



# Policies And Procedures





## Contents

	<b>Page</b>
<input type="checkbox"/> Acceptance and refusal of Authorizations -----	4
<input type="checkbox"/> Administration of Medication Policy -----	5
<input type="checkbox"/> Assessment and Approval of Residences and Venues -----	7
<input type="checkbox"/> Asthma Policy and Procedures -----	8
<input type="checkbox"/> Behavior Policy -----	12
<input type="checkbox"/> Chemical Safety Policy -----	24
<input type="checkbox"/> Child Protection Policy -----	25
<input type="checkbox"/> Code of Conduct -----	28
<input type="checkbox"/> Code of Conduct to protect children Safety -----	30
<input type="checkbox"/> Complaints Policy and Procedures -----	32
<input type="checkbox"/> Delivery and Collection of children policy -----	34
<input type="checkbox"/> Determining the Responsible Person Policy -----	36
<input type="checkbox"/> Drugs, Smoking and Alcohol Policy -----	37
<input type="checkbox"/> Educational Policy and Procedures -----	38
<input type="checkbox"/> Emergency Management Policy -----	40
<input type="checkbox"/> Engagement and Registration of Educators -----	45
<input type="checkbox"/> Engagement and Registration of Educators Assistant -----	48
<input type="checkbox"/> Excursions Policy -----	51
<input type="checkbox"/> Fire Drill Policy and Procedures -----	54
<input type="checkbox"/> First Aid Policy -----	55
<input type="checkbox"/> Fit and Proper Assessment of Educators, Assistants and Adult Residing at FDC residences -----	56
<input type="checkbox"/> Food, Nutrition and Food Handling Policy -----	59
<input type="checkbox"/> Glass Safety Policy and Procedures -----	61
<input type="checkbox"/> Governance and Management Policy -----	64
<input type="checkbox"/> Hand Washing Procedures -----	67
<input type="checkbox"/> Incident, injury, trauma and illness procedures -----	70
<input type="checkbox"/> Interaction with Children Policy -----	72
<input type="checkbox"/> Keeping Register of Educators and Staff -----	73
<input type="checkbox"/> Lock out and Lock down policy and procedures -----	75
<input type="checkbox"/> Medical Condition & Dealing with infectious diseases Policy -----	76
<input type="checkbox"/> Monitoring, Support and Supervision of Educators and Assistants -----	85
<input type="checkbox"/> No Jab No Pay Policy -----	88
<input type="checkbox"/> Participation of Volunteers and Students Policy -----	90
<input type="checkbox"/> Payment of Fees and provision of a statement of fees -----	92
<input type="checkbox"/> Photos Policy and Procedures -----	93
<input type="checkbox"/> Physical Activity Policy -----	94
<input type="checkbox"/> Poisons Awareness Procedures -----	95
<input type="checkbox"/> Poisonous Plants Policy -----	98
<input type="checkbox"/> Provision of Information, assistance and training to educators -----	99
<input type="checkbox"/> Safe Environment Policy -----	101
<input type="checkbox"/> Sleep and Rest Policy -----	103
<input type="checkbox"/> Sun Protection Policy -----	105
<input type="checkbox"/> Supervision Policy -----	107



## DREAMLAND FAMILY DAY CARE SERVICES Pty. Ltd.

<input type="checkbox"/>	Toys and Materials Policies .....	111
<input type="checkbox"/>	TV Policies and Procedures .....	114
<input type="checkbox"/>	Visitors Policy .....	115
<input type="checkbox"/>	Water Safety Policy .....	116
<input type="checkbox"/>	Work Safety and Work cover Policy .....	118



## **The Acceptance and Refusal of authorizations**

To provide the family day care service, family day care educators and families with a clear procedure for correct authorizations for actions such as administration of medications, collection of children, excursions and providing access to personal records.

To ensure appropriate procedures are in place for acceptance and non acceptance of authorizations.

The family day care service will ensure that family day care service staffs, educators and educator's assistants are informed of the appropriate authorization for actions in relation to administration of medications, collection of children, excursion and providing access to personal records.

### **Procedures:**

The family day care service will:

1. Ensure documentation relating to authorizations contains:
  - i. the name of the child enrolled in the service; and
  - ii. date; and
  - iii. signature of the child's parent/guardian, or nominated contact person who is on the enrolment form; and
  - iv. The original form/letter/register provided to the service.
2. Apply these authorizations to the collection of children, administration of medication, excursions/outings and access to records.
3. Keep these authorizations in the enrolment record.
4. Exercise the right of refusal if written or verbal authorizations do not comply.
5. Waive compliance where a child requires emergency medical treatment for conditions such as anaphylaxis or asthma. The family day care service or family day care educator can administer medication without authorization in these cases, provided it is noted on medical plans and that parents/guardians be contacted as soon as practicable after the medication has been administered.

## **Administration of Medication Policy and Procedure**

To Facilitate effective care and health management of children who are taking medication for a health problem, prevention and management of acute episodes of illness or medical emergencies requiring administration of medication.

### **Educator should:**

- Ensure medication is administered to a child only from its original packaging. Prescribed medications must only be administered to the child, for whom it has been prescribed, confirm with a pharmacy label in that container for child's name, use by date and doctor's instruction relating to the administration.
- Ensure families provide a summary of the child's health, medications, allergies to medication or other substances, the doctor's name, address and phone number and a first aid management plan approved by the doctor if necessary.
- Ensure medication is only administered to a child enrolled for the educators with written permission of the child's parent or guardian.
- In relation to administering medications, educators must ensure, they are adequately trained by an appropriate person, comply with relevant child care legislation, regulations, policies and procedures. If educators feel any doubt about administering the medication; they can seek advice from co ordination unit who will call parents or doctor for further clarification.
- Before administering medication, check that the instructions on the Medication Authority Form are consistent with both the doctor's instructions and the name and instructions on the label. If there is any doubt or inconsistency, the Director or Nominated Supervisor should check with the doctor or pharmacist, and advise the parent if it is considered the medication should not be administered.
- The parent and educator must complete a medication permission form and advise parents of any child to whom medication has been given the following :
  - name of the medication,
  - date, time, and dosage of administration,
  - name of the person who administered the medication,
  - name of the child, parent and health worker
  - Ensure a Medication Authority Form is completed and signed for every child and for each medication.
- Keep the Medical Authority Form in a secure and confidential file, health records are required to be kept for a minimum of 6 years or in the case of a child until the child turns 24 years old.
- For children who live in two family homes, obtain a Medical Authority form from a family member from both homes. If there is a disagreement between family members, including between custodial and a non-custodial parent, inform the Director and obtain advice from DOCS. If any educator is in doubt that appropriate consent has not been given by all relevant family or guardians, do not administer the medication and obtain advice from the office who will contact DOCS.
- Advise parents and families that the administration of homeopathic, naturopathic, over-the-counter or non-prescribed medications (including cold preparations and paracetamol) also needs to meet minimum legislative requirements and these guidelines include providing a Medication Authority Form, written instructions and dosage from a health professional prescribing or dispensing the medication.



## **DREAMLAND FAMILY DAY CARE SERVICES Pty. Ltd.**

Do not give any unidentifiable medicine, or medicine that doesn't meet the above guidelines.

- Be aware that homeopathic, naturopathic, herbal and over-the-counter medications also have adverse effects and risks.
- Be aware that antibiotic resistance is an emerging problem for children in child care, and staff administering antibiotics should ensure that they are administered according to instructions and until the course is completed.
- If any medical or first aid information, instructions or medication labels are written in a language other than English, ask the family to obtain an English version from their doctor or pharmacist to provide to the family day care service. If an educator does not understand anything written on the Medication they should contact the office for a translation.
- In the case of medication being required in an emergency without prior consent, ensure every attempt is made to secure consent from the child's parent or legal guardian, or from a registered medical practitioner. In any emergency, if there is no immediate access to a parent, nominated responsible person, doctor, dentist or hospital call the ambulance service on 000. If an educator calls the Ambulance service a serious incident form must be completed, please follow the serious incidents policy.
- Not administer medication unless the parent indicates their understanding and acceptances of any potential risks or adverse effects, and check their doctor or the person prescribing or providing the medication (including homeopathic, naturopathic and pharmacy bought) has explained the potential risks and adverse effects.
- Ensure families and carers understand and acknowledge each other's responsibilities under the relevant legislation, the centre policy and these guidelines.
- Advise parents who leave medication to be administered without meeting the conditions of the relevant legislation and these guidelines that the medications will not be administered, and medication prescribed for one child will not be administered to a sibling or another child.
- Be informed of any child enrolled who has a chronic health problem such as asthma, epilepsy, diabetes, severe allergy, food allergy or anaphylaxis, requires ongoing medication, or might require emergency medication, treatment or first aid.
- Be informed of any child enrolled who has a chronic health problem such as asthma, epilepsy, diabetes, severe allergy, food allergy or anaphylaxis, requires ongoing medication, or might require emergency medication, treatment or first aid. If any emergency arises where there is doubt or concerns about the child's safety, the educator and the coordination staff must act in the best interests of the child's safety and health, by contacting the family, a doctor, the centre manager, or call 000 for an ambulance.
- Ensure all medication, emergency treatment and medical management policies are consistent with what is required by the relevant legislation, these guidelines and by the centre's public liability insurance policy.



## **APPROVAL AND REASSESSMENT OF FAMILY DAY**

Best endeavors are used through ongoing assessment processes to ensure family day care residences and/or venues provide for the wellbeing, safety, education and care of children.

The family day care service will undertake an assessment of the family day care residence and/or venue to ensure the health, safety and wellbeing of children is protected.

### **The family day care service will develop:**

1. An assessment procedure to be used when assessing each family day care residence and/or venue.
2. A re-assessment procedure to be used when re-assessing each family day care residence and/or venue
3. A risk assessment procedure for family day care educators to use to assess and manage risk whilst providing education and care for children.

### **Assessment prior to registration with the family day care service**

1. All family day care residences and/or venues will be assessed prior to registration with the service. The family day care educator will be provided with a copy of the Residence and/or Venue Assessment form for self-assessment.
2. A family day care service staff member will attend the residence and/or venue to assess the environment against the requirements stated on the assessment form.
3. The family day care staff member will provide the educator with a list of any identified outstanding items, if applicable.
4. On completion, the Residence and/or Venue Assessment form will be included with all other documents pertaining to the application and submitted for final approval to the nominated supervisor

### **Annual reassessment of the approved family day care residences and/or venues**

Reassessment will be conducted annually or additionally as required.

1. The family day care educator will be provided with a copy of the Residence and/or Venue Assessment form for self-assessment.
2. A family day care service staff member will attend the residence and/or venue to assess the environment against the requirements stated on the Residence and/or Venue Assessment form and will keep a copy on the family day care educator's file.
3. If the family day care educator is determined as non-compliant in meeting the family day care service requirements then:
  - an action plan will be developed; or
  - the grievance procedure will be enacted; or

## **CARE RESIDENCES AND/OR VENUES POLICY**

Cancellation of family day care membership will be enacted.

## Asthma Policy and Procedures

To facilitate effective care for a child with asthma, centers should:

- Ensure families provide information on the child's health, medications, allergies, their doctor's name, address and phone number, emergency contact names and phone numbers and an Asthma First aid plan or Emergency Medical Plan approved by their doctor following enrolment and prior to the child starting in the service.
- Ensure Regulations and other guidelines are adhered to in respect of administering medication and treatment in emergencies, particularly parental or guardian written consent and a medication Authority form has been completed and signed.
- In any case where a child is having an acute asthmatic attack, an educator should immediately:
  - Administer first aid or emergency medical treatment according to either the child's asthma first aid or medical emergency plan or Doctor's instruction.
  - If these are not available, use the First Aid Plan for Asthma Emergency from Australian First Aid, St. John Ambulance Australia and dial 000 for an ambulance and notify the families in accordance with the regulation and guidelines on emergency procedures.
- All Educators must have a certificate in Asthma Management and will have been trained by an appropriate health professional in the administration of routine asthma medication, such as with an inhaler, spacer, similar device or a nebulizer in the routine or non emergency management of a child with asthma.
- In further developing a policy for the routine management of children with asthma and the management of asthma emergencies or an acute asthma attack in a child, refer to 'Asthma and the under 5s: Guidelines for Childcare Services, Kindergartens & Preschools', Asthma Australia, 1998, and the updated information in the pamphlet 'Asthma: the Basic Facts', Asthma Australia, 2002, which provides guidelines on:
  - information about asthma and it's treatment
  - a guide on how to develop and implement an asthma management policy
  - information for parents and an asthma record form that can be completed by the child's doctor
  - how to identify and avoid common triggers of an asthma attack
  - how to recognize an asthma attack and symptoms of a severe asthma attack
  - the Asthma First Aid Plan, information on the Asthma First Aid Kit, and who to contact for training in asthma first aid, managing an acute asthma attack and use of the Asthma First Aid Kit
  - the toll free number for your local Asthma Foundation is 1800 645 130





- Be aware of aspects of the indoor environment that may be triggers for asthma in children, which include:
  - house dust mite, which is more prevalent in an environment with carpet, rugs, upholstered furniture and fluffy toys,
  - flowering plants, mildew and mould,
  - domestic chemicals such as pesticides, cleaning agents, bleach and chlorine agents, deodorants, room sprays, perfumes, paints, food preservatives,
  - hobby chemicals such as glues, solvents and paints,
  - dust from animals, pets and birds,
  - Dust from pest infestations, especially cockroaches, mice and rats.
- Reduce exposure of children and educators to indoor allergens by:
  - regularly vacuuming (at least once weekly) carpet, rugs, upholstered furniture and fluffy toys,
  - regularly shampooing carpet, rugs and upholstered furniture and washing fluffy toys,
  - regularly dry cleaning blankets, doonas and other bedclothes,
  - treating and preventing growth of mould and mildew indoors and in clothing, linen and bed clothes,
  - when using chemical sprays such as pesticides and cleaning agents, spraying
  - when children are not present in the immediate vicinity, controlling pest infestations, especially cockroach,
  - Dreamland does not approve of keeping pets at a Family day Care residence,
  - using dust resistant mattress and pillow covers,

### **St. John First Aid for Asthma Emergency**

*Used with permission from St. John Ambulance Australia, © St. John Ambulance Australia, Australian First Aid, 10/2002*

#### **St. John DRABC Action Plan**

This Action Plan is a vital aid to the first aider in assessing whether the casualty has any life-threatening conditions and if any immediate first aid is necessary.

#### **D - Check for Danger**

- to you
- to others
- to casualty

#### **R - Check Response**

- Is casualty conscious?
- Is casualty unconscious?

#### **A - Check Airway**

- Is airway clear of objects?
- Is airway open?

#### **B - Check for Breathing**

- Is chest rising and falling?
- Can you hear casualty's breathing?



- Can you feel the breath on your cheek?

**C - Check for signs of Circulation**

- can you see obvious signs of any movement, including swallowing and Breathing
- Can you feel a pulse?
- observe color of skin on face

**Recovery Position**

- kneel beside the casualty
- lift nearer leg at knee so it is fully bent upwards
- place nearer arm across chest
- place farther arm at right angles to body
- roll casualty away from you onto side
- keep leg at right angles with knee touching ground to prevent casualty
- Rolling onto face.

**Asthma**

Asthma is a condition in which the bronchi (air tubes of the lungs) go into spasm and become narrower. Excess mucous is produced, causing the person to have difficulty breathing. Asthma is particularly common in children.

**Signs and symptoms**

The casualty may be:

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

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

**When to send for medical aid**

- if breathing does not become easier soon after medication – within 4 minutes
- the attack increases in severity

**Management of an Asthma Attack**

1. Follow DRABC
2. Assist the casualty, if conscious, into any comfortable position: usually sitting upright and leaning forward.
3. Be reassuring and ensure adequate fresh air:
  - Assist with prompt administration of medication,
  - give 4 puffs of a blue reliever inhaler (puffer) containing Ventolin, Respolin, Asmol, or Bricanyl
  - casualty takes a breath with each puff
  - use a spacer if available: give 4 puffs one at a time – casualty takes 4 breaths after each puff



## DREAMLAND FAMILY DAY CARE SERVICES Pty. Ltd.

- wait 4 minutes
  - if no improvement, give another 4 puffs
4. if little or no benefit : call 000 for an ambulance
- In the case of a severe attack with no improvement, until the ambulance arrives keep giving
  - children 4 puffs every 4 minutes
  - adults up to 6 - 8 puffs every 5 minutes
5. If casualty unconscious: follow DRABC: call **000** for an ambulance.

Information supplied by Australian First Aid 10/2002 is the copyright of St.John Ambulance Australia.

This information is not a substitute for first aid training. St. John recommends that everyone is trained in first aid. For more information on St. John first aid training and kits visit [www.stjohn.org.au](http://www.stjohn.org.au) or call toll free 1300 360 455.

***Dreamland requires that all educators, Coordinators and staff directly contact with children must have a first aid certificate, asthma certificate and anaphylaxis certificate before they start working with children.***

## **Behavior Policy**

Children face many challenges throughout their lives. Learning acceptable behaviors and being able to regulate their own behaviors in different social and emotional environments, or when interacting with their peers or adults, are two of those challenges.

Sound knowledge and understanding of children's social, emotional and cognitive development and recommended appropriate practices assist services in developing a behavior guidance policy.

The service's policy and practices should reflect the commitment of educators to establish behavior management strategies, with children and families, which ensure that children are treated with the same respect and empathy as an adult would expect.

Please note: the term discipline is often associated with punishment because it has previously been defined by what adults do to children to control behaviors (Storehouse, 2004, 47). It is also used as a threat or consequence of inappropriate behavior. The term behavior guidance is preferred because it includes all forms of behavior and not just those behaviors labeled as 'negative'. Educators should remember that an environment which supports children to learn self-regulation and guide their own behavior reflects the importance of a behavior guidance policy.

### **Policy statement**

- The service's Behavior Guidance Policy:
  - emphasizes that children have the same rights as adults; and
  - Recognizes values and celebrates the differences and similarities that exist in all persons.
- Families and educators should use appropriate strategies to guide children to recognize, manage and learn from their behaviors and express their emotions in positive, non-threatening and productive ways.
- Dreamland is committed to a Behavior Guidance Policy because it:
  - reflects the values, attitudes and current recommended strategies that promote positive play behaviors and patterns;
  - respects the importance of interactions and relationships between children, families and educators;
  - understands why children behave in certain ways in specific circumstances;
  - promotes realistic play and behavior limits that guide children's safety and security rather than curb their play experiences, curiosity or creativity;
  - defines clear and transparent education strategies that communicate how behavior guidance is implemented by the service;
  - informs the service's stakeholders about the procedures involved in behavior guidance management plans; and
  - Explains the service's commitment to professional development and utilization of external agencies.



## DREAMLAND FAMILY DAY CARE SERVICES Pty. Ltd.

Note: For the purpose of this policy, 'persons' include <children, families, staff, educators, educators family, management, coordination unit staff, ancillary staff (administrative staff), students, volunteers, visitors, local community, school community, licensee, sponsor and/or service owner>.

- The purpose of the service's Behavior Guidance Policy is to:
  - encourage acceptable forms of behavior by using strategies that build children's confidence and self-esteem;
  - provide children with support, guidance and opportunities to manage their own behavior; and
  - Promote collaborative approaches to behavior guidance between the service's stakeholders and/or external agencies.
- The service recognizes and understands that a child's behavior may be affected by their:
  - age and development;
  - general health and wellbeing;
  - relationships with their family;
  - play and learning environments, which includes the physical indoor/outdoor settings, the weather, the time of year, the time of day;
  - Educators curriculum strategies and practices, which includes how those strategies are implemented;
  - relationship with other children and stakeholders, such as students, volunteers and visitors; and
  - External factors, such as family, home life, school or peer group experiences, or media coverage of traumatic events.
- Families and educators and staff display respect and empathy towards children when they label behavior and not the individual child. This means that behaviors are managed, not children. Educators, other children and families should refrain from labeling a child's inappropriate or negative behavior as 'naughty' or 'bad'. Similarly, traditional labels such as 'good boy' or 'good girl' identify the individual but not the positive behavior. For example, when a child completes a task directed by an adult, such as washing their hands before a meal, educators should identify the behavior that reinforces the achievement and not label the worth of the individual. Instead of 'good boy/girl', the staff/carer can respond with "thank you (child's name) for washing your hands with soap before lunch" or "thank you for remembering to clean your hands before you eat".
- While educators are aware and respect individual children's and families' backgrounds and beliefs, it may be necessary to balance the individual needs of stakeholders with educators' knowledge of developmentally appropriate practices and current best practice recommendations from recognized authorities.
- The *Occupational Health and Safety Act*<sup>2</sup> states that employers have a duty of care to their employees to ensure that the working environment supports emotional and mental wellbeing. Educators who are implementing behavior guidance strategies and/or plans for children that display inappropriate behaviors, (especially if the behavior is aggressive towards other children or adults) need continued support and assistance. Educators can experience levels of stress or anxiety, which may lead to sickness or apathy in the workplace. Services have a duty of care to ensure that employees' mental and emotional



wellbeing is considered, as well as the child's need for positive behavior guidance strategies.

## **Rationale**

**The rationale represents a statement of reasons that detail why the policy and/or procedures have been developed and are important to the service.**

### **Important:**

- The use of physical punishment<sup>3</sup> by educators/students/volunteers/visitors as a behavior guidance strategy is not acceptable under any circumstances.
- The use of isolation, humiliation, intimidation or negative labeling educators/students/volunteers/visitors as a behavior guidance strategy is not acceptable under any circumstances.
- The service may decide to explain in the policy how it will communicate to families why the use of physical punishment is not accepted in the service.
- In meeting the service's duty of care under the <title of federal, state/territory legislation and/or licensing regulations<sup>4</sup>> there is a shared responsibility between the service and its stakeholders that the Behavior Guidance Policy and procedures are adhered to.
- Some services may already have a code of ethics or conduct that can assist in governing their policy and procedures. The service may decide to include information about the:  
*United Nation's Convention on the Rights of the Child, or Early Childhood Australia (ECA) Code of Ethics (2005).*
- Services can link this section by stating:  
Please refer to the service's Philosophy Statement.  
Please refer to the service's Diversity and Equity Policy.

Note: 2 there are legislative Acts and regulations for each state and territory that address the issue of Occupational Health and Safety. Services are advised to seek information that is relevant to their jurisdiction.

Note: 3 For the purpose of this policy, physical punishment includes smacking, hitting, slapping, kicking, pinching, pulling, pushing, shoving or the inappropriate manhandling of a child by an adult.

Note: 4 please note: There may be state or territory legislative or licensing requirements that further detail guidelines regarding behavior guidance that may assist services in developing their policy.

## **Strategies and practices**

**These are examples of subheadings services may use to develop strategies and practices as required to meet their individual circumstances and daily best practices.**

### **Behavior guidance strategies:**

The aim is for services to describe how children, families and educators work in unison to establish and maintain behavior guidance strategies and practices.

- This is an important section of the policy where the service endorses and details the strategies and practices used to guide children's behavior.
- The service may decide to sub-divide this section by discussing behavior guidance in relation to:



## DREAMLAND FAMILY DAY CARE SERVICES Pty. Ltd.

- Age and developmentally appropriate and inappropriate behaviors and their consequences. For example, under headings of:
  - Babies
  - Toddlers
  - Pre School
  - School age
- Appropriate behaviors and their consequence strategies. For example, under the headings of:
  - Sharing and taking turns
  - Negotiating with peers
  - Active listening to educators
  - Identifying a problem and attempting to solve it
  - Displaying empathy for others
  - Managing emotions and behavior appropriately; or
- Inappropriate behaviors and their consequences. For example, under the headings of:
  - Biting
  - Physically aggressive and bullying<sup>5</sup>

Note: <sup>5</sup> the service can address bullying in this policy, or refer to bullying in the service's Diversity and Equity Policy or Occupational Health and Safety Policy.

### **Children**

Children are active participants in the development, implementation and monitoring of behavior guidance management plans, and should be consistently communicated with during the process.

Services can identify how children are encouraged to learn about their own feelings and emotions; how to establish limits and the consequences when limits are not adhered to; and where can they seek support and guidance from peers or adults.

Brief and concise detail of the service's strategy:

### **Establishing limits**

- Children are involved in establishing play and safety limits in the service, which reflect recommended best practices, and the consequences involved when limits are not adhered to.
- Reflective questions engage children to think about their practices and environment. Encouraging children to develop their play and learning limits and consequences, reinforces ownership of the service's practices.
- Defining limits in terms of a 'positive' instead of a 'negative' assists children to remember what to do rather than what not to do. For example, 'children walk inside' is preferable to 'children do not run inside'.
- Establishing limits depends on the developmental level of children. Younger children require safety and guidance limits established for them by adults, while educators can vary their communication style and language with older children to negotiate limit setting.
- For example, educators can discuss with children why it is important to wash hands before handling food and the reasons why people sit when eating food. Service should consider the following reflective questions:
  - Why is it important to wash hands before handling food?
  - What could happen if you didn't wash your hands before eating food?



## **DREAMLAND FAMILY DAY CARE SERVICES Pty. Ltd.**

- If you were running around while eating and tripped, what might happen? Why is this dangerous?
- What do you think should happen if someone doesn't want to wash their hands before eating?

### **Establishing spaces:**

- Children are involved in establishing play and learning spaces in the environment which includes areas where children can find solace, peace and relaxation.
- Environments need active, loud and energetic play spaces balanced with passive, quiet and peaceful areas where children can find solace and peace. It is important that services provide both types of spaces, especially for those children who recognize that they require time apart from their peers. For example, a child who recognizes that they are becoming frustrated with other children can retreat to an area that is calming and allows them to refocus.
- Services can consider the following reflective questions:
  - How does the service support children to make decisions about their environment?
  - How are quiet spaces utilized for children to encourage solitary play?
  - How do educators actively encourage children to develop their sense of ownership about their play and care space?

### **Support**

- The service provides opportunities for children to seek information that can assist them in dealing with their emotions.
- At times, children need to know where they can enlist adult support and receive information that may not be delivered directly by educators. In long day care services, this may be an ancillary staff member, such as a gardener or cook, who is not someone a child sees every day but who may have developed a relationship that promotes positive behaviors. Outside school hours care services or family day carers may display posters communicating telephone or website helpline information.
- The Children, Youth and Women's Health website ([www.cyh.com.au](http://www.cyh.com.au)) provides a wide range of information for children and youth on a variety of topics such as, health, safety, feelings, divorce, child protection, bullying and relationships.

### **Families**

Crucial to the success of behavior guidance is the role of families play, especially parents. Families should be provided with regular opportunities to contribute to the development and review of their child's behavior guidance strategies and plans, along with the service's overall strategies to promote positive outcomes for the child.

The aim of this section is for the service to describe how families can be involved in establishing and maintaining behavior guidance strategies and practices.

- Brief and concise detail of the service's strategy.

Enrolling, orientating and settling families into care

- The service informs families about the behavior guidance policy on enrolment and seeks information from families about the behavior guidance strategies used at home.





## **DREAMLAND FAMILY DAY CARE SERVICES Pty. Ltd.**

It is important for the service to understand the expectations of families regarding behavior guidance strategies used in the service before children begin care. Communicating with families during the enrolment process assists educators in understanding children's behavior and the limits established at home.

- Services can link this section by stating:  
Please refer to the service's Enrolment and Orientation Policy.

Establishing lines of open communication and expectations

- Families should have the opportunity to express their thoughts, expectations and feelings openly with educators.
- Educators should extend open lines of communication with families in regards to maintaining behavior guidance strategies and practices.
- Services can consider the following reflective questions:
  - Who enforces the limits when both the carer and parent are in the carer's home or service?
  - How do educators reinforce positive guidance practices when a parent physically disciplines their child in front of other children in the service?
  - How do educators communicate a concern to a family who refuses to accept the service's observations?
- It is important to communicate to families about the behavior guidance strategies established in the service. Families should recognize that some behavior guidance strategies or practices established in the home cannot be enforced in the service's environment.
- For example, what is the service's response to a parent who bites their child as a behavior guidance strategy and the child then bites other children? How do educators communicate to families about recommended behavior guidance strategies and child development expectations?

### **Educators**

The aim of this subheading is for the service to describe how educators can be involved in establishing and maintaining behavior guidance strategies and practices.

- Brief and concise detail of the service's strategy.

The following is a set of guidelines that can assist/staff carers when recognizing and implementing behavior guidance strategies and practices:

- Educators respond to, and acknowledge children's emotions, such as happiness, anger, pleasure, fear, anxiety, frustration, sadness, and pride.
- Educators acknowledge that the emotions experienced by children are significant. For example, an adult who is not scared of thunder should not trivialize the fear or anxiety expressed by a child.
- Educators understand that children may not have developed the appropriate strategies to express emotions due to their age and/or stage of development.
- Educators' attitudes and educational strategies demonstrate an understanding and empathy towards children who display behaviors that are not always consistent with their development and/or general disposition.
- The policy can describe how educators:
  - interact with children, families and peers equitably and respectfully;
  - use language that promotes empathy and understanding;
  - actively monitor children's behaviors;



## DREAMLAND FAMILY DAY CARE SERVICES Pty. Ltd.

- encourage empathy towards others;
- avoid making comparisons between children and families;
- are aware of situations, group dynamics and scenarios that may contribute to children's behaviors; and
- Support and encourage children to be fair and respectful of others.
- Services should consider the following reflective questions:
  - What do educators know about child development and how it affects children's behavior and their ability to self-regulate?
  - How do educators provide children with opportunities and support to develop self-regulatory skills?
  - How do staff beliefs and attitudes influence the way in which they guide children's behavior?
  - How do educators understand and consistently implement the service's behavior guidance strategies?

These reflective questions can assist the service to develop strategies under the following sub-headings:

### **Knowledge of developmentally appropriate behaviors**

- Brief and concise detail of the service's strategy.

### ***Knowledge of developmentally appropriate practices***

- Brief and concise detail of the service's strategy.

### **Knowledge of individual children in care**

- Brief and concise detail of the service's strategy.

### **Knowledge of group dynamics**

- Brief and concise detail of the service's strategy.

### **Supporting other educators**

- Brief and concise detail of the service's strategy.

### **Management/Coordination unit staff**

The aim of this subheading is for services to describe how management/coordination unit staffs are involved in establishing and maintaining behavior guidance strategies and practices.

- Brief and concise detail of the service's strategy.
- The service can state other policies and procedures that guide management's obligation to behavior guidance.

### **Compliance with legislation and/or regulatory requirements**

- Brief and concise detail of the service's strategy.
- The service can decide how it will deal with the non-compliance of its Behavior Guidance Policy, especially when an adult or child uses physical punishment.

### **Confidentiality and privacy**

- Brief and concise detail of the service's strategy.
- Services can link this section by stating:
  - Please refer to the service's Confidentiality and Privacy Policy.
  - The right of children and families to be afforded a level of confidentiality and privacy in regards to children's developmental records and any behavioral management plans is paramount.
  - Educators, students and volunteers should be aware of the service's commitment to maintaining and respecting an individual's privacy when



## **DREAMLAND FAMILY DAY CARE SERVICES Pty. Ltd.**

behavior management strategies are developed and implemented into the service's play and learning experiences.

- The service can outline the importance of confidentiality and privacy in relation to how:
  - the child's primary carer(s) communicates the strategies to their peers;
  - to communicate the need for confidentiality when addressing concerns from other children and/or families about a particular child's behavior; and
  - To incorporate external agency involvement, if required, into the service's experiences without causing disruption to the service's daily practice.

### **Selection and recruitment**

- Services can question educators about their knowledge of developmentally appropriate practices during the selection and recruitment procedure.
- This is a useful tool in assessing the skills and knowledge of educators and their commitment to ensuring that their educational strategies reflect recommended practices.
- Services can link this section by stating:  
Please refer to the service's Enrolment and Orientation Policy.

### **Staff/Carer professional development opportunities**

- Brief and concise detail of the service's strategy.
- The service can describe how it aims to maintain and improve the skills and knowledge of educators in relation behavior guidance.

For example:

- How the service informally discusses the ways to deal with children who display inappropriate behaviors
- The opportunities that are available for educators to review limits established by the service

### **Relief educators**

#### **Role and responsibilities**

- Brief and concise detail of the service's strategy.
- The service can describe how it supports relief educators when assisting permanent educators with behavior guidance strategies.

For example:

- How the service ensures that behavior management plan strategies are being implemented consistently if there is high staff/carers turnover
- How relief educators are informed of the service's play and safety limits
- The role of educators as role models to relief staff

### **Students and volunteers**

#### **Role and responsibilities**

- Brief and concise detail of the service's strategy.



## **DREAMLAND FAMILY DAY CARE SERVICES Pty. Ltd.**

- The service can describe when students and volunteers are expected to implement behavior guidance strategies. For example:
  - How students and volunteers are informed of the service's play and safety limits
  - The role of educators as role models to students and volunteers

### **Protective Behaviors and Practices**

#### **Staff, carers, students and volunteers as role models**

- Children learn through example and modeling is an important way to teach children behavior guidance practices.
- Educators, students and volunteers must comply with the Behavior Guidance Policy. Modeling clear and consistent expectations is an important tool in behavior guidance management strategies. Services can describe how educators maintain positive modeling when caring for children, and how they communicate to colleagues the importance of role modeling in the workplace.

### **Communication with different stakeholders**

Communication with Children, Educators and Management/Coordination unit staff have been addressed in the 'Strategies and Practices' section of this policy template.

### **Accessing external support agencies**

- Brief and concise detail of the service's strategy.
- This is an opportunity for the service to discuss how it utilizes resource and support agencies that promote positive behavior guidance strategies and practices.

### **Experiences**

This is an opportunity for the service to detail how its values and beliefs regarding behavior guidance are reflected in children's individual and group play and learning experiences.

- Brief and concise detail of the service's strategy.
- Experiences can reflect the appropriate behaviors through limit setting.
- Services can describe how the environment can anticipate certain behaviors by using reflective questions:
  - How does the indoor space encourage children to initiate their own play and learning?
  - How does the service accommodate adverse weather conditions such as extreme cold or heat, which affects the behavior of children who have been indoors all day?
  - How does the service plan indoor spaces for traditional outdoor experiences, such as sand and water play?
  - How many resources are available? Are there multiple resources available for younger children, such as toddlers, who become easily frustrated when there are limited toys?
  - What environmental and individual circumstances can affect children's behavior?
  - How is the environment set up to encourage positive behaviors and minimize inappropriate behaviors?

### **Excursions**

- Brief and concise detail of the service's strategy.
- Establishing clear limits before each excursion communicates to children, families, educators that there are behavior guidance expectations and consequences.
- It is important for services to investigate the excursion venue, time of day, its interest to children and any unforeseen situations.
- For example, if school age children are suddenly required to line up for 30 minutes before entering an excursion venue, how does this affect their behavior? If children become impatient or frustrated, what are the strategies that educators can implement?

### **Community**

- Brief and concise detail of the service's strategy.

### **Behavior guidance management plans**

- Brief and concise detail of the service's strategy.
- A behavior guidance management plan is an example of how a service and its stakeholders observe, plan, implement, evaluate and document strategies that reflect when a child is non-compliant to the established limits of play and interactions. For example, swearing; hitting, smacking, or kicking other children or adults; or potentially causing harm to them.
- These plans should:
  - be based on evidence that the displayed behavior is inappropriate;
  - be observed and documented over a period of time that suggests a pattern is emerging;
  - include inappropriate behaviors that occur consistently;
  - include inappropriate behaviors that occur with consistent triggers;
  - identify that the behavior could possibly harm another child or adult;
  - define the context within which the behavior occurs; and
  - Reflect a collaborative approach with the child's family.
- Services may decide to define those behaviors that are not acceptable. This may determine when a behavior guidance management plan is required if there are additional factors, such as the frequency of the behavior and the age of the child.
- It is important for services to identify the context of the behavior. For example, if a child is displaying signs of tiredness at lunch, and then begins to hit other children, it may be that the inappropriate behavior does not require a behavior guidance management plan. Educators may consider preparing the child's lunch earlier than normally scheduled, which may possibly minimize the risk of the child hitting others.

### **Policy review**

- The service will review the Behavior Guidance Policy and guidelines every <timeframe>.
- Families are encouraged to collaborate with the service to review the policy and procedures.
- Educators are essential stakeholders in the policy review process and will be encouraged to be actively involved.

### **Procedures**

**The following are examples of procedures that a service may employ as part of its practices.**

Examples:

- Communicating with children, families and educators when a behavior guidance plan is required.
- Communicating with children, families and educators when a behavior guidance plan is being implemented and monitored.
- Documenting and implementing behavior guidance care giving strategies and plans.
- Enrolling new children and families into care.
- Employee induction procedure.
- Evaluating and monitoring behavior guidance strategies and plans.
- Excluding a child from care due to inappropriate behaviors.
- Observing children for a behavior guidance management plan.
- Orientating and induction procedure for external support agency staff.
- Orientating and settling new children and families into care.
- Policy development and review procedure.
- Procedure for non-compliance of the Behavior Guidance Policy and procedures by a:
  - child;
  - staff/carer;
  - family member; and
  - student/volunteer
- Student and volunteer induction procedure.

### **Measuring tools**

**The service may further specify tools that assist in measuring the effectiveness of the policy.**

### **Links to other policies**

The following are a list of examples:

- Child protection
- Employment of new employees
- Enrolment of new children and families to the service
- Grievances and complaints management
- Illness



- Healthy eating
- Occupational health and safety
- Educators as role models
- Supervision
- Supporting children's individual health needs

**Sources and further reading**

- Early Childhood Australia Inc. (2007). The code of ethics. Retrieved May 2, 2007, from [http://www.earlychildhoodaustralia.org.au/code\\_of\\_ethics/early\\_childhood\\_australias\\_code\\_of\\_ethics.html](http://www.earlychildhoodaustralia.org.au/code_of_ethics/early_childhood_australias_code_of_ethics.html)
- National Childcare Accreditation Council Inc. (2005). Diversity in programming. Family Day Care Quality Assurance Factsheet #4. NSW: Author.
- Porter, L. (2003). Young children's behavior: Practical approaches for caregivers and teachers (2nd Ed). NSW: MacLennan & Petty.
- Porter, L. (2006). Children are people too: A parent's guide to young children's behavior. Adelaide: East Street Publications.
- Stonehouse, A. (2004). Dimensions: Excellence in many ways. NSW: National Family Day Care Council of Australia.
- Stonehouse, A., & Gonzalez-Mena, J. (2004). Making links: A collaborative approach to planning and practice in early childhood services. NSW: Pademelon Press.
- Tansey, S. (2006). Equity for children and families. Outside School Hours Care Quality Assurance Factsheet #8. NSW: National Childcare Accreditation Council Inc.
- The Royal Australasian College of Physicians. (2004). Physical punishment and discipline (including smacking). Retrieved May 2, 2007, from <http://www.racp.edu.au/index.cfm?objected=A4254F55-2A57-5487-DFE129631BCB4C59>
- UNICEF (n.d.). Fact sheet: A summary of the rights under the Convention on the Rights of the Child. Retrieved April 4, 2007, from [http://www.unicef.org/crc/files/Rights\\_overview.pdf](http://www.unicef.org/crc/files/Rights_overview.pdf)



## **Household Chemical Storage and Poisons Policy**

All household chemical and cleaning products shall be stored in a safe, secure location that is locked to keep children out. The Poisons Information Hotline phone number (**13 11 26**) shall be kept close to the phone at all times. Each household chemical should be evaluated by the educator, who should decide if the product is necessary. If the product is not needed, it should be discarded (in the correct manner). If there is a safer alternative then the safer product should be used. All household cleaning agents and chemicals must be kept out of reach of children or must be kept in a locked cupboard or container.

All children should be instructed in the dangers of household cleaning products and chemicals. The sooner those children understand the dangers of household chemicals the better and each educator should conduct training for all the children in their care.

**Where there is a safe alternative to a product that alternative should be used.**

### **Types of chemicals likely to be in a home and that should be out of reach are:**

Disinfectant, sterilizing and sanitizing products, laundry detergent, dishwasher Tablets, oven cleaners, brass and silver cleaners, furniture polish, mentholated spirits, Children have and staff medications, animal and pet medicines, personal toiletries, hand moisturizer, alcoholic beverages, sun lotion, domestic and garden pesticides, weedicide, fungicides, borax, ant killer, mould remover, house paints and glues. If there is a case where the educator suspects that a child has taken a poison, the educators shall read the first aid information on the bottle and follow that advice. They shall ring the “Poisons Information Centre Hotline” as soon as they can after rendering the child “safe” i.e. doing the most urgent first aid.

### **The main points:**

1. All children in the family day care home shall be instructed in the dangers of household chemicals and cleaning agents, by the educator.(Note)
2. All educators will make themselves familiar with the first aid procedures in cases of poisoning.
3. A copy of the “Poisons Information Centre Hot Line” phone number shall be kept next to and in easy access of, educator’s telephone, at all time.

Note: Older children, could as a part of a learning experience, could research some of the alternatives to the products that contain dangerous components.





## **Child Protection Policy and Procedure**

Every child has the right to a childhood free of neglect, exploitation and abuse. To this end Dreamland endeavors' to protect, to the best of its abilities, all of the children in its care.

Child abuse is a common problem in any community. Child abuse can be any or a combination of the following: physical, sexual, emotional and neglect. Coordination unit staff and educators are responsible for preventing child abuse, recognizing indicators and responding effectively if issues arise, including Mandatory Reporting of child abuse.

This policy is intended to empower children who are vital and active participants in our organisation. We involve them when making decisions, especially about matters that directly affect them. We listen to their views and respect what they have to say.

We promote diversity and tolerance in our organization, and people from all walks of life and cultural backgrounds are welcome.

### **Our Commitment to Child Safety:**

Our organisation is committed to child safety.

We want children to be safe, happy and empowered. We support and respect all children, as well as our staff and volunteers.

We are committed to the safety, participation and empowerment of all children.

We have zero tolerance of child abuse, and all allegations and safety concerns will be treated very seriously and consistently with our robust policies and procedures.

We have legal and moral obligations to contact authorities when we are worried about a child's safety, which we follow rigorously.

Our organisation is committed to preventing child abuse and identifying risks early, and removing and reducing these risks.

Our organisation is committed to regularly training and educating our staff and educators on child abuse risks.

We are committed to the cultural safety of Aboriginal children, the cultural safety of children from culturally and/or linguistically diverse backgrounds, and to providing a safe environment for children with a disability.

We have specific policies, procedures and training in place that support our leadership team, staff and Educators to achieve these commitments.



To ensure the safety of children and to ensure their protection from abuse while in Care, Dreamland should:

- Ensure all Day care staff and educators are fully informed of legal rights, responsibilities and procedures in relation to Mandatory Reporting of known or suspected child abuse.
- Ensure there is one age appropriate bed or mattress or cot, for each child, and all children can be viewed by centre staff in all indoor and outdoor areas.
- Ensure supervision and visibility of children at all times in all indoor and outdoor areas. Any visitors to the family day care must be signed in and out. Children should never be left alone with visitors.
- Know that it is a criminal offence for anyone to physically or sexually abuse a child; to cause permanent emotional damage, e.g. making child feel constantly frightened, stupid, bad or threatened; provide inadequate supervision, food, clothing and shelter.
- Never physically punish children by hitting, shaking, pinching; do not use abusive, derogatory, humiliating language or inappropriately punish children by withdrawing child's food, rest, use of the toilet, or lock in a room.
- Minimize negative interactions between children and centre staff, discuss these types of issues with the centre manager and develop strategies to address issues.
- Be aware that criminal and child protection checks are carried out on all children's centre staff.
- Be trained on the early detection of child abuse, be able to observe for signs of child abuse and promptly report to the family day care director.
- Ensure all children's centre staff are informed that Mandatory Reporting of child abuse is required if they have reasonable grounds to suspect that a child is at risk of harm by family, relatives, friends, caregivers or staff, due to:
  - the child's basic physical or psychological needs not being met
  - unwillingness or inability to arrange for the child to receive necessary medical care
  - the child has been, or is at risk of being physically or sexually abused or ill-treated
  - Incidences of domestic violence and as a consequence, the child or young person are at risk of serious physical or psychological harm.
  - Behavior towards the child which causes suffering, or is at risk of suffering serious psychological harm.
- Educators and staff should be aware that in the first instance it is preferred, though not compulsory to report child abuse concerns to the centre manager. If there is an issue or disagreement between a family daycare staff and educators and the director, and the daycare educators or staff has reasonable grounds that a child is currently at risk of harm, they are legally required to make a report directly to the Department of Community Services: or call 000 and inform police if there is a life threatening situation.
- Staff and educators must ensure confidentiality so the child is not at further risk of abuse, or intimidated to change their story and so a wrongly accused adult does not suffer damage to reputation and/or livelihood.



## DREAMLAND FAMILY DAY CARE SERVICES Pty. Ltd.

- Know that the identity of reporters is confidential and that they are legally protected and cannot be prosecuted for reporting child abuse on reasonable grounds, in accordance with the Regulation.
- Ensure all educators are trained to provide protective behavior programs for children to learn self-protection.
- Educators should be aware of cultural practices that can be misinterpreted as signs of abuse, such as cupping, application of poultices, not cutting hair or nails in infants.
- Staff should be trained and encouraged to be aware of their own personal levels of tolerance and stress and to take regular breaks.

### **Legal Responsibility & Requirements:**

Every adult who reasonably believes that a child has been abused, whether in their organisation or not, has an obligation to report that belief to authorities.

The **failure to disclose** criminal offence requires all adults (aged 18 and over) who hold a reasonable belief that a sexual offence has been committed in Victoria by an adult against a child under 16 to disclose that information to police (unless they have a reasonable excuse not to, for example because they fear for their safety or the safety of another).

The **failure to protect** criminal offence (commenced on 1 July 2015) applies where there is a substantial risk that a child under the age of 16 under the care, supervision or authority of a relevant organisation will become a victim of a sexual offence committed by an adult associated with that organisation. A person in a position of authority in the organisation will commit the offence if they know of the risk of abuse and have the powers or responsibility to reduce or remove the risk, but negligently failed to do so.

### **Steps to follow in case of Child Abuse:**

- Try and separate them from the other children discreetly and listen to them carefully.
- Let the child use their own words to explain what has occurred.
- Reassure the child that you take what they are saying seriously, and it is not their fault and that they are doing the right thing.
- Explain to them that this information may need to be shared others, such as with their parent/carer, specific people in your organisation, or the police.
- Do not make promises to the child such as promising not to tell anyone about the incident, except 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.
- Provide them with an incident report form to complete, or complete it together, if you think the child is able to do this.
- As soon as possible after the disclosure, record the information using the child's words and report the disclosure to your supervisor.
- Ensure the disclosure is recorded accurately, and that the record is stored securely.



## **CODE OF CONDUCT**

### **PRINCIPLE**

The families who use Dreamland Family Day Care Services are entitled to the highest standards of conduct, integrity and ethics from all members of the Dreamland Family Day Care Services educators and staff. This code of conduct sets the standards of behavior to be maintained at all times while working for or on behalf of Dreamland Family Day Care Services. Each individual is expected to demonstrate such behavior towards:

- ❖ Families (parents/guardians/children)
- ❖ Associated agencies
- ❖ All early childhood educators
- ❖ Coordination unit staff

This code applies in an situation which could be identified with or reflect on Dreamland Family Day Care Services, anytime when wearing a Dreamland Family Day Care Services ID, attendance at conferences etc.

The code is based on the following principles:

### **Fairness**

- ❖ Every person associated with the Dreamland Family Day Care Services – Families (parents/guardians/children), staff, educators and management must be treated fairly, courteously, impartially and with respect at all times. There will be no discrimination against or vilification of any person or child.
- ❖ All members of the service are entitled to expect and receive the same treatment from Families and do not have to suffer harassment, victimization, abuse, discrimination or vilification.

### **Integrity**

- ❖ All members of Dreamland Family Day Care Services must maintain the highest standards of integrity and honesty in all dealings with:
  - Families (parents/guardians/children)
  - Associated agencies
  - Coordination unit staff
  - Educators

### **Accountability**

- ❖ Members are accountable for upholding the principles of this Code of Conduct and relevant Dreamland Family Day Care Services Policies and Procedures.

### **Customer Service**

- ❖ Members of the scheme will answer enquiries promptly and provide accurate information to customers regarding Dreamland Family Day Care Services. They will provide a quality children's service to clients at all times and will always put the 'best interests of the children' first.



### **Confidentiality**

- ❖ All information obtained by any member of the service as a part of his/her role in the scheme must be treated as confidential, unless it is required by law or it has been approved for public release.

#### **This includes information:**

- Obtained from other agencies
  - About Families (parents/guardians/children)
  - About other members of the service
- ❖ Information should only be shared with other members of the service on a 'need to know' basis and with the use of discretion to protect the identity of individuals and/or their family.

### **Conflicts of Interest**

- ❖ In a situation in which a member of the service has a conflict of interest, that person must immediately advise a Coordinator/Program Leader, or manager, as appropriate, and take no further part in the activity, decision or process.

Members of the service are not required and must not be compelled to take actions which conflict with their legitimate personal, professional or religious beliefs, ethics, integrity and honesty. There will be no repercussions for any member who refuses to take such actions.



## **CODE OF CONDUCT TO PROTECT CHILDREN SAFETY**

This Code of Conduct outlines appropriate standards of behavior by adults towards children.

The Code of Conduct aims to protect children and reduce any opportunities for abuse or harm to occur. It also helps staff and Educators by providing them with guidance on how to best support children and how to avoid or better manage difficult situations. All staff and Educators are required to comply. All Dreamland staff and Educators are responsible for promoting the safety and wellbeing of children and young people by:

- adhering to our Child Safe Policy, and other policies
- taking all reasonable steps to protect children from abuse
- treating everyone with respect, including listening to and valuing their ideas and opinions
- welcoming all children and their families and carers and being inclusive
- respecting cultural, religious and political differences and acting in a culturally sensitive way
- modeling appropriate adult behavior
- listening to children and responding to them appropriately
- reporting and acting on any breaches of this Code of Conduct, complaints or concerns
- complying with our guidelines on physical contact with children
- working with children in an open and transparent way – other adults should always know about the work you are doing with children
- Respecting the privacy of children and their families, and only disclosing information to people who have a need to know.

**Staff and volunteers 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 our child safety officer's knowledge and/or 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 e-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 Dreamland Family Day Care staff or Supervisor.



## **Complaints Policy and Procedure**

Dreamland takes all complaints seriously. All complaints are to be handled professionally and in strict confidence.

All Children, Families, educators and staff (stakeholders) should be able to make a complaint about Dreamland. This includes minor complaints about the way that the service is run up to major complaints about the behavior of staff. Dreamland welcomes complaints about the service procedures and policies as it allows us to improve the running of the service. Other complaints are more serious and are the type of complaint that we hope we never get, but never the less these complaints must be dealt with carefully, professionally, confidentially and must be carefully documented.

Each complaint about coordination unit, admin staff or educator staff must be treated sensitively and the person being complained about must be given a chance to respond. Emotion must be allowed to dissipate. The person making the complaint must be advised of the outcome of any investigation carried out into their complaint.

If the complaint is about the operation of the service, procedure or practice this complaint must be listened to and acted upon. Dreamland family daycare services aims to provide the highest quality Family Day Care (FDC) service, however, as in any complex organisation where there is a high level of interaction between people, misunderstandings, concerns and problems can arise.

If the complaint is about a practice, policy or procedure then the complaint should be written down by the person receiving the complaint and it should be submitted to the weekly staff meeting for review. If the complaint is seen to have merit then the practice, policy or procedure should be changed to take into account the nature of the complaint. If the complaint is about payment then if the person receiving the complaint is able to handle it they should, if not the complaint should be handed, straight away, to someone who can handle it. All complaints about payments should be handled as quickly as possible and the person making the complaint should be advised as to the outcome of the complaint. Time sheets etc should be checked and the CCMS helpdesk should be rung if necessary.

Each educator should display the name and contact number of the person who is designated to handle complaints. This person should be the Dreamland director or the nominated supervisor (the complaints officer). They must also display the Address and contact number of the regulatory authority so that a person who wants to make a direct complaint can and knows where to make the complaint. A copy of this information should be given to families when they start with the service.

If the complaint is more serious or involves the health, safety or well being of any child being cared for by the service or a breach of the act or regulations then the complaint should be immediately passed to the Director or the Nominated supervisor (the complaints officer) who should then notify the regulatory authority both via the telephone and in writing at the earliest possible time. The complaints officer must seek advice from the regulatory authority on the ways to proceed. The authority should be consulted as to whether the complaint also needs to forward to the police. All complaints at this level must be carefully documented and the Dreamland complaints form should be filled in and carefully checked by the Director or Nominated Supervisor for completeness and accuracy.





If you want to make complaint,

1. Ring the Office and raise the matter with Administration staff, Sarah & Mimi on **03 9546 7927**.
2. If the complaint is more serious, personal or you do not reach a satisfactory outcome than Ring Jigisha (Nominated Supervisor) on **0422395172** or Call Janet (Director) on **0423623953**.
3. If you are still not satisfied, please call the regulatory body of Victoria or send them the letter on below details:

**The Department of Education & Early Childhood Development**  
**PO BOX 2141**  
**900/1 McNab Avenue,**  
**Footscray VIC 3011**  
**Phone: 03 8397 0300**  
**Fax: 03 8397 0303**



## **Delivery and Collection of Children Policy**

A family day care educator must ensure that a child, who is being educated and cared for by the educator as part of a family day care service, does not leave the residence or approved family day care venue.

There may be times when a parent may not be able to deliver or collect their child. Procedures must be in place to ensure the safety and wellbeing of children who are placed in the care of other people.

1. The child may only leave the family day care residence and/or venue or site of excursion if the child:
  - i. Is given into the care of:
    - a parent of the child; or
    - an authorized nominee named in the child's enrolment record; or
    - a person authorized by a parent or authorized nominee named in the child's enrolment record to collect the child; or
    - A person authorized by the child's parent via contact by telephone, text, fax, or email. In this instance the family day care educator must: ensure photo identification of the authorized person is checked; and follow sign in/out procedures
  - ii. Is given into the care of a person or taken outside the premises because of medical, hospital treatment or any other emergency.
2. All children must be signed in and out at the time of arrival and on departure by the parent or authorized nominee on the child's attendance record. The family day care educator is responsible for the supervision of children from the time the parent signs the child into care until the time the parent signs the child out of care.
3. A child must not be released into the care of a parent who is prohibited by a court 'Parenting Order' from having contact with the child.
4. The family day care educator will inform parents of their responsibility to provide the family day care educator with a copy of any current 'Parenting Order'.
5. If a parent who is not authorized on the child's enrolment form arrives to collect the child, but provides a current court 'Parenting Order' which gives them legal access, the child will be released and the enrolling parent will be notified. However, where parents of a child are in conflict and the family day care educator has reason to believe releasing a child to a parent may place the child's immediate safety and welfare at risk, the family day care educator will act in a manner that is consistent with the family day care service's duty of care to that child. In such cases, the family day care educator can contact the other parent or the appropriate authorities and keep the child at the family day care residence and/or venue until the situation is resolved.



## DREAMLAND FAMILY DAY CARE SERVICES Pty. Ltd.

6. If an authorized person has not collected the child 30 minutes after the booked session of care, the family day care educator will contact the parent or authorized persons to arrange for the child to be collected from care.
7. If the family day care educator is unable to contact the parent or authorized persons within a period of two hours after the booked times, the educator will contact the family day care service and/or Crisis Care (Refer to Serious, Emergency and Evacuation section on 'Children Not Collected').
8. If an authorized person arrives to collect the child and is intoxicated or in an unfit state to drive, the family day care educator will:
  - i. encourage the person to contact an alternative driver/taxi;
  - ii. offer to drive the child home at a later time; and
  - iii. Note the vehicle registration number and notify the police if the person insists on driving with the child.
9. In the case of a serious incident occurring as prescribed in Chapter 1 (12) of the Education and Care National Regulations, the procedure for "Serious Incident" needs to be followed. (Refer to Serious Incidents, Emergency and Evacuation Policy)



## **Determining the Responsible Person Present**

A responsible person will be on the premises at all times, and details of the responsible person at any time will be clearly displayed for educators, staff and families.

The process for determining the responsible person will be clear to all educators and staff, and followed at all times.

Details of the person responsible are documented and displayed for all users of the service.

### **PRACTICES:**

- There must be a Responsible Person in charge of the service and physically present at all times.
- The Responsible Person is placed in day to day charge of the service in accordance with the National Regulations.
- Generally the responsible person at a service will be the Director.
- If the Director is not available then the Nominated Supervisor will be the responsible person.
- Certified Supervisors could agree to be the Responsible Person when the Nominated Supervisor is not on duty, to ensure that during all operating hours there is a Responsible Person present at the service.
- The Responsible Person, although in charge of the service does not take on the responsibilities of the Director. The Director has overall charge of the service and ensures that there is consistency and continuity in practice.

### **A responsible person can be:**

1. The **Approved Provider** – The Director who is responsible for the management and control of the service.
2. The **Nominated Supervisor** – The Supervisor who has a Supervisor's Certificate and is designated by the service as the Nominated Supervisor.
3. A **Certified Supervisor** – an Educator with a Supervisor's Certificate, who has been placed in day-to-day charge of the service.

### **The Approved Provider will:**

- Ensure the Nominated Supervisor and the Certified Supervisors have a clear understanding of the role of the responsible person.
- Ensure that the responsible person is appropriately skilled and qualified
- Ensure a responsible person is physically present at the centre at all times when the preschool is operating.

### **The Nominated Supervisor or delegated authority will:**

- Arrange for the keeping of a "responsible person record". This record will document the current responsible person.
- The name of the responsible person will be displayed in the main entrance of the preschool.
- Develop rosters in accordance with the availability of responsible persons, centre operation and attendance patterns of the children.

A responsible person is physically present at the preschool at all times and this is documented and displayed.



## **Drugs, Smoking and Alcohol Policy**

### **Smoke Free environment**

Dreamland is a non-smoking environment. No educator, family or visitor should smoke in a family day carer's home. This means that no-one should smoke in a house that is being used as a family day care residence. This includes those outdoor areas where the children are likely to go.

### **Alcohol and Drugs**

Every Family Day Care residence that is registered with Dreamland family Day Care Service is a Tobacco, Alcohol and illicit Drugs free environment and Children being educated by this service should not be subjected to any person who is under the influence of alcohol or drugs (include prescription medication that in any way effects the person so as to impair their capacity to be in the presence of children) and the any educator, educators family member or visitor to a day care must not be under the influence of any drug (illicit or prescription), alcohol or anything else that might impair their judgment. Any Family member or visitor who is showing the effects of drugs or alcohol must leave the daycare immediately or the day care must close down immediately and all the children must be sent home.

No supervisor or staff member at Dreamland should consume alcohol or drugs or be under the influence of drugs or alcohol (including prescription medication), were it is affecting his or her judgment or his/her capacity to safely supervisor children who are being educated by the service.

This includes Nominated Supervisors, Staff members, Educators, Volunteers, or anyone else who is in contact with children while they are in the educators home, whether they the children are being educated or otherwise.

### **Excluding a person from an Educators premises**

If directed by the regulatory authority, the service, an educator must exclude a person whom the Authority or the service is satisfied is an inappropriate from the family day care premises while children are being educated and cared for, until such a time as the Authority considers appropriate.

***An inappropriate person*** means a person

- (a) Who may pose a risk to the safety, health or wellbeing of any child or children being educated and cared for by the educator and the Family Day Care Service?
- (b) whose behavior or state of mind or whose pattern of behavior or common state of mind is such that it would be inappropriate for him or her to be on the education and care service premises while children are being educated and cared for by the educator and Family Day Care Service.

## **Educational Program Policy and Procedure**

### **Building a picture:**

In order to assess each child's developmental needs and progress

- (1) For preschool children we must assess and record, each child's developmental needs, interest's, experiences and participation in the educational program. The child must be assessed against the outcomes of the educational program.
- (2) For older children we must evaluate the child's well being, development and learning.
- (3) we must consider the amount of time the child is being educated
- (4) How will the documentation be used by the educators at the service?

In developing their educational program each carer should make sure that the program contributes to the outcome for each child

- 1.) The child will have a strong sense of identity.
- 2.) The child will be connected with and contribute to his or her world.
- 3.) The child will have a strong sense of well being.
- 4.) The child is a confident and involved learner.
- 5.) The child is an effective communicator.

The documentation must be prepared in a way that is understandable by the educator and the parents of the child.

For development of the program, the educator should write a short description of the child. Each educator should attempt to find out from the child-

- 1.) Who they think they are, for example is they the 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> child and so on. What are their parents like etc? This is to try and write down who the child is, how do they identify themselves. This will be different for each child as each child is unique. The educator should make notes about what idea the child has of themselves.
- 2.) The educator should ask questions about the child's world, where they live, do they help out at home, what games do they play? Do they put their pictures up on the fridge and so on? This is to get an idea of the child's world and where they see themselves placed in it. The educator should try to write this down.
- 3.) The educator should ask the child how they feel, what make the child happy, what makes them sad? What do they enjoy doing? What is the child's favourite color, favorite animal etc? This is to get an idea of the child's sense of well being. This should be written down.
- 4.) The educator should enquire about what the child knows. For younger children, can the child count to 20 and down from 20. Does the child know the days of the week? Can the child tell the time? Does the child know the names



Of the colors? For an older child, does the child know who the prime minister is, how many states or there etc? The educator should record the questions and the child's answers. This will help the educator access to the child's learning. This should be age appropriate.

- 5.) The educator should get the child to draw a picture, sing a song or nursery rhyme. The educator should get the child to write their name. The educator should ask the child to make up a story on a theme such as, a penguin in the desert or some theme so the child can open up a bit and communicate their ideas to the educator. The educator can take notes about the outcome. This is to help the educator get an idea of the child's communication skills.

From these interviews the educators can get an idea of the child's developmental position. This will help them to develop an individual program for each child based on the child's developmental progress, the child's interests and the things that the child identifies with. The resulting program must be made available to the child's parents to view and a copy of the plan must be forward to the child's parents/guardian.

The educator should, for each child, obtain a 'scrap book' in which they can paste the work that the child does during the year. It can include drawings and paintings, copies of the words of songs that the child has learned, photos of the child participating day care activities such as dancing, excursions and so on. This book can then be presented to the child's parents at the end of the year allowing that the parents can get an idea of the work that the child has been doing during the year. The educator should make notes of the child's developmental sign posts (important educational moments in the child's life) in this book so that the parents can share these moments that they may have otherwise missed out on. During the year the scrap book can be made available to the parent from time to time for the parent to add comments and ideas about directions that the parent would like the child's education to take.

From time to time, at least 3 months apart, the educator can repeat the interview with the child to attempt to assess to child's education development. They can make notes of how the child is progressing and as well as a being placed in the child's file, this report can be given to the parents/guardian so that they get an idea of how the child is progressing, against themselves and other children in the service.

The aim of the program should at all times be focused on learning and on the 5 outcomes from the early childhood frameworks.

- A child will have a strong sense of identity.
- A child will be connected with and contribute to his or her world.
- A child will have a strong sense of well being.
- A child is a confident and involved learner.
- A child is an effective communicator.

## Emergency Management Plan Policy

### **Practices:**

To effectively plan and respond to fire and emergency evacuations, centers should:

- Identify potential emergencies, e.g. bush fires, floods, crime, likely accidents in the centre, asthmatic or allergic children, take all precautions and plan for relevant worst case scenarios.
- Have a fire extinguisher and fire blanket readily accessible near areas where fires are likely to start, such as the kitchen. Ensure extinguisher is tested annually and is in good working order, clear fire exits, (all doors in centre should be easily opened in an emergency), install smoke detectors, test regularly, and replace batteries when required.
- Ensure all fire protection equipment is tested in accordance with Australian Standard AS 1851.1 (1995) for level 1 service and kept in proper working condition.
- Ensure all staff are aware of the correct use of a fire extinguisher, the acronym **PASS** can be used to train staff in using fire extinguishers:  
**P**ull pin or release lock  
**A**im low at the base of fire  
**S**queeze handle  
**S**weep fire extinguishers from side to side at base of fire.
- All educators should have an evacuation pack, which should include a basic first aid kit, children's necessities, such as nappies, water, toys, blankets, torch, and parent contact numbers.
- Educators should display near all centre telephones current emergency telephone numbers –
  - ✓ Doctor
  - ✓ Hospital
  - ✓ Ambulance
  - ✓ Pharmacy
  - ✓ Public Health Unit
  - ✓ Police
  - ✓ fire brigade,
  - ✓ Poisons Information Centre
  - ✓ parents or guardians
  - ✓ Department of Community Services

### **Procedure for Calling an Emergency Service**

Develop, keep up to date, and prominently display fire and emergency evacuation plan, which includes:

- emergency warning alert regularly practiced and with which all centre staff are familiar ,
- pre-planned evacuation procedure with which all educators and children are Familiar
- pre-planned designated meeting area which is accessible at all times
- safe, quick, and calm evacuation of all children and account for all children
- comfort any children in distress and treat any injuries
- dial 000 for the fire brigade, police and ambulance





## DREAMLAND FAMILY DAY CARE SERVICES Pty. Ltd.

- contact all parents
- contact the Dreamland Office
- Fill in a report form.

Educators must Practice emergency evacuation and fire drill regularly with all children at least every 3 months:

- Make it a game to reduce panic if emergency occurs, teach children “STOP, DROP, ROLL” - if their clothes catch fire and “GET DOWN LOW AND GO, GO, GO” - in case of a fire evacuation.
- Keep a record of each practice that includes an evaluation of the procedure and what action is to be taken if any, and keep these records for at least 2 years.
- Ensure the safety and evacuation of all children and staff before trying to contain or extinguish a fire. If the fire is small and you are nearby when it begins it may be appropriate to try to extinguish it or contain it by closing doors and windows, (only if it is not dangerous).
- If a child is burnt run cold water over burnt part of body, or cover burn with towel soaked in cool water (not ice or ice water), be careful not to make the child hypothermic (too cold), and arrange for the child to be assessed by a doctor or call an ambulance, dial 000 (See Section 7.2 Procedure for Calling an Ambulance).
- Ensure counseling and debriefing services are available for all those involved in an emergency situation, if required.

### Procedures

#### General

- ✓ Emergency plans and evacuation strategies to be prominently displayed.
- ✓ Ensure children are familiar with emergency evacuation procedures.
- ✓ Emergency evacuation procedures are to be practiced at a minimum of every 3 months.
- ✓ Records of the emergency evacuation practice are to be logged with the date, time and names of children and educators present.
- ✓ Educator to have details such as nearest cross road or location of the emergency in relation to the nearest fire station, police station, hospital etc, and such details to within easy access in case of an emergency.
- ✓ Emergency phone numbers will be kept within easy access for all situations that require ringing emergency services, family day care service staff and parents.

#### Death of a child

- ✓ Call emergency services **000**
- ✓ Administer First Aid until emergency services arrive
- ✓ On arrival of emergency services the educator will take directions from emergency services personnel.
- ✓ The family day care educator to contact family day care service staff.
- ✓ The family day care service staff to contact the child’s family.
- ✓ Family day care service’s staff member to go immediately to educator residence and /or venue or location where incident occurred to take responsibility for any other children in care at the time of the incident.



## **DREAMLAND FAMILY DAY CARE SERVICES Pty. Ltd.**

- ✓ The family day care service will submit the 'Notification of a Serious Incident' SI01 form (ACECQA) to the Regulatory Authority or ACECQA as soon as practicable but within 24 hours
- ✓ An Incident, Injury, Trauma and Illness form will be completed by the educator with the assistance of the family day care service staff member and submitted to the family day care service within 24 hours.
- ✓ The approved provider will be informed.
- ✓ Counseling will be organized by the family day care service for the educator, family and other children.
- ✓ The family day care educator or family day care service staff should not admit liability.
- ✓ Only the approved provider will talk to any media.

### **Serious injury to a child (life threatening)**

- ✓ Call emergency services 000
- ✓ Administer first aid until the emergency services arrive. On arrival of emergency services the educator will take directions from emergency services personnel.
- ✓ Family day care educator to contact family day care service staff.
- ✓ The family day care service educator or staff to contact the child's family. If practical family day care service's staff member to attend the family day care educator residence and/ or venue or location where incident occurred.
- ✓ The family care service will submit the 'Notification of a Serious Incident' SI01 form (ACECQA) to the Regulatory Authority or ACECQA within 24 hours.
- ✓ An Incident, Injury, Trauma and Illness form will be completed by the educator with the assistance of the family day care service staff member and submitted to the family day care service within 24 hours.
- ✓ The approved provider will be informed.
- ✓ If required, counseling will be organized by the family day care service for the educator, family and other children.

### **Missing child**

#### **The family day care educator will:**

- ✓ Ensure other children's safety
- ✓ Check all areas where the child was last sighted and areas where they could have wandered to.
- ✓ Ring the family day care service without delay.
- ✓ Following resolution of the incident, complete the Incident Report form and submit it to the family day care service within 24 hours.

#### **The family day care service will:**

- ✓ Attend promptly after receiving the call from the family day care educator, if possible.
- ✓ Coordinate notification of police/parents and the Regulatory Body (if necessary)
- ✓ The family care service will submit the 'Notification of a Serious Incident' SI01 form (ACECQA) to the Regulatory Authority or ACECQA within 24 hours.



## **DREAMLAND FAMILY DAY CARE SERVICES Pty. Ltd.**

- ✓ An Incident Report (Refer to Appendix 4) will be completed by the educator with the assistance of the family day care service staff member and submitted to the family day care service within 24 hours.
- ✓ The approved provider will be informed Child that has not been collected.

### **The family day care educator will:**

- ✓ Telephone the parent and /or authorized person and /or emergency contacts on the child's enrolment form.
- ✓ Notify the family day care service if no response is received from or unable to contact the family.
- ✓ Contact Crisis Care and explain they have a child that appears to have been abandoned and they are unable to contact the family.
- ✓ Follow all instructions from Crisis Care (family day care educators may be asked to keep children until collected)
- ✓ At the first available opportunity provide an Incident Report form to the family day care service within 24 hours of the incident.

### **Emergencies that require immediate evacuation**

**These procedures can be applied to fire, flooding and bomb threats.**

### **The family day care educator will:**

- ✓ Write up a risk assessment that identifies any potential emergencies that are relevant to the family day care service and/or geographical context.
- ✓ Prepare an emergency plan and evacuation strategies indicating procedures and instructions to be followed in an event of an emergency.
- ✓ Develop a Fire Readiness Plan
- ✓ Keep a written record of:
  - The person responsible for checking the fire safety of the residence and / or venue;
  - How often the residence and/ or venue's smoke detectors, fire extinguishers, and/or fire blankets are checked and maintained and/or replaced;
  - Whether the residence and /or venue has a RCD if there is a power overload or a faulty electrical appliance
  - Ensure the residence and/or venue exits are kept clear and easily identifiable;
  - power outlets and power boards are not overloaded;
  - there is sufficient air circulation around electrical equipment such as ovens, dryers, computers; and
  - is kept free of fire hazards such as dry leaf litter in gardens and gutters

### **Bushfires**

- ✓ Write up a risk assessment that identifies any potential emergencies that are relevant to the family day care service and/or geographical context.
- ✓ Prepare an emergency plan and evacuation strategies indicating procedures and instructions to be followed in an event of an emergency.
- ✓ Develop a Fire Readiness Plan including the Prepare, Act, and Survive Steps
- ✓ Implement the Fire Readiness Plan when instructed by information disseminated by MMFB or the CFA.
- ✓ Documentation of this event to be made in an Incident Report.





## **Engagement and Registration of Educators Policy**

This Policy applies to the family day care approved provider and family day care educators. Dreamland Family Daycare services need to act in an equitable and transparent manner for the engagement and registration process.

Family day care educators will meet the family day care service engagement and registration process in order to provide education and care for children and families.

Minimum criteria for acceptance of application:

1. Minimum 18 years of age [R.119].
2. Possess, or be actively working towards, an approved Certificate III level education and care qualification.
3. Hold a current approved first aid qualification.
4. Completed approved anaphylaxis management training and undertake approved emergency asthma management training.
5. Complete recognized and accredited food safe course.
6. Meets the 'fit and proper' requirement

### **General Procedures:**

The family day care service will develop an engagement and registration process to be used when engaging family day care educators and approving them for registration.

The family day care service will sequence the steps in the specific procedures to meet contextual needs.

### **Specific Procedures:**

The family day care service will undertake the following steps (the sequence can be amended to meet contextual requirements) when engaging and registering family day care educators:

- Upon initial contact with the applicant: Gather the following information:
  - ✓ personal details – name, address, D.O.B, contact details;
  - ✓ qualifications (international qualifications assessment by ACECQA) and previous experience working with children; and
  - ✓ Details of family or household members living in the residence, including the number and age of any children.
- Provide the following information:
  - ✓ overview of family day care;
  - ✓ numbers of children the applicant could provide care for;
  - ✓ possible income earning potential;
  - ✓ what the family day care service offers educators to assist with their business operation;
  - ✓ overview of information the family day care service will forward to the applicant, including home assessment documentation;
  - ✓ information about meeting local government requirements; and
  - ✓ If the applicant is renting their proposed family day care residence, then notify them of the requirement to gain home owner permission in order to proceed.
- Send introductory information to the applicant which includes:



## **DREAMLAND FAMILY DAY CARE SERVICES Pty. Ltd.**

- ✓ introductory letter, including an introduction to the family day care service and an invitation to contact the family day care service if they wish to proceed with the application;
- ✓ overview of family day care;
- ✓ application process;
- ✓ criteria for Service Registration including all qualification requirements and when these need to be achieved;
- ✓ information about how to access the family day care service policies, National Quality Framework and the ACECQA site; and
- ✓ Service Registration Application Form (noting fees may apply) to be returned to proceed with the application.

On receipt of the Service Registration Application Form the family day care service will:

- Arrange for an interview either face-to-face at the applicants residence or another method (SKYPE) that meets the family day care service's requirements. The following information will be covered in one or more interviews and will be documented:
  - ✓ elaborate on information provided at initial contact - their understanding of education and care of young children in a learning environment;
  - ✓ possible income;
  - ✓ business, financial and taxation responsibilities;
  - ✓ establishment costs including, but not limited to, the following documentation:
    1. National Police Clearance;
    2. Working With Children Check;
    3. Assessment of overseas qualification costs;
    4. First Aid and other training costs;
    5. Local Government fees;
    6. Medical Clearance;
    7. Business rate of vehicle registration;
    8. Small business set up costs;
    9. Public Liability Insurance;
    10. Child Accident Insurance;
    11. Out of Home Care Insurance (if applicable);
    12. Child Car Restraints;
    13. Child Car Restraint check;
    14. Toys, equipment, resources and publications (Refer to supporting documentation);
    15. Modifications to premises to meet service requirements;
    16. Family day care service registration and membership fees.
- regulation requirements including home and safety requirements, home safety audit checklist; self-assessment/audit by service staff training and orientation requirements;
- own family and household members – impact, responsibilities, ensuring a protective environment for the children is maintained;
- requirements for operating a family day care service - written records, observations;



## **DREAMLAND FAMILY DAY CARE SERVICES Pty. Ltd.**

- Requirement to complete a recognized and accredited food safe course; play session visits and/or experienced educator/mentor information.
- Applicant to submit the Service Registration Application Form for the family day care service to determine if the applicant meets the 'fit and proper' criteria (Refer to Policy: Fit and proper assessment of family day care educators, educator assistants and adults residing at the family day care residence).
- The family day service will review the information from the 'fit and proper' assessment to determine whether the application from the applicant meets the family day care requirements and will proceed.
- If the applicant meets the family day care service's requirements then the applicant will be directed to attend a family day care educator's service and/or play session where an observation and assessment form will be completed by the family day care service;
- If the applicant does not meet the family day care service requirements, a letter will be sent to the applicant informing them that their application has not been successful and the application process will cease.
- Family day care service policies are provided to the applicant.
- Final Educator Registration check is undertaken by the family day care service, service registration documentation is completed and home environment is checked to ensure it meets the family day care service requirements.
- The family day care service accepts the applicant's membership, conditional on family day care service requirements for setup being met, orientation undertaken and criminal history declaration provided.
- The family day care service will provide orientation training to the new educator including, but not limited to:
  - ✓ Policies and Procedures;
  - ✓ Code of Ethics and service code of conduct;
  - ✓ Regulatory obligations and governance;
  - ✓ Risk assessment;
  - ✓ Occupational, health and safety;
  - ✓ Health, safety and nutrition of children;
  - ✓ Interactions with children;
  - ✓ Child development and behavior management;
  - ✓ Communication and relationships with families.
- The Skills and Knowledge Competency Assessment is undertaken to determine the applicant's knowledge of the Regulations and National Quality Standards.
- Initial support contact as per the service's procedure for new educators is implemented.



## **Engagement and Registration of Educators Assistants**

This policy is to assist the family day care educator in the provision of education and care by engaging and registering family day care educator assistants who meet the service registration requirements.

This Policy applies to the family day care approved provider and family day care educator assistants.

### **The Engagement and Registration Process:**

Family day care educator assistants will meet the family day care service Engagement and Registration Process to provide early education and care for children and families.

1. The family day care service will have a registration process to be used when engaging family day care educator assistants.
2. The family day care service will maintain a register of family day care educator assistant approved by the service that meets the requirements of Reg. 154.

### **FAMILY DAY CARE EDUCATOR ASSISTANT GUIDELINES:**

1. In the absence of the family day care educator, the family day care educator assistant may assist the family day care educator:
  - In transporting children between a family residence and approved family day care venue and: a school; or c. another education and child care service or children's care service; or the child's home.
  - In emergency situations, including when the educator requires urgent medical care or treatment; and
  - When the educator needs to attend an appointment (other than a regular appointment) if a. The absence is for less than 4 hours; and b. The approved provider of the family day care service has approved that absence; and c. Notice of that absence has been given to the parents of the child; and
  - In providing assistance to the family day care educator whilst the educator is present educating and caring for children as part of a family day care service (there are not to be any extra children included in the initial child ratios, when the educator assistant works with the educator).
2. The approved provider will not approve the use of an educator assistant unless the family day care educator provides the written consent of a parent for each child being educated and cared for by the educator to use the assistant in the circumstances as set out in 1 above.
3. An educator assistant cannot be used for:(i)non emergency absences of the educator for more than 4 hours; (ii) regular absences of the educator; (iii) when parents do not provide consent; (iv) when the service denies consent.

### **Approval Procedures:**

1. An educator assistant must be approved by the service provider and demonstrate they are "fit and proper" to be in the company of children by satisfying the following criteria; they must:





## **DREAMLAND FAMILY DAY CARE SERVICES Pty. Ltd.**

- be over 18 years old;
  - provide name, address, date of birth and contact details;
  - provide the name of the educator/s they will provide assistance for;(iv)provide a copy of their Working with Children Check;
  - provide a National Police Clearance less than 6 months old;
  - provide a copy of their current approved First Aid qualification;
  - have current anaphylaxis management training;
  - have current asthma management training;
  - have knowledge of the Child Protection Procedures within the Service Policy
  - have a knowledge of the Excursions and Regular Outings Procedures within the Service Policy
  - have a business rate of vehicle registration if using a vehicle other than the family day care educator's vehicle;
  - use appropriate Child Car Restraints;
  - have a Child Car Restraint check;
  - Applicant to submit the Family Day Care Educator Assistant Registration Form for the family day care service to determine if the applicant meets the 'fit and proper' criteria Fit and proper assessment of family day care educators, assistants and adults residing at the family day care residence).The family day service will review the information from the registration form to determine whether the application meets the family day care requirements and will proceed. If the applicant does not meet the family day care service requirements, a letter will be sent to the applicant informing them that they do not currently meet the family day care service requirements.
2. The family day care educator assistant will be given access to the service policies and procedures.

### **Family Day Care Educators Responsibility**

1. To obtain approval from the service to have an educator assistant linked to their registration.
2. To notify families of their intention to use an educator assistant and for what purpose.
3. Inform the educator assistant of:(i) the location of the First Aid kit; (ii) the location of the fire protection equipment and the evacuation plan; (iii) access to emergency numbers including educators number; (iv) access to parent contact numbers; (v) awareness of individual child details including allergies, special requirements, and belongings, including educator's own children, if applicable; (vi) awareness of routines; (vii) access to required equipment and resources; (viii) any business requirements including collection of fees if required; (ix) the Child Protection Procedures and the Excursions and Outing Procedures within the Service Policy Manual.
4. Ensure the residence meets all applicable Residence Assessment requirements.
5. Negotiate payment to the educator assistant if required.
6. The educators own children can be cared for by the educator assistant when the educator is absent, as long as the child: educator ratio is maintained and no CCB will be applicable.



### **Consent**

1. The family day care educator must collect written consent of a parent of each child for their intended use of the educator assistant.
2. In the event of the educator assistant being required in an emergency, the parent must be notified as soon as possible by the educator, educator assistant or the service representative.
3. In the event of the educator assistant providing non regular transport, the educator must provide prior notice to the parent.
4. In the event of the educator assistant providing the care and education for an irregular:
  - Non emergency for less than four hours:
  - The educator must first seek approval from the service on each occasion at least 48 hours prior; and
  - The family must be notified by the educator before each occurrence.



## **Excursion Policy**

Dreamland recognizes that the best way to make excursions safe is to plan in advance for them. To minimize risks of accidents and injuries on excursions, respond effectively to emergencies, and promote awareness in children of traffic and play safety.

### **Excursion Planning**

- Ensure staff has parents' consent for all children going on an excursion or leaving the centre on each occasion, and ensure staff has emergency phone numbers, a mobile phone, and a first aid kit.
- Plan excursion travel, routes and locations that are safest, plan the safest route of travel and check the location for safety hazards in advance or when arriving.
- Minimize using cars for taking children on excursions, preferably walk if the route is safe or use vehicles with professionally fitted child restraints and/or seatbelts.
- Visit the excursion site prior to the visit and carry out an Excursion Risk Evaluation Checklist. This includes identification of access, entry and exit points, utilities, food areas, availability of toilets, availability of water to drink and to wash hands, shade.
- Be aware of the different staff-child ratios in the Regulation in relation to children under 3 years and children 3 years and older, for excursions, travelling in motor vehicles, walking in the road traffic environment, and crossing roads.

### **Passenger Safety**

- Ensure all vehicles have child restraints and/or seatbelts that are appropriate for the age and weight of each child that conform to Australian Standards, and are professionally installed or checked by an authorized restraint fitter.
- Always buckle up children's seatbelts. Keep children occupied when travelling in vehicles to help prevent children unbuckling their seatbelt e.g. sing songs, play simple games and talk about the journey.
- Ensure as far as practicable child passengers enter and exit the car by the 'safety door', which is the rear, left hand side door of the car. The Early Childhood Road Safety Education Program can be contacted on (02) 9850 9882 to obtain a free resource order from to order safety door stickers.
- Ensure there are no loose or sharp objects inside the car that could cause injury if an accident occurs.
- Avoid taking pets with the children or ensure they are separated from the children.

### **Pedestrian Safety**

- When walking with children up to age 8 years in a traffic environment (e.g. roads, pedestrian crossings, bicycle tracks, footpaths, driveways, and car parks), all children hold an adult's hand. If an adult's hand is not available, children should hold onto a pram, stroller, wheelchair, bag, or clothing, and should be kept in sight of an adult (i.e. not walking behind).
- Make a risk assessment of the excursion and traffic environment likely to be encountered on a planned excursion, and use strategies such as choosing the safest route, choosing locations with minimal or no traffic, and taking extra staff or volunteer staff on excursions.
- Promote awareness in children of road safety and play safety by using a walking commentary about all things you are doing to keep safe while on excursions and when out walking.

### **Safe Play on Excursions**

- Choose a safe place for children to play when on excursions. Playgrounds should be fenced, away from water and traffic hazards, and the play equipment must be safe and age appropriate. Utilities, food areas, availability of toilets, availability of water to drink and to wash hands, shade.
- Be aware of the different staff-child ratios in the Regulation in relation to children under 3 years and children 3 years and older, for excursions, travelling in motor vehicles, walking in the road traffic environment, and crossing roads.
- Prevent children from playing with or going near dogs and other animals.
- Ensure children are protected from sun exposure with appropriate clothing, hats, sunscreen, sunglasses and drinking water.

### **Supervision**

- Ensure children are supervised at all times with staff-child ratios as set out in the Regulation, and be alert to children's whereabouts, activities and safety.
- Never leave children alone in motor vehicles, or standing alone by the side of the road or road crossings.

### **Emergency Precautions**

- Ensure staff has a first aid kit, emergency phone numbers, and a mobile phone.
- Be aware of the extra precautions that might be needed for children with a disability or medical problems, such as having sweetened drinks or food in case of hypoglycemia in a child with diabetes, an emergency medical kit for children with food, bee or other insect allergies. Always have plenty of water to drink.

### **Volunteers**

If there are volunteers accompanying children on excursions, ensure they are aware of safety rules and procedures.

### **Water hazards**

- Appropriate staff-child ratios according to the Regulation, accompanied by a staff member with current resuscitation (CPR) certificate, maintain effective supervision of all children at all times.

### **Safe Excursion Locations**

To minimize risk of accidents and injuries on excursions, by planning and selecting safe excursion locations centers should:

- Be aware of their obligations under the Regulation in relation to obtaining authority from a parent or guardian for all routine and non-routine excursions. This includes conduct of excursions, transport and restraint of children in motor vehicles, precautions to take on excursions where there is a water hazard, a traffic hazard, or roads to cross, and to have available a First Aid kit, emergency phone numbers, and a mobile phone.
- Select excursion locations that are educational and not hazardous for children, e.g. fenced parks, enclosed playgrounds, parks with well-maintained play equipment and toilets, contained areas like zoos, museums and locations that provide adequate shading.
- Avoid organizing excursions near water hazards, to shopping centers, unfenced parks, and other locations which have not been appropriately maintained or where children cannot be adequately supervised at all times. Be aware that children are at particular risk of injury in car parks and driveways.
- Maintain all appropriate measures for excursions – adult-child ratios in accordance with the Regulations, fitted seatbelts and/or child restraints in vehicles used for transporting children. Bring extra clothing, sun protection clothing, hats, sunscreen, water, food, emergency contact list, and mobile phone.
- Phone place of destination beforehand to confirm and where possible visit site and carry out an Excursion Risk Assessment, check on the availability of telephones, toilets, water, shaded rest areas, stroller and wheelchair accessibility.
- Seek written permission; notify all families of excursion location, date, arrival, departure times, and type of transport, excursion activities, adult-child ratio, and name of person with first aid certificate on excursion, emergency contact number, and details of the route to and from excursion location.
- Organize identification tags for children, with the centre's name, address and telephone number, (preferably mobile phone number).
- Discuss safe excursion rules and safe behavior with children before the trip and again on the day of the excursion, e.g. staying with the children's centre staff and not speaking to strangers.
- Update children's emergency contact details before excursion date, take mobile phone, fully stocked first aid kit, emergency contacts and procedures on excursions.



## **Fire Drill Policy & Procedures**

The home care setting should have an emergency plan for every exit of the house. Fire Drills should be practiced in a regular basis, so the children get familiar with the fire drills and in case of a real fire breaks up, both children and Educators will be prepared and know what to do.

### **PROCEDURES**

- At Dreamland Family Day Care, we practice fire drills every 3 months or in less time if possible.
- In case of a real fire, the Educator will quickly move the children through safe designated exits to the meeting spot.
- The Educator will count the children to make sure that all of them are safe and outside at the designated meeting spot.
- The Educator will call 000 and if necessary an emergency pick up place should be established and the parents will be informed of it.
- The Educator and the children will only return to the house when the all-clear is given.

### Administration of First Aid Policy (Regs168 2a)

It is Dreamlands policy that in order to fulfill its duty of care to the Children, Staff and Contractors, all Educators should have a level II first aid certificate. They must also have a certificate in Asthma and a certificate in Anaphylaxis management. The First Aid certificate lasts for 3 years and it must be replaced before it runs out. Each year the CPR, cardio-pulmonary resuscitation (HLTCPR201B or equivalent), anaphylaxis, administering the medication (VU20296 or equivalent) and the Asthma management (administering medication) must be practiced and evaluated by a first aid provider.

Dreamland will provide training sessions, at the educator's expense, each year for group training and evaluation. This will held each year in June. Each 3 years we will hold a Full first aid certificate (HLTFA301B or equivalent), Management of Anaphylaxis (VU20296 or equivalent), Emergency Asthma Management (21886VIC or equivalent). Coordinators must have at least the same or equivalent first aid training.

- Each educator must have a stocked first aid kit in their house and if they transport the children in their car they must carry a separate first aid kit in their car.
- All first aid kits must be kept in a place that is out of reach of children but easy to access in an emergency.
- The educator must keep the kit stocked and it must be checked by the coordinator on their visit.
- Kits should be checked every 6 weeks.

If an educator provides first aid for someone in their day care they must note it in an accident registry. They should note the date, name of the injured child (or person), nature of the injury, nature of the first aid provided, nature of the incident that led to the injury., name of the person who provided the first aid. A copy of this document should be passed on to the coordination unit as soon as possible. The child's parent should be informed of any first aid provided. If the injury is serious enough for an ambulance to be called or for the child to be taken to the doctor then the serious incident policy must be followed.





## **Fit and Proper Assessment of Educators, Assistants and Adults Residing at Family Day Care Residences**

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 this policy must be followed.

Best endeavors will be undertaken to ensure family day care educators, educator assistants and adults residing at the family day care residence are fit and proper persons to be in the company of children. Each educator will sign a statement as to who is living at the Family Day Care Service Residence regularly.

The family day care service will develop an assessment process that meets all legislative requirements, to determine if a family day care educator, educator assistant and/or adult is a fit and proper person to be in the company of children.

Applicants will provide the following documentation to the family day care service to assist in the assessment of 'fit and proper to be in the company of children'. The service will use the information obtained from this documentation and other relevant contacts to assess the applicant's fit and proper status for service registration.

### **The family day care educator must:**

1. be over 18 years of age;
2. Possess or obtain a National Police Clearance that is not older than 6 months at time of application; obtain a statement, from their original jurisdiction or make a declaration regarding any overseas criminal history, if the applicant has lived and worked overseas at any time within the last 3 years;
3. obtain a Working with Children Check;
4. Complete a medical survey with an accompanying declaration to affirm that all information provided in the medical survey is true and correct. The family day care service and/or service provider may request the applicant to provide a medical clearance should any issues arise from the medical survey that may be considered to affect the work of the family day educator in providing education and care to a child/ren; This survey must be completed on the form provided by a doctor of the applicants choice.
5. Hold Certificate III in Children Services or working towards it.
6. hold a current recognized First Aid Certificate;
7. hold current approved Asthma and Anaphylaxis Emergency Management certification;
8. possess a current full driver's license if driving a vehicle as part of business;
9. provide two referees – who agree to be contacted as referees; [**Note:** A referee must be a person to whom the applicant is known and who preferably has observed the applicant caring for and educating children. The referees may be a previous employer of the applicant or has worked with him or her in a paid or unpaid capacity. A person is not eligible to provide a reference for an applicant if the person is:

An employee of the applicant including family day care educator assistants;





## **DREAMLAND FAMILY DAY CARE SERVICES Pty. Ltd.**

- Related or related by marriage, including de facto/spouse; or  
The applicant
10. 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].
  11. Hold a recognized and accredited food safe certificate.

### **Family day care educator assistant:**

The family day care educator assistant must

1. be over 18 years of age;
2. Possess or obtain a National Police Clearance that is not older than 6 months at time of application; obtain a statement, from their original jurisdiction or make a declaration regarding any overseas criminal history, if the applicant has lived and worked overseas at any time within the last 3 years;
3. obtain a Working with Children Check;
4. Complete a medical survey with an accompanying declaration to affirm that all information provided in the medical survey is true and correct. The family day care service and/or service provider may request the applicant to provide a medical clearance should any issues arise from the medical survey that may be considered to affect the work of the family day educator in providing education and care to a child/ren; This survey must be completed on the form provided by a doctor of the applicants choice.
5. Hold Certificate III in Children Services or working towards it.
6. hold a current recognized First Aid Certificate;
7. hold current approved Asthma and Anaphylaxis Emergency Management certification;
8. possess a current full driver's license if driving a vehicle as part of business;
9. provide two referees – who agree to be contacted as referees; [**Note:** A referee must be a person to whom the applicant is known and who preferably has observed the applicant caring for and educating children. The referees may be a previous employer of the applicant or has worked with him or her in a paid or unpaid capacity. A person is not eligible to provide a reference for an applicant if the person is:  
An employee of the applicant including family day care educator assistants;  
Related or related by marriage, including de facto/spouse; or  
The applicant
10. 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].
11. Hold a recognized and accredited food safe certificate.

### **Adults residing at the family day care residence:**

1. obtain a Working with Children Check;



**Family day care educator responsibilities:**

The family day care educator providing education and care at the approved family day care residence will:

1. Notify the service of any children residing or intending to reside in the family day care residence who are turning 18 years of age within 30 days prior to them turning 18.
2. Ensure any children residing or intending to reside in the family day care residence, who are turning 18 years of age, provide the family day care service provider with the requirements of “Adults residing at the family day care residence”.
3. Notify the family day care service in writing within 24 hours of any change of circumstances to residents or persons intending to reside who are over 18 years of age who have previously been assessed as fit and proper to be in the company of children.
4. Notify the family day care service provider in writing of any person aged over 18 years of age intending to reside in the family day care residence on a temporary basis including a statement outlining the person’s contact with children during the times the service is in operation.

**Family day care service responsibilities:**

1. Inform family day care educators of their responsibility to meet these requirements.



## **Food, Nutrition and Food handling Policies and Procedures**

A healthy diet is necessary for a healthy life. In order for a child to learn to grow into a healthy adult who has a good self image and has a feeling of wellbeing, a child must learn from an early age to eat well and must understand the reasons for eating a balanced diet. Early childhood education is the perfect place to learn this lifelong lesson. An educator can and will get the wellbeing message. When the child is old enough they should have an idea of which

Hygiene practices are begun as soon as the child can walk such as hand washing and teeth cleaning. Each morning when a child comes in to the educator's home, the educator must direct the child into the bathroom to wash their hands. This is repeated before the child leaves of a day, before the child eats a meal or a snack and after the child uses the toilet. This behavior should become second nature.

A menu should be written at least weekly and the menu must be displayed on the wall in a place where parents and children can see it.

All menus are to be made in consultation with the child and the children's parents. Food is an area that should have some input from the child but the educator must provide guidance as the nutritional value and appropriateness of the food being presented.

If a parent/guardian provides food which in the educator's view is either inadequate or inappropriate, the care provider should discuss this with the parent. If, after discussion, the care provider remains concerned they should seek assistance from the Coordination Unit.

As far as beverages go, the only acceptable drink to be offered or sent by the parent is water or for younger children milk. All juice packs, flavored milks and so on are loaded with sugar and preserving agents to a point where the only drink to be approved is water. Although some children may drink sugary drinks at home we want to convey a lesson about limiting the amount of sugar children consume each day.<sup>1</sup>

### **Culturally appropriate meals and snacks:**

Children should where possible be provided with food that is culturally significant i.e. the type of food that they are used to eating at home, provided that food is nutritious, varied and what the child wants to eat. Meals can then teach children about their culture and get families involved. To this end the children's parents must be involved, if they are interested, in creating the menu. The child should be involved in creating the menu, and as often as possible, the food. Cooking and food preparation is a great opportunity for learning and projects, but if you do create a learning experience to do with cooking or food, please remember to document it for the children's learning journals.

### **Personal Safety Equipment:**

Educators should always wear gloves when preparing food for the children. Protective clothing can be worn when preparing food for children. Hair should be covered. Foot wear that completely covers the foot must be worn. This equipment must be kept clean.

---

<sup>1</sup> This rule may be relaxed slightly on some occasions such as birthdays.

## **Food Storage**

All food must be stored in a safe and appropriate manner, this includes stacking the refrigerator properly, with meats and fish not stored where they can drip onto food below. The lower shelves are generally the coldest shelves and meat and fish juices cannot drip onto the food below. With this in mind the lower fridge shelves are the best for storing raw meat and fish. Cross contamination occurs when bacteria or viruses are transferred from a contaminated item to something else and may cause a number of extremely serious health problems. Cross contamination can easily occur in your fridge especially if you incorrectly store raw food like meat, poultry, and seafood and dairy products.

The risk comes from either juices from raw foods dripping into other items, or from raw foods coming into direct contact with cooked foods, fruit and other ready to eat food. Always avoid raw and cooked foods touching by keeping them separated in the fridge and by sealing raw foods to make sure juices don't leak out. Placing these items on the bottom shelf also helps stop juices from dripping onto other foods.



To go to an article on food stacking click here. (Ctrl, left click)

## **Conclusion**

The main points about food safety are:

- Make sure the food is fresh and safe. (Do not use food past the “best by” date.)
- Clean the food preparation area and tools. This includes plates, cups, spoons etc.
- Clean the serving and eating area.
- Always wear the appropriate “Personal Safety Equipment”. (Rubber gloves, aprons and hair ties and so on.)
- Wash up the dishes when finished.
- Make sure the children wash up before eating or helping.
- Store the food properly.
- Have regard for family food cultural habits and restrictions.
- Involve the children. This goes for planning menus and food preparation and serving. If the child is old enough, try to get the child to help prepare the food, wash the dishes and put the dishes away. Food and meal and snack times are important learning events in a young child's life; include it in your program planning and curriculum.

Early childhood is an important time to develop the correct food, nutrition and hygiene behaviors that will follow the child for the rest of their life. It is a part of your responsibility and duty of care to the child to teach the correct behaviors for food and hygiene.



## **Glass Safety Policy and Procedures**

### **Glass in Australian homes**

Many homes built before 1989 do not meet Australian safety standards for glass, exposing families and children to unnecessary risk due to splintering. Even after the standard changes in 1989 it was not retrospective so there is a chance that in homes built before 1989 will not contain safety glass but if the home was built after the mid 1970's the house may contain plate or float glass, which although it is strong, and safe if installed properly, fractures into sharp, jagged edges.

There are 2 types of safety glass generally used in buildings

Grade a – Toughened & Laminated Safety Glass

Grade B – Wired Safety Glass

These are covered by Australian Standard AS/NZS 1288 for installation and safety and AS/NZS 2208 detailing test requirements.

Since 1989 windows and other glazing installed in all new buildings have been required to meet mandatory specifications under Australian Standards.

Toughened glass offers 4 to 5 times the strength of ordinary glass of the same thickness. It is impact resistant and allows large clear spans with minimum fixing. In the unlikely event that the glass does break, it forms small particles, reducing the risk of injury.

When wired glass is broken, fragments of glass remain attached to the wire or will offer protection from injury by resisting penetration.

### **Shower Screens**

Shower screens and shower doors must comply with Australian Standards AS/NZS 1288 and 2208 and be made of Grade A toughened glass or Grade B wired glass.

The minimum thickness of framed toughened glass (Grade A) is 4mm. The minimum thickness of partly framed and frameless toughened glass is 6mm.

Toughened glass has been known to break

Toughened glass has been known to break when a small chip of the glass disturbs the surface tension causing it to burst inward. This can be minimized by drying hinges on shower screens after each use, or cleaning them weekly with a mild soap solution, rinsing and drying. Do not use abrasive cleaners of any kind on hinges and other hardware. Keep glass clean to prevent mineral deposits

As it is beyond the means of most of our educators to replace the glass in their mostly rented homes, we should assume that all glass, windows, doors, feature windows etc. be treated as if the glass is not safety glass. All glass doors, large windows etc. should have some sort of stickers to improve visibility at the eye level for both children and adults (see visibility below)



### **How to Identify What Glass is in Your Home?**

Check for labeling, all safety glass should be labeled.

Contact an accredited glazier to see if they offer a service where they come to your home and identify the glazing type.

### **Reducing the Risk**

Prevent contact with glass.

Identify glassed areas clearly.

Treat glass sensibly.

Be aware of the type of glass in your home/area.

Change to safety glass where necessary and practical.

If changing the glazed area is not an option - see Safe Practices below.

### **Shelves**

Seek advice on correct glass thickness for shelving.

Ensure glass is adequately supported.

It is relatively easy in a lot of glazed areas to prevent any bodily contact. This is particularly important where you suspect that annealed glass has been used in doors, side panels or low level glazing.

### **Low Level Glazing**

Protect by barrier rails or recessed sills.

### **Fixed Panels along Side Doors**

Screen by furniture or plants.

### **Play or Social Areas**

Play or eat away from glassed areas.

Use furniture that will not fall onto the glass, for example a table that will prevent direct contact.

### **Visibility**

Choose any easy to see stickers- such as brightly colored cartoon characters. Place the brightly colored stickers at adult and child height on glass sliding doors and glass panels. The stickers can also be used in any other glassed area that you might be concerned about.

Set rules where the glass is not pushed on, banged into or slammed.

Remember that the glass has 2 sides and you often need to protect the glass from both sides.

### **Safe Practices**

It is relatively easy in a lot of glazed areas to prevent any bodily contact. This is particularly important where you suspect that annealed glass has been used in doors, side panels or low level glazing.



### **Shelves and Glass Tables**

Seek advice on correct glass thickness for shelving.

Ensure glass is adequately supported.

Ensure edges are either protected or use rounded edges.

If shelving is chipped or cracked replace immediately.

Never let children play on or **climb** on glass tables or coffee tables.

### **Environmental**

Maintain a trip-proof area. Remove toys and loose rugs.

Keep inside and outdoor areas dry to prevent slipping into glass. If you are washing the floor near a glassed area please wash at time that children are not present.

### **Behavior**

Treat glassed areas with respect.

Make rules that glass is not to be pushed on, banged into or slammed.

Role model safe practices in glassed areas.

Talk to the children about glass safety

Make sure that glass areas are well lit at all times, especially at night.

### **Short-Term Safety Measures for Existing Glass**

If you are concerned that a glassed area in your home might be dangerous and do not wish to go the immediate expense of re-glazing with a safety glass, you should consider taking other precautions, such as applying an organic-coated plastic safety & security film.

### **Drinking glasses**

Plastic cups and glasses should replace glass whenever possible to avoid cut and lacerations from broken glass.

### **Summary**

Wherever possible glass type should be identified and all non-safety glass or plate glass should be replaced with safety glass. While waiting for this to happen all glass should be treated as non-safety glass and treated accordingly. Non-safety glass should have something placed in front of it so that no-one can accidentally bump or run into it. Glass that has not been "fenced off" must be made visible by having large brightly colored stickers placed on it so that children will not run into it by accident because they think it is an open doorway. Floors near glass must be kept dry and free of rugs or mats that may slip. Children must be taught about the dangers of glass and be instructed not to bang or push against glass. Children should be given plastic or cardboard drinking vessels to drink from. All glass tables, coffee tables; shower stalls etc. should have rounded edges so that children will not cut themselves on the edges. All glass ornaments, glassware etc. should be placed out of the reach of children. If other measures cannot be taken then the glass should be coated with plastic safety and security film.



## **Governance and Management policy**

Regulatory, licensing and funding bodies require the retention and maintenance of records in relation to service stakeholders and children for a specified time. All records are required to be kept up to date and stored confidentially in a secure area with access by authorized persons only.

Records will be destroyed appropriately after specified times. This Policy applies to Dreamland Family Day Care service and Family Daycare educators.

The approved provider of an education and care service has the responsibility to ensure that Dreamland family day care service has in place policies and procedures in relation to governance and management of the service, including confidentiality of records.

All persons will comply with all policies and procedural requirements when engaging in activities relating to the operation of the family day care service and will conduct themselves in an ethical manner and abide by codes of conduct. All records will be maintained in a confidential and private manner.

All family day care service staff, family day care educators and family day care assistants will be given information on legal and ethical requirements.

For example:

1. Induction/Orientation or Certificate III training.
2. Every family day care service will hold a policy and procedures file which is provided to family day care educators and accessible to families.
3. Family day care educators will have a working knowledge of policies and procedures within the file.
4. An industry Code of Conduct will be followed by Dreamland Family day care service staff, family day care educators, family day care assistants, volunteers and students.

### **The family day care service will:**

1. Provide all family day care staff, family day care educators and family day care assistants with a copy of the Code of Conduct including responsibilities of all parties
2. Provide all family day care staff, family day care educators and family day care assistants with training at induction in relation to the Code of Conduct and update existing person of any changes.
3. Ensure policies and practices are developed in line with current Education and Care Services National Regulations, 2012 and the National Quality Standards.
4. Ensure changes within the services are explained to all family day care staff, family day care educators and family day care assistants and families prior to implementation.
5. Ensure if a change to a policy/procedure is made, then at least 14 days notice to the parents of children enrolled at the family day care service must be given before implementing any change to a policy and/or procedure.
6. Family day care staff and family day care educators and assistants will be given information on the Code of Ethics.





### **Records management**

Records and information are stored appropriately to ensure confidentiality, are available from the service and are maintained in accordance with legislative requirements. All records relating to children, families and family day care service operation will be kept in a safe and secure manner only accessible by authorized personnel; and be destroyed after a period of time in line with legislation. Only Specific records:

- For records relating to an incident, illness, injury or trauma suffered by the child while being educated and cared for by the family day care service until the child is 25 years of age.
- For records relating to an incident, illness, injury or trauma suffered by the child that may have occurred following an incident while being educated and cared for by the family day care service until the child is 25 years of age.
- For records relating to the death of a child while being educated and cared for by the family day care service or that may have occurred as a result of an incident while being educated and cared for -until 7 years following the death of a child.
- For records relating to a child enrolled in the family day care service until the end of 3 years after the last day on which the child was educated and cared for.
- For records relating to the approved provider –until the end of 3 years after the last date on which the approved provider operated the family day care service.
- For records relating to the nominated supervisor, family day care service staff member and / or family day care educator providing education and care on behalf of the family day care service -until the end of 3 years after the last date on which the nominated supervisor or staff member provided education and care on behalf of the service.
- For all other records –until the end of 3 years after the date on which the record was made.

### **Dreamland Family day care service will:**

1. Require that all required records are recorded, properly maintained, updated and kept in the nominated secure place as per relevant legislation requirements. Records and documents required to be kept at a service (National Regulations 183)
2. Require that all records are kept confidential and only made available to authorized persons.
3. When a family day care educator leaves or is terminated from the service, all documentation referred to in R.179 need to be submitted to the approved provider of the family day care service:
  - Documentation of child assessments or evaluations for delivery of the educational program
  - An incident, injury, trauma and illness record
  - A medication record
  - Children’s attendance records
  - Child enrolment records; and
  - Record of visitors to the family day care residence and/ or venue
4. Ensure the following records are kept as required by Education and Child enrolment records to be kept by approved provider and family day care educator.



## **DREAMLAND FAMILY DAY CARE SERVICES Pty. Ltd.**

- Authorizations to be kept on enrolment record Health information to be kept on enrolment form.
  - Prescribed enrolment and other documents to be kept by approved provider. Prescribed enrolment and other documents to be kept by family day care educator.
  - Family day care educator to provide documents on leaving service.
  - Evidence of prescribed insurance.
  - Confidentiality of records kept by approved provider.
  - Confidentiality of records kept by family day care educator
5. Storage of records and other documents Storage of records after service approval transferred. Any documentation generated by the service in the operation of their duties and responsibilities under the Education and Care Services National Law.

### **Confidentiality**

- The family day care educator will keep confidential the affairs of each child in their care and of the child's family and shall not disclose any information to a third party other than the family day care service or as legally required to do so.
- Confidential conversations will be conducted in a quiet area away from other children, parents, staff and family day care educators. Such conversations in relation to the health and wellbeing of the child should be noted in writing and stored in a confidential manner.
- Reports, notes and observations in relation to family day care educators, family day care service staff and children must be objective, accurate and free from bias and negative comments including use of labels.
- Students, volunteers and/or visitors to the family day care educator's residence and/ or venue will ensure that information in regard to family day care educators, family day care service staff, children and families is not discussed outside of the context in which it was heard.
- Any information received or transmitted via mobile telephone (including text/SMS) or any other electronic device (example email) shall be treated with the same confidentiality as any other written form of communication and must be stored confidentially.

### **Privacy**

- The family day care service and family day care educators will not collect sensitive information unless the individual has consented, or there is a legal requirement to do so or in other special circumstances that have a bearing on the wellbeing of the child.
- Every reasonable step will be taken to ensure personal information collected, used or disclosed is accurate, complete and current.
- Every reasonable step will be taken to ensure that personal information held within the family day care service is protected from misuse, loss and from unauthorized access, modification or disclosure.
- All personal information requested through Freedom of Information (FOI) will be managed by the approved provider.
- Personal information would not usually be transferred overseas and then only if it meets the requirements of the National Privacy Principle.

## Hand Washing Procedures

### **Hand washing**

Infections can be spread by a person who shows no signs of illness. Hand washing is one of the most effective ways of preventing the spread of infection.

The best way to prevent the transmission of disease is to wash and dry your hands thoroughly. All staff to wash and dry their hands effectively decreases the amount of disease in infants and toddlers. Hand washing is effective because it loosens, dilutes and flushes off germs and contaminated matter.



To promote and enable effective hand washing requires:

- Hand basins to be readily accessible and located where they will be needed (including nappy changing and outdoors); and outdoor areas, toilets, food preparation areas.
- Hand basins to be at an appropriate size and height, for staff and children. Hands-free taps and liquid soap dispensers will reduce the opportunities for cross- contamination

### **How to wash hands**

Use the following method to make sure your hands and the children's hands are as germ- free as possible. The process of thoroughly washing and rinsing your hands should take 10 – 15 seconds. This can be achieved by slowly counting to 10 when you wash and then slowly counting to 10 when you rinse. This is about as long as it takes to sing "Happy Birthday", twice.

- Wet hands with running water.
- Use liquid soap and spread over hands.
- Rub your hands vigorously as you wash them.
- Wash your hands all over. Pay particular attention to wash the palms and backs of hands, in between fingers, under finger nails and around wrists.
- Rinse your hands thoroughly to remove all suds and germs. Thorough rinsing will help prevent dermatitis from suds.
- Turn off the tap using paper towel.
- Pat dry your hands with a new paper towel.

Teach the children under your care to wash and dry their hands in this way. Staff needs to supervise and observe children so that they develop hand washing as a good habit and do it properly. Encourage the children not to touch the tap after they have washed and dried their hands. The tap will have lots of germs on it.

### **Babies need to have their hands washed as well**

Babies need their hands washed as often and as thoroughly as older children. If the baby is able to stand at an appropriate sized hand basin, you need to wash and dry their hands just as you would for yourself. If the baby is unable to stand at a hand



basin, wash their hands with either remoistened novelettes or wet disposable cloths, and then pat dry with paper towel.

### **Soaps, towels and lotion**

Liquid soap dispensers and disposable paper towels are the preferred option for hand washing. Liquid soap is advocated rather than solid bar soap because it is less likely to become contaminated and is more likely to be used. If reusable containers are used for liquid soap, they must be cleaned and dried before refilling with fresh soap. Antibacterial hand washes should not be used routinely in family day care as they are unnecessary and may encourage the development of resistant bacteria.

Alcohol-based hand cleaners can have a role if proper hand washing facilities are not available (e.g. on excursions). After several uses of an alcohol-based hand cleaner, you will need to wash your hands properly with liquid soap and water.

Effective hand drying is just as important as thorough hand washing because wet surfaces transfer germs more effectively than dry ones. Disposable paper towel is the preferred option. Cloth towels should not be used as they allow re-contamination of the hands. Warm air dryers are also not recommended as they take longer to dry hands than with paper towel, can only serve one person at a time and often people do not spend long enough using the dryer.

### **Hand care**

Some infections are spread when blood from an infected person comes into direct contact through broken or abraded skin, therefore healthy intact skin can be a very effective barrier to disease and infection. Wash hands with mild soap and water and make sure that they are thoroughly dry. Soaps and detergents remove oils from the skin causing dryness and possible cracking. Some educators and children may find that frequent hand washing may lead to dry skin, which may be prone to cracking and dermatitis. Cracked or inflamed skin is harder to clean properly and may become infected. Application of a hand cream may help to prevent skin cracking and dermatitis. Prolonged contact with water softens the skin and makes it more susceptible to irritation. Reducing the dryness and irritation of the skin is very important. Application of a hand cream and powder-free gloves may be used to reduce drying of skin. Sorbolene cream and water may be used instead of soap and water, and hands patted dry, rather than rubbed vigorously. Apply more Sorbolene cream as a hand cream if needed. Use barrier cream to protect skin that will be wet for long periods. Do not use barrier cream on damaged skin. Treat minor cuts and abrasions promptly. Children with eczema have a type of skin that is dry, itchy and sensitive. Their skin is easily inflamed, gets itchy and is made worse by rubbing and scratching. Reducing the dryness and irritation of the skin is very important. These children may find that frequent use of soap and water may irritate their skin. They can use Sorbolene cream instead of soap. They can put the cream on and then gently rub off under running water. They should pat their hands dry rather than rub and apply more Sorbolene cream if needed.

### **Hand washing takes time**

In the steps for good hand washing you need to slowly count to 10 while soaping and rubbing your hands and then slowly count to 10 while rinsing your hands. This may seem like a long time. It is a challenge to allow enough time in your daily program for

children to wash and dry their hands well. But it can be done. Wearing jewellery will make it harder to clean your hands effectively and will require extra attention.

### **When to wash your own hands**

- ✓ When you arrive at the centre. This reduces the introduction of germs;
- ✓ Before handling food, including babies' bottles
- ✓ Before eating;
- ✓ after wiping a nose, either a child's or your own;
- ✓ Before giving medication;
- ✓ after handling garbage;
- ✓ after coming in from outside play;
- ✓ after going to the toilet;
- ✓ after coming in from outside play;
- ✓ after coming in contact with blood, feces or vomit;
- ✓ after touching nose secretions;
- ✓ Before going home. This prevents taking germs home.

### **When to wash the children's hands**

- ✓ When they arrive at the centre. This reduces the introduction of germs. Parents can help with this;
- ✓ Before and after eating and handling food
- ✓ After having their nappy changed. Their hands will become contaminated while they are on the change mat;
- ✓ after going to the toilet;
- ✓ after coming in from outside play;
- ✓ after touching nose secretions;
- ✓ after coming in contact with blood, feces or vomit;
- ✓ Before going home. This prevents taking germs home. Parents can help with this.

### **Gloves**

Wearing gloves does not replace the need for hand washing as gloves may have very small holes or be torn during use. Hands may also become contaminated during removal of gloves. New gloves should be used for each child.





**Incidents, injury, trauma and illness procedures**

If a child presents or develops one of the following presenting signs whilst in care, the family day care educator will contact the parent or emergency contact as listed in the enrolment documentation:

- Ear and/or eye discharge;
- Undiagnosed rash;
- Body temperature of 37.5 degree Celsius or higher;
- Persistent coughing episodes with difficulty in breathing;
- Open sore with discharge;
- Vomiting and/or continuous loose bowel episodes.

A child with symptoms that may be infectious should be isolated where possible but not out of the sight of the family day care educator.

- Family day care educators and educator assistants must ensure the parent of the child involved in an incident, injury, trauma or illness is notified as soon as practicable but no later than 24 hours after the occurrence.
- Family day care educators and educator assistants must keep an Incident, Injury, Trauma and Illness Report form and record this as soon as practicable, but not later than 24hrs after incident. (Refer to Appendix 10 for the Incident, Injury, Trauma and Illness Report form).
- Parents must be informed and sign the Incident, Injury, Trauma and Illness Report form.
- Any serious incident, which requires assistance from a registered medical practitioner and/or emergency medical services, or should reasonable have required this assistance, is to be recorded and reported to relevant authorities, being the family day care service and Regulatory Authority, within 24 hours. (Refer to the definition of 'serious incident' in Definitions in this Policy document).
- Family day care educators should report to their insurance company as required by the conditions of their policy.
- In the event of any injury or illness first aid will be administered and/or medical attention will be sought if required.
- The Incident, Injury, Trauma and Illness Report form will be stored in a safe and secure place and kept until a child is aged 25 years.

**Families are encouraged to:**

- Provide up to date medical and contact information in case of an emergency.
- Seek their own health insurance if they so desire.
- Provide written emergency or health management plans if applicable to their child's health.
- Take over the responsibility of their child as a matter of urgency if contacted by their child's Educator to do so.

**Co-ordination Unit Staff will:**

- Support Educators with relevant forms for collecting authority and information.
- Be familiar with the regulatory requirements in relation to dealing with emergency situations with children.



## **DREAMLAND FAMILY DAY CARE SERVICES Pty. Ltd.**

- Provide Professional Development and/or information on appropriate practices when dealing with emergency situations with a child.
- On enrolment of a child, ensure the family has given written authorization for any Educator or staff member of the service, to seek and/or carry out emergency ambulance, medical, hospital or dental advice or treatment if required.
- Notify the families or emergency contacts as soon as it is possible to do so if an incident, injury, trauma or illness occurs.
- Have a current First Aid qualification Asthma and Anaphylaxis Management Training as described in the Regulations.
- Upon receiving notice of a serious accident involving a child attending Family Day Care where the accident results in the child receiving medical, dental or hospital treatment immediately notify the family, the Approved Provider of the service.

### **Interactions with children policy**

At Dreamland all children are to be always treated with respect and dignity. They must be given every opportunity to be self reliant and to do things for themselves.

They should not be isolated from the day care group for any reason other than illness or be subjected to a behavior management techniques that includes punishment that humiliates, frightens or threatens them.

Each child should be guided towards positive, responsible behavior. They should be given emotional support when needed. They should be encouraged to express themselves and they should have their opinions heard. They should have an education program that is based around interests. They should not be required to sleep against their needs and wishes. Staff and educators should interact with the child in a warm and friendly way. They must develop a trusting relationship with the child so that the child can:

1. develop a strong sense of identity
2. connect and contribute to their world
3. develop a strong sense of well being
4. become a confident and involved learner
5. Become an effective communicator.

#### **Children are:**

- encouraged to express themselves and their opinions
- given the opportunity to become self reliant and to develop self esteem
- given guidance as to positive and responsible behavior;
- have their dignity and rights maintained at all times, specifically
- excluding any child management techniques that include punishment that humiliates, frightens or threatens them
- not isolated for any reason other than illness or a pre arranged appointment with parental consent;
- have their family's values acknowledged and respected;
- have support offered if regarding children's learning experiences;
- are given emotional support;
- are not required to sleep or rest against the child's wishes or needs
- interacted with in a warm and friendly

#### **Partnerships with Parents**

All educators need to develop a relationship with the parents of children in their care.

Parents may enter the child care residence at any time that their child is in care<sup>2</sup>.

Parents are encouraged to spend time at the day care to participate in the operation of the family day care programs. Parents have a wealth of knowledge and are a factor in the Family Day Care Equation. Educators should be finding out what sort of care that the family wants. The family is encouraged to participate in excursions and other activities that the educator plans for the education program for the child.

We must be willing and attempting communicating with the parents so that they can gain insight into the child and the family. This helps us to provide the best possible care and the best possible outcomes for the child. Involvement with the family can only lead to better quality care for the children.

---

<sup>2</sup> Unless there is a court order in place preventing them from having contact with the child.



## **KEEPING A REGISTER OF FAMILY DAY CARE SERVICE STAFF, EDUCATORS, EDUCATOR ASSISTANTS, STUDENTS AND VOLUNTEERS**

This Policy applies to Dreamland family day care service staff, family day care educators, family day care educator assistants, volunteers and students.

Dreamland will have in place a process to accurately and securely record information on family day care service staff, family day care educators, family day care educator assistants, volunteers and students in accordance with legislative requirements. A Register containing information of family day care service staff, educators, educator assistants, volunteers and students will be maintained by the family day care service in compliance with legislative requirements.

Each Staff member, Educator, Educator assistant, Volunteer and Student will have a file containing relevant information. The files will be maintained in a secure and confidential manner. Educators will have information stored on the Harmony Software Database.

The family day care service will develop and maintain a register containing information on:

1. Family day care educators as required under R.153 of the National Regulations.
2. Family day care service staff, family day care coordinators and family day care educator assistants as required under R.154 of the National Regulations. Volunteers and students as required under R.149 of the National Regulations.
3. The family day care service must keep and maintain at its principle office a register of each family day care educator and family day care educator assistant and any other person engaged by or registered with a family day care service to educate and care for a child.
4. The family day care educator's register must contain the prescribed information in respect of each family day care educator and family day care educator assistant engaged by or registered with a family day care service. This information must include:

- The full name, address and date of birth;
- The contact details of the educator/educator assistant;
- The address of the residence and/or venue, including a statement as to whether it is a residence and/or avenue;
- The date that the educator/educator assistant was engaged by or registered with the service;
- Where applicable, the date that the educator/educator assistant ceased to be engaged by or registered with the service, for the period of 3 years following that date;
- The days and hours when the educator will usually be providing care and education to children as part of the service;
- If the staff member or educator is an approved provider, the number of the provider approval and the date that the approval was granted (if appropriate);



## **DREAMLAND FAMILY DAY CARE SERVICES Pty. Ltd.**

- If the staff member or educator is a certified supervisor, the number of the supervisor certificate and the date it was granted (if appropriate);
  - Evidence of qualifications or that the educator is working towards that qualification;
  - Evidence of first aid, anaphylaxis management, responding to allegations of child abuse, and emergency asthma management training;
  - Evidence of any other training completed by the educator;
  - A record of Working with Children Check notice number and expiry date;
  - Details of each child cared for by the educator as part of the service including name, date of birth, days and hours that the educator usually provides care for that child;
  - If the care is provided in a residence, the record must include the full names and dates of birth of all adults and children who normally reside at the residence;
  - A record of the Working with Children Check notice number, record of criminal history record check, or teacher registration of each person aged 18 years and over who normally resides at the family day care residence, including the date of expiry if applicable and the date the check, card, record or registration was sighted by the nominated supervisor of the service;
  - The name of the family day care educator that the family day care educator assistant will be working with.
5. For family day care service staff, the register must contain the details of the designated educational leader, nominated supervisor and coordinators of the family day care service.
6. For additional service staff, the family day care service will: Keep a record of additional service staff, not directly involved in the care and education of children.
7. For volunteers and students, the family day care service will:
- Include in the register details of any students or volunteers who participate in the care and education of a child. The register must include:
    - full name, address and date of birth of the student or volunteer; and
    - A record of the date and hours on which the student or volunteer participates in the service.

The family day care service will provide any information on the register and any changes to that information to the Regulatory Authority on request.



## **Lock Out and Lock Down Policy and Procedures**

### **Lock-Down and Lock-Out Policy**

Lock-Down or Lock-Out procedures are used in situations that may result in harm to persons inside the family day care centre such as a shooting, criminal incident, burglar, trespassing, disturbance, or at the discretion of the director, staff or public safety personnel.

To prevent unauthorized individuals from entering and walking through the family day care centre, implement a standard practice for all staff to question unfamiliar people who want to enter the centre or if they see an unfamiliar individual unattended somewhere within the building by asking “May I help you?” If the person states that she or he is here to pick up a child, he/she should be asked to see photo identification and verify that the person is listed on the pickup authorization. If the person is not in the centre for a legitimate reason, he/she should be asked to leave.

If the burglar is already in the building, initiate the “lock-down” procedure. If there is criminal/unsafe activity occurring outside the building, initiate the “lock-out” procedure? Doors/windows will be locked, but adults and children will be allowed to move between the rooms inside the building.

### **Lock-Down Procedure:**

Implement these actions when a thief is **INSIDE** the day care centre.

- Call 000
- Director or dreamland staff member will announce “Lock-Down”
- Find nearest room or other right location away from danger to enter if currently not in the daycare centre.
- Inform staff and educators not located in the centre to find safe location.
- Lock the doors and windows of the centre, cover the windows if possible, and turn off lights/audio equipment
- Keep all Children sitting on the floor, away from doors and windows. Use tables, cabinets, etc as a shield for the children.
- Staff should take attendance of children and ensure all children remain in day care room as quietly as possible.
- If there is a phone in the daycare room, do not use it to call out unless there is an emergency situation in the daycare centre
- Keep mobile phones within reach and on vibrate.
- Ignore any fire alarm activation.
- Contact parents as soon as it is safely possible.
- Remain in the daycare centre until the Director or dreamland staff member announces the end of the lock-down.



## **Lock-Out Procedure**

Implement these actions when unsafe activity is occurring **OUTSIDE** the day care centre.

- Call 000
- If in center, Director or dreamland staff member announces “Lock-Out”
- Lock all outside doors and windows
- Cover all windows if possible
- Keep children away from windows and doors
- Maintain a calm atmosphere; try not to alarm the children.
- No outside access is permitted, but activity within the day care centre may continue.
- Contact parents to inform them of the situation
- Keep children in day care centre until the threat is gone

Staff & Educators should always question individuals who enter the day care centre. If an individual is picking up a child, photo identification and the pickup authorization list should be verified.



## **Dealing with Medical Conditions and Infectious Disease Policy & Procedures (Reg 168 C)**

If a child develops symptoms of a medical or becomes ill during the times that the child is in care the people caring for the child should as soon as practical should notify the child's parent or guardian. The carer should also let the coordination office know that the child is ill.

If the infection is contagious then the child then the child should be excluded from care according the following table.

Families should be alerted to the presence a contagious disease in writing and the educator or coordinator should talk to the family of other children to let them know what is going on. This should include the families who have siblings with a different educator.

When informing families about contagious disease outbreaks educators, coordinators and office staff must be very aware of confidentiality and identity of affected children and families should never be revealed.

**In relation to particular medical conditions the following list is a guide to whether a child should be allowed to attend day care or not -**

**Head lice-** Exclusion is NOT necessary if effective treatment is commenced prior to the next day at child care (i.e. the child doesn't need to be sent home immediately if head lice are detected). Other parents should be notified of the infection and parents should be encouraged to check their children's hair. All bedding should be washed thoroughly.

**Herpes simplex (cold sores, fever blisters) -** Exclusion is not necessary if the person is developmentally capable of maintaining hygiene practices to minimize the risk of transmission. If the person is unable to comply with these practices they should be excluded until the sores are dry. Sores should be covered by a dressing where possible.

**Hepatitis A-** Exclude until a medical certificate of recovery is received, but not before seven days after the onset of jaundice.

**Hepatitis B-** Exclusion is NOT necessary

**Hepatitis C-** Exclusion is NOT necessary

**Human Immunodeficiency Virus (HIV/AIDS) -** Exclusion is NOT necessary. If the person is severely Immunocompromised, they will be vulnerable to other people's illnesses.

**Impetigo (school sores) -** Exclude until appropriate antibiotic treatment has commenced. Any sores on exposed skin should be covered with a watertight dressing.



**Hydatid disease (Tape worm)** - Exclusion is NOT necessary

**Influenza and influenza like illnesses-** Exclude until well.

**Measles-** Exclude for 4 days after the onset of the rash. Immunized and immune contacts are not excluded. Non-immunized contacts of a case are to be excluded from child care until 14 days after the first day of appearance of rash in the last case, unless immunized within 72 hours of first contact during the infectious period with the first case. All immunocompromised children should be excluded until 14 days after the first day of appearance of rash in the last case.

**Meningitis (bacterial)** - Exclude until well and has received appropriate antibiotics.

**Meningitis (viral)** - Exclude until well

**Meningococcal infection-** Exclude until appropriate antibiotic treatment has been completed.

**Mumps** -Exclude for nine days after onset of swelling.

**Parvovirus infection (fifth disease, erythema infectiosus, slapped cheek syndrome)**  
- Exclusion is not necessary

**Rotavirus infection-** Children are to be excluded from the centre until there has not been a loose bowel motion or vomiting for 24 hours.

**Rubella (German measles-** Exclude until fully recovered or for at least four days after the onset of the rash.

**Scabies-** Exclude until the day after appropriate treatment has commenced.

**Whooping cough (pertussis)** - Exclude until five days after starting appropriate antibiotic treatment or for 21 days from the onset of coughing. Children (or staff and volunteers) that live in the same house as the case and have received less than three doses of pertussis vaccine are to be excluded from the centre until they have had 5 days of an appropriate course of antibiotics. If antibiotics have not been taken, these contacts must be excluded for 21 days after their last exposure to the case while the person was infectious.

**Worms-** Exclusion is not necessary if treatment has occurred. (Further conditions can be found in the document “**Staying Healthy in Child Care - Preventing infectious diseases in child care - Fourth Edition**” by the Australian Government’s National Health and Medical Research Council. Educators and Coordinators are encouraged to read this document. You can also download an “Exclusion Periods chart put out by the Australian Government from here or from the dreamland policy page or from the NHMRC website.)

#### **Exclusion of sick children and staff**

Excluding sick children and staff is one of the most important ways, together with good hygiene and immunization, of limiting the spread of infection in the child care



centre. The spread of certain infectious diseases can be reduced by excluding a person who is known to be infectious from contact with others who are at risk of catching the infection. Staff, as well as children, needs to adhere to the exclusion policy for infectious conditions.

**These exclusions apply to both the children educators and day care staff.**

**Family Orientation should mention exclusions**

Parents should be made aware of these rules during orientation so that there are no arguments later on.

**Watching the children for signs of illness**

Be aware of symptoms of illness throughout the day. These are some of the things to look for to help you answer the question, 'Is this child sick?'

**Is this child sick?**

- unusual behavior (child is cranky or less active than usual, cries more than usual, seems uncomfortable or just seems unwell);
- feverish appearance;
- diarrhea (an increase in the frequency, runniness or volume of the feces)
- unusual spots or rashes; or discharging yellow area of skin);
- grey or very pale faces;
- unusually dark, tea-colored urine;
- yellowish skin or eyes;
- sore throat or difficulty in swallowing;
- headache, stiff neck;
- severe, persistent or prolonged coughing (child goes red or blue in the face, and makes a high-pitched croupy or whooping sound after coughing);
- Frequent scratching of the scalp or skin; and
- Breathing trouble (particularly in babies under 6 months old).

**What to do if a child seems unwell**

- Tell the director and inform the parents that the child needs to go home as soon as practicable.
- Separate the child from other children. The child can still remain in the room, as long as interaction and sharing objects with other children does not occur. If they have vomiting, diarrhea or suspected measles, the need for separation becomes particularly important.
- Remind a child who is coughing or sneezing to cough into their elbow. This reduces the risk of the child then contaminating other children and their surroundings. If the child covers their mouth with their hands, ask the child to wash and dry their hands afterwards.
- Keep moist skin conditions and abrasions covered;
- Encourage parents to tell you when anyone in the family is ill. If someone in the family is sick, watch for signs of illness in the child; and
- If you wipe a child's nose, dispose of the tissue in a plastic-lined rubbish bin, and then wash and dry your hands;
- If a child vomits or has diarrhea, ensure spills are cleaned up promptly.
- If you touch a child who might be sick, avoid touching other children until after you have washed your hands.



**Notifying the Parents/Guardians**

The parent must be contacted as soon as it is noticed that the child is ill. An **illness record form** must be filled out for the sick child. It may be useful for the parents and the child’s doctor to have written information on the child’s illness. Please give a copy of this form too the parents. Put a copy in the child’s file and a copy is sent to the office. Please remain aware of the need for confidentiality of this information.

**Administration of Medication**

Families should be encouraged to give medication to children outside of day care hours. This is not always possible. Administering medication to children at the request of their parents is a task that requires attention to detail, meticulous record keeping, team work and common sense. It is a responsibility that must be taken seriously. Due to the potential health risks, and litigation issues that may arise as a result of incorrect administration.

**Play dough**

Play dough can be great fun. Play dough has a high salt content which discourages germs from living and multiplying. The following simple steps will reduce the risk of spread of disease when using play dough:

- Hand washing before and after using play dough;
- Store the play dough in a sealed container in the refrigerator between uses;
- Make a new batch of play dough each week;
- If there is an outbreak of vomiting and/or diarrhea, discard play dough at the end of the day and make a new batch each day during the outbreak.

**Detergents**

Effective cleaning with detergent and warm water, followed by rinsing and drying removes the bulk of germs from surfaces. Germs are unable to multiply on clean, dry surfaces. 22 Ensure that cleaning equipment is cleaned and stored so it can dry between uses. It should be well maintained, and designed to reduce dust during use. Appropriate equipment includes mops with detachable heads (to allow for laundering in washing machine using hot water) or cloths that are disposable or can be laundered.

	Wash daily plus when visibly soiled	Wash weekly plus when visibly soiled
<b>Bathrooms.</b> Wash tap handles, toilet seats, toilet handles and door knobs. Check the bathroom during the day and clean if obviously soiled	✓	
<b>Toys</b> and objects put in the mouth <b>Surfaces</b> the children have frequent contact with, for example, bench tops, taps, cots and tables. <b>Mattress covers</b> and linen, if each child does not use the same mattress cover every day.	✓	
<b>Door knobs.</b>	✓	





<b>Floors.</b>	✓	✓
<b>Low shelves.</b>	✓	✓
<b>Other surfaces often touched by children.</b>	✓	✓

### **Special areas for cleaning:**

#### **Nappy change area**

Clean the nappy change area (table or mat) thoroughly after each nappy change with detergent and warm water. If fecal matter spills onto the change table or mat, clean with detergent and warm water, and leave to dry. At the end of the morning and at the end of the day, remove the mat; wash with warm water and detergent and leave to dry, preferably in the sun.

#### **Clothing**

Staff clothing, or over-clothing, should be washed daily. Staff may wear over clothes, such as aprons to cover clothing that cannot be washed daily. Another option is for staff to have a change of clothing available for 'accidents' or after dealing with potentially infectious situations. These measures also help to protect the families of child care staff when they return home. The children's dress-up clothes should be also being washed regularly. We recommend washing them once a week in hot water and detergent.

#### **Linen**

Wash linen in hot water. Do not carry used linen against your own clothing or coverall. Instead, take it to the laundry in a basket or plastic bag. Treat soiled linen as you would a dirty nappy. If washed at the centre, soiled linen should be:

- soaked to remove the bulk of the contamination;
- Dried in the sun or on a hot cycle in the clothes dryer.
- Wear gloves when handling soiled linen.

#### **Dummies**

Dummies must never be shared by children. When not in use, dummies should be stored in individual plastic containers. Each container should have the child's name on it. Do not store dummies where they may come in contact with another dummy or toy. Store dummies out of children's reach.

#### **Toothbrushes**

Toothbrushes must never be shared by children. Toothbrushes should be labeled with the child's name. Store them out of the reach of children. Do not let them drip on one another. The bristles should be exposed to the air and allowed to dry. Do not store toothbrushes in individual containers because this stops them from drying. Bacteria grow on wet toothbrushes.

#### **Cots**

If a child soils a crib or cot:

- Put on gloves.
- Clean the child.
- Remove your gloves.
- Dress the child.
- Wash and dry the child's hands.

- Wash and dry your hands.
- Put on gloves.
- Clean the cot.
- Place soiled linen in a lined, lidded laundry bin.
- Remove bulk of soiling/spill with absorbent paper towels.
- Remove any visible soiling by cleaning thoroughly with detergent and water.
- Remove gloves.
- Wash and dry your hands.
- Provide clean linen.

### **Toys**

Washing toys effectively is very important to reduce spread of disease. Toys, especially those in rooms with younger children, need to be washed at the end of each day. Warm water and detergent help to loosen the germs so that they can be washed away. Remove toys for washing during the day. Start a 'Toys to Wash' box and place toys in it during the day if you see a child sneeze on a toy, if it has been mouthed or if the toy has been discarded after play by a child who is unwell. In the nappy change area have a box of clean and a box of 'to-be-washed' toys. Give a child a clean toy if they need one while being changed and after the nappy change place it immediately in the 'Toys to Wash' box.

- Buy only washable toys. Avoid non washable toys. Individual non- washable toys may be assigned to a child and kept in the child's cot for the use of that child only.
- Wash toys daily in warm water and detergent, rinse them well and dry them. Many toys can be cleaned in the dishwasher.
- All toys, including cloth toys and books, can be dried by sunlight.
- It is useful to separate toys into baskets.
- The toys in each basket can then be rotated between washing one day and in use the next.
- Books should be inspected for visible dirt and soiling. Books can be cleaned by wiping them with a moist cloth with detergent on it, and then drying them.

### **The child**

- When attending an injured child who is bleeding, take care to avoid contact with the blood.
- Comfort the child and move **them** to safety.
- Apply pressure to the bleeding area. Use gloves if available. (If gloves are not available, take the first opportunity to get someone wearing gloves to take over from you. Then wash and dry your hands.)
- Raise the injured part above the level of the heart, unless you suspect a broken bone.
- When the wound is covered and no longer bleeding, remove gloves. Put them in a plastic bag and place the bag in the rubbish bin.
- Wash your hands thoroughly with soap and water.

### **Blood Exposure**

Because of the risk of infection, it is important for everyone to avoid contact with an injured child's blood. But if it does spill onto another adult or child, take the following precautions:

- Wash the area of contact thoroughly with soap and warm water.



## **DREAMLAND FAMILY DAY CARE SERVICES Pty. Ltd.**

- If contact has been with an open wound, broken skin, mucous membrane (mouths, eyes, genitals) or a penetrating injury:
- The blood contacted your mouth or your eyes, rinse the area very well with water.
- If the blood contacted a wound or broken skin, wash the area thoroughly with soap and water.
- Seek medical advice.

### **Dealing with blood spills**

- Wear gloves.
- Place paper towel over the spill.
- Carefully remove the paper towel and contents. Place the paper towel and gloves in a plastic bag, seal the bag and put it in the rubbish bin.
- If there is a large spill in a 'wet area', such as a bathroom or toilet area, you may be able to carefully wash the spill into the sewerage system instead of using paper towels.
- Put on new gloves and clean the surface with warm water and detergent, and allow drying.
- Remove and discard gloves.
- Wash hands thoroughly with soap and warm water.

### **Dealing with feces, vomit and urine**

- Wear gloves.
- Place paper towel over the spill. Carefully remove the paper towel and contents.
- Place the paper towel and gloves in a plastic bag, seal the bag and put it in the rubbish bin.
- Put on new gloves and clean the surface with warm water and detergent, and allow drying.
- Remove and discard gloves.
- Wash hands thoroughly with soap and warm water.

### **Dealing with nasal discharge**

Washing your hands every time after you wipe a child's nose will reduce the spread of colds. If you cannot wash your hands after every nose wipe, use gloves and clean tissues which must be disposed of safely and appropriately. 26 Remove the glove by pulling over the hand covering the tissue at the same time.

### **The three most important ways of preventing the spread of infectious disease are:**

- Effective hand washing;
- Exclusion of sick children and staff; and
- Immunization.
- If these are not done properly, the many other processes that support infection control, such as cleaning and food safety procedures, will not work well.

### **Infectious disease issues for family day care**

Employers have a duty to take reasonable care of their own safety and health at work and to provide and maintain a work environment where their employees are not exposed to hazards. Employers must also ensure, as far as practicable, that the health



## **DREAMLAND FAMILY DAY CARE SERVICES Pty. Ltd.**

of other people who are not employees is not harmed by their work. Employees should take reasonable care for their own safety and health at work. They should also avoid adversely affecting the safety and health of children, staff members and other people.

### **Key actions to prevent infectious diseases:**

Different exclusion periods will apply to people whose work involves food handling: if they have vomiting and/or diarrhea they should not return to work until they have been symptom-free for 48 hours and do not have loose bowel actions. 8 For some conditions such as *Campylobacter* and *Giardia*, even though the organism may still be found in the bowel actions, children may be able to return to the child care centre 24 hours after the diarrhea has ceased. This is because the number of organisms will be less and it will be possible for good hygiene to be effectively maintained.

### **Hand Washing**

The best way to prevent the transmission of disease is to wash and dry your hands thoroughly. Educating staff to wash and dry their hands effectively decreases the amount of disease in infants and toddlers. Hand washing is effective because it loosens, dilutes and flushes off germs and contaminated matter.

To promote and enable effective hand washing requires:

- hand basins to be readily accessible and located where they will be needed (including nappy changing areas, toilets, food preparation areas and outdoors);
- Hand basins to be at an appropriate size and height, for staff and children.
- Hands-free taps and liquid soap dispensers will reduce the opportunities for cross contamination. But are not mandatory at this time. Regular and systemic hand washing helps to teach the need for hygiene among children.

### **Immunization**

All children who attend the daycare should be immunized fully and their immunization information should be entered into their enrolment form, entered into "Harmony" and photo copied for their file. As some of our children come from refugee families in Africa the family may not have complete evidence of the children's immunization status. Extra attention should be paid to these children as they may not have been immunized during early childhood.

### **Medication permission form**

Before medication is given at Dreamland Family Day Care educators must have a release form signed by the parent/guardian. In the interest of children's safety and well-being, the daycare shall only administer medication if it is in its original container with the dispensing label attached listing the child as the prescribed person, strength of drug and the frequency it is to be given. This applies to all medications, regardless of whether they are not prescribed (such as teething gels, nappy creams, cough medicines, etc.) or prescribed (antibiotics etc.). Parents should, wherever possible should arrange the dosing of medication so that it is not needed to be given during the time that their child is at daycare. If this is not possible then the *Dreamland medication permission form* must be filled out and signed by the parent. The educator must fill out their part of the form each time medication is given.

## **MONITORING, SUPPORT AND SUPERVISION OF FAMILY DAY CARE EDUCATORS AND FAMILY DAY CARE EDUCATOR ASSISTANTS POLICY**

To maintain quality of education and care, and to continually improve the practices within the family day care service whilst meeting relevant legal requirements dreamland will implement fair and transparent processes in supporting, monitoring and supervising family day care educators and family day care educator assistants, using best endeavors to ensure the continuing improvement of the service.

Dreamland family day care service will support, monitor and supervise family day care educators and educator assistants in complying with the Regulations and Standards and to be empowered to continually improve their service.

The family day care service will develop procedures for:

- Supporting all educators and educator assistants by making available advice and assistance at all times education and care is being provided, including educators and educator assistants residing in remote locations.
- The provision of guidance, information and support to assist registered family day care educators and educator assistants to understand their responsibilities and to comply with the National Law, National Regulations, National Standards and service policies.
- Monitoring and supervising family day care educators and educator assistants by a schedule of visits (announced, unannounced and planned reviews, to ensure ongoing compliance).

### **Program**

- The family day care service will ensure the educator and educator assistant have a current educational program displayed at the service at a place that is easily accessible to parents and available for inspection on request.
- The family day care service will support educators to develop an educational program and monitor the program to ensure it meets the following criteria:
  - delivered in accordance with and based on an approved learning framework;
  - based on the developmental needs, interests and experiences of each child;
  - Takes into account the individuality of every child.
- The family day care service will support educators to develop an educational program and monitor the program to ensure it contributes to the following outcomes:
  - Children have a strong sense of identity;
  - Children are connected with and contribute to his or her world;
  - Children have a strong sense of wellbeing;
  - Children are confident and involved learners; and
  - Children are effective communicators.
- The service will monitor the program documentation used by the family day care educator to assess children's learning and progress in order to meet the



## **DREAMLAND FAMILY DAY CARE SERVICES Pty. Ltd.**

requirements of R.74 (1a), (1b) and is in a format that can be shared with families.

- The service will monitor an educator/educator assistant and provide, at a parent's request, the following information:
  - The content and operation of the educational program as it relates to that child;
  - Information about that child's participation in the program; and
  - A copy of assessments or evaluations in relation to that child.
- If an educator ceases registration with a service all documentation and assessments of child's development will be delivered to the family day care service.
- The service will supervise, monitor and support the educator/educator assistant's interactions and practices to ensure they are positive, ethical and respectful and risks to children are minimized.
- Educators and educator assistants will have access to a toy and resource library and to play sessions.

### **Qualifications**

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

### **Continuous improvement**

The family day care service will support:

- educators/educator assistants to recognize their particular strengths, talents and interests;
- educators with opportunities to work collaboratively with the family day care service and families to further develop their skills and improve practice and relationships;
- collaborative opportunities for educators to discuss and reflect on individual children and families; and
- Family day care educators in an ongoing cycle of review through which current practices are examined and reviewed and new ideas generated.

The family day care service will record this information on individual educator's quality improvement plans.

### **Physical environment**

The family day care service will:

- monitor the family day care residence to ensure that the residence and/or venue and all equipment and furniture used for the education and care of children are clean, safe and in good repair;
- support the educator/assistant to develop risk assessment plans for the physical environment;



## **DREAMLAND FAMILY DAY CARE SERVICES Pty. Ltd.**

- Monitor any modifications and/or intention to modify the environment to ensure compliance with the Residence and/or Venue Assessment form. The educator will notify the family day care service and relevant authorities in writing prior to commencement of modifications; and
- Support and monitor educators/educator assistants in providing a physical environment that is safe, suitable and creates a rich and diverse range of experiences, that promotes children's learning and development.

### **Records**

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

### **Visits to family day care residences and/or venues**

The family day care service will:

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



## **No Jab No Pay Policy**

The Victorian Parliament recently passed amendments to the *Public Health and Wellbeing Act 2008*, affecting enrolment in Family Day Care. The new law applies only to new enrolments, commencing on or after 01 January 2016.

### **Dreamland Family Day Care believes that:**

- ✓ The benefits of immunization are overwhelming, preventing death and disability, particularly amongst young children, and protecting not only the individual but others in the community who cannot be vaccinated.
- ✓ That the Public health risks of failing to vaccinate are so great, which is why the Government is committed to implementing the 'No Jab, No Play' law to boost immunization rates in the community.
- ✓ The 'No Jab, No Play' law aims to improve vaccination rates and reduces the prevalence and spread of disease.

### **Background:**

Vaccination is one of the most effective interventions to prevent disease worldwide. Modern vaccines provide high levels of protection against an increasing number of diseases which, in some cases, can be fatal. Worldwide, it is estimated that immunization programs prevent approximately 2.5 million deaths each year. The current immunization rate in Victoria for children under 5 years of age is around 92 per cent; however immunisation coverage of 95 per cent is necessary to halt the spread of particularly virulent diseases such as measles.

Immunization not only protects those people who have been vaccinated, it also protects those in our community who may be unable to receive vaccines themselves, by reducing the prevalence and spread of disease.





**Procedures:**

Under the new 'No Jab, No Play' legislation, before enrolling a child, Dreamland Family Day Care will have to first obtain evidence from the parent/carers that their child is :

- ✓ Fully immunized for their age OR
- ✓ On a vaccination catch-up program OR
- ✓ Has a medical condition preventing them from being fully vaccinated.

An immunisation status certificate is a statement showing the vaccines a child has received. The most common type of immunisation status certificate is an Immunisation History Statement from the Australian Childhood Immunisation Register (ACIR ).

Immunisation History Statements can be requested at anytime:

- ✓ by contacting Medicare: ph 1800 653 809,
- ✓ email [acir@medicareaustralia.gov.au](mailto:acir@medicareaustralia.gov.au),
- ✓ visit the Medicare website, or
- ✓ Visit your local Medicare Office.

Parents and Carers are able to obtain documentation from immunization providers that meet the requirements for enrolment. This must show: What vaccines the child has had, what date the next vaccine is due, if applicable & any medical conditions. If a child's vaccinations are not up-to-date the parents/carers should consult their doctor or immunisation nurse about bringing the child's vaccinations up to date.

Children who were vaccinated overseas must have their vaccine records assessed and be offered vaccination as required. Record overseas vaccines to ACIR by submitting the ACIR Immunisation History form. The ACIR updates the child's records and the parents can request from ACIR an Immunisation History Statement that indicates the due date for future vaccinations if required. This statement can be provided to the service as proof of immunisation status for the purposes of enrolment.

## **PARTICIPATION OF VOLUNTEERS AND STUDENTS PLACEMENT**

To provide opportunities for the training needs of volunteers and students through imparting knowledge and experience from family day care service staff and family day care educators.

Students can be provided with opportunities and resources to demonstrate their competencies and to gain experience.

This Policy applies to family day care educators, the family day care service volunteers and students on practicum placements. To provide a clear and understandable process to allow for volunteers and students who participate in the family day care service, ensuring safety for them and the children.

The family day care service can offer placements to:

1. High school students who wish to gain work experience as part of a high school program, where the school has initiated the work experience, identified the student's suitability, worked with the service to arrange suitable times and provide authorization for the student to participate.
2. Students attending other registered training organizations and studying in a relevant field, such as childcare, teaching, recreation or community services where the training organization has initiated the placement, identified the students suitability, worked with the nominated supervisor in relation to times and expectations and provided written authorization for the student to participate.

The family day care service will:

1. Provide students and volunteers with guidelines identifying their responsibilities, expectations and code of conduct while at the family day care service during a work experience induction.
2. Check that all students and volunteers over the age of 18 years have completed a Working with Children Check prior to commencing at the family day care service.
3. Inform students and volunteers that they must comply with all obligations under Policy 1.6
4. Give support and guidance to students and volunteers where possible.
5. Assist students and volunteers to belong as part of the team and feel welcome.
6. Encourage students and volunteers to participate and communicate in an open and honest manner.
7. Ensure that students and volunteers do not discuss children's development or other issues with parents.
8. Request that students and volunteers adhere to all areas of confidentiality.
9. Ensure students and volunteers are never left alone or in charge of any children.
10. Require students and volunteers to abide by Education and Care Services National Regulation while on placement.



## **DREAMLAND FAMILY DAY CARE SERVICES Pty. Ltd.**

11. Provide students and volunteers with access to family day care service policies and procedures.
12. Take all reasonable steps to ensure the written policies are followed.
13. Expect students and volunteers to take responsibility for the role that they are undertaking whilst on placement, viewing it as part of their own professional development.
14. Inform families when a student or volunteer is on placement at the service, if applicable.
15. Provide ongoing constructive feedback and assessment that is fair and equitable.
16. Provide students and volunteers with opportunities to learn and participate in a positive, encouraging environment.
17. Maintain a record of all students and volunteers attending family day care service.
18. Ensure all family day care educators maintain a record of any students or volunteers attending a family day care residence and / or venue.



## **Payment of Fees and Provision of a Statement of Fees**

The service recognizes the educator as an agent for the service in relation to the collection of fees as permitted by the Commonwealth. The educator will agree a “Fee Schedule” that complies with the service’s “Statement of Fees” and meets the service’s Fee Policy and Procedures. The fees will include the agreed educator’s fee and the Service Family Levy and will be applied to all families regardless of their circumstances.

### **PROCEDURES:**

- The service will set the “Statement of Fees” which will include all categories of education and care offered.
- The service will inform families that the educator’s “Fee Schedule” is agreed within the policies and procedures of the service.
- Parents are liable for the full cost of contracted childcare at the commencement of care and educators are encouraged to keep payments weekly/fortnightly in advance.
- An educator, who wants to set a fee for education and care outside the service “Statement of Fees”, must provide clear written justification for consideration by the service when submitting their “Fee Schedule” for service approval. (The service will not enter into discussions with an educator relating to other educator’s “Fee Schedules”).
- The educator must provide their agreed “Fee Schedule” to families prior to commencement of care and four (4) week’s written notice to families of any increases to the cost of care.
- The service operates on the understanding that:-
  - The service authorizes the educator to act as an agent and collect the parent portion of the fees on behalf of the service. Collecting this portion of the fee, as well as any debt incurred by the non collection of fees, will be the educator’s responsibility.
  - The educator is responsible to follow up on bad debts incurred for their FDC business. The service will not act on the educator’s behalf or for the educator.
  - The educator will retain the parent portion of the fees and the balance of the educator’s agreed fee charged by the service will be paid to the educator as and when the parent’s subsidy payments are received.
- Before and after school care contracts are for school terms only. Vacation care contracts need to be put in place if required with the parent identifying the days needed. Once this contract is finalized the care is paid for whether used or not as per under school age contracts. Public holidays during vacation care are not claimable for school age children unless care is actually provided on the day.
- Termination of education and care requires a minimum of two week’s notice in writing by either the educator or the family.



## **Photos Policy and Procedures**

Every child deserves to be protected from misuse of photographic and video images of themselves taken while in care.

### **PROCEDURES**

- It is our policy to use photographs of the children and the Educators, taken in the Educators homes, to support the children's learning and also to record children's individual progress, as well as in some cases to use as publicity and administrative purposes.
- We will ensure that the children of parents, who do not wish their children to be photographed, won't participate in this activity. We do not take photos of the children without the parent's permission.
- Photographs recorded in Dreamland Family Day Care, as part of a normal day, are taken using a digital camera and are taken only by the Educator or the Coordinator.

### **Physical Activity Policy**

To promote healthy weight and physical development through physically active play in children, centers should:

- Provide safe and adequate space in both indoor and outdoor play areas for physically active play.
- Engage children in physically active behaviors that are suitable for their developmental ability.
- Encourage children of walking and running age to spend more time in age appropriate running and walking play activities.
- Encourage children who can crawl to be active through age appropriate games and other activities
- Plan for opportunities for children to be more physically active by providing space and activities that vary on a daily basis in children's play areas.
- Ensure a balance of active and sedentary activities throughout the child's day, and minimize sedentary behaviors unless the child is tired or ill. This may include limiting the amount of television watched or playing video games.

### **Cleaning, Disposing, Storing Soiled Nappies Policy:**

The educator will minimize children's and children's centre staff risks of contact with soiled nappies, transmission of infectious diseases, exposure to chemical hazards and child drowning hazards.

Background: Infectious diseases can be transmitted via contact with soiled nappies. Safe cleaning, disposal and storage of nappies can prevent the transmission of infectious diseases and prevent exposure of children and staff to chemical hazards.

Liquid filled buckets can also be a drowning hazard for children. Relevant Legislation: Centre Based and Mobile Child Care Services Regulation (No.2)

### **Practices:**

When cleaning, disposing and storing nappies, centers should:

- Use disposable absorbent nappies in preference to cloth nappies.
- Ensure staff uses single use non-latex gloves and plastic apron, and clean nappy change surfaces, mats, nappy buckets and toilet areas with neutral detergent and water daily. Clean nappy change surfaces between each nappy change.
- Place soiled disposable nappies in a closed foot pedal bin lined with a plastic bag.
- Place soiled commercial cloth nappies in a covered plastic bucket and arrange for removal and cleaning at the end of each day.
- Place soiled cloth nappies provided by parent in child's individual covered plastic bucket or a labeled plastic bag and send home with the parent at the end of day, remove feces with paper towel, flush into toilet or sluice, do not rinse nappies.
- Ensure children cannot have access to nappy change wipes or solutions, nappy buckets, buckets with fluid in them, or plastic bags.
- Dispose of feces and contents of bucket in the toilet or a nappy sluice and wash nappy buckets at the end of each day and clean with neutral detergent and water.
- Dispose of soiled disposable nappies, disposable towels and gloves as general waste, discard into a sealed heavy plastic bag and disposed of daily in the normal council or private garbage disposal.

## Child poisoning in the home - symptoms and treatment

### Summary

Accidental poisoning is common, especially among young children. Symptoms and treatment can vary depending on what and how much has been swallowed, spilt on the skin or sprayed in the eye. A child may also be poisoned if they are given the wrong medicine or wrong dose of medicine. Always call an ambulance in an emergency.

Accidental poisoning is common, especially among young children aged between one and three years. Children explore their environment as part of their natural development. They learn about new things by playing with them – trying to open containers, mimicking what they see adults do, putting things in their mouth and so on. A child may also be poisoned if they are given the wrong medicine or wrong dose of medicine. In most cases, a child is exposed to poison without knowing that it may be harmful. Young children do not know the difference between what is safe and what is dangerous. Parents and carers must take responsibility for making the home safe for children. If you suspect a child has been exposed to a poison, do not wait for symptoms to occur. Call the Poisons Information Centre on **13 11 26** immediately for advice. **If the child has collapsed, stopped breathing, is having a fit or is suffering an anaphylactic reaction, immediately ring triple zero (000) for an ambulance. Do not ring the Poisons Information Centre in an emergency.**

### How poisoning can occur

Poison may be swallowed, spilt on the skin, sprayed or splashed in the eye or inhaled. Most poisonings involving children happen at home, but they can also occur while visiting friends and family or while on holiday. Often the substance is left within sight, ready to be used but unattended. Visitors' bags may be left within the reach of children, which is a problem if they contain medicines or other poisonous substances. At other times, children climb up high to get something they are interested in. Sometimes parents and carers underestimate their child's climbing ability. Plants or mushrooms in the home garden may also present a poisoning risk to your child.

### Poisoning may be a medical emergency

If you suspect a child has been exposed to a poison – whether swallowed, spilt on the skin, splashed in the eye or inhaled – or if a child has been given the wrong medicine or wrong dose of medicine, phone the Poisons Information Centre on **13 11 26** immediately. If the child has collapsed, stopped breathing, is having a fit or is suffering an anaphylactic reaction, this is a medical emergency. Immediately ring triple zero (000) for an ambulance.

### Some common household poisons

Many medications and everyday household items can be poisonous, including:  
**Medicines** – such as pain killers, diabetes medicines, iron tablets, sedatives, heart pills, blood pressure tablets and more.

**Cleaning products** – such as bleaches, dishwasher powders, oven cleaners, drain cleaners, mentholated spirits and turpentine.

**Other household products** – such as essential oils, pesticides, herbicides, some car products and gardening products.



**Poisonous plants and mushrooms** – poisonous plants include oleander, datura and foxglove. Some plants with berries and colored leaves, which are attractive to children, may be harmful. There are also some poisonous mushrooms or fungi that typically grow in autumn and winter. The Victorian Poisons Information Centre website has a list of poisonous plants that are best not to grow in places where children may have access to them – see the ‘Where to get help’ section of this fact sheet.

### **Symptoms**

If your child has had a significant poisoning, any symptoms that develop will depend on a number of factors, such as which medicine or chemical is involved and how much the child has been exposed to. Symptoms of poisoning may include:

- Nausea
- Vomiting
- Drowsiness
- Tummy pain
- Fitting.

### **Do not wait for symptoms to appear**

If a child in your care has been or may have been poisoned or given the wrong medicine or wrong dose of medicine, do not wait for symptoms to occur. Ring the Poisons Information Centre immediately on **13 11 26** from anywhere in Australia, seven days a week, 24 hours a day. Always check with the Poisons Information Centre, even if you are not sure whether your child has been poisoned or not. **Do not try to make the child vomit. This can do more harm than good.** The Poisons Information Centre will obtain a brief history from you and will provide the appropriate advice. Many poisoning exposures in children are mild and can be safely managed at home – staff from the Poisons Information Centre will tell you what to do. You may be advised to take your child to your local doctor or hospital.

### **Treatment in hospital**

If your child requires a trip to hospital, treatment there may include:

- Blood tests
- Activated charcoal (to bind some drugs so the body can't absorb them)
- An antidote (for some poisons)
- Admission for close observation
- Repeat tests.

### **Prevention**

The best protection against poisoning is to make sure that children do not have access to any poisons or medicines. Some tips include:

Check your home to make sure that all poisoning risks have been removed. Ask other people who care for your child to do the same.

Store all medicines, cleaning or gardening products and household chemicals out of children's reach, preferably in a locked cabinet.





## **DREAMLAND FAMILY DAY CARE SERVICES Pty. Ltd.**

Avoid distractions when administering medicines and follow the dosing instructions on the label. Parents and carers should establish a 'checking system' with each other to avoid giving double doses of medicine to children.

Contact the Victorian Poisons Information Centre for general first aid advice and tips for preventing poisoning in your home.

### **Where to get help**

In an emergency, call triples zero (000) or 112 (if your mobile is out of phone range or credit)

Victorian Poisons Information Centre Tel. **13 11 26** – seven days a week, 24 hours a day – for advice when poisoning or suspected poisoning occurs and poisoning prevention information

Emergency department of your nearest hospital

Your doctor

Royal Children's Hospital Safety Centre Tel. (03) 9345 5085

Kid safe Victoria – Child Accident Prevention Foundation Tel. (03) 9251 7725

Your local council.

### **Things to remember**

Accidental poisoning is most commonly a problem in young children.

Most poisonings happen at home but they can also happen while visiting friends and family or while on holiday.

Check your home to make sure that a child has no access to poisons and ask other carers to do that same.

Always double check before giving medicine to children.

If you suspect your child has been poisoned or given the wrong medicine or the wrong dose of medicine, ring the Poisons Information Centre immediately on **13 11 26**.

## Dangerous Plants Policy

### Poisonous Garden Plants

Educators should be aware that there are many plants in the garden that may pose a threat to children in they are eaten. Among these plants is Oleander, *Daphne* species, foxglove, Hellebores species, Arum Lily. Educators should check the list of poisonous plants available to see if they have them in their garden. They should be removed if they are present.

- Castor oil plant (*Ricinus communis*): this is a common self-sown weed with toxic seeds, flowers and leaves. A few seeds can be fatal to a child.
- Coral tree (*Erythrina genus*): the leaves bark and seeds are poisonous. The seeds are particularly toxic for children.
- Common or pink oleander (*Nerium oleander*) and yellow oleander (*Thevetia Peruvian*): every part of these shrubs, including the seeds, is poisonous. Symptoms include staggering, vomiting, diarrhea, irregular heart action, dilated pupils and coma leading to death.
- Deadly nightshade (*Atropa belladonna*): the attractive round purple/black berries on this plant are highly toxic.
- Rhus or wax tree (*Toxicodendron succedaneum*): this plant can trigger strong allergic reactions in many people, causing rashes, redness, itchiness and blisters over the course of a week or longer. Avoid contact even as a result of touching clothing or tools, or exposure to sawdust or ash. Wear protective clothing when removing the plant.
- White cedar tree (*Melia azedarach*): this is a native tree. Six or more fruits can be fatal.

If an educator unsure of any plant they should contact the office. A photo or a sample Of the foliage and/or flowers may be needed for identification<sup>1</sup>.



Leander Pink

Oleander



Rhus

<sup>1</sup> Do not bring a sample of Rhus, the foliage may cause a severe allergic reaction.



## **PROVISION OF INFORMATION, SUPPORT AND TRAINING TO FAMILY DAY CARE EDUCATORS AND EDUCATOR ASSISTANTS**

Dreamland will provide current information, support and training to family day care educators and educator assistants.

This Policy applies to family day care educators and educator assistants (new and continuing) and family day care service staff.

The family day care service will distribute information to family day care educators and educator assistants.

The family day care service will provide ongoing assistance and access to training for family day care educators and educator assistants.

The family day care service will provide current information, ongoing assistance, access to and opportunities for training.

### **Procedures**

Dreamland family day care service will support family day care educators with:

- Initial and ongoing training opportunities and access for family day care educators and educator assistants.
- Quality improvement plan to assist them in developing their service as part of the quality improvement process.
- Ensure every family day care educator and educator assistant is provided with orientation training.
- Develop a philosophy statement and provide information and support to family day care educators and assistants to incorporate planning and programming to reflect this philosophy.
- Ensure educators and educator assistants will 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 educators and educator assistants have access to training and information regarding their responsibilities and requirements under the National Quality Framework.
- Support and assist educators and educator assistants to develop their own quality improvement plans including identification of strengths and training needs (Refer to Quality Improvement form).
- Endeavour to provide access to training to educators and educator assistants through a variety of means, including multimedia, learning packages and face-to-face training sessions facilitated by the service provider or an external trainer.
- Maintain a record of training and support provided to educators and educator assistants.



## **DREAMLAND FAMILY DAY CARE SERVICES Pty. Ltd.**

- Ensure family day care educators and educator assistants are informed and have access to ongoing essential training: for example: Responding to Allegations and Anaphylaxis and Asthma Management.
- Develop a plan for timely delivery of essential training for educators and educator assistants.
- Endeavour to provide information of training opportunities available in the local area.
- Provide educators and educator assistants with links to relevant curriculum documents and information websites.
- Provide educators and educator assistants with electronic or paper copies of all service policies and procedures.
- Ensure that educators and educator assistants have been provided with information about and support to develop processes for the effective maintenance, disposal and storage/display of records such as:
  - Insurance documents;
  - Accident records;
  - Medication records;
  - Attendance records;
  - Provider/service approval;
  - Service rating;
  - Service of waivers;
  - Service operation information;
  - Health and safety, including attendance of a child at risk of anaphylaxis or the occurrence of an infectious disease.
- Dreamland will actively seek feedback from educators and educator assistants regarding the level and quality of information, assistance and training provided.
- Actively seek feedback and input from educators, educator assistants and parents in the development and review of policies and procedures.

### **The family day care educator will:**

- Undertake to meet all essential training requirements as required under Qualifications in the Policy - Monitoring, support and supervision of family day care educators and family day care educator assistants.
- In addition to essential training, undertake 8 hours of professional development between each service membership period.
- If the family day care educator fails to comply with undertaking the 8 hours of professional development, the family day care service membership will be extended for 6 months.



### **Safe Environment Policy**

- The Educator must maintain a safe, hygienic environment for the children in their care.
- If a situation arises in which the educator cannot provide a safe, hygienic environment for the children then the educator must contact the Dreamland Office and the families. The children must be sent home until such time as a safe environment can be guaranteed.
- All educators must have a current 'Working with Children's Check' in order to have their residence used to educate children. This must be an 'E' (employment check).
- Anyone who is 18 years old or older and living in a residence that is used to educate children must have a current 'Working with Children's Check'. This may be 'V' (volunteer check). If a child, living in an educators residence is about to turn 18 years of age, they must apply for a working with children check before they turn 18 so that they will have the check when they turn 18.
- Any visitor who comes to a residence that is in use educating children, or has Family Day Care children present, must sign a visitor's book stating, the date, the visitors name, their address and phone number, the reason they are visiting, the time they arrive and the time that they leave. When the page of the book becomes full the educator must copy the page, keep the copy for their own records and send the original to the Dreamland office.
- Children must at no time be left alone, in the company of a visitor.
- Educators must report to the Dreamland office and to the relevant authorities anything that they regard as being child neglect or abuse. This includes observations and / or disclosures of any form of abuse or neglect where the educator suspects that there may be a problem with a family or others neglecting or abusing a child.
- Any injury or illness that occurs while a child is in the care of an educator must be recorded in the accident/ illness register kept at the educator's residence. This register is to be checked by the field worker as they make their visits.
- Any accident or illness that occurs while the child is being educated or while the child is at the educators residence that results in a child being taken to a doctor must be recorded in the serious incident form and reported to the Dreamland office. These incidents must then be reported by the Dreamland office to the Department of early childhood development (DEECD) and the Department of Education, Employment and Workplace Relations (DEEWR).
- Any incident that occurs while the child is being educated or while a child is at the educator's residence that results in the Police, Fire Brigade or Ambulance being called. The same is true of an incident of a child being taken to the doctors because of an incident that occurs where the child is in care. This includes an accident or illness. All of these incidents must be recorded on a serious incident form and reported to the Dreamland office. A serious incident form must be filed out with the help of the Director, the nominated supervisor, or the fieldwork coordinator. The incident must then be reported by the Dreamland office to the Department of Education and Early Childhood Development (DEECD) and the Department of Education, Employment and Workplace Relations (DEEWR).



## DREAMLAND FAMILY DAY CARE SERVICES Pty. Ltd.

- All educators must do an emergency drill every 2 months. This drill must be recorded on the appropriate form that records the name and signature of the educator, names of the children present, the ages of the children, the date and the time the drill is carried out, name and date of the fieldworker observing the drill. The drill should also contain a 'lockdown' component where the children and educators are required to remain in the house while a situation is occurring outside.
- All outside environments must be clean and free of rubbish and any other hazards. All outside sheds and garages must be locked and secured to deny children access.
- Educators must observe "sun smart" procedures and always apply sun block and hats for children when the children are going outside for any reason
- All gates and fences must be in good order and safe so that children are not able to climb over or through to gain access to adjoining properties. This is especially true if there is water nearby.<sup>3</sup>
- Inside, all household chemicals, sharp or dangerous items must be placed out of children reach and/or locked away from children.
- All electrical outlets must have a safety device fitted.
- All cupboards must have safety catches fitted
- Smoking is not allowed in house any used as a family day care residence.<sup>4</sup>
- Fresh drinking water must be available at all times. During hot weather children should be encouraged to drink more often.
- Food, including fruit, should be available at regular intervals.
- Dreamland has a no pets policy
- All educators and other staff who have contact with children must have a current first aid, anaphylaxis and asthma certificate.
- A refresher course s in CPR, asthma and Anaphylaxis pen use must be taken every 12 month.
- All toys, games etc. must be cleaned and disinfected regularly.
- All toys, games etc. must be kept in good order. Any damaged equipment must be repaired or replaced.
- The environment must enhance the children's feeling of wellbeing. (nice color, pictures etc) and the daycare area must be setup to be conducive to a learning environment. This means for example putting up copies of the children's written work, artwork and drawings on the wall. There should be adequate table space for work to be carried out.
- All art materials, paints, pencils etc. should be marked non-toxic. All recycle art material should be non-toxic, safe i.e. no sharp edges and so on. With small children there should be no items that are small enough to cause a choking Hazard. Also there should be no plastic bags, strings or tapes that babies can be tangled up in. Educators should exercise good judgment and common sense when acquiring toys, materials and equipment for the children to work with. Educators should always be aware of age appropriate needs when acquiring equipment.

---

<sup>3</sup> See the "Dreamland Pool and Water Safety Policy and Procedures"

<sup>4</sup> See the "Dreamland Smoking, Alcohol and Drugs Policy"

## **Sleep and Rest Policy**

To ensure all children have positive sleep and rest experiences and are safe while sleeping or resting as part of an Education and Care Service.

Dreamland Family Day Care acknowledges the importance of safe sleep and rest practices for children. The service policy is based on recommendations from the recognized authority SIDS and Kids. Children need to be supervised while sleeping or resting and have positive transition times from play to sleep and rest. SIDS is the most common cause of death in babies between one month and one year of age. It is very important to stay up to date with current recommendations from SIDS and KIDS.

The sleep routine should be based on the individual needs of the children and parental requirements. An appropriate quiet and relaxing environment should be provided for those children who do not participate in this routine, as well for those who sleep.

### **Educators need to:**

- Make reasonable steps to ensure that the needs for sleep and rest of children being educated and cared for by the Educator are met having regard to the ages, development stages and individual needs of the children.
- Follow the childcare practices recommended by the SIDS and Kids Safe Sleeping Program to reduce the risk of SIDS and create a safe sleeping environment. (The recommended SIDS and Kids Safe practices form the basis of this policy).
- Inform parents of the recommended SIDS and Kids Safe Sleeping Policy.
- Place babies under 12 months on their backs for sleeping. Babies under 12 months should only be placed on their tummy or side to sleep if told to do so in writing by the child's medical practitioner.
- Use only cots that comply with the requirements of Australian/New Zealand Standard. Ensure that cots are regularly checked, maintained and kept in a hygienic manner. Ensure there are an adequate number of cots, beds, stretchers or sleeping mats (together with waterproof covers) or other culturally appropriate forms of bedding for all children who sleep at the Educator's home.
- Ensure the mattress is clean, firm and well fitted.
- Ensure comfortable and well ventilated areas for sleeping and resting in an area that has natural light and ventilation, and
  - Allow easy exit of any child, and
  - Allow easy access to any child, and
  - Reduce the risk of cross infection between children.
- Place babies at the bottom of the cot to prevent them from wriggling down under bedclothes. No quilts or doonas will be used. Bedding will be firmly tucked in at the bottom to prevent them covering the baby's head during sleep.
- Discuss with families children's sleeping arrangements and respect their requirements. Ensure that sleeping children remain within sight and/or hearing range of the Educator and are regularly monitored.



## DREAMLAND FAMILY DAY CARE SERVICES Pty. Ltd.

- It is recommended Educators manually record the times physical checks are made in relation to sighting the color of children's skin and hearing and assessing children's breathing.
- If a child is sleeping in a room where the Educator cannot see and/or hear them at all times an operational baby monitor will be required.

### **Families are encouraged to:**

- Discuss their child's sleeping routines with the Educator.
- Work in partnership with Educators and Co-ordination Unit staff to ensure their child has consistent routines and settles into care with minimal stress.



### **Sun Protection Policy and Procedure** (Regulation 168 Cl.2.a.ii)

Dreamland recognizes that early exposure to UV and the sun can cause health problems later in life. To protect the children in our care we require educators to keep the children out of the sun when high levels of UV are present. Educators should teach the children the dangers of exposure to Ultra Violet light.

To protect the children and educators skin, these steps need to be followed by children and educators.

- 20 minutes before leaving the home, the children and the educator must apply sunscreen and hats. Hats must have a wide brim or must cover ears and neck.
- Sunscreen must be SPF30+.
- Educators should wear hats; this is role model for children.
- If the child doesn't have a hat apply sunscreen, use spare hats. The educator should talk to the parents and encourage them to supply a hat for their child or children. As much as is possible children without hats should stay in the shade.
- The children need to wear clothing that covers the shoulders, even better arms. Less skin showing the better.
- Wearing sunglasses is optional-if worn must conform to the Australian standard.
- This must be followed through from September-April or when the UV level is 3 or over.
- Between September-April between the hours of 10am-3pm, need to ensure the children wear hats and sunscreen due to the high UV level between these times.
- Whilst outdoors encourage the children to play in the shade.
- Any cases of sunburn should be reported to the coordination unit intermediately after applying appropriate first aid.
- Any cases of sunburn should be reported to the parent/guardian as soon as is practical.
- Any case of sunburn should be followed up by the coordination unit and a risk assessment should be done. Any changes suggested by the risk assessment should be adopted by all care units.



### **Tips and Hints for Sunscreen Use and Storage:**

Dreamland recommends that all educators and parents visit the website at <http://www.sunsmart.com.au/uv-sun-protectio>

Slipping on sunscreen is one of five ways to protect you and your children from the sun. However it is important to know that sunscreen doesn't provide 100% protection and should be considered the last line of defense against the sun. It should be used alongside Slipping on protective clothing, Sliding on Sunscreen calculator sunglasses, seeking shade and Slapping on a sun protective hat (Sun Smart, 2012). Sun Smart Victoria has developed a to assist you in determining how much sunscreen to use according to your height, weight and clothing you are wearing. It is also important to remember that sunscreen needs to be applied 20 minutes before going out in the sun and should be reapplied every 2 hours, or more frequently after sweating or swimming. Share this tool with your workers or encourage them to download the free Sun Smart application which features this sunscreen calculator.



## **SUPERVISION POLICY**

Educators will provide adequate supervision to all children while in care with the understanding that parents have the expectation that when their children are in care they will be adequately supervised.

### **Definitions**

Direct Supervision- (close, immediate, full,) is where the Educator remains in the immediate proximity of the activity or experience because there are hazards and limits that must be controlled.

The supervision is constant, and requires the interaction of the Educator with the child/children.

- An Educator should maintain visual supervision of the children in their care, including school aged children, at all times. If the children are to be left for any reason without visual supervision then auditory supervision is only considered to be adequate if frequent visual checks are made.
- Educators must not leave the children in the care of any other person unless that person is a co-ordination unit staff member, another registered Educator or co-Educator, or a medical professional during a medical emergency.
- Educators should never leave children unsupervised in a motor vehicle. Such action may be considered an offence. Even if visual supervision can be maintained there is the potential for children to touch the car controls creating an unsafe situation:
  - become distressed at being left in the car alone
  - be exposed to harmful fumes
  - be exposed to criminal acts such as carjacking, kidnapping etc

Therefore Educators must not leave children in a vehicle to run into shops, preschools, schools, garages or other buildings.

- When on walking excursions with the children or when accessing a public road, car park, or thoroughfare, the Educator must ensure that the children in her/his care have knowledge of road safety and that implementation of road safety practices occurs at all times. This includes rules that are set out by the Educator and that children are familiar with, eg holding hands, and the Educator having control of all children at all times.
- As adequate supervision must be maintained at all times, Educators must not allow children to play
  - on balconies where there are potential blind spots
  - areas of the backyard which have blind spots
- Educators must ensure that the design of the outdoor environment allows clear visibility. There should be no obstructions, which hinder the supervision of children – eg; garden sheds, caravans etc. If there is washing on the washing line, the Educator must adjust supervision level accordingly, if there is a chance it may hinder visibility.
- Educators must ensure that the design of the indoor environment allows clear visibility. There should be no obstructions which hinder the supervision of children.



## **DREAMLAND FAMILY DAY CARE SERVICES Pty. Ltd.**

- Educators must ensure that they are not distracted from their childcare business activities and all children continue to receive adequate supervision when guests and children's parents are visiting the premises. This is a critical time to ensure supervision of children comes first.
- Educators will not perform other duties other than those required to carry out the provision of the service. Other duties examples include but are not limited to;
  - ironing and housework,
  - speaking on the phone for lengthy periods of time,
  - checking
  - emails and other business related duties such as working on the computer,
  - working
  - on canteen,
  - attending school reading groups,
  - Attending personal appointments (eg; doctor/beautician/hairstylist/accountant).

### **Play Session**

- Educators must maintain supervision of their children in care while at a play session. It is not appropriate to;
  - allow one child outside unsupervised if the remainder of your children are inside doing supervised activities;
  - leave children in your care unsupervised either indoors or outdoors, while you toilet or change a child
- Educators must ensure that a child is NEVER left unsupervised in any potentially dangerous situation such as in a high chair, on a change table, in a car, climbing equipment etc.
- Educators must maintain at least auditory supervision of other children in care;
  - when changing nappies
  - children go to the toilet independently
  - when the Educator is in the toilet
- Educators must provide direct supervision when children are self-administering medication, e.g. nebulizers, asthma inhalers etc.
- Educators should ensure that any out of home excursion is appropriately supervised with sufficient ratios adults to children e.g. it would not be appropriate to take a full complement of children to a crowded venue such as a shopping centre or festival without the assistance of another adult plus relevant documentation carried out, e.g. risk assessment, excursion forms.

### **Supervision of Sleeping/Resting Children**

- Educators must ensure that during the children's rest time period, the Educators remain awake/alert and maintain auditory supervision at all times.
- Educators must also visually check the children at frequent intervals while they sleep, particularly if the children are in a separate room. This may require the use of a "baby monitor".
- Each individual child must be checked at least once every 15 minutes whilst they are sleeping. Educators need to physically enter the room where the child



## **DREAMLAND FAMILY DAY CARE SERVICES Pty. Ltd.**

is sleeping, actually check that the child is breathing and check on the general well being of the child.

- It is also recommended that Educators discuss with each individual family the sleeping needs of their child and discuss an agreed time frame for the checking of their sleeping child, based on the individual child's needs. Some families may require more regular checks on their child depending on the age and needs of the individual.

### **Supervision of Children during Overnight Care**

Each individual child must be checked at least once every 15 minutes whilst they are sleeping, prior to the Educator going to sleep.

Each child must be checked during the night if the Educator wakes.

### **Safe Sleeping Guidelines**

- All Educators must follow the 'Sids and Kids' Safe Sleeping Guidelines. If a family's beliefs and practices are in conflict with 'Sids and Kids' guidelines then we will not endorse any alternative practice without written advice from a medical practitioner.
- Healthy babies should always sleep on their backs A doctor's written advice will be required for non-back sleepers. This advice should detail:
  - why a baby should not use a back-sleeping position
  - how the child should be placed to sleep
  - The time-frame for the alternate instructions to be followed.
  - Babies must sleep with their faces uncovered.
  - There should be no donnas, pillows, bumpers, sheepskins or soft toys in the child's cot
  - Babies feet should be at the foot of the cot
  - Bedclothes (linen) should be tucked in securely so it is not loose
  - All cots used in Family Day Care must meet Australian Standards and must only use the correctly fitting mattress supplied with the cot
  - Babies must never be allowed to sleep on a pillow, beanbag, lounge or bed
  - All children should be put to sleep on their back – older children will settle into a position that is comfortable
- All children must be visually checked during their period of sleep. A visual check should involve:
  - Going to the child/baby
  - Checking that the child/baby is breathing.
  - Checking that the child/baby has not vomited, etc and is sleeping comfortably
  - Checking that the child/baby's face is not covered with bed clothing, etc

### **Checking that the environment is safe**

- For example, no dangling cords or strings, heating and electrical appliances are well away from the cot.

- It is recommended that for children 0 to 5 years a check should be made every 10-15 minutes whilst they are sleeping. A record of these checks should be made and kept by Family Day Care Educators.
- The sleep record should resemble the following table and a copy is to be kept in the children's file.

<b>Children Sleep Record</b>				
<b>Date</b>	<b>Child's Name</b>	<b>Time Checked (Time Now)</b>	<b>Time since last Check</b>	<b>Comments</b>





## **Toys and Materials Policy**

Toys should comply with AS/NZ ISO 8142 where applicable. Educators must consider the safety and age-appropriateness of all toys.

### ***Safety actions include:***

1. Choose toys or play equipment that do not have sharp edges, sharp points or hooks, splintery surfaces, heavy moving parts, or parts that crush, or which are capable of launching projectiles. Store any such toys out of reach of young children
2. Ensure that items used for toy storage do not have lids that could crush or entrap a child's hand or fingers
3. Ensure that toys or other play equipment do not contain toxic material
4. Adhere to age appropriate warning labels on toy packaging
5. Avoid the use of baby walkers, jolly jumpers and inside swings.

### **Small wheels (e.g. rideons, tricycles, and bikes)**

Bikes are not recommended for young children in the FDC setting. If older children do use bikes, tricycles, skateboards or another wheeled device, it is recommended that educators:

1. Ensure children always wear a helmet that complies with AS 2063
2. Restrict children to safe play areas away from slopes, stairs, roads and changes in level
3. Ensure tricycles are the right size for young children
4. Encourage children to wear wrist guards and knee guards where possible.

**Non-Toxic** No toys used in a Family Day Care setting should be made of, contain, be painted with anything that is a toxic.

**Paints, pencils and art materials** Educators shall, at their own expense provide art materials, paper, cardboard, cardboard tubes, paint, pencils, colors and pigments, safety scissors, glue, string and any other age appropriate art material.

There must be suitable quantities supplied for the children to paint, draw and express themselves but educators should encourage the children to avoid waste. All material will be non-toxic and marked suitable for children.

Paper and other material may be recycled from whatever source but recycled material must be clean and safe for the children's consumption.

Parents should bring art smocks or old clothes so that the children can produce work without getting dirty.

## **Toy Safety**

### **Choking hazards**

Toys should be large enough so as to cause a choking hazard to younger children. Toys should not contain small parts that can be removed as cause a choking hazard.

- ✓ Check toys regularly for loose parts and stitching tears
- ✓ Check dummies for small parts or worn nipples – if worn, throw away
- ✓ Do not let infants play with balloons
- ✓ Keep all toys out of baby's bassinette
- ✓ Always supervise children playing with balloons – deflated balloons can cause choking
- ✓ Check house for toys and other items that may cause choking – coins, pen tops, etc.

When supplying or buying toys or toy boxes for children in care, educators should:

- ✓ Check all toys for poor design and manufacture ensure they are non-flammable and there are no choking hazards such as cords, thread or ribbons, small pieces that can break off.
- ✓ Check for sharp edges, rough surfaces or brittle plastic as they can cause cuts and splinters, buy washable, non-breakable, non-toxic toys, and check for ventilation before buying masks, helmets and tents.
- ✓ Not provide projectile toys as they can be very dangerous, also be wary of toys that make loud noises as they can be harmful to hearing.
- ✓ Ensure that all toys are age appropriate including ride-on toys – ensure they are stable, have effective brakes, are regularly checked and maintained.
- ✓ Be aware that it is safer to use toy crates without lids or with light-weight removable lids rather than toy chests. Only use toy chests and boxes that are designed not to close on top of children, cannot be locked, and ensure there are ventilation holes in case a child crawls inside box. Ensure that toy boxes with hinges are fitted with a hinge type that closes slowly to avoid trapped fingers and head injuries
- ✓ Read labels on new toys, “not suitable for children under three” means there may be small parts which could be swallowed, check that there are no gaps or holes which could trap a child's fingers.
- ✓ When tidying up or washing toys check toys regularly for loose, detachable or broken parts that are choking hazards, anything that can fit into a 35mm film canister can choke a child under three years old, discard broken toys if not repairable.





## **DREAMLAND FAMILY DAY CARE SERVICES Pty. Ltd.**

- ✓ Encourage the safe and correct use of toys, supervise activities, and arrange play areas where toys can be used safely, away from electrical equipment, heating and cooling systems.
- ✓ Preferably buy washable toys if practicable and ensure toy cleanliness. Wash mouthed toys daily using warm water and soap, and dry in sun, rotate toys to allow for washing and use individual toy bags for babies, clean books by wiping with moist cloth and drying, clean toy storage areas weekly. (See Section 1.7 Cleaning).
- ✓ Ensure toys do not contain lead. This is most likely to occur with second hand toys.



## **TV Policy and Procedures**

Any use of T.V. in child care must be thoroughly researched and planned to eliminate potential risks to children's health and wellbeing. Services must also ensure that their Policies and Procedures for the use of T.V. are developed in consultation with the families and are communicated effectively to all families using the service.

Viewing age appropriate T.V. programs and videos can extend children's experiences and increase their understanding of the world.

### **PROCEDURES**

- At Dreamland Family Day Care we allow the children, if parents agree, to watch T.V. for 30min and the programs must be appropriate for the ages of the children.
- We always ensure that the Educator watches the T.V. with the children to monitor the program content and children's understanding of the program and reactions to the program that they are viewing.
- The Educator makes sure that there are alternative experiences available for children who choose not to watch T.V., or whose families don't want them to watch T.V.
- Dreamland Family Day Care always consults with the families about children and T.V., and respects their wishes if they don't want their children to watch T.V.



Visitors Policy

The new children’s services regulations and act state that all visitors to a family day care that has children present must sign a visitor’s book.

It is Dreamland’s policy that all visitors must sign the visitor’s sheet that we supply or if you do not have the printed form, the visitor must sign a paper stating the visitor’s name, the visitor’s phone number, the reason for the visit, the time the visitor enters and leaves the day care. They must sign this is correct.

This includes:

Guests who visit your home for any reason e.g. Dreamland staff and coordinators, other educators, washing machine repair person, friend relative and so on.

Guests who stay overnight in your home, must have a working with children’s check.

**Please remember that when you are with the children, you are working at a paid job, your attention must be on the children that you are teaching not on a friend or relative!**

Visitors are at no time to be left alone with children.

If you do not have an official printed sheet please rule up an A4 page to look like this or to contain this information. You do not have to rule it up exactly but it must contain all of the information below.

If you do not have an official printed sheet please contact the office or your coordinator to get some forms. It is the educator’s responsibility to have the correct paperwork. If you do not have any form that you need please contact the office or ask your coordinator.

Name of Educator			Address of residence/venue:			
Date	Name of visitor	Address & phone number	Reason for visiting	Time in	Time out	Signature of visitor



## **Pool and Water Safety Policy and Procedures** (Regs 168 2a, iii)

### **Introduction**

Children need to learn about water as it is part of the environment in which they live. They need to learn about the hazards and dangers associated with water and educators should include it as part of their curriculum age appropriate information about safety concerning water. As drowning is a leading cause of death in children aged from 1 – 4 years Dreamland recognizes the importance of a water safety policy and procedure. Children can drown in as little as 5cm of water so care must be taken with all water sources such as fish tanks, buckets, spa's, fountains, pet drinking bowls, backyard ponds and pools and any other source of water. Besides drowning water may also be a source of transmission for water borne pathogens.

### **Policy**

It is dreamlands policy that all access to water should be controlled by the family daycare educator and that any water in the family day care be fenced, covered, contained or otherwise removed from access by the children being educated in the day care.

### **Wading and paddling pools**

Because of the control methods needed to keep the water chlorinated, disinfected and free from disease and pathogens we have decided that wading and paddling pools should be banned from use in our service.

### **Larger swimming pools**

Larger swimming pools should be fenced and the fence should meet Australian standards. Any gates must be fitted with childproof locks and the lock and gate must be in good working order. Anything that the children can use to climb over the fence e.g. Bikes, logs, trees, bins etc. must be removed, and the fence must be kept clear at all times.

No child should swim in the pool without –

1. Written permission from a parent or guardian to learn about water safety and swimming.
2. Appropriate adult-child ratios are in place, i.e. 1 adult for every 1 child for young children (under 3), 1 adult to 2 children for 3-5 and 1 adult to every 5 children for school aged children.
3. The educator who is supervising must have recognized training in water safety and rescue procedures and a current first aid certificate, with up to date CPR.
4. A CPR (cardiopulmonary Resuscitation) Guide must be kept near the pool, pool filters and chemical must be kept out of children's reach
5. The educator must teach the children water safety before they are allowed to be in the pool.

### **Public baths**

If the educator plans to take children to the public pool, they must get an extra permission slip sign by the parent or guardian. The educator must teach the children water safety before they can go to the local public pools or toilets. They must also complete a risk assessment as they would with any outing. There must be at least a

ratio of one adult to every 3 children when educators take the children to the public pool. The children must have sunscreen applied and must wear a hat and shirt during any activity that involves exposure to the sun.

### **Sun Smart**

The educator must be sun smart i.e. Apply sun screen to the children, have the children wear hats and shirts etc that keep them safe from exposure to the sun.

### **Other water sources**

Nappy buckets, buckets or any container that holds water must be fitted with a child proof cover. Pet's water bowls must be closely monitored. The children must be the closely supervised by the educator when they are around water at all times. The children must never be left alone near water at anytime.

### **Neighbor's pools**

If neighbor's have a pool or a family day care is close to a lake or dam or other source of water educator must ensure that connecting fences and gates are in good order so that a child cannot climb through and that there is nothing close to the fence for a child to climb over to reach the water. In case of an adjacent lake or dam the educator must have a fence and gate capable of denying access to water source by children in their care?

### **Hot water**

All hot water taps that are accessible to children must have a child resistant cover fitted and where possible a tempering valve that mixes hot and cold water together before it comes from the tap should be fitted. Electric hot water jugs must be pushed well back on the bench and no cord should hang down where a child may reach it. All cooking pots should have their handles facing away from the front of the stove. Children **must** be supervised around hot water at all times.

### **Drinking water**

Educators must ensure that the children in their care have access to clean, safe drinking water during the day. Water should be offered several times a day. In hot weather children should be encouraged to drink more.





## **Work Safety and Work cover Policy**

Dreamland recognizes that safety in the work place is important and that all family daycare educators should maintain a safe and healthy work place. Dreamland should help them to provide a safe place workplace. Educators as well providing a safe environment for the children in their care should also make sure that they provide a safe workplace for themselves. Dreamland shall provide training in workplace safety such as manual handling training.

Work cover should be provided by the company for all staff members and educators. Educators should pay a fortnightly fee to cover their share of the work cover premium. Dreamland will provide administration of all work cover policies and claims.

### **Manual Handling**

To minimize the risk of back injury in child care staff and other staff members and to comply with the Occupational Health and Safety Act and other relevant legislation, educators should:

- Have adult height sinks and change tables, for adults have adult size toilets and for children have low self- help toilets and step stools for children.
- Use small chairs with good back support instead of squatting or bending for interaction with children.
- Use an adult chair for feeding infants.
- Have cots with drop-sides and moveable steps so that, toddlers can climb into cot.
- Use beds that are lightweight and stackable with washable mattresses.
- Have shelving, filing cabinets, and storage cupboards at suitable height to avoid stretching to reach them.
- Use a trolley for laundry and have the clothesline at a reachable height.
- Use mechanical aids where suitable, ensuring they are not a safety hazard for lifting and moving.
- Have adult size furniture for adults in offices and where adults do not usually interact with children.
- Where possible, kneel rather than bend down, to avoid neck and back problems.
- Carry children only when necessary, in the correct way - with one arm under the child's buttocks and your other arm supporting the child's back. At the same time, hold the child facing you, as close to your body as possible, try to avoid carrying a child on your hip because this may strain your back.
- When lifting awkward loads, be careful to lift with a balanced and comfortable posture.
- Minimize the need to reach above shoulder level and use a stepladder.
- Avoid extended reaching forward, e.g. leaning into low equipment boxes, share the load if the equipment is heavy, long or awkward.
- When lifting babies out of cots, stand close against the cot and raise the child as close as possible to your body, do not stretch over and lift.
- When sliding, pulling or pushing equipment, e.g. benches or gym mats, if the equipment is not easy to move, ask for help and organize a team lift.



## **DREAMLAND FAMILY DAY CARE SERVICES Pty. Ltd.**

- Use equipment and furniture that can be moved around as safely, easily and comfortably as possible.
- Provide staff with training and information on back care and safe lifting techniques.
- Place lighter items higher on shelves.
- Lift or move furniture using at least two people.
- Where possible, arrange children's activities/sleep around furniture/equipment to minimize manual handling.
- Minimize lifting children by having steps/foot stools in areas where lifting of children is likely to be needed, such as, nappy change room.
- Dreamland will provide manual handling training for staff as needed, display posters showing correct methods of lifting, and develop strategies for minimizing risk such as stickers showing correct methods of lifting.

### **Stress**

To minimize the risk of and manage stress, and ensure staff and educators have adequate opportunities for leave and holidays, Dreamland should:

- Be aware that the main causes of stress and burnout in children's centre staff are:
  - not being able to take holidays or sick leave
  - long working hours, working overnight, on weekends and public holidays
  - inadequate recognition
  - inadequate training
  - lacks of breaks and variety of work
  - not being able to contact families in emergencies
  - conflict with families over policy issues especially excluding children when they are ill or have a potential infectious disease
  - conflict over administration and non-payment or handling of fees
  - expectations, needs of own family, and dealing with family and personal issues
  - increased administrative work
  - constant exposure to infectious diseases and other occupational health risks
  - constant exposure to noise
  - Responsibility for children's welfare and fear of litigation.
- Provide staff with support from the centre manager, about issues relating to - holiday leave, sick leave, not being able to contact families, conflict with families, negotiating with families about adhering to policies and guidelines, administrative workload, and the need of children's centre staff to take leave in personal and family emergency.
- Assist staff to make arrangements with the centre manager about taking regular holidays, some strategies include the children's centre having relief child care staff or the centre manager assisting in finding alternative care.
- Develop a staff policy which assists staff to make arrangements with the manager for provision to allow the children's centre staff to take emergency leave for situations such as personal illness or illness in their family or other personal issues.



## **DREAMLAND FAMILY DAY CARE SERVICES Pty. Ltd.**

- If caring for children overnight, on weekends or on public holidays, have arrangements with the centre manager and parents to have compensatory days off.
- Monitor all child care staff for problems and issues and take positive steps to assist in preventing and managing stress by:
  - including children's centre staff and other staff in determining changes and making decisions in the management of the centre,
  - providing adequate training in all health and safety issues when it is required, especially in the areas that are considered to be major sources of stress for children's centre staff, such as exclusion of sick children, conflict resolution, exposure to infectious diseases and other occupational health risks, caring for sick children and children with chronic health problems, administering medications, and first aid emergencies,
  - implementing effective communication channels so that children's centre staff and other staff can feel confident in being able to voice their concerns and resolve problems and issues,
  - assisting children's centre staff in planning workloads and dealing with the impact of caring for children with illness, chronic health problems or other special or developmental needs,
  - Conducting regular reviews of policies, management and communications procedures, and children's centre staff problems and issues,
  - effectively and fairly dealing with and resolving both children's centre staff and family's complaints and conflicts through a complaints policy and procedure,
  - providing recognition of staff's efforts and achievements through praise and work and family friendly practices,
  - Establishing communication systems that encourage input from children's centre staff, families, other health professionals, and the community.
- Make opportunities available for directors and staff for training in personal stress management.
- Employ strategies which help in preventing, recognizing and reducing work stress, such as:
  - a management system which recognizes stress and recognizes individuals more likely to be at risk of stress, such as directors and executive staff, and staff who have extra responsibilities,
  - giving staff more participation in decision making and problem solving in policy making and management of the centre,
  - Make use of employee assistance programs which may be helpful.
- Build a culture of empathy and support in the work place when stressful situations occur.
- Recognize and acknowledge staff's efforts and achievements.