimise the reasons for unacceptable behaviour:

- Discuss behaviour guidance regularly with parents/guardians
- Make sure that sick children do not come to care
- Take account of the weather and the individual needs of the children in care
- Make sure that adequate number of toys and equipment are available for the number of children in care
- Provide activities that are age and developmentally appropriate and based on the children's interests
- Ensure that there is variety but flexibility within each day's program.
- Supervise children at all times
- Provide convenient storage so that children may easily assist with activity selection and 'packing up'



MURRINDINDI FAMILY DAY CARE - POLICY / PROCEDURE

- Provide a balance of quiet and active 'user friendly' spaces for indoor and outdoor play
- Encourage children to be independent with dressing and eating

- Give children real and meaningful 'work' to do
- Praise children for their achievements
- Keep your word with children
- Make sure that the different needs of the group of children in care on any day can be managed

Behaviour guidance requires careful thought and useful methods include:

Distracting/Diverting attention	Explaining/Talking
Giving choices	Giving consequences
Making rules/Setting limits	Planning
Showing/Modelling	Teaching/Instructing
Reinforcing acceptable behaviour	

Inappropriate discipline

The following are some examples of inappropriate discipline which may constitute a serious breach of the National Law and/or National Regulations and could potentially be considered criminal matters:

- hitting, pushing, slapping, pinching or biting a child
- force-feeding a child
- yelling at or belittling a child
- humiliating a child
- physically dragging a child
- locking children away (or isolating them)
- depriving a child of food or drink
- unreasonable restraining of a child (this may include restraint in a high chair)
- excluding children from events
- consistently moving children to the office or other space away from the play areas
- moving children to another room as punishment

These are also clearly stated in our Code of Conduct

SOURCES:

- Department of Education and Early Childhood Development 2010 Practice Note 6 *Behaviour guidance*
- Department of Education and Early Childhood Development 2010 Practice Note 7 *Developing a behaviour guidance policy*
- ACECQA – Inappropriate Discipline – Information Sheet, 2020

EVALUATION

To assess whether the values and purposes of the Policy have been achieved, the Approved Provider will:

- regularly seek feedback from everyone affected by the Policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents concerning 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



MURRINDINDI FAMILY DAY CARE - POLICY / PROCEDURE

- Notify parents/guardians at least 14 days before making any changes to this Policy or its procedures unless a lesser period is necessary because of risk.

AUTHORISATION

This policy was adopted by the Approved Provider of Murrindindi Family Day Care on 31 July 2021

REVIEW DATE: tba



ENROLMENT AND ORIENTATION - POLICY 11

PURPOSE:

MFDC programs require all families to complete an enrolment form for each child before commencing care. Enrolment information must comply with Education and Care Services National Regulations 2011: 160. These records are kept in accordance with the Education and Care Services National Regulations 2011.

POLICY STATEMENT:

Enrolment and orientation procedures form the foundation for strong relationships between families and early education and care settings and promote a quality experience of education and care for children.

Good procedures include consistent information around service operation and authorisations promoting compliance and a safe and secure environment for children and families.

SCOPE:

This Policy applies to the Approved Provider, the Family Day Care management team, Educators working under the Family Day Care scheme and families.

LEGISLATION AND STANDARDS:

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Regulations 2011*: Regulations 160, 161, 162
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
- *National Quality Standard*, Quality Area 7: Governance and Leadership

PROCEDURE:

It is important that correct enrolment details are collected and parents receive appropriate information regarding the service and the responsibilities of all parties when utilising the service. A child is not able to start care until all required information is provided.

The nominated supervisor will ensure that:

- Current details including children's immunisation status at the date of starting care is recorded and copies kept in accordance with the Education and Care Services Regulations 2011.
- Documentation, including authorisations, are completed during the enrolment and orientation process.
- The orientation process is planned in consultation with families, to orient a child and family to the service.
- Due consideration is given to culture and language in undertaking enrolment and orientation processes.

Section 160, of the Education and Care National Regulations sets out the information that must be maintained in a child's enrollment record and kept by approved provider and family day care educator.

An enrolment record must include the following information for each child—

- (a) the full name, date of birth and address of the child;
- (b) the name, address and contact details of—
 - (i) each known parent of the child; and
 - (ii) any person who is to be notified of an emergency involving the child if any parent of the child cannot be immediately contacted; and



MURRINDINDI FAMILY DAY CARE - POLICY / PROCEDURE

- (iii) any person who is an authorised nominee; and

Note—

Authorised nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service or the family day care educator. See section 170(5) of the Law.

- (iv) any person who is authorised to consent to medical treatment of, or to authorise administration of medication to, the child; and
- (v) any person who is authorised to authorise an educator to take the child outside the education and care service premises;
- (c) details of any court orders, parenting orders or parenting plans provided to the approved provider relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child;
- (d) details of any other court orders provided to the approved provider relating to the child's residence or the child's contact with a parent or other person;
- (e) the gender of the child;
- (f) the language used in the child's home;
- (g) the cultural background of the child and, if applicable, the child's parents;
- (h) any special considerations for the child, for example any cultural, religious or dietary requirements or additional needs;

Section 161 Authorisations to be kept in enrolment record

(1) The authorisations to be kept in the enrolment record for each child enrolled at an education and care service are—

- (a) an authorisation, signed by a parent or a person named in the enrolment record as authorised to consent to the medical treatment of the child, for the approved provider, a nominated supervisor to seek—
 - (i) medical treatment for the child from a registered medical practitioner, hospital or ambulance service;
 - (ii) transportation of the child by an ambulance service; and
- (b) if relevant, an authorisation given under regulation 102 for the education and care service to take the child on regular outings.

(2) The authorisations to be kept in the enrolment record for each child educated and cared for by a family day care educator are—

- (a) an authorisation, signed by a parent or a person named in the enrolment record as authorised to consent to the medical treatment of the child, for the family day care educator to seek—
 - (i) medical treatment for the child from a registered medical practitioner, hospital or ambulance service;
 - (ii) transportation of the child by an ambulance service; and
- (b) if relevant, an authorisation given under regulation 102 for the family day care educator to take the child on regular outings.

Section 162 Health information to be kept in enrolment record

The health information to be kept in the enrolment record for each child enrolled at the education and care service is—

- (a) the name, address and telephone number of the child's registered medical practitioner or medical service; and
- (b) if available, the child's Medicare number; and
- (c) details of any—
 - (i) specific healthcare needs of the child, including any medical condition; and
 - (ii) allergies, including whether the child has been diagnosed as at risk of anaphylaxis; and
- (d) any medical management plan, anaphylaxis medical management plan or risk minimisation plan to be followed with respect to a specific healthcare need, medical condition or allergy referred to in paragraph (c); and
- (e) details of any dietary restrictions for the child; and
- (f) the immunisation status of the child; and
- (g) if the approved provider or a staff member or family day care educator has sighted a child health record for the child, a notation to that effect; and
- (h) in relation to New South Wales, certificates for immunisation or exemption for the child, as required under section 87(1), (2) and (3) of the [Public Health Act 2010](#) of New South Wales; and
- (i) in relation to Victoria, in the case of an education and care service specified in paragraph (a) of the definition of early childhood service in section 3(1) of the Public Health and Wellbeing Act 2008 of Victoria—



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(i) an immunisation status certificate within the meaning of section 147 of the Public Health and Wellbeing

Act 2008 of Victoria that is issued in relation to the child and that is provided under section 143B of Public

Health and Wellbeing Act 2008 of Victoria; or

(ii) details of any exemption in relation to the child under section 143C of the Public Health and Wellbeing Act 2008 of Victoria.

After consideration of access guidelines and availability of a position by the nominated supervisor or coordination unit staff, families will be provided with the names of up to three (3) educators, where possible, so they may make the appropriate choice of educator.

Educators will develop their own interview procedures but should discuss the following with prospective families:

- fees and charges,
- suitable food options,
- behaviour guidance,
- individual care routines,
- availability and placement agreement,
- health/medical conditions treatment
- child safety
- service philosophy and curriculum;
- approaches to documentation, curriculum and planning;
- the physical environment;
- administrative matters, cost, and fee payment methods;
- how to provide feedback.
- Current fee structure and payment details;
- An information booklet on the relevant service, if available
- Information regarding access to policies including, but not limited to, those required under Regulation 168;(Appendix 1)
- Information regarding access to National Quality Framework, National Quality Standards, and the VEYLF and MTOP;
- Information regarding access to Child Care Subsidy (CCS) if needed.

The language and cultural needs of the family should be considered at all times. A translator may be required along with an alternative venue for the enrolment visit.

A link to the online enrolment page will be given to each prospective family. The online enrolment will include authorisations for medication, excursions, and collection. A paper form is available if a parent/carer has no access to internet.

During the enrolment interview a process of orientation/transition will be planned by the educator, in collaboration with families to provide the best possible start for the child at the service.

Families will provide the following, prior to the agreed start date for the child:

- A completed enrolment form including authorisations;
- Current immunisation records (Immunisation certificate) that confirm the child is up to date with immunisations, is on an approved catch up plan, or is exempt for medical reasons, or they qualify for the grace period. See Immunisation policy.
- Current contact information for parents and emergency contacts;
- Information on children's additional needs (including diagnosed and/or undiagnosed medical conditions, health and developmental concerns).



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Families will ensure that the enrolment has been approved through their MyGov account giving access to CCS before the child starts care.

This information will be kept at the service premises in accordance with service policies and the Education and Care Services National Regulations 2011 and copies provided to the relevant educator before care commences.

Prior to the child's first day educators will familiarise themselves with information about the child from the enrolment information provided. They will ensure they are aware of any medical conditions (including diagnosed or undiagnosed conditions) and how to manage them if required. Any allergy information will be displayed.

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

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

Successful orientation and enrolment procedures promote smooth transitions between home and service. Information sharing and the signing of authorisations ensures a safe and secure environment for the child.

IMMUNISATION

Purpose

Under the legislation "No Jab, No Play", from 1 January 2016 all children will be required to be fully vaccinated for their age. This law applies to all early childhood education and care services in Victoria providing:

- Long day care
- Kindergarten
- Family day care
- Occasional care

Before a child can be enrolled, early childhood services will have to first obtain evidence that the child is:

- Fully immunised for their age OR
- On a vaccination catch up program OR
- Unable to be fully immunised for medical reasons.

"Conscientious objection" is no longer an exemption under the new legislation.

Under Federal legislation, parents who do not fully immunise their children (up to 19 years of age) will cease to be eligible for Child Care Benefit, Child Care Rebate and the Family Tax Benefit Part A end of year supplement (family assistance payments) and the Kindergarten Funding Subsidy.

Children with medical contraindications for certain diseases will continue to be exempt from the requirements with the appropriate proof provided.

Procedure

On enrolment the nominated supervisor will:



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- request, assess, and retain an immunisation history certificate for each child (kept with the enrolment record)
- provide information to parents regarding location and access to immunisation services if immunisations are not current
- develop a process to ensure that children's immunisation records are updated each time children are immunised.

Parents are required to notify the service of any new or additional immunisations a child is given. This is to ensure our records are kept up to date.

We strongly encourage all parents to vaccinate their children, as required by law. In the event a child is not vaccinated, we will support the family to undertake this process by working through the process outlined in the No Jab, No Play toolkit.

Where a child does not have one of the three required certificates, as per the No Jab, No Play toolkit to support families we will:

- a. Determine if the child meets the criteria for vulnerability. If so, implement this procedure.
- b. Support the family to apply for an Immunisation History Certificate – catch up schedule.

Acceptable certificates

The following are the only acceptable certificates for immunisation:

1. Immunisation History Certificate
2. Document/s signed by a General Practitioner or Immunisation Nurse that contains the same information as an Immunisation History Certificate.

Medical exemptions

Some children may be exempt from the requirement to be fully vaccinated on medical grounds. The Department of Education and Training (DET) outlines these reasons as:

- Where the child has experienced an anaphylactic reaction to a previous dose of particular vaccine or
- An anaphylactic reaction to any vaccine component
- Has a disease which lowers immunity or
- Is having treatment which lowers immunity

Parents will be required to consult their GP where they believe their child may require a medical exemption. Where this is the case the GP must complete and sign a Medicare Immunisation Exemption – Medical Contraindication Form and send this to the Australian Childhood Immunisation Register.

The parents must then obtain an updated Immunisation History Statement from the Australian Childhood Immunisation Register and then provide the Immunisation History Statement to the service.

Supporting families to comply

Where a child's vaccinations are not up-to-date, families will be advised to contact their General Practitioner or Immunisation Nurse to arrange a vaccination catch up schedule. The immunisation provider can provide documentation about the catch up schedule that the parent can must provide to the service.

For children who were vaccinated overseas, parents will consult their General Practitioner or Immunisation Nurse, who will transfer the information to the Australian Childhood Immunisation Register. Once these vaccinations have been confirmed, the Australian Childhood Immunisation Register can issue an Immunisation History Statement to the parents, who will in turn, provide this Statement to the service.

Vulnerable Children

The Department of Health and Human Services defines vulnerable children as:

- Children evacuated from their place of residence due to an emergency such as a flood or bushfire
- Children in emergency care within the meaning of section 3(1) of the Children, Youth and Families Act 2005
- Children in the care of an adult who is not their parent due to exceptional circumstances such as illness or incapacity
- Children identified as Aboriginal or Torres Strait Islander
- Children whose parents hold a health care card, pensioner concession card, a veterans Affairs Gold or White card



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- Children who are considered refugees and asylum seekers
- Children known to child protection
- Children referred to Child FIRST
- Other circumstances as made by the Secretary to the Department of health and Human Services

Under the No Jab, No Play law, vulnerable children will be eligible to enrol into services under a grace period (16 weeks) without providing proof of immunisation. This allows the child to attend services, whilst accessing information and assistance to get their child's immunisations up to date.

During the grace period services are required to take "reasonable steps to obtain the required immunisation documentation".

We encourage all staff to be immunised against those infectious diseases that are stated on the National Immunisation Schedule. The Department of Health and Human Services (DHHS) provides best practice advice based on The Australian Immunisation Handbook regarding immunisation of staff who work with young children. This advice recommends the following vaccinations that services may consider for staff members:

- Whooping cough (pertussis)
- Measles, mumps, rubella (MMR)
- Chickenpox (varicella)
- Hepatitis A & Hepatitis B
- Seasonal Influenza

If a staff member has not been immunised in accordance with the National Immunisation Schedule, he/she will be excluded from the children's service upon an outbreak of any of these for the recommended minimum period of exclusion.

SOURCES AND RELATED POLICIES:

Sources

- Victorian Government Health <https://www2.health.vic.gov.au/public-health/immunisation/vaccination-children/no-jab-no-play/immunisation-enrolment-toolkit> Immunisation Enrolment Toolkit Accessed 12 August 2021
- *The National Quality standards*
- *Australian Children's Education and Care and Quality Authority* <https://www.acecqa.gov.au/>

EVALUATION

To assess whether the values and purposes of the Policy have been achieved, the Approved Provider will:

- regularly seek feedback from everyone affected by the Policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents concerning 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 unless a lesser period is necessary because of risk.

AUTHORISATION

This policy was adopted by the Approved Provider of Murrindindi Family Day Care on 31 July 2021.

REVIEW DATE: tba



MURRINDINDI FAMILY DAY CARE - POLICY / PROCEDURE





GOVERNANCE AND MANAGEMENT OF SERVICE - POLICY 12

PURPOSE:

To ensure that the Approved Provider, Nominated Supervisor, Educators, Volunteers and Students of the service will be aware of and supported to fulfil their responsibilities and that all personal details are maintained confidentially. It is the responsibility of all parties involved with the service to be aware of their duties, roles and responsibilities and make their best efforts to fulfill these duties, roles and responsibilities.

POLICY STATEMENT:

To provide high quality Education and Care Services by clearly documenting and communicating compliance responsibilities with staff and educators and meeting regulatory obligations as outlined under National Law.

SCOPE:

This Policy applies to the Approved Provider, the Family Day Care management team, Educators working under the Family Day Care scheme and families.

LEGISLATION AND STANDARDS:

Relevant legislation and standards include but are not limited to:

Education and Care Services National Regulations.	National Quality Area	National Quality Standard/Element
75 (a) (b) Part 4.7	7	7.1,7.2, 7.3

GOVERNANCE OF THE SERVICE

RESPONSIBILITIES:

The Approved Provider is responsible for:

- Ensuring that the service has appropriate systems and policies in place for the effective governance and management of the service
 - The service pursues its stated purpose and remains viable
 - Budget and financial accountability to enable ongoing viability and making best use of the service's resources
 - Monitor and oversee management including ensuring that good management practices and appropriate checks and balances are in place
 - Oversee legal functions and responsibilities
 - Adequate policies and procedures are in place to comply with the legislative and regulatory requirements placed on the service



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- Appropriate systems are in place to monitor compliance
- Reasonable care and skill is exercised in fulfilling their roles as part of the governing body of the service
- Focusing on the strategic directions of the organisation

The Family Day Care Service is responsible for:

- Ensuring our Code of Conduct (refer to *Code of Conduct Policy*) is transparent and consistent with the goals, values and beliefs of MFDC
- Providing leadership, forward planning and guidance to the service, particularly in relation to developing a strategic culture and directions
- Ensuring that the actions of and decisions made by the Coordination Unit are transparent and will assist to build confidence among Educators, families and stakeholders
- Undertaking strategic planning and risk assessment on a regular basis and having appropriate risk management strategies in place to manage risks faced by the service
- Reviewing the service's budget and monitoring financial performance and management to ensure the service is solvent at all times, and has good financial strength
- Setting and maintaining appropriate delegations and internal controls

The Family Day Care Educator is responsible for:

- Developing coherent aims and goals that reflect the interests, values and beliefs of families, children and staff, and the stated aims of the service, and have a clear and agreed philosophy which guides business decisions
- Not using their position for personal gain or put individual interest ahead of responsibilities
- Maintaining focus, integrity and quality of service
- Acting honestly, and with due care and diligence
- Developing a sound framework of policies and procedures that complies with all legislative and regulatory requirements, that enables the daily operation of the service to be geared towards the achievement of the service's purpose

CONFIDENTIALITY

MFDC will ensure:

Storage of Personal Information:

There are sound systems and processes for storing confidential records relating to staff, educators, volunteers, students and families in the Coordination Unit office and in the educator's homes

Documents and records must be stored for the relevant periods of time as set out in regulation 183 (2):

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



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Storage of organisation records and other documents:

Appropriate security will apply for all non-personal and operational records and documents.

- Financial Records will be stored for at least seven (7) years
- Timesheets will be stored for three years from the end of the calendar year they were issued.

Release of client information:

All confidential information will be kept in MSC's secure digital records management system (TRIM).

Destruction of documents:

All personal information remains confidential at all times. Disposal of records will occur in a secure manner.

MFDC will ensure that all Educators, Staff, Volunteers and Students are aware that:

Information kept in a record is not divulged or communicated, directly or indirectly, to another person other than:

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

Discussions about families with other families, their own family or other educators must not be undertaken

Matters relating to a family are only be discussed with Coordination Unit.

All confidential information is to be kept in individual family or educator files and stored in a secure area e.g., lockable filing cabinet.

Educators and Children leaving the service:

Upon leaving the service Educators will provide all documents referred to in Regulation 178 (1) of the Education and Care Services National Regulations to the Coordination Unit for secure management including:

- Incident, Injury, Trauma and Illness records
- Medication records
- Children's attendance records
- Child enrolment records
- Record of visitors to the FDC residence
- Educational observations and learning
- When children cease care all records relating to the child (as above) will be provided to the Coordination Unit for secure management or destruction.

REFERENCES:

- Education and Care Services National Regulations 2011 – Regulation 168
- Health Records Act 2001
- Information Privacy Act 2000 (Vic)
- The Federal privacy Act 1998
- - Early Childhood Australia – Code of Ethics <http://www.earlychildhoodaustralia.org.au/our-publications/eca-code-ethics/> Accessed online 12 August 2021.



MURRINDINDI FAMILY DAY CARE - POLICY / PROCEDURE



EVALUATION

To assess whether the values and purposes of the Policy have been achieved, the Approved Provider will:

- regularly seek feedback from everyone affected by the Policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents concerning 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 unless a lesser period is necessary because of risk.

AUTHORISATION

This policy was adopted by the Approved Provider of Murrindindi Family Day Care on 31 July 2021

REVIEW DATE: tba



ACCEPTANCE AND REFUSAL OF AUTHORISATIONS - POLICY 13

PURPOSE:

Under the National Law and Regulations, Family Day Care services are required to obtain written authorisation from parents/guardians, and authorised nominees in some circumstances, to ensure that the health, safety, wellbeing and best interests of the child are met.

We aim to ensure that all educators are consistent in how authorisations are managed and what constitutes a correct authorisation and what does not, which consequently may lead to a refusal.

POLICY STATEMENT:

We will ensure compliance with the current Education and Care Services National Regulations, which require parent or guardian authorisation to be provided in matters, which include:

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

SCOPE:

This Policy applies to the Approved Provider, the Family Day Care management team, Educators working under the Family Day Care scheme and families.

LEGISLATION AND STANDARDS:

Relevant legislation and standards include but are not limited to:

Education and Care Services National Regulations.	National Quality Area	National Quality Standard/Element
92, 93, 99, 102, 160, 161, 168	2	2.2, 2.2.1, 2.2.2, 2.2.3



RESPONSIBILITIES:

The Approved Provider will ensure:

- That the family day care service has an acceptance and refusal authorisation policy in place, which is to be adhered to and maintained by educators at all times.
- Parent/guardians are provided with a copy of relevant service policies
- That Educators adhere to the policies and procedures of the service
- That all parents/guardians have completed the authorised person's section of their child's enrolment form (refer to Enrolment and Orientation Policy), and that the form is signed and dated before the child is enrolled at the service.
- That permission forms for excursions are provided to the parent/guardian or authorised person prior to the excursion (refer to Excursion Policy).
- Attendance records are maintained to account for all children attending the family day care service.
- A written record of all visitors to the service, including time of arrival and departure and reasons for visit is documented.
- Where a child requires medication (excluding paracetamol), to be administered by an Educator that this is authorised in writing, signed and dated by the parent/guardian or authorised person and included with the child's record. (Refer to Administration of Medication Policy)
- Educators do not administer medication without the authorisation of parent/guardian or authorised person, except in the case of an emergency, including an asthma or anaphylaxis emergency (refer to Administration of Medication Policy, Incident, Injury, Trauma and Illness Policy, Emergency and Evacuation Policy, Asthma and Anaphylaxis Policy).
- Educators allow a child to participate in excursions only with the written authorisation of a parent/guardian or authorised person.
- Educators allow a child to depart from the service only with a person who is the parent/guardian or authorised person, or with the written authorisation of one of these, except in the case of a medical emergency or an excursion (Refer to Delivery and Collection of Children Policy and Child Safe Environment Policy).
- There are procedures in place if an inappropriate person attempts to collect the child from the service (refer to Delivery and Collection of Children Policy)

Family Day Care Field Officer and Coordinator will;

- Ensure documentation relating to authorisations contains:
 - The name of the child enrolled in the service;
 - Date;
 - Signature of the child's parent/guardian and nominated contact person who is on the enrolment form;
- Keep all authorisations relating to children in their enrolment record.
- Exercise the right to refusal if written or verbal authorisations do not comply with National Regulations. If an authorisation is refused by the service, it is best practice to document:
 - The details of the authorisation
 - Why the authorisation was refused
 - Actions taken by the service. For example: if the service refused an authorised nominee named in the child's enrolment record to collect the child from the service as they were under the influence of alcohol, what action was taken to ensure that the child was collected. (Refer to Refusal of Authorisation Record)
- Waive compliance where a child requires emergency medical treatment for conditions such as anaphylaxis or asthma. In accordance with National Regulations and Standards, the service can administer medication without authorisation. In these cases, Educators will need to contact the parent/guardian as soon as practicable after the medication has been administered.



MURRINDINDI FAMILY DAY CARE - POLICY / PROCEDURE



- Follow the policy and procedures of the service
- Ensure that medication is not administered to a child without the authorisation of a parent/guardian or authorised person, except in the case of an emergency, including and asthma or anaphylaxis emergency (refer to Administration of Medication Policy, Incident, Injury, Trauma and Illness Policy, Emergency and Evacuation Policy, Asthma and anaphylaxis Policy).
- Ensure a child only departs from the service with a person who is the parent/guardian or authorised person, or with the written authorisation of one of these, except in the case of a medical emergency or an excursion (refer to Delivery and Collection of Children Policy)
- Ensure a child is not taken outside the service premises on an excursion except with the written authorisation of a parent/guardian or authorised person
- Inform the Approved Provider when a written authorisation does not meet the requirements outlined in the service policies.
- Allow a child to participate in an excursion only with the written authorisation of a parent/guardian or authorised person.

Families will:

- Read and comply with the policies and procedures of the service
- Complete and sign the authorised person section of their child's enrolment form before their child commences at the service
- Sign and date permission forms for excursions
- Sign the attendance record as their child arrives and departs from the service
- Provide written authorisation where children require medication to be administered by educators/staff, including signing and dating it for inclusion in the child's medication records.

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 a 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 medication is to be administered
- The dosage of the medication to be administered
- Whether the medication is to be self-administered, such as Ventolin or Insulin
- The reason for the medication
- The period of authorisation from and to
- The date the authorisation is signed
- From its original container before the expiry or use-by date
- In accordance with any instructions attached to the medication or provided by a registered medical practitioner
- Educator administering medication must write their full name and sign the medication record
- Details of the administration must be recorded in the medication record.

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

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



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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 or the authorised nominee on the enrolment form providing authorisation
- The name of the person/s authorised by a parent or authorised nominee named in the child's enrolment record to collect the child from the premises
- The relationship to the child of the persons authorised to collect the child from the premises
- The signature of the person providing authorisation and date
- Identification corresponding to the child's enrolment form of authorised person

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 name of the child
- The date of the excursion (if not for a regular outing)
- The reason for the excursion
- The proposed destination for the excursion
- The method of transport to be used
- The route to be taken to the excursion and returned
- The activities to be undertaken by the child during the excursion
- The period the child will be away from the premises
- The anticipated number of children likely to be attending the excursion
- The ratio of Educators attending the excursion to the number of children attending the excursion
- The number of staff members and any other adults who will accompany and supervise the children on the excursion
- That a risk assessment has been prepared and is available at the service
- That a risk management plan has been prepared and is available
- The name of the parent or guardian providing authorisation
- The relationship to the child
- The signature of the person providing authorisation and date
- Any water hazards and risks associated with water based activities
- The items that should be taken on the excursion.

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
- 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



MURRINDINDI FAMILY DAY CARE - POLICY / PROCEDURE



EVALUATION

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AUTHORISATION

This policy was adopted by the Approved Provider of Murrindindi Family Day Care on 31 July 2021.

REVIEW DATE: tba



PAYMENT OF FEES AND PROVISION OF STATEMENT OF FEES CHARGED - POLICY 14

PURPOSE:

To define when fees are payable by clients of MFDC Programs for booked hours, and the rights of parents and educators in regard to booked hours.

POLICY STATEMENT:

Murrindindi Shire Council is responsible for setting fees payable for child care. Educators submit fee schedule for approval of council.

Educators are to give parents or guardians at least two week's notice in writing of any changes in fees or billing systems.

'Care booked' constitutes a contract between the educator and the parent/guardian. The educator agrees to be available at the booked time, and the parent agrees to pay for the booked care.

If permanent changes are made to a regular booking, a new booking contract should be signed by both parties to be updated in Harmony software so the correct booking details are reflected in the system.

Fees will be charged for care booked but not used. Examples of this might be when the child is not well, the family is on holidays or they choose not to attend. If an educator does not work on Public holidays, families may still be charged. This is at the educator's discretion.

Fees will be charged for before or after school care for school aged children on pupil free days or when children are on camps or excursions.

Fees cannot be charged for before or after school care for school aged children during the school holidays unless they are in care.

Fees cannot be charged when an educator is unavailable.

Educators can only cancel care if they are ill, if there is an urgent matter they must attend to, or by mutual agreement with parents.

Fees will not be charged when a parent chooses not to use care because the educator or the educator's own children are ill.

Fees may be charged for one week if booked care is terminated with less than one week's notice. If this care is not used the parent is not eligible for Child Care Subsidy for these absences.

Parents are entitled to Child Care Subsidy (CCS) for 'initial 42 days absence' for each child per financial year. CCS may be approved for additional absence days which meet regulatory eligibility rules and for which documentation is provided.

Educators may charge a late fee if parents arrive late at the end of the day after receiving a warning in writing to this effect.

Educators may set a minimum number of hours charged per day or take session bookings to a maximum of 12 hours per day

Non-payment of fortnightly fees will result in care being stopped.



MURRINDINDI FAMILY DAY CARE - POLICY / PROCEDURE



Murrindindi Shire Council will transfer payment due to educators each fortnight into a nominated bank account. Payment due will be determined from correctly completed time sheets lodged by the due date and time. Late timesheets will be processed in the fortnight in which they are received or the following fortnight if adjustments to other timesheets are required.

Payment by council to educators is the total Child Care Subsidy, or Additional Child Care Subsidy allowable for timesheets processed in the fortnight, less the administration levy owed by parents.

Calculation of these amounts is outside control of council and payment to educators cannot be guaranteed prior to 10 working days after the end date of each fortnight period.

Murrindindi Shire Council will provide educators with a list of fees owed (the gap fees) for the fortnight by each family whose timesheets have been processed in that fortnight.

Murrindindi Shire Council will also provide families with a Statement of Entitlement and a Payment Advice each fortnight, showing all details of care received during the period, Child Care Subsidy applied, Administration levy charged and the gap fee payable to their educator(s).

Educators are responsible for the collection of any gap fees which are owed by each family for care provided. Educators are required to keep copies of receipts issued to families for payment of gap fees and supply these to council on request.

Educators are encouraged to develop their own debt management policy and procedure and to explain this to the parents of the children in care. MFDC staff will provide educators with a template for developing a policy and support to do this.

If families are eligible for Child Care Subsidy they may get extra help with the cost of approved child care (Additional Child Care Subsidy).

To get this families must be eligible for Child Care Subsidy. And need to be 1 of the following:

- an eligible grandparent getting an income support payment
- transitioning from certain income support payments to work
- experiencing temporary financial hardship
- caring for a child who is vulnerable or at risk of harm, abuse or neglect.

The family should be referred to the Co-ordination team for more information about eligibility or more information can be obtained at

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

SCOPE:

This Policy applies to the Approved Provider, the Family Day Care management team, Educators working under the Family Day Care scheme and families.

Procedure:

Educators must submit any proposed changes to their fees on the *Murrindindi FDC Educator Fee Schedule* form. This can be completed and emailed to mhbcc@murrindindi.vic.gov.au for approval.



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Educators must display their fee schedule.

Educators must discuss fees with parents at their initial interview. This includes the base fee and administration levy.

Parents must sign booked hours at the time of booking in order to secure the place.

Parents not wishing to sign booked hours cannot be guaranteed a place.

If a child is booked into care but the care is not used a reason can be entered by the educator in the used hours section of the timesheet.

Sources

Australian Government. Department of Education, current edition, *Child Care Service Handbook for all approved child care services operating under the CCMS 2012-2013 (Updated April 2014)*
Murrindindi Home Based Child Care *Timesheets*

Regulations/NQS

r. 168(2)(n). NQS 7.3

EVALUATION

To assess whether the values and purposes of the Policy have been achieved, the Approved Provider will:

- regularly seek feedback from everyone affected by the Policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents concerning this Policy
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- 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 unless a lesser period is necessary because of risk.

AUTHORISATION

This policy was adopted by the Approved Provider of Murrindindi Family Day Care on 31 July 2021.

REVIEW DATE: tba



GRIEVANCES AND COMPLAINTS - POLICY 15

PURPOSE:

To provide a clear means by which grievances or complaints about MFDC services, staff or educators can be registered and responded to in a fair and timely manner.

POLICY STATEMENT:

General complaint:

A general complaint may address any aspect of the service e.g. a lost clothing item or the service's fees. Services do not have to inform DET, but the complaint must be dealt with as soon as is practicable to avoid escalation of the issue.

Grievance:

A grievance is a formal statement of complaint that cannot be addressed immediately and involves matters of a more serious nature e.g. the service is in breach of a policy or the service did not meet the care expectations of a family.

Complaint:

A complaint that alleges a breach of the Act or Regulation, or alleges that the health, safety or wellbeing of a child at the service may have been compromised. Any complaint of this nature must be reported by the Approved Provider to the secretary of DET within 24 hours of the complaint being made (Section 174(2)(b), Regulation 176(2)(b)). If the Approved Provider is unsure whether the matter is a notifiable complaint, it is good practice to contact DET for confirmation. Written reports to DET must include:

- details of the event or incident
- the name of the person who initially made the complaint
- if appropriate, the name of the child concerned and the condition of the child, including a medical or incident report (where relevant)
- contact details of the person nominated to investigate
- any other relevant information.

Complaints where the safety of a child has been compromised by an educator may also need to be referred to the Commissioner for Children and Young People. This would be in cases where "Reportable Conduct" has been alleged. (See Policy 8)

There are five types of 'reportable conduct':

- sexual offences committed against, with or in the presence of a child
- sexual misconduct committed against, with or in the presence of a child
- physical violence against, with or in the presence of a child
- any behaviour that causes significant emotional or psychological harm to a child
- significant neglect of a child.

Written notification of complaints must be submitted using the appropriate forms, which can be found



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on the ACECQA website: www.acecqa.gov.au

MFDC will make a genuine effort to establish an atmosphere of trust and open communication between all parties involved which should lead to grievances being dealt with constructively.

Any allegations which involve the health, safety or well being of any child in care must be acted on with the utmost urgency. The Department of Education and training will also be notified within 24 hours in this instance.

If appropriate, parents/guardians and educators are encouraged to discuss issues directly in the first instance.

If direct resolution is not possible, parents/guardians or educators should report the matter of concern to the MFDC Coordinator as quickly as possible.

Complaints should be made in writing if possible however, the coordinator can also record a complaint on the *Record of discussion with educator or parent on an issue of concern* form.

All complaints will be treated with discretion and will be investigated as soon as is practicable.

All parties will be informed of the outcome and actions to be taken in relation to complaints received.

If a satisfactory resolution has not been achieved in a time frame acceptable to the complainant a written complaint should be sent to the Manager of Community Wellbeing.

Complaints about staff members should be directed to the Manager Community Wellbeing in the first instance.

Staff grievances will be dealt with according to Council's *Internal Grievance Resolution* policy.

If an acceptable resolution cannot be reached mediation will be arranged.

If the complainant alleges matters which involve breaking any laws the appropriate agency will be notified by the Manager Community Wellbeing or the family concerned.

Matters alleging breaches of the *Education and Care Services National Regulations*, especially if the health, safety or well being of any child in care is at risk, should be directed to the Department of Education Training (see details in procedures).

If the complaint is about Child Care Subsidy, the Department Health and Human Services should be contacted (see details in procedures).

MFDC staff will be available to discuss any concerns at any time.

SCOPE:

This Policy applies to the Approved Provider, the Family Day Care management team, Educators working under the Family Day Care scheme and families.

RESPONSIBILITIES:

The Approved Provider is responsible for

- Implementing this policy in collaboration with the 'Confidentiality policy and procedures and 'Code of conduct policy procedures '



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- Following reporting procedures for matters relating to a complaint that a child has been abused by an educator or staff member.
- Investigating matters that come under “Reportable Conduct” and reporting to the Commissioner for Children and Young People. (See Policy 8)
- Cooperating with law enforcement investigations.
- Ensuring the name and telephone number of the person to whom complaints and grievances may be addressed to is displayed in the registered office and at each educator’s home predominantly at the entrance.
- Ensuring that the address and telephone number of the Authorised Officer at the Department of Education and Training regional office is displayed for stakeholders
- Notifying Department of Education and Training within 24 hours of a serious incident or a complaint alleging legislation was breached in accordance with Education and Care Regulations r.176
- Notifying Department of Education and Training within 7 days of complaint which is considered a ‘non-serious’ incident such as a complaint received stating eg. Something that is considered unsatisfactory or unacceptable such as inadequate resources in educational program- in accordance with Education and Care Regulations r.174
- Responding to all complaints and grievances raised in the most appropriate manner and at the earliest opportunity (fair, with an open mind) and treat each party equally
- Conduct a review and or investigation of the details of the complaint
- Support the educator and parent to re-negotiate care and education arrangements
- Ensuring any incidences are followed-up with a phone call from either the approved provider, educational leader/coordinator or educator within 48 hours (Serious incidents – as soon as practicable) and will be recorded on the appropriate file (child’s / educator / employee /family or approved provider)
- Providing all stakeholders with regular opportunities (i.e. surveys, meetings) to identify any areas of concern or proposed strategies the service may implement improvements
- Ensuring the grievance and complaints procedure (attached) is followed and implemented by stakeholders
- Identifying, preventing and addressing potential concerns before they become formal complaints or grievances
- Working co-operatively with the approved provider/nominated supervisor and Department of Education and Training (DET) in any investigations related to grievances or complaints

The Nominated Supervisor, Certified Supervisors, educators and other staff are responsible for

- responding to and resolving issues as they arise where practicable
- maintaining professionalism and integrity at all times
- discussing minor complaints directly with the party involved as a first step towards resolution (the parties are encouraged to discuss the matter professionally and openly work together to achieve a desired outcome)



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- informing complainants of the service's Complaints and Grievances Policy
- recording all complaints and grievances in the Complaints and Grievances Register (refer to Definitions)
- notifying the Approved Provider if the complaint escalates and becomes a grievance (refer to Definitions), is a notifiable complaint (refer to Definitions) or is unable to be resolved appropriately in a timely manner
- providing information as requested by the Approved Provider e.g. written reports relating to the grievance
- complying with the service's Privacy and Confidentiality Policy and maintaining confidentiality at all times (Regulations 181, 183)
- working co-operatively with the Approved Provider and DET in any investigations related to grievances about First Idea FDC Services, it's programs or staff.

Families are required to:

- Raise any complaints, directly with the person involved, in an attempt to resolve the concerns without matter escalating further
- Raise any unresolved issues or concerns with approved provider or nominated supervisor
- Maintain confidentiality at all times when dealing with a complaint or grievance
- Cooperate with requests to meet with the educator, approved provider/nominated supervisor and/or provide relevant information when requested in relation to complaints and grievances

We are committed to good communication and treating each other with dignity and respect. We will work together in a spirit of cooperation and understanding, and conduct ourselves in a respectful, courteous and calm manner.

Matters of general or personal concern best raised with the educator include:

- Equipment or toys
- Provision of food, clothing, sunscreen and hats
- Excursions
- Fees and accounts
- Educator leave
- Toilet training
- Behaviour and discipline
- Challenging or changing family circumstances.

RAISING YOUR COMPLAINT - BY PHONE OR IN PERSON

- Please make some notes before approaching the educator or coordination unit as this helps to set out all the facts in a logical order. Use these notes when you are speaking with the person dealing with your problem.
- Also note the people you speak to about your complaint and the date you spoke with them.
- Outline the steps you have already taken to resolve the issue.
- Explain what action you think should be taken to resolve the issue. Be reasonable and realistic about your expectations.
- If the complaint you are raising involves another child in care it is very important that you do not approach the child or their parents or guardians directly as this could make matters worse.
- Understand you could be referred to a more appropriate person within the department, or to



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another agency.

RAISING YOUR COMPLAINT - IN WRITING OR BY EMAIL

Remember to sign and date any correspondence and provide your full name and address. Provide as much relevant information as possible including:

- Relevant dates, places and times
- A description of the incident or problem
- Details of any phone conversations, meetings or people already contacted
- Any explanations that you think are important
- Copies of relevant documents (if appropriate).

ANONYMOUS COMPLAINT

Anonymous complaints will be accepted, however, it may not be possible to investigate the matters thoroughly without sufficient detail or the ability to maintain effective liaison.

UNREASONABLE COMPLAINT

An unreasonable complaint is one that is vexatious, trivial or frivolous in nature, such as a complaint that is the result of unreasonable complainant behaviour, an abuse of the complaint process or an attempt to reopen an issue that has already been resolved by raising the same, or similar, issues again.

Unreasonable complaints will be referred to the Manager of Community Wellbeing for a decision on whether further action will be taken.

Record Keeping

A record of the complaint, investigation and any agreements regarding resolution will be kept by the person who conducts the investigation and filed in an appropriately secure TRIM subject folder. Only people authorised to have access to that folder will be able to access the information.

Outcomes

Depending on the severity of any breach of the Code of Conduct, National Regulations, or service policies and procedures, if an allegation is substantiated disciplinary action could range from a warning, retraining, suspension to termination of agreement.

Contact Details for Complaints

Murrindindi Family Day Care

PO Box 138
Alexandra 3714

5772 0333 or jwilliams@murrindindi.vic.gov.au

Children's Services Coordinator

PO Box 138
Alexandra 3714

5772 0333 or sporter@murrindindi.vic.gov.au

Manager of Community Wellbeing

PO Box 138
Alexandra 3714

5772 0333 or scoller@murrindindi.vic.gov.au



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Department of Education and Training

Hume Region
PO Box 403
Benalla 3671

5793 6437

<http://www.education.vic.gov.au/>

Department of Health and Human Services

13 36 84

Centrelink

13 61 50

Regulations/NQS

r. 168. NQS 7.3

Sources

- Department of Education and Early Childhood Development *Parent Complaints Childcare or Childrens Services*. Accessed 30 July 2014 from <http://www.education.vic.gov.au/about/contact/pcmoreinformation>
- Education and Care Services National Regulations
- Department of Education, current Child Care Service Handbook 2012-2013 (updated April 2014)

EVALUATION

To assess whether the values and purposes of the Policy have been achieved, the Approved Provider will:

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AUTHORISATION

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REVIEW DATE: tba



MURRINDINDI FAMILY DAY CARE - POLICY / PROCEDURE





ASSESSMENT AND REASSESSMENT OF RESIDENCES AND VENUES FOR FAMILY DAY CARE - POLICY 16

PURPOSE:

Under the Education and Care Services National Regulations, education and care services must have policies and procedures in place in relation to the assessment and reassessment of FDC residences and approved FDC venues. We are committed to ensuring the health, safety and wellbeing of children attending our service by assessing, reassessing and appropriately managing any risks or hazards that exist at each FDC residence or approved FDC venue.

SCOPE:

All current and prospective educators working with Family Day Care and the Coordinator/s responsible for assessing the residences or venues.

POLICY STATEMENT:

The service is required to:

- conduct an assessment, including a risk assessment, of each FDC residence or proposed FDC venue before the commencement of education and care
- conduct an assessment, including a risk assessment, of each FDC residence and approved FDC venue at least once a year (or more)

Implementation:

The approved provider of a family day care service must conduct an assessment (including a risk assessment) of each residence and approved family day care venue of the service, ensuring:

- Children are provided with a safe, secure education and care environment that poses minimal risks.
- Educators provide a safe environment, meeting all regulatory standards by completing regular checklists, which monitor the suitability and safety of the education and care environment.
- An assessment is conducted prior to any child and Educator commencing with the service
- The suitability of the residence or venue in accordance with the number, age and abilities of individual children attending or expected to attend the service.
- The appropriateness of nappy change facilities, existing water safety hazards, including water features and swimming pools at or near the residence and/or venue and the risk posed by animals at the residence or venue.
- The adequacy of ventilation and natural lights
- All glazed areas of the residence or venue complies with current regulations
- The premises is maintained in accordance with regulations and standards
- Any outdoor space used by children is enclosed by a fence or barrier that is of a height and design that children preschool age or under cannot go through, over or under
- How supervision may be impacted (furniture and equipment)
- Placement of outdoor equipment
- Sleep and rest facilities are adequate
- A comprehensive annual assessment is conducted on the premises
- Any proposed renovations and/or changes to the residence or venue has been informed
- The fit and proper assessment of family day care educators and assistants and adults residing at family day care residence.



MURRINDINDI FAMILY DAY CARE - POLICY / PROCEDURE



PROCEDURE:

This procedure is to be followed to ensure the safety, welfare and wellbeing of children and their surrounding environment.

1. An assessment (including a risk assessment) will be conducted prior to registration of a family day care residence and/or venue
2. The approved provider will be provided with a copy of the assessment for self-assessment resolutions.
3. A family day care service coordinator will attend the residence and/or venue to assess the environment against the requirements stated on the risk assessment form.
4. The family day care coordinator will provide the approved provider with a list of any identified items.
5. On completion, the assessment form will be included with all relevant documents relating to the application and submitted for final approval.

ANNUAL REASSESSMENT

1. A re-assessment will be conducted at least once a year or as required to ensure the health and wellbeing of children being educated and cared for by the service is protected.
2. An assessment is to be used to assess and manage risk whilst providing education and care for children.
3. A family day care service coordinator will attend the residence and/or venue to assess the environment against the requirements stated on the risk assessment form.
4. The family day care coordinator will provide the approved provider with a list of any identified items. Anything low risk should have 7 days to be corrected. High risk items should be dealt with immediately or educators will not be able to provide education and care until they are.
5. On completion, the assessment form will be maintained as proof of assessment

Any complaint to the service regarding the standards at a FDC residence will result in an assessment of the residence or venue to ensure the residence or venue is safe to provide education and care to children.

Education and Care Services National Regulations
26 63 75 97 116 163 (1), (2) 169

Sources

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations (2017). Sydney: Australian Children's Education & Care Quality Authority.
Guide to the National Quality Standard. (2018). Australian Children's Education & Care Quality Authority.

EVALUATION

To assess whether the values and purposes of the Policy have been achieved, the Approved Provider will:

- regularly seek feedback from everyone affected by the Policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents concerning 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 unless a lesser period is necessary because of risk.

AUTHORISATION

This policy was adopted by the Approved Provider of Murrindindi Family Day Care on 31 July 2021

REVIEW DATE: tba



MURRINDINDI FAMILY DAY CARE - POLICY / PROCEDURE





REGISTRATION OF MFDC EDUCATORS - POLICY 17

PURPOSE:

To ensure that educators recruited, selected and registered by the MFDC programs are suitable to provide high quality care in a safe environment.

SCOPE:

All current and prospective educators working with Family Day Care.

POLICY:

Murrindindi Shire Council will complete a risk assessment of prospective educators prior to engagement. This will be informed by (but not limited to)

- Meeting all selection criteria during the recruitment process
- Complete home safety check (or venue safety check)
- Successfully completing the induction programme
- Training plan for the next twelve months
- Personal Quality Improvement Plan in line with *National Quality Standards*

Each current educator must continue to satisfy all requirements of the annual reregistration.

A registered educator who has been unavailable for duty for a period exceeding eight consecutive weeks will be required to have an interview and a new home safety check prior to the resumption of care of children through MFDC.

An educator who has been on leave due to confinement or medical reasons may be required to provide a medical certificate verifying that s/he is physically and emotionally fit to comply with all selection criteria and conditions of the *Educator Agreement*.

An educator who has been on leave due to confinement who wishes to return to work less than 6 weeks after the birth, will be asked to provide a dated medical certificate stating that she is physically and emotionally fit to comply with all selection criteria and condition of the Educator Agreement.

The educator's family situation must support the provision of quality care. Murrindindi Shire Council as the service provider will enquire about a prospective educator's personal life and the extent to which it may affect the ability to provide safe, quality care for children.

Children's Services Coordinator or Manager Community Wellbeing must sign off on registration of all new educators.

A new educator must have a home support visit when children are in care within two weeks of starting duties as an educator.



MURRINDINDI FAMILY DAY CARE - POLICY / PROCEDURE



Procedure:

a. Recruitment

Positions will be advertised in appropriate areas, but individuals are encouraged to register interest at any time. Advertisements must comply with equal opportunity guidelines.

Prospective educator completes a job application and lodges it with the coordination unit.

MFDC commence recruitment procedures in line with Council policy for recruitment.

Prospective educators must understand and accept that they will be self employed and responsible for their own tax, insurance and superannuation.

Registration as an educator depends on but is not limited to the outcomes of Working With Children Checks and police checks

Council cannot guarantee the amount of business which an educator may expect

Interested applicants are directed to the council vacancy page where they can view the information package and a position description. They can then apply for the position through the online application process. If this is not possible, a paper pack can be sent and applications can be lodged via email to mhbcc@murrindindi.vic.gov.au

b. Selection

When a written application to become an educator is received an interview is arranged at a council office with the applicant, the Coordinator of MFDC and at least one other council staff member. Interview panel will then follow recruitment procedures (template available) to determine if applicant is suitable. If an applicant is deemed unsuitable, they will be notified in writing and given reasons.

c. Registration

A preliminary Home Safety Check (HSC) can take place before interview if applicant is unsure of how to make premises meet requirements. Usually the HSC takes place after interview.

Educator will spend 1 week observing an experienced educator's practice before becoming an educator.

Educator pays for Police Check, First aid, Asthma, Anaphylaxis training, WWCC and public liability insurance. Council pays for Workcover.

Orientation of educator will be conducted by the Coordinator according to the *New Educator Induction Checklist 2020*. Areas covered will include but be not limited to, child development, behaviour guidance, activities and program planning and observing children, VEYLF, EYLF, NQS. Safety information and policy requirements around safety are included in educator orientation. Prospective educators will have orientation and induction appropriate to level of experience. New educators will be monitored by a suitable experienced educator, have 2 full days training and also have a coordinator in attendance on the first 3 days of care being provided. This provides a 2 week induction process.

New educators sign a three month *Provisional Agreement*.

Educator's details are entered in Harmony database, including individual Fee Schedule. Educator's information is entered into TRIM.

Registration is to be reviewed at the end of the provisional period to give educator and coordination unit staff the opportunity to discuss progress to date, difficulties etc. At this interview an individual training plan will be drawn up. If review criteria are successfully met educator will be offered an agreement for the remainder of the 'registration year' (usually until end June).



MURRINDINDI FAMILY DAY CARE - POLICY / PROCEDURE



Annual re-registration

MFDC will take steps to ensure that all educators have adequate knowledge of all requirements.

Each educator will be reregistered annually in June for 12 months. This process will be conditional upon Murrindindi Shire Council completing an annual risk assessment. This will be informed by (but not be limited to)

- Complete home safety check (or venue safety check)
- Training plan for the next twelve months
- Personal Quality Improvement Plan in line with *National Quality Standards*
- An annual performance review to inform the personal QIP and training plan and enable Council to assess risk.

d. Educator Status

All educators are self employed and responsible for their own taxation, superannuation, insurance and current first aid and anaphylaxis and asthma management certificates.

All educators must have an ABN number.

Murrindindi Shire Council is responsible for Workcover payments on behalf of educators.

MFDC Programs will act as an agent in the registration of families, the placement of children, and the claiming of Child Care Subsidy.

MFDC does not guarantee a minimum number of hours of child placements each week for any educator.

Educators can do their own advertising but all copy must include the coordination unit details.

e. Provision of Information by MFDC Staff & Educators

All prospective educators will receive an *Educators Information Pack*.

Child Care Chatter will be published monthly where possible. Each edition will contain information on staffing changes, professional development, and health and safety issues. Copies will also be available on request from the MFDC staff. A digital copy will be sent to each family and each educator and paper copies provided for families without email.

Information from government departments and agencies responsible for child care and Child Care Subsidy will also be made available through the newsletter.

Advisory group meetings will be held every month at a minimum. Educators are required to attend at least 10 meetings during the year. These meetings might be held face to face or via Zoom.

MFDC educators will have a place in their homes or venues where information for parents can be prominently displayed or easily accessed.

Educators will report regularly to parents, in a variety of formats, about the care and development of their children.

Educators must have a copy of this *Policy and Procedure Manual*, the *Education and Care Services National Regulations 2011* and the *National Quality Framework* available at the premises where care is provided, for inspection by parents/guardians.



MURRINDINDI FAMILY DAY CARE - POLICY / PROCEDURE



Educators must have the educational or recreational programs provided for children displayed at the FDC home for inspection by parents. Educators must display their weekly menu if they are providing food. Educators must also display their fees and debt management policy.

Educators must ensure that a parent or guardian of a child being cared for or educated by the educator may access any accident, injury, trauma and illness record for that child as soon as practicable on their request and is provided with a copy of that record as soon as practicable.

f. Termination or Suspension of Educator Registration

Any breach of the terms in the MFDC Educator Agreement or failure to comply with the policies in the MFDC Policy and Procedure Manual may result in the suspension or termination of an educator's registration. This includes the educator:

- Not actively working towards a required qualification. For example - an educator is enrolled for a Certificate III course and cannot demonstrate progress towards completion.
- Not being contactable or returning calls. This may compromise the safety of the child/ren and/or the educator.

Registration can be suspended pending an investigation, or terminated instantly, if there is reasonable belief that:

- There is a threat to the health, safety or wellbeing of children in care or another person in the FDC premises by the educator or any other person residing in or visiting the home where care is taking place
- The educator or any other person residing in or visiting the home is under the influence of illegal drugs or alcohol whilst children are in care
- A child in care is not in an approved and appropriate safety device in a car.

For other breaches of the *Educator Agreement* or failure to comply with the *Policy and Procedure Manual* the procedure below is to be followed. This includes not providing copies of programming on a monthly basis for staff to review.

Procedure (unless immediate suspension/termination is warranted)

1. Educator is to be interviewed by the MFDC Coordinator regarding any breach of the *Educator Agreement* or failure to abide by the guidelines established by this *Policy and Procedure Manual*. This discussion will be recorded on a *support visit sheet* signed by the MFDC Coordinator and Educator and filed in the educator's personnel record. Educators will be advised by staff on appropriate actions that must be taken to resolve the issue leading to the breach.
2. For a second breach of the *Educator Agreement* or failure to abide by the guidelines established by this *Policy and Procedure Manual* a formal written warning will be issued which will include a written plan to address the issue to the satisfaction of both parties and a timeline for the problem to be resolved. The Manager Community Services will be advised if a formal written warning is issued.
3. For a third breach of the *Educator Agreement* or failure to abide by the guidelines established by this *Policy and Procedure Manual* suspension will be automatic until the matter is addressed to the satisfaction of all parties concerned. MFDC staff will notify parents of children who are in care with the educator.
4. If an educator's registration has been suspended and there is not able to be any resolution of the problem the educator's registration will be terminated.
5. The educator will receive a written notice that registration is to be terminated and the educator will have 24 hours to respond in writing as to why this should not take effect.
6. Suspension or termination of an educator's registration must be authorised by the Manager Community Wellbeing or the Chief Executive Officer.

Educators have the right to have complaints or grievances with this process dealt with through Murrindindi Shire Council 2008 Policy 17 *Internal Grievance Resolution*



MURRINDINDI FAMILY DAY CARE - POLICY / PROCEDURE



Regulations

- r. 75, 76,
r. 119, 127, 136, 143a. NQS 7.3

Sources

Department of Education Employment and Workplace Relations 2008, *Interim National Standards for In Home Care*
Murrindindi Shire Council Policy 2008 *Employment and Recruitment*
Education and care Services National Regulations 2012

EVALUATION

To assess whether the values and purposes of the Policy have been achieved, the Approved Provider will:

- regularly seek feedback from everyone affected by the Policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents concerning this Policy
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- revise the Policy and procedures as part of the service's policy review cycle, or as required
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AUTHORISATION

This policy was adopted by the Approved Provider of Murrindindi Family Day Care on 31 July 2021.

REVIEW DATE: tba



KEEPING OF A REGISTER OF FDC COORDINATORS, EDUCATORS AND ASSISTANTS- POLICY 18

PURPOSE:

To comply with regulations 118, 153 and 154 of the Education and Care Services National Regulations. It ensures information is accurate, update and managed and maintained. This supports the overall management and operations of the service.

SCOPE:

Approved Provider, Nominated Supervisor, Coordinators, all Murrindindi Family Day Care Educators and Family Day Care staff.

POLICY:

A register of MFDC Educators must be maintained and include the following information:

- Full name, address, birth date and contact details of the Educator
- CRN of the educator
- Address of the residence or venue where the educator will be providing care including a statement as to whether it is a residence or a venue.
- The date the educator was engaged or registered with the service
- The date the educator ceased to be engaged or registered with the service for the period of 3 years following that date
- The days and hours educator will usually be providing education and care
- Evidence of any suitable qualifications held, or evidence that the educator is actively working towards that qualification
- Evidence that the educator has completed first aid training, anaphylaxis and asthma management training.
- Evidence of any other training completed by the educator
- WWC identifying number and the expiry date of the check and the date that the check or registration was sighted by the approved provider or a nominated supervisor of the service.
- For each child educated and cared for by the educator – the child's name and date of birth and the hours the educator usually provides education and care for that child
- If the education and care is provided in a residence – full name and dates of birth of all persons who normally reside at the family day care residence
- The identifying number of the WWC, police check etc of any persons other than the Educator that resides at the Family Day Care residence that is required to provide that information. As well as the expiry date if applicable and the date the check was sighted by the nominated supervisor of the service.

The register must include the following information outlined in the regulations:

- evidence that the educator is adequately monitored and supported by a family day care co-ordinator while the educator is providing education and care to children, including the following information—
- (i) the dates and times of any visits by the co-ordinator to the family day care residence or family day care venue for the purpose of monitoring or support;
- (ii) the dates and times of any telephone calls between the co-ordinator and the educator for the purpose of monitoring or support;



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- (iii) details of any correspondence or written materials provided to the educator by the co-ordinator for the purpose of monitoring or support and the dates and times the correspondence or materials were provided to the educator.

A record of staff and MFDC co-ordinators and MFDC educator assistants must be maintained and include the following information in addition to any other applicable information as above.

the full name, address and date of birth of the staff member/co-ordinator;

(b) the contact details of the staff member/co-ordinator;

(c) the date that the staff member/co-ordinator was employed or engaged by the service;

(d) the date that the staff member/co-ordinator ceased to be employed or engaged by the service (if applicable);

(e) if the staff member/co-ordinator is an approved provider, the number of the provider approval and the date the approval was granted;

(f) evidence of any relevant qualifications held by the staff member/co-ordinator;

(g) if the staff member/co-ordinator will be providing education and care to children, evidence that the co-ordinator has completed—

(i) current approved first aid training; and

(ii) current approved anaphylaxis management training; and

(iii) current approved emergency asthma management training;

(h) evidence of any other training completed by the co-ordinator;

(i) a record of—

(i) if the service is located in a jurisdiction with a working with children law or a working with vulnerable people law, the identifying number of the current check conducted under that law and the expiry date of that check, if applicable, unless subparagraph (ii) applies; or

(ii) except in the case of a service located in New South Wales, Queensland or Tasmania, if the co-ordinator has provided proof of the co-ordinator's current teacher registration under an education law of a participating jurisdiction, the identifying number of the teacher registration and the expiry date of that registration; or

(j) in relation to a check or registration referred to in paragraph (i), the date that the check or registration was sighted by the approved provider or a nominated supervisor of the service.

The register should also clearly state the names of the educational leaders, nominated supervisors.

Any staff member and students and volunteers are required to have a staff record that includes the following information.

The staff record must include the following information in relation to staff members—

(a) the full name, address and date of birth of the staff member;

(b) evidence—

(i) of any relevant qualifications held by the staff member; or

(ii) if applicable, that the staff member is actively working towards that qualification as provided under regulation 10;

(c) evidence of any approved training (including first aid training) completed by the staff member;

(d) if the education and care service is located in a jurisdiction with a working with children law or a working with vulnerable people law, a record of the identifying number of the current check conducted under that law and the expiry date of that check, if applicable, unless paragraph (e) applies;

(e) except in the case of New South Wales, Queensland and Tasmania, if the staff member has provided proof of the staff member's current teacher registration under an education law of a participating jurisdiction, a record of the identifying number of the teacher registration and the expiry date of that registration;

In relation to family day care assistants, the register will state:



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(3) For the purposes of section 269(1)(c) of the Law, the register must include the following information in relation to each family day care educator assistant engaged by or registered with the service—

- (a) the full name, address and date of birth of the educator assistant;
- (b) the contact details of the educator assistant;
- (c) the name of the family day care educator to be assisted by the educator assistant;
- (d) the address of the residence or approved family day care venue where the educator assistant will be providing education and care to children as part of the service, including a statement as to whether it is a residence or a venue;
- (e) the date that the educator assistant was engaged by or registered with the service;
- (f) the date that the educator assistant ceased to be engaged by or registered with the service (if applicable);
- (g) if the educator assistant is an approved provider, the number of the provider approval and the date the approval was granted;
- (h) evidence of any relevant qualifications held by the educator assistant;
- (i) evidence that the educator assistant has completed—
 - (i) current approved first aid training; and
 - (ii) current approved anaphylaxis management training; and
 - (iii) current approved emergency asthma management training;
- (j) evidence of any other training completed by the educator assistant;
- (k) a record of—
 - (i) if the service is located in a jurisdiction with a working with children law or a working with vulnerable people law, the identifying number of the current check conducted under that law and the expiry date of that check, if applicable, unless subparagraph (ii) applies; or
 - (ii) except in the case of a service located in New South Wales, Queensland or Tasmania, if the educator assistant has provided proof of the educator assistant's current teacher registration under an education law of a participating jurisdiction, the identifying number of the teacher registration and the expiry date of that registration; or
 - (iii) in the case of a service located in Tasmania, the identifying number of the educator assistant's current working with vulnerable people registration and the expiry date of that registration (if applicable);
- (l) in relation to a check or registration referred to in paragraph (k), the date that the check or registration was sighted by the approved provider or a nominated supervisor of the service.

The Family Day Care Coordinators and staff are responsible for:

- Maintaining the educator register – setting reminders for educators
- Maintaining children's enrolment records, ensuring they are up to date.
- Regular monitoring of the register to ensure information is up to date.
- Updating the educator register with records of support visits and other contact for the purposes of monitoring.
- Documenting visits, phone calls and emails in a timely manner on the day of the visit, phone call or email, or as soon as access to the records management system is available.

The Family Day Care Educator is responsible for:

- Providing accurate information when requested
- Ensuring updated information is communicated with the management team to ensure the register is always current. For example:
 - When a member of the household moves out, as in the case of adult children, the coordination unit should be notified immediately
 - When a child in the family is about to turn 18, the coordination unit should be provided with appropriate documentation immediately prior to the 18th birthday
 - If a child or family member is visiting for an extended period, the coordination unit should be notified immediately.



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- o When qualifications, WWCC or police checks are updated, copies of certificates or proof should be provided immediately.

Regulations

r. 118, 150, 153 and 154.

EVALUATION

To assess whether the values and purposes of the Policy have been achieved, the Approved Provider will:

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- monitor the implementation, compliance, complaints and incidents concerning 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 unless a lesser period is necessary because of risk.

AUTHORISATION

This policy was adopted by the Approved Provider of Murrindindi Family Day Care on 31 July 2021.

REVIEW DATE: tba



MONITORING SUPPORT AND SUPERVISION OF EDUCATORS - POLICY 19

PURPOSE:

To define the commitment by MFDC staff to support educators registered with the MFDC program.

To take precautions, as reasonably as practicable, to ensure that the health, safety and wellbeing of educators in the MFDC program is protected.

To raise awareness of safety issues MFDC situations relating to children in care, the work environment of the educators, and the home environment.

To ensure that all educators have adequate knowledge to provide quality education and care to children.

SCOPE:

All educators and MFDC staff.

POLICY STATEMENT:

MFDC will maintain a Coordinator to educator ratio of 1:25 to ensure high standard of support for the educators.

MFDC staff will support educators by regular visits to their place of work or by telephone or email contact. If in the instant where regular visits aren't possible (COVID) multiple wellbeing calls and alternate visitations organised until we are able to return to regular visits.

Support visits are to focus on the care and education of the children in care and compliance with MFDC service policies and the National Quality Standards.

The staff member visiting must always be observant of health and safety aspects of the program and premises. Any issues should be documented and the educator informed in writing of improvements/changes required. These must be followed up by MFDC staff and signed off when complete.

MFDC staff will conduct a support visit at least monthly to all educators.

MFDC educators may need to be available for support visits when they have no children in care.

Assessment of the progress of children in care is part of the support of the program.

MFDC staff will provide resources or referral to specialist agencies to assist educators with specific issues that may arise.

Regular support will also be provided to educators by telephone, text message or email.

MFDC will provide educators with an out of hours contact phone number for use when caring for children outside office hours and where contact with a staff member is necessary.

Additional support visits will be conducted at educator request if needed and as determined by the MFDC Coordinator.

Educators are supported to learn about and practice safe behaviours, including cultural safety, cyber safety and physical safety.



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PROCEDURE:

Discussion points that staff wish to have raised with educator to be noted on home visit sheets prior to visit as necessary.

Format of visits may vary according to current schedules and priorities. See currently used *Home Support Visit* forms and *Home Safety Check* forms for details.

If one home visit per month is not achieved the educator will be contacted by telephone. This call should be recorded, signed and dated by coordination unit staff member and filed as usual.

Educators on leave will not be entitled to regular home visits.

Educators will be supplied with access to a dropbox that contains all relevant forms. It is the educator's responsibility to print forms as required or complete paperless forms as available.

The staff member visiting an educator will make notes of the visit and have the educator sign. A copy will be emailed to educator.

The educator will be provided with written instructions of any improvements to be made or issues to be addressed.

If educator is unavailable when visited the staff member should leave a business card or message stating date and time of visit. Staff are to follow up with a phone call where possible.

Requests from educators for family files, resources or forms are to be dealt with by the next day where possible.

Educators are to be aware that accident prevention is their responsibility and that they are to be responsible for adopting safe work practices.

The *Educator Information Pack* will provide information on Workcover insurance for Educators. Each educator will be provided with a copy of *Children's Services – occupational health and safety compliance kit* and training in safe lifting techniques as part of their orientation program.

MFDC staff will observe and document educator's use of equipment and demonstration of routine manual handling tasks.

Educators will only use equipment for the purpose for which it was designed.

MFDC staff will provide educators with OH&S information as it comes to hand through the *Educator Update* and/or regular mail-outs.

Educators will attend Manual Handling courses and/or updates as required by MFDC.

Educators who become pregnant should take maternity leave in line with standard practice. This will include advising MFDC staff of due date and arranging to finish care for children 6 weeks prior to this date. If an educator wishes to work closer to the official due date, she must provide weekly, dated medical certificates stating she is fit to continue working and have risk mitigation strategies in place in the event of an early delivery. Parents should also be made aware of these risk mitigation strategies. Educators who have been on maternity leave should not return to work until 6 weeks after the birth, unless a dated medical certificate is provided stating that she is fit to return to work. We take the safety of our educators and children seriously and these precautions are to provide safety and reduce risk.

Educators will be provided with *Worksafe: Working Alone* information and develop their own personal safety guidelines for working alone depending on their circumstances. These will be developed with advice from the Coordinator. They will be reviewed on a regular basis, generally during the annual home/venue safety check.



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Educators will perform manual handling tasks according to guidelines provided.

Educators will adhere to directions for use of all dangerous substances.

Educators will follow the Personal Protection Equipment (PPE) guidelines contained in Policy 39 *Nappy Changing* when changing a child's nappy.

Educators will report incidents or injuries to the MFDC staff when they occur.

MFDC staff will provide the required forms for documentation by the educator and medical practitioner or other health care provider if applicable.

An educator or his/her nominated representative will return the completed documents directly to the MFDC office.

Documents will be forwarded to the appropriate council officer for processing.

Sources

National Quality Standards

Victoria, *Occupational Health and Safety Act 2004*.

Worksafe Victoria 2011, *Children's Services – occupational health and safety compliance kit*.

Regulations/NQS

r. 143 (a), 143(b), 169(2)(d). NQS 4.2, 7.2

EVALUATION

To assess whether the values and purposes of the Policy have been achieved, the Approved Provider will:

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- monitor the implementation, compliance, complaints and incidents concerning 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 unless a lesser period is necessary because of risk.

AUTHORISATION

This policy was adopted by the Approved Provider of Murrindindi Family Day Care on 31 July 2021.

REVIEW DATE: tba



**ASSESSMENT OF FDC EDUCATORS ASSISTANTS AND PERSONS RESIDING AT EDUCATORS RESIDENCE -
POLICY 20**

PURPOSE:

To ensure the ongoing wellbeing, safety, education and care of children within family day care is maintained through an ongoing assessment process that determines if a person is fit and proper to be in the company of children.

POLICY STATEMENT:

We aim to ensure the safety, health and wellbeing of all children attending our service. As part of our efforts we assess our FDC educators, FDC educator assistants and those residing at a FDC residence as fit and proper persons prior to registration, and on a regular basis throughout their registration period.

Approved providers of FDC services are required to take reasonable steps to:

- ensure persons aged 18 years or over who reside at the service are fit and proper persons to be in the company of children; and
- ensure FDC educator assistants at FDC residences or venues are fit and proper persons to be in the company of children.

The approved provider must also require each FDC educator to notify the provider of:

- any new persons aged 18 years or over who reside, or intend to reside, at the FDC educator's residence; and
- any circumstances which may affect the fitness and propriety of a person aged 18 years or over who resides at a FDC educator's residence, or a FDC educator assistant, who has previously been assessed as fit and proper.

RESPONSIBILITIES:

The Approved Provider is responsible for:

- Assessing the suitability of educators, educator assistants and persons residing at the family day care residence upon commencement and annually (within 4 weeks of anniversary date) to determine fit and proper in accordance with Education and Care Services National Regulations 2011 r.163
- Ensuring the educator has or is actively working toward a minimum Certificate III level in Early Childhood Education and Care recognised qualification
- Checking qualifications and certifications meet the ACECQA approved qualifications list
- Ensuring the educator, educator assistants, residents over 18 years hold a current Working with Children Check (WWC) or Victorian Institute Teachers (VIT) registration
- Ensuring the educator is at least 18 years of age
- Ensuring the educator assistants are at least 18 years of age



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- Ensuring regular (every 3 years) criminal history checks are obtained for all educators, educator assistants and residents over the age of 18 years residing in the family day care residence.
- Maintaining a register of family day care educators and assistants and residents over 18 years in accordance with Education and Care Services National Regulations 2011 r.153

The Coordinator is responsible for:

- Visit each educator's home within two weeks of commencement for support and monitoring – (check for new or changed residents at each visit)
- Implementing the grievance procedure or taking disciplinary action in the event of a breach to the 'Code of conduct' policy and procedures or policies related to children's safety
- Ensuring the educator and educator assistant hold a current first aid certificate, anaphylaxis and asthma training
- Ensuring that educators are informed of their obligation to notify the approved provider if any person aged over 18 years (includes those turning 18 years) is residing in the family day care home
- Re-allocating children if a person or persons residing at the family day care residence, over 18 years of age does NOT meet the fit and proper (initial assessment or re-assessment) after which time a full safety check will be conducted in accordance with 'Providing a child safe environment' policy and procedures – children may be allocated elsewhere and the educator's contractual arrangement may be terminated whilst the unfit person remains a resident.
- Monitoring currency of WWC checks for all educators, educator assistants, MFDC staff and any residents of the family day care residence, every 6 months at least.

Educators, prospective educators, educator assistants and persons residing at the family day care residence are responsible for:

- Holding appropriate qualifications (educators) – Certificate III in Early Childhood Education and Care – or actively working towards an approved qualification
- Holding current accreditations and certifications including Asthma, Anaphylaxis
- Holding a current Working with Children Check (WWCC) or Victorian Institute of Teaching (VIT) registration
- Ensuring residents over 18 years of age to hold a current Working with Children Check (WWC) or Victorian Institute of Teaching (VIT) registration
- Providing on a regular basis (3 years) current criminal history checks for educators, educator assistants and any residents of the family day care residence over the age of 18.
- Advising the approved provider of any persons aged over 18 years that are currently residing at the family day care residence, or advising the Approved Provider of any persons currently residing in the family day care home reaching 18 years of age
- Ensuring residents or house guests over 18 years are determined 'Fit and Proper'
- Holding current insurance of Public Liability – minimum \$10 million
- Providing proof of insurance upon request of the authorised officer or the approved provider
- A record of all visitors to the family day care residence or venue is kept. The record must include the signature of the visitor, time in and out of the visit.



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- Ensuring that the children are not left alone with the visitors at any time.
- Providing two referees – who agree to be contacted as referees; [Note: A person is not eligible to provide a reference for an applicant if the person is: a. an employee of the applicant including family day care educator assistants; b. related or related by marriage, including defacto/spouse; or c. the applicant.]
- Disclose any formal disciplinary proceedings made against the applicant; [Note: This information identifies any formal disciplinary proceeding against the applicant under an Education and Care and/or Children's Services law of a participating *jurisdiction and the outcome, if known by the individual*].
- Disclose any situation in their personal lives that may affect the safety of children in care.
- Make a statement that about their previous compliance history with regard to ECEC work.

Education and Care Services National Regulations

153, 163, 164

EVALUATION

To assess whether the values and purposes of the Policy have been achieved, the Approved Provider will:

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- 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 unless a lesser period is necessary because of risk.

AUTHORISATION

This policy was adopted by the Approved Provider of Murrindindi Family Day Care on 31 July 2021

REVIEW DATE: tba



MURRINDINDI FAMILY DAY CARE - POLICY / PROCEDURE



- VISITORS TO FDC RESIDENCES OR VENUES WHEN EDUCATION AND CARE IS BEING PROVIDED TO CHILDREN AS PART OF A FDC SERVICE - POLICY 21

PURPOSE:

The purpose of this policy is to ensure that children's safety is maintained when visitors are in the residence/venue while children are being educated and cared for.

SCOPE:

All parents and children using the MFDC service and the Educators providing the service As well as contractors and employees of council.

DEFINITIONS:

Regular Visitor: a person who –

- visits an educator's home or property more than twice a week and stays for more than 2 hours at a time; or
- stays overnight at an educator's home or property more than twice a month on an ongoing basis; or
- stays in an educator's home or on the property for any longer than a consecutive 2 week period.

Contractor: a person or firm that undertakes a contract to provide materials or labour to perform a service or do a job.

POLICY STATEMENT:

All reasonable steps will be taken to ensure that educators keep a record of all visitors to the family day care residence or venue while children are being educated and cared for.

PROCEDURE:

Visitor Screening Requirements

1. Regular visitors who stay in an educator's home who are Australian residents will be required to supply the approved provider with a current Working With Children Volunteer check. Should these not be provided, educator will not be able to provide care and education until the regular visitor leaves the residence.
2. International visitors who stay in an educator's home (aged 18 years and over) are required to provide the approved provider with a copy of their Visa. In addition the approved provider must be provided with a signed and witnessed statutory declaration by the educator stating that the visitor is not a resident of Australia that they do not have a criminal record and that they do not pose a risk to the Family Day Care (FDC) children. The educator also must include on the declaration their commitment not to leave any child in care with this person/s.

General Requirements

1. The approved provider and parent/guardian must be notified of any long term or regular visitors/contractors who may have contact with children enrolled in a FDC service, before the visitor/s arrive.
2. Visitors are not allowed to assume responsibility for children enrolled in a FDC service.



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3. Visitors are responsible for the care of any children they have brought with them.
4. Educators are required to have a *Record of Visitors* and keep it up-to-date at all times during service hours. The record must accurately show when visitors have arrived and left the home during FDC hours, noting times and signatures. *NOTE: these records are to be kept for 3 years.*
5. All children under the age of 13 can be added with the adult in the *Record of Visitors* (e.g. enter adult visitors name and write **+3 children**). If, however, a child is 13 years or older they must be entered as a separate entry in the visitor's record.
6. Educators are to take all reasonable steps to ensure that a child being educated and cared for is not left alone with a visitor and/or contractors.

It is the educator's responsibility to ensure that visitors/contractors to their home follow service policies. Any breach by visitors/contractors is likely to constitute a breach by the educator and may result in action being taken against the educator in accordance with the Educator Agreement

Regulations

r. 165, 166, 169(2)(f)

EVALUATION

To assess whether the values and purposes of the Policy have been achieved, the Approved Provider will:

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AUTHORISATION

This policy was adopted by the Approved Provider of Murrindindi Family Day Care on 31 July 2021.

REVIEW DATE: include review date



THE PROVISION OF INFORMATION, ASSISTANCE AND TRAINING TO FDC EDUCATORS - POLICY 22

PURPOSE:

To promote the commitment to on-going education of MFDC staff and Educators and the recognition of the role professional development plays in the provision of quality care and service. Training enhances their skills and knowledge in education and care. making sure they understand NQS and Approved Learning Frameworks, current best practice, professional standards and regulations.

SCOPE:

MFDC staff and Educators registered with Murrindindi Family Day Care.

POLICY STATEMENT:

MFDC Service will provide current information, ongoing assistance and access to relevant training. The Service will ensure FDC Educators have opportunities to training, information etc. by scheduling training and information sessions at times when FDC Educators are able to access them and in various formats relevant to their individual circumstances.

PROCEDURE:

The Approved Provider will:

- ensure every FDC Educator is provided with comprehensive orientation and induction training. New educators will have a 3 month probationary period
- develop and maintain a philosophy statement and provide information and support to FDC Educators to incorporate planning and programming to reflect this philosophy;
- ensure FDC Educators have access to sufficient training and support to implement the *Early Years Learning Framework* and *My Time, Our Place Framework for School Aged Children*;
- designate in writing a suitably qualified and experienced person as Educational Leader to guide curriculum development and to ensure children achieve the outcomes of the approved learning frameworks;
- ensure FDC Educators have access to training and information regarding their responsibilities and requirements under the National Quality Framework.
- ensure that FDC Educators have been provided with information about and support to develop processes for the effective maintenance, disposal, storage and display of records such as:
 - Insurance documents;
 - Accident and Notification records;
 - Medication records;
 - Attendance records;
 - Provider/service approval;
 - Service rating;
 - Service waivers;
 - Service operation information;
 - Health and safety, including attendance of a child at risk of anaphylaxis or the occurrence of an infectious disease.
 - Educational Program documentation.
- Actively seek feedback from FDC Educators regarding the level and quality of information, assistance and training provided.
- Actively seek feedback and input from FDC Educators and parents in the development and review of policies and procedures.



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FDC coordinators will:

- Maintain a record of training and support provided to FDC Educators;
- Develop a schedule for timely delivery of essential training for FDC Educators to be delivered through Monthly Advisory Meetings
- Provide FDC Educators with links to relevant curriculum documents and information websites
- Provide ongoing monthly home visits for fully registered educators and every 2 weeks for probationary educators, in addition to other information and support via email and phone conversations
- Initial and ongoing training opportunities.
- A quality improvement plan identified during the induction process to assist them in developing their service as part of the quality improvement process.
- Support and assist FDC Educators to develop their own quality improvement plans including identification of strengths and training needs;
- Endeavour to provide access to training for FDC Educators through a variety of means, including multimedia, learning packages and face-to-face training sessions facilitated by the FDC Service or an external trainer
- Maintain a record of training and support provided to FDC Educators;
- Ensure FDC Educators are informed and have access to ongoing essential training: for example: Responding to Child Protection concerns and First Aid
- Endeavour to provide information of training opportunities available in the local area;
- Provide FDC Educators with access to a dropbox account for copies of all service policies and procedures;

The FDC Educator:

- Must undertake to meet all essential training requirements as required in *Monitoring, Support And Supervision Of FDC Educators And FDC Educator Assistants*;
- Will, in addition to essential training, attend monthly advisory group meetings for professional development and networking opportunities (attend 10 out of 12 meetings)
- Will attend a day long early years conference for essential professional development
- Complete Mandatory Reporting refresher training each year
- May undertake or source their own training or Personal Development. This training can be documented to include –
 - the name of the training;
 - date and time the training was completed;
 - how the Educator plans to use the training and learning into practice in their service.

EVALUATION

To assess whether the values and purposes of the Policy have been achieved, the Approved Provider will:

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AUTHORISATION

This policy was adopted by the Approved Provider of Murrindindi Family Day Care on 31 July 2021

REVIEW DATE: tba



EDUCATOR ASSISTANT - POLICY 23

PURPOSE:

To ensure that the care and education of children meets quality standards at all times.

SCOPE:

MFDC staff and educators

POLICY STATEMENT:

Children may be cared for by a MFDC educator assistant in the event that the educator is unable to do so.

Educator assistants may only stand in for a MFDC educator to transport children (home, school or education and care service) in emergency situations and for the MFDC educator to attend an appointment in unforeseen or exceptional circumstances (for less than 4 hours).

MFDC will not approve a person as an assistant educator unless the educator provides the written consent of a parent of each child being educated and cared for by the educator to the use of the family day care educator assistant in the circumstances set out above.

It must be clear who is in charge of the care and education of children at all times.

A MFDC educator assistant must meet all the minimum requirements of a family day educator under the relevant Act and Regulations (See Policy 17)

A MFDC educator assistant can be a MFDC coordination unit staff member responsible for providing training and advice to MFDC educators (field worker or coordinator, provided the person holds a Diploma in Children's Services)

EVALUATION

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AUTHORISATION

This policy was adopted by the Approved Provider of Murrindindi Family Day Care on 31 July 2021.

REVIEW DATE: tba



EDUCATOR TO CHILD RATIO - POLICY 24

PURPOSE:

To establish guidelines for the numbers of children an educator is permitted to have at the premises where care is provided whilst working as an educator with MFDC.

SCOPE:

Educators registered with MFDC.

POLICY:

Educators must not exceed seven children of primary school age or under on their premises. Except for exceptional circumstances, such as: a) siblings, b) if the child is in need of protection, c) rural or remote children where there is no other care option. Approval must be obtained prior to this occurring.

Of these seven children a maximum of four children can be preschoolers.

If there are children in care with MFDC who are older than primary school age they must be included in the numbers as above.

Whilst on duty, an educator can only be responsible for MFDC children who are signed in to care, and children who reside with the educator.

'Children who reside with the educator' include an educator's own children, foster children who live or are permanently staying in the same house as the educator, children for whom the educator has an interim residence order or for whom the educator is a guardian and who are 12 years of age or under.

Children of 'near relatives' can be cared for through MFDC provided the educator is not the recipient of Child Care Subsidy for the child. This includes grandchildren, cousins, and nieces or nephews.

If children usually reside with the educator and the educator is the full time guardian or foster parent (eligible to receive parenting payments) they are counted with the educator's own children. No fees can be charged in these circumstances.

Sources

Department of Education, current edition, *Child Care Service Handbook 2012-2013 (Updated April 2014)*

EVALUATION

To assess whether the values and purposes of the Policy have been achieved, the Approved Provider will:

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AUTHORISATION

This policy was adopted by the Approved Provider of Murrindindi Family Day Care on 31 July 2021.

REVIEW DATE: tba



INCLUSION AND PLACEMENT OF CHILDREN - POLICY 25

PURPOSE:

To ensure that all eligible children have access to care with MFDC.

To provide parents with a choice of educator if possible

SCOPE:

All placements with MFDC.

POLICY:

All eligible children regardless of gender, race, religion or ability, will have access to care.

MFDC programs are primarily for preschool children but primary school aged children can be placed in care if there are places available.

Care of a child with special needs will be discussed with the educators before families are given a list of potential educators.

Educators are allowed to care for relatives who are; Niece, Nephew, Grandchildren, great - grandchildren and cousins, ensuring it is 'less than 50%' of the children to whom any MFDC educator is providing care within any CCS fortnight. The ratio of 'less than 50%' is applied to the number of children cared for at the service across the whole child care subsidy fortnight and not to one session of care.

Care may be available to children older than primary school age if there are medical or social reasons for them to be in care and there are sufficient places available after other relevant criteria are met.

Criteria could depend on the circumstances and may include, but not be limited to, the ages of other children in care and the safety and wellbeing of those children and the educator.

Families will be provided with the names and phone numbers of up to three educators, if possible, so that they are able to select the educator most able to meet their needs.

Sources

Australian Government. Department of Education, current edition, *Child Care Service Handbook 2012.-2013* (Updated April 2014)

EVALUATION

To assess whether the values and purposes of the Policy have been achieved, the Approved Provider will:

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MURRINDINDI FAMILY DAY CARE - POLICY / PROCEDURE

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AUTHORISATION

This policy was adopted by the Approved Provider of Murrindindi Family Day Care on 31 July 2021

REVIEW DATE: tba



PRIORITY OF ACCESS - POLICY 26

PURPOSE:

To define the priority of access of families to Murrindindi Family Day Care.

SCOPE:

All MFDC placements.

POLICY STATEMENT:

MFDC Programs encourages access to child care places according to priority as detailed in the *Child Care Service Handbook (2012-2013)*.

Summary of Priority of Access Guidelines for MFDC

1. A child at risk of serious abuse or neglect.
2. A child of a single parent who satisfies, or of parents who both satisfy, the work, training, study test under section 14 of the *A New Tax System (Family Assistance) Act 1999*.
3. Any other child.

See also *Child Care Service Handbook* section 6.3 for further priorities for each group.

A priority 3 child may be required to vacate a place when that place is required for a child of higher priority. Families of priority 3 children will be informed by the MFDC staff of this possibility at their parent interview.

Where a child of priority 3 is asked to vacate a place a minimum of two week's notice will be provided where possible.

Where a child of priority 3 is asked to vacate a place every attempt will be made to place the child with the same educator on a different day or with a different educator.

Sources

Australian Government. Department of Education, current edition, *Child Care Service Handbook 2012-2013 (Updated April 2014)*.

EVALUATION

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MURRINDINDI FAMILY DAY CARE - POLICY / PROCEDURE



AUTHORISATION

This policy was adopted by the Approved Provider of Murrindindi Family Day Care on 31 July 2021

REVIEW DATE: tba



SUSTAINABILITY - POLICY 27

PURPOSE:

To implement service-wide practices that contribute to a sustainable future.

SCOPE:

All MFDC Educators, staff, children and families that use the service.

POLICY STATEMENT:

Educators are encouraged to raise awareness of environmental responsibilities and implement practices which contribute to a sustainable practice. Children will be supported to show respect for the environment and become environmentally responsible.

Sustainable practices will become embedded in every day routines and practices.

PROCEDURE:

Educators, families and children will be encouraged to engage in innovative practices and appreciate the natural world while protecting the planet for future generations.

Educators will develop a sense of awareness in children about sustainable practices by making them part of the daily routine, through practices such as:

- Recycling
- Gardening
- Energy conservation
- Water conservation
- Sustainable equipment/consumables purchased where possible.
- Outdoor play learning environment.
- Composting

The educator will encourage the children to promote these practices in their home environment. The service will reinforce this promotion through articles and acknowledgments in the monthly newsletter.

Use of recycling bins will be encouraged at the educator's residence and the coordination unit.

Role modelling, hands on and discussion around sustainability will be evident in the educators programs.

Role modelling of energy and water conservation will be evident in the educator's home and the coordination unit.

The concept of reduce, re-use and recycle will become part of everyday practice for children, educators and staff to build lifelong attitudes towards sustainable practices.

Staff, educators, children and families will be encouraged to participate in community events that promote a sustainable future.

Sources

Education and Care Services National Regulations 2011

National Quality Standards



MURRINDINDI FAMILY DAY CARE - POLICY / PROCEDURE



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REVIEW DATE: tba



TERMINATION OF CARE - POLICY 28

PURPOSE:

To establish how care arrangements within the MFDC Programs may be terminated in a fair and equitable manner.

SCOPE:

All MFDC placements.

POLICY:

If care arrangements are to be terminated by the parent, a minimum of a one week's notice should be given to the educator.

There is no obligation on the parent to give a reason.

If care is to be terminated by the educator, and the parent is in agreement, the educator should give a minimum of two week's notice.

The educator should provide the parent with a reason for termination of service.

If the care is to be terminated by the educator, and the parent is not in agreement, the MFDC Coordinator is to be notified. The MFDC Coordinator will organise mediation to assist the educator and parent reach a resolution.

MFDC staff respect the educator's right to make the final decision should mediation not be successful.

An educator may terminate care on the basis that continuing care is a risk to either educator or children in care. Care can only be terminated on these grounds after consultation with the coordination unit and after reasonable steps have been taken to resolve the issue.

MFDC can terminate care 'without cause' if necessary. One week's notice will be given to parents and families if appropriate.

EVALUATION

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REVIEW DATE: tba