



# Childcare Policies and Procedures Manual

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**The Committee of Management**

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*For clarification of any of the guidelines contained within this Childcare Policies and Procedures Manual, contact the Community House Manager who will be glad to provide guidance and support.*

*Disclaimer: This manual does not claim to be the absolute authority on all aspects of the Neighbourhood House Sector. Rather, it is a starting point for information and should be used in conjunction with other sources of information and existing policies and procedures.*

*The information is provided on the basis that readers will be responsible for making their own assessments of the matters discussed and are advised to verify all relevant representations, statements and information and obtain independent advice before acting on any information contained in or in connection with this manual.*

*While every effort has been made to ensure that the information is accurate, the Community House will not accept any liability for any loss or damage, which may be incurred by any person acting in reliance of the information.*

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## Welcome

A welcome message from the Committee of Management:

*“Caulfield South Community House Inc. (the House) prides itself on our childcare programs.*

*Our Occasional Care program provides support for families to offer care and education for their children. In the spacious hall, qualified staff members provide a happy, relaxed and stimulating environment for children to play and explore. Activities include song and dance, art media, paint/crayons, home corner, dolls, play dough, puzzles, bead frames, soft toys, rattles, building blocks and story time. We follow the EYLF curriculum to ensure all developmental needs are being met.*

*Our 3-5 year old Kinder program was introduced in 2011 responding to a growing shortage of 3 year old kindergarten placements in the local community. Children in the 3-5 year old Kinder program learn through play and exploration in a safe and caring, yet structured and challenging environment. Incorporating the EYLF curriculum, the program covers all areas of development, including social interaction, fine and gross motor skills, language and literacy development, dramatic and social play and creative and expressive art. Other features of the program include continual development of self confidence, co-operation, self esteem and independence in group situations as well as respect for one another.*

*While Community Houses vary widely in structure and ethos, fundamental principles including community development and lifelong learning remain constant across the sector.*

*Whether you are a new family to the House or you have been a member for many years, we hope that this manual will provide you with the information you need to understand the workings of a Community House and our Childcare programs.*

*The House, in accordance with our mission, vision and values, will harness appropriate resources and skills to ensure a sustainable future which supports the community in which it operates.*

*Our Members play a very important role in this task and we hope that you enjoy your time at the House as much as we will value your time spent with us.”*

*Caulfield South Community House Committee of Management*

## What We Believe In

We are a non- sectarian, not-for-profit community organisation, led by volunteers to provide a warm, friendly meeting place.

We aim to provide a pleasurable environment in which all people in the community can find ways to enrich their lives.

Our Vision is for an enriched community.

## Values

At the House we value:

-  Inclusiveness
-  Diversity
-  Support
-  Enjoyment
-  Dignity
-  Integrity

## Code of Ethics

The House is committed to acting with integrity and providing the best possible service to the community.

Australian law regards not-for-profit incorporated bodies as equivalent to companies and use the same principles to assess negligence and other breaches of the law.

The six general principles are as follows:






1. Act honestly and in good faith.
2. Act with care and diligence.
3. Act loyally and avoid conflicts of interest.
4. Avoid abuse of opportunity and information.
5. Act in the best interests of the organisation.
6. Exercise powers for their proper use.

## Who We Are

Please refer to the Caulfield South Community House (the House) Organisation Chart for reporting lines.



## Committee of Management

The Committee of Management consists of the following positions elected annually at the Annual General Meeting of the Organisation of the Caulfield South Community House.

-  President
-  Vice-President
-  Secretary
-  Treasurer
-  Ordinary Members






The Committee of Management must have a minimum of five board members and a maximum of six. Two extra board members may be co-opted if required.

The Committee also allocates the following positions:

-  Public Officer of the Association
-  Childcare Licensee

## **Paid Employees**

Currently the House has six paid staff members:

-  House Manager
-  Childcare Coordinator/Kindergarten Teacher
-  Childcare Assistant
-  Administration Support Staff
-  Accountant

## **Contractors**

The House secures the services of specialist contractors to support the operations of the House.

-  Auditor

## **Tutors**

Refer Organisational Chart for reporting lines and Contact List for current incumbents, working hours and contact details.

## **Profile of Caulfield South Community House**

The House is a not-for-profit community organisation which has been operating since 1988. The House is a warm, friendly meeting place for people to share ideas, skills and resources.

The House is incorporated and registered as a not-for-profit organization. Although small by comparison to other organisations, it is active in providing for the needs of the local community.

Many women in need have passed through the House, building their skills and developing their self-esteem. As a result they have been able to study and/or join the workforce, and a number of these women who originally signed on as Volunteers, grew and moved on. Over the years many have returned to share their personal success and act as a volunteer once again. Their involvement has been part of the culture of the house and the success of the empowerment of women is evident. Not only women volunteer and learn through the House, many men have learnt and volunteered their time, skills and knowledge to the House including sitting on the Committee of Management.

Brochures displaying the semester's programs are made available to Members and the general community. They are displayed at the House, on our website, throughout the local shopping centre and in the municipal community service centres. There is also a regular newsletter produced which informs members of the community of any updates to programs, new classes, activities, news and upcoming events.

The House Manager is a qualified professional who is employed part-time to coordinate the activities and develop community engagement.




The Committee of Management meets regularly to undertake its governance role.

Funding is received from State Government Departments, local Council, Adult Community Further Education (ACFE), and philanthropic bodies. Membership fees of \$15 per annum, user pay programs and fundraising events also provide financial assistance.

The House works together and in conjunction with other community houses, the local Information Centre, Health Centres and all other community service providers within the local and surrounding areas.

Everyone is welcome at the House and nobody would be turned away from any program or activity because of financial hardship.

## **Principles**

-  We believe every person has an equal right to access programs and further education and the right to be treated with respect and dignity.
-  We are particularly mindful of the diversity within our community and make every effort to encourage people from all walks of life to access the House.
-  We believe that the House should be a safe place for everyone and will therefore not tolerate behaviours which are disrespectful or make people feel unsafe.

## **Frequently Asked Questions**

### **What Do Neighbourhood Houses Do?**

Neighbourhood Houses offer support, referral, education, health and wellbeing and recreational classes and in addition usually provide childcare and playgroups at low cost for locals and is available to everyone in the community. They operate from a community development perspective.

### **Who Funds Neighbourhood Houses?**

Neighbourhood Houses receive funding from various sources, however their primary sources of funding are the Department of Human Services and the Adult, Community and Further Education Board as well as local government.

### **Who owns the Neighbourhood House building?**

In most instances, Neighbourhood House buildings are owned by Local Councils but in our case we lease the space from St John's Uniting Church (The Uniting Church in Australia – SYNOD of Victoria and Tasmania.)

### **What is Governance?**






Governance is the process of planning, monitoring, steering and evaluating an organisation's performance and overseeing the direction and operations of an organisation with reference to goals and vision. The Committee of Management carries out the governance role.

### **What is the Committee's role and what is the Manager's role?**



The Committee of Management's role is to set the overall direction and oversee the financial and legal requirements of the House. The Manager's role is to manage the organisations day-to-day operations in order to meet the overall direction set by the Committee.

### **How and Why do Community Houses Differ?**

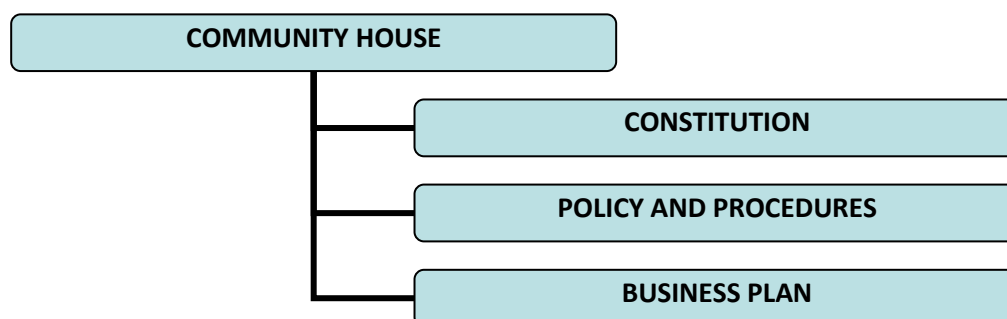
Community Houses can be referred to by a range of names, including:

-  Community Centres
-  Living and Learning Centres
-  Neighbourhood Centres or Houses
-  Learning Centres
-  Adult Learning Centres

Neighbourhood Houses differ in two primary areas, namely:

-  What programs and services they provide for their particular community.
-  Their funding and structure.

***Three basic factors form the operating framework for the Community House.***



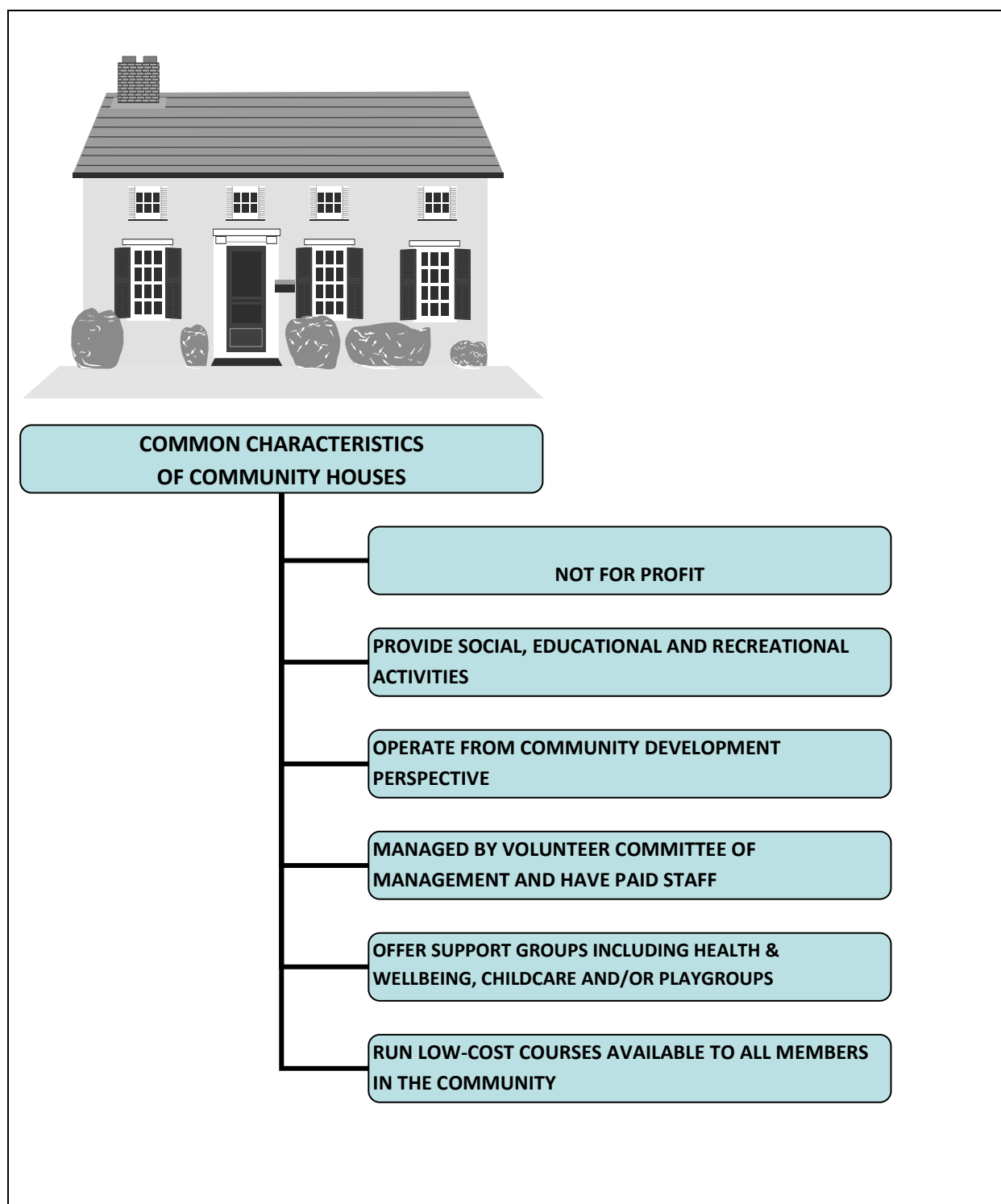
***These factors are interlinked and must work together to ensure successful Community House management.***



While they differ considerably, Community Houses, regardless of their structure, are bound by common characteristics.

## Common Characteristics of Community Houses

The following diagram illustrates the common characteristics of Community House organisations:



# Introduction

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Thank you for considering CSCH Early Learning Childcare Services Occasional Care and/ or 3-5 Year Old Kinder Program for your family's childcare needs.

We understand just how difficult it can be choosing a childcare facility for your child, and therefore hope that this booklet is helpful in assisting your family in its important decision.

Our Childcare Coordinator/Kindergarten Teacher ensures that your on-going queries in regards to service administration are responded to and dealt with promptly and professionally.

The Childcare Coordinator/Kindergarten Teacher will also develop and provide a high quality program that reflects the individual needs of each child, as well as the needs of the group, guided by the House's unique philosophy. We ensure that the enrolment and orientation of you and your child into our House is a positive experience.

Our early childhood program will act as a vehicle for your child's learning and development whilst at the House. It will provide quality experiences, and reflect current thinking and early childhood trends. This is a vital component of a quality childcare service.

# Our Childcare Philosophy

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At the House, our philosophy is to support children to develop to their maximum potential in their social, emotional, moral, cognitive and physical growth. We are committed to enhancing children's self-esteem through daily interactions, developmentally appropriate experiences, and relationships based on mutual trust and respect. Further, we honor the child's right to play and develop in a safe and stimulating environment.

The House aims to equip the children with the life skills that will enable them to experience fulfilling and rewarding participation within their community, by providing opportunities to work together co-operatively, to explore human relationships and to practice positive conflict resolution strategies.

At the House we strive to develop positive, supportive relationships with families based on open communication and sharing of knowledge and skills. We consider each family unique in its structure, culture and values, and respect the special relationship between children and their families, incorporating this perspective in all our interactions with children.

We recognise staff as our most precious resource and aim to provide them with a satisfying and safe working environment. We believe that together the staff and the parents create a partnership that provides for the best interests of young children and families.

The House aims to develop and implement environmentally sound practices that recognise our responsibility to protect and preserve the environment, and to foster in children an ongoing commitment to caring for the world in which they live.

## **Admission Policy**

### **Aim**

At the House, we aim to provide an equitable basis for families to access childcare services.

### **Waiting List**

If you are interested in attending childcare, you are welcome to make enquiries with our Childcare Coordinator/Kindergarten Teacher, or place your child's name on the waiting list.

This does not guarantee a childcare placement. You will be contacted as soon as a suitable position becomes available.

### **Priority of Access**

At the House, current family enrolments are given the option to continue care on an ongoing basis at the end of each term.

Our Childcare Coordinator/Kindergarten Teacher will strive to maintain adequate age ratios amongst each group, in order to sustain active enrolments for the centre.

Age entry will be at the discretion of the Childcare Coordinator/Kinder Teacher, taking into account a child's developmental stage and safety within the group.

When a child no longer requires childcare, a suitable candidate from the waiting list will be offered that spot. If this offer is not suitable, the family will have the option to remain on the waiting list, or be removed.

The Childcare Coordinator/Kindergarten Teacher will continue to offer available positions in accordance with the above to other families on the waiting list.

If there are no suitable candidates available for vacated childcare spots on the waiting list, the position will be left open until such time as it can be filled.

Priority of care for childcare placements include:

- A child at risk of serious abuse or neglect
- A child whose family is in crisis
- A child of a single parent who is working/training or attending classes
- A child of Aboriginal or Torres Strait Islander families

There is a priority of service to siblings of current children and children of current staff and Committee of Management. There is no priority to friends of current families, staff or Committee of Management. These families will need to go on the waiting list.

Should a parent feel that they have been wrongly served by the above policy, a complaint may be lodged with the House Manager, who will in turn forward the complaint to the Children's Service Licensee?

## **Enrolling and Settling Your Child**

A new environment can create anxiety for many children. Even if your child has been in another childcare situation or Centre, they will still need time to adjust to the new staff and environment.

Prior to commencement at the House, parents must complete all relevant paperwork and submit via the office.

Parents can help their child adjust by:

- Visiting the House with their child prior to actually leaving him or her, and talking about the centre before returning the next time.
- Leaving the child for short periods, gradually increasing to a full morning session.
- Discussing with staff your child's routine and habits.
- Ensuring that your child has his/her special "security object" such as a teddy or blanket.
- Returning at an agreed time – staff will use this time to reassure your child as to your arrival (eg: Mummy will be back after snack time).

The settling in period is very important to the security of the child. The House will cater to individual needs and parent wishes.

## **Behaviours of Concern Policy**

The Behaviours of Concern Policy is the teaching/learning process by which children develop socially acceptable and appropriate behaviour as they grow to maturity.

Behaviour guidance is something adults do with and for children rather than something done to children to stop them from behaving in undesirable ways.

The goal of effective behaviour guidance is to assist children in becoming confident, fully functioning individuals who can make decisions and direct themselves appropriately. Young children are enormously influenced by their social environment, giving those who interact with children a responsibility to create an appropriate atmosphere using sensitive and effective guidance skills. We will respect all children's cultural backgrounds and differing family values.

The process of guiding children's behaviour is continuous and offered while acceptable behaviour is occurring as well as before, during and after unacceptable behaviour may be displayed.

Our aim is to promote self-worth and empowerment, which will allow children to resolve conflicts by developing a positive attitude towards themselves and others.

Our ultimate goal is to eliminate inappropriate behaviour and increase positive socially acceptable and competent behaviour by fostering self-esteem and self-worth.

Staff will communicate with parents about how a child is cared for at home and try to maintain consistency when guiding their behaviour.

## **Guidance Methods**

- Redirection to another activity;
- Offering verbal encouragement that acknowledges strengths, values, contributions, respects independence, shows faith in abilities and notices improvement or effort;
- Planning ahead to prevent problems with communication with parents to maintain consistency with home and centre;
- Encouragement of appropriate behaviour; children to be encouraged to channel feelings of anger and frustration into positive actions;
- Staff to supply appropriate words when necessary to help encourage children to verbalise their feelings and ideas with alternative solutions to displays of aggression;
- Providing experiences in an environment that encourages children and promotes positive behaviour;
- Adults and children to work together to set limits for each age and reinforce these limits in a clear and consistent manner;
- The co-operation of parents in our endeavours to reinforce positive behaviours;
- The encouragement and modelling of, trust, co-operation, choices, mutual respect, equality and responsibility;
- The development of children's ability to listen to OUR words by using eye contact, moving to a quieter place and by sitting with the child to create a nurturing environment;
- The use of positive language when talking to children;
- In some instances, caregivers may choose to ignore a child's negative behaviour and reinforce another child's positive behaviour. For example, Billy is stamping his feet during story time; staff may say "Can you see how nicely James is sitting? Well done James.";
- If behaviour does not improve, caregivers may use "Think Time." This does not mean sitting in a corner, as we believe it is unacceptable to punish, ridicule or isolate children. "Think Time" means distracting the child away from their current behaviour or moving the child to another (quiet) activity. He/she can also be given a choice at this time, eg: "Would you like to read a book or do a puzzle?"

## **Unacceptable Forms of Childcare Discipline**

### **Punishment**

We believe that behaviour guidance and control should not be punitive. Children's destructive behaviours should be interrupted and re-channelled but not by an attitude of retribution or by inflicting injury, pain or harm.

### **Ridicule/Sarcasm**

Under no condition should circumstances be created for the purpose of causing ridicule or embarrassment to any child.

### **Isolation**

A child will not be isolated by himself/herself as a punishment but may be moved to a quiet area.

## **Childcare Guidelines**

### **Inside**

When inside:

- We encourage the children to use their inside voices at an appropriate volume.
- The children use their “walking feet” inside as running is for outside. We also keep our feet on the ground and not on our furniture or equipment.
- Children are encouraged to choose between and use all equipment offered to them in a gentle, respectful manner and assist in the clearing away of activities.
- Children are to tidy up the equipment they have been using when finished so that it is “ready” for the next person.
- Children are not to leave the room unless accompanied by a staff member.

### **Outside**

When outside:

- We are a ‘Sun Smart Centre’ so when outside, sunscreen is to be applied and we have a “No Hat, No Outside Play” policy.
- Children climb on appropriate equipment where soft fall is present. No climbing is allowed on rails of ramp, fences or gates.
- Large sticks from our trees are removed from our yard before the children go outside, and additional fallen sticks are removed immediately by a staff member.
- Sand is kept in the sandpit at a safe level to ensure children’s safety.
- Children are encouraged to respect equipment and use with care.

## Complaints Policy & Procedure

### Complaints & Grievances

We believe that children and parents are entitled to expect courtesy and prompt, careful attention to their needs and wishes at all times.

Unhappiness can pose a major problem for both staff and parents and disrupt the quality of the program for the children.

Problems and their possible causes need to be identified so that action and solutions can be discussed.

If you have any issues in regards to:

- The care of your child;
- A staff member;
- Another child or family;
- The service in general;

You are welcome to address the issue with the Childcare Coordinator/Kinder Teacher. The Childcare Coordinator/Kinder Teacher will document any issues or concerns and discuss the matter with the House Manager.

An informal meeting may be arranged to discuss the situation, proposed outcome and strategies to deal with the complaint.

If you are not satisfied with the handling of the complaint, you are welcome to put your complaint in writing to the Caulfield South Community House Committee of Management, who will address the issue as soon as possible.

Alternatively, the matter can be reported to the:

Department of Education & Early Childhood Development  
Children's Service Advisor  
122 Thomas Street  
Dandenong Victoria 3175  
Phone: (03) 9213 2020

All complaints, whether verbal or written, to either the House or DEECD are treated as confidential.



## **Notifying Complaints to the Department**

The Department does not need to know about every complaint made to a Children's Service. However, the proprietor must notify the Secretary within 48 hours of a complaint being made if the complaint alleges that:

- The health, safety or well being of any child within the children's service may have been compromised;
- There may have been a contravention of the Act or Regulation 105 (2).

There are also requirements on the proprietor to notify the Secretary of serious incidents as per regulation 90 and Part 4 (29C) of the Children's Service Act.

## **Fee Payment Policy**

The House Committee of Management will set the fee structure for childcare each year. We are a not-for-profit organisation and aim to keep fees to a minimum.

Fees are payable from the agreed date of commencement and must be kept up to date at all times.

- Fees are to be paid by the beginning of each term via direct debit, cheque or cash handed into the office.
- Under no circumstances are fees to be passed to a staff member in the childcare room.
- Fees are processed upon payment and receipts issued to parents via email.
- It is the responsibility of all parents to see the House Manager if problems of payment or financial difficulties arise.

## **Annual House Membership Fee**

An annual membership fee per family is payable at the beginning of each year. This fee will be revised at the end of each financial year, and parents advised accordingly.

## **Early Arrival / Late Collection Policy**

As stipulated under the Department of Education and Early Childhood Development Licensing Procedure, the approved hours of operation of childcare and the employment conditions of the staff are such that the childcare room cannot be opened before 9.30am or beyond 2.30pm Monday – Friday.

If you anticipate that you will be late, parents are expected to telephone the House office who will advise childcare staff of the details. If for any reason parents will be unable to collect their child, it is up to the parent to make alternative arrangements for your child to be picked up.

Parents must ensure that their enrolment details are current at all times, and that an authorised person is listed on their paperwork to pick up their child, should the need arise. In this case, photo identification must be supplied to staff upon pick up of the child concerned by the collecting party.

We trust that you understand that having children in the House prior to or beyond the times stipulated above, leaves the House in breach of the State Government Children's Service Regulations and creates unnecessary stress for all concerned.

Should a parent not arrive to pick up a child from the House, and no other point of contact is available, staff will remain with the child for as long as required. If the child has not been picked up within 1 hour after the session has finished, and phone contact has been unsuccessful, staff will notify the Department of Human Service and the Police.

## **Court Orders, Restraining Orders and Separation**

A copy of any Court Orders and/or Restraining Orders must be given to the Childcare Coordinator/Kinder Teacher on enrolment or when approved by the court should the child/children already be enrolled.

It is also the responsibility of parents to inform the Childcare Coordinator/Kinder Teacher of any family separation issues where Court Orders/Restraining Orders are not in place.

Family situations may result in parents making changes to their list of people who have permission to collect their child/children. Without Court Orders/Restraining Orders, we are legally bound to release children to either parent. However, if we are informed of circumstances, we will be able to put procedures in place to assist parents in separation situations.

## **Updating Our Records**

### **Forms**

New enrolment forms will be distributed annually. However, the Childcare Coordinator/Kinder Teacher needs to be informed of changes as they occur. This includes:

- Change of address and/or phone number;
- Change of authorised persons collecting the child;
- Change in your child's health and immunisation records;
- Change of work details.

## **Authorised Collection of Children**

Parents are to ensure the correct information is on their child's enrolment forms, in regard to those people authorised to collect their child.

The minimum age of a person authorised to collect a child from the House is 18 years. This person must be named on the Enrolment Form as having authorisation from the parent to collect the child from the House and they must be able to provide identification indicating date of birth.

In the event of an unknown person to staff, or a person other than that previously stated collecting your child, parents must:

- Ring/notify staff that there is a change and that somebody else will be picking up the child.
- Give staff the full name and brief description of the person picking up the child.
- Inform this person that they must provide staff with identification on arrival at the House.
- Staff will inform your child of any change in the person collecting them.

## **Confidentiality Policy**

Confidentiality is an important aspect of any Child Care Centre. Parents have a right to feel that childcare staff respect their privacy and that personal information about them and their family is not subject to scrutiny by other parents or members of the public.

All Child Care Centres must adhere to the regulations of the Department of Education and Early Childhood Development, and other such regulating bodies. Therefore, confidentiality must be seen to operate within this framework.

A child's enrolment at the House is not to be confirmed to anyone without the consent of the child's parent or guardian.

If the House has a student on placement from University or TAFE, the Childcare Coordinator/Kinder Teacher may allow limited access to children's information. For example, the children's first name, date of birth, country of origin and home language, to assist with assignments in their course of study. Parent permission must be given before any other information is passed on to the student.

## **Supervision Policy**

At all times staff must ensure that child/staff ratio is acknowledged and met.

No child or group of children is to be unattended at any time.

If staff members need to leave the childcare area, where they are responsible for the supervision of children, they must first call upon another staff member or volunteer to relieve them.

When children are using the bathroom, one staff member must be positioned within the room to supervise/ assist children.

Whilst outside, staff must place themselves in positions that allow supervision of the whole play yard and door entrances. This is especially important when supervising a group of children alone.

If staff members are running indoor/outdoor programs simultaneously, they must ensure that staff ratios are met in both areas.

Whilst supervising children, staff must continue to move around observing the whole yard and all children. Staff must not stay in the same position for long periods of time, unless supervising on their own, and must always be in a position that allows them to react to different situations quickly.

## **Child Safety Policy**

Commitment to safety: All children who attend the CSCH Early Learning Childcare Services have a right to feel and be safe, we aim to create a child safe and child friendly environment where children feel safe and have fun. The welfare of the children in our care will always be our first priority and we have a zero tolerance to child abuse. We have legal and moral obligations to contact the appropriate authorities when we are worried about a child's safety, which we will follow rigorously.

Reporting a child Safety Concern or Complaint:

**Naomi Goldman** has been appointed as Child Safety Person with the specific responsibility for responding to any complaints made by staff, volunteers, parents or children. We have specific policies, procedures and training in place that support our childcare services team, management, staff and volunteers to achieve these commitments.

Risk Management

We recognise the importance of a risk management approach to minimising the potential for child abuse or harm to occur and use this to inform our policy and procedures. Our services are committed to prevent child abuse and will identify risks early, and assist to remove/reduce these risks.

## **Gender Equity Policy**

Gender Equity means providing all children with the opportunity to develop to their maximum potential, regardless of their gender.

Our program reflects the commitment we have to children's growing sense of self-worth, confidence and independence, a desire to see children reach their full potential.

We aim to provide quality care to all children, regardless of race, creed, culture, gender or disability. We hope to achieve this through:

- A curriculum that values each gender equally. Look objectively at the programs and provide areas that are not dominated by one particular gender as this can be intimidating;
- Equal opportunity for both genders to participate in all aspects of the program. Staff will encourage children to participate but respect their choices and acknowledge their play preferences;
- Equal encouragement to develop all skills and potential. Staff regard all individuals equally and will provide the same opportunities for boys and girls and ensure that all learning experiences are equally accessible;

- Questioning attitudes, behaviours and values that may limit or hinder children's skills and potential;
- Access to learning experiences that enable children to develop understanding about the discriminatory nature of some social practices, behaviours and attitudes;
- Language that does not reflect bias to either gender and questioning attitudes that may hinder or limit children;
- Purchasing of equipment that does not reinforce gender bias. Choosing books, songs, etc, that promote gender equity and removing resources that may not be in line with this philosophy;
- Actively encouraging all children to show empathy and healthy assertiveness, treating other children as equal;
- Showing sensitivity to the child rearing practices and attitudes of different cultures;
- Ensuring all children are given equal attention and time from staff;
- Providing good role models who are not biased in anyway and participate in all experiences regardless of our knowledge of them;
- Talking to children about roles of family members and people in the community and how these roles can be done by either gender.

## **Cultural Diversity Policy**

Our program aims to reflect the purpose of the House by encouraging family participation and a sense of community. The community is made up of people from varying backgrounds and cultures.

Within our programs, we aim to respect and meet the needs of all our families through:

- Encouraging children to ask about their own and others' physical characteristics;
- Providing children with accurate, developmentally appropriate information;
- Providing a range of materials that represent varied racial groups, in response to children's interests, acknowledging the similarities and difference between cultural groups;
- To foster children's curiosity, enjoyment and empathetic awareness of cultural differences and similarities and providing special cultural activities in response to children's interest;
- Providing support or written information for those families who have English as a second language;
- To enable children to develop with ease, and respect physical differences;
- To help children become aware of our physical characteristics – what makes us all human beings;
- To affirm and foster children's knowledge and pride in their cultural identity;
- To recognise, minimise and teach children to overcome any inappropriate responses triggered by cultural differences.

We invite parents to become involved in as many aspects of House life as they feel they can. We ask for their help in embracing the festivals and celebrations of all cultures, and in assisting us to acknowledge the occasions which are important to them.

## **Sun Smart Policy**

The House has developed a Sun Smart Policy to ensure that all children and staff at the House are protected from skin damage caused by the harmful UV rays of the sun.

Our Sun Smart Policy is implemented throughout the year, but with particular emphasis on the warmer months. Hats are mandatory in terms 1 and 4.

A sun hat that protects your child's face, neck and ears must be provided in your child's bag every time they attend the Centre. Kinder children are provided with a legionnaire style hat upon enrolment. Please ensure these hats are clearly labelled. If they are not, staff will name the inside rim of the hat.

Parents are advised to apply sunscreen to your child before arriving at the House each morning. (Sunscreen with protection Factor 50 will be available at the House.)

Exposure to the sun is such a concern that children will need to remain inside with adequate supervision if they refuse to wear a hat. If this is not an option, the child will be required to play in the shaded area outside.

All children are encouraged to wear appropriate clothing that protects both their shoulders and backs, and footwear (i.e. no thongs). Swimwear is not considered to be appropriate clothing, no matter how hot the day may be.

Children and staff need to wear hats and use shaded areas during the warmer months.

Drinking water will be available at all times and offered frequently. Children will be encouraged to drink. Time will be allocated during the morning for children to stop what they are doing, sit quietly and have a drink. This routine will encourage all children to drink when they might otherwise be too busy to do this on their own.

In any outdoor-programmed activities such as excursions, this Policy is used and is applicable to children and adults (parents and staff).

Staff will discuss the importance of skin care and sun protection with children in regards to keeping safe and healthy. Information will be displayed as a reminder of our Sun Smart Policy. This Policy will be reinforced in a positive way.

## **Clothing Policy**

Because we believe that young children learn through play, they will be encouraged to explore a wide range of materials and activities, including messy activities. It is important that you provide clothes for your child that allow them to feel comfortable, move freely and can stand dirt! Each child should bring with them a complete change of clothes in a suitable bag. Infants will sometimes need more than one change of clothing. We ask that ALL clothing be clearly named. We take no responsibility for lost clothing. However, if clothing is named, we will make every effort to recover it and return it to the owner.

### **Cold Weather**

- In cold weather, a warm coat and hat is necessary so that children can still go outside to play. Spending some time outdoors even in winter promotes good health through exercise and fresh air.

### **Hot Weather**

- Children are required to wear light clothing that covers their shoulders and backs. We strictly adhere to our Sun Protection Policy, so a labelled hat that protects your child's face and ears is required. (Legionnaires or wide brim)

### **Shoes**

- For your child's safety, you are asked not to send your child in thongs or clogs (Crocs). Shoes need to be comfortable and well fitted and suitable for outdoor play and climbing.

### **Nappies/ Toilet Training**

- Throughout the morning during the Occasional Care Program, children's nappies will be changed as required and prior to leaving the House. Please supply a minimum of 2 nappies each day.
- Children do not need to be fully toilet trained in the Kinder Program. Staff will work with parents in the toilet training process so that it is consistent both at home and at the Centre. Please speak with staff about any toilet training issues/concerns.

## **Infection Control Guidelines**

HIV, Hepatitis B and Hepatitis C are viruses with similar modes of transmission. For transmission of either to occur, infected body fluid must enter the bloodstream of an uninfected person.

The only risk of occupational transmission is through accidents where the skin is punctured or where infected blood is splashed onto breaks in the skin or into the eyes or mouth.

Other body fluids such as faeces, urine, sweat and tears are not a risk for HIV, Hepatitis B or Hepatitis C transmission. They may, however, contain other types of infectious particles. For this reason, the procedures that follow are designed to prevent any bodily fluids from entering the caregiver's body.

The following procedure must be adhered to at all times:

### **In Case Of Bleeding**

- Treat all blood as potentially infectious;
- Locate first aid kit and notify a first aid qualified staff member;
- Wear disposable gloves;
- Cover open wound with water proof dressing ;
- Clean spills.

### **When Cleaning Blood & Body Fluids**

With Detergent:

- Wear disposable gloves;
- Apply absorbent paper to soak up substance and discard;
- Clean surface with detergent and hot water;
- Dry area so that it is not slippery;
- Place gloves and all disposable towels in plastic bag, seal bag and dispose;
- Wash hands thoroughly.

With Bleach:

- Wear disposable gloves;
- Apply absorbent paper to soak up substances and discard;
- Wipe with warm water and detergent;
- Dry area so that it is not slippery;
- Place gloves and all disposable towels in plastic bag, seal bag and dispose;
- Wash hands thoroughly.



# Illness, Medical & Accident Emergency Policy

## Health Related Problems

It is essential that parents inform staff of any health related problems with their child. A child's life could depend on staff having the right information. For example: a history of convulsions, allergies, etc.

Such chronic illnesses should be discussed with staff so that they are familiar with how to attend to your child if necessary.

All childcare staff must have current Level II First Aid Training, Anaphylaxis Management Training and Asthma Management Training.

## Illness

When a child is ill, they need one-to-one care. No childcare service is able to offer this. For working parents, it is important to consider a support network in case your child becomes ill.

Please do not send your child to Childcare if they have:

- A fever – a child with fever of more than 37°C must be kept at home (or will be sent home). It is advised that the child stay home fever free for at least 24 hours. His/her activity level and appetite should be back to normal as well. Parents should watch for secondary problems such as tonsillitis or ear infection. Seek medical advice, and give your child plenty of fluids.
- Been prescribed antibiotics for an acute illness – a child who has been prescribed an antibiotic for an acute illness should be kept at home for at least 24 hours.
- Vomiting/ diarrhoea – a child who is vomiting or suffering from diarrhoea should be kept home until 24 hours after the vomiting/ diarrhoea has stopped. Micro-organisms, which cause vomiting and diarrhoea, are highly contagious and will spread through a centre very rapidly.
- Cold sores – (Herpes simplex) are painful sores usually around the mouth. Sometimes there is a fever. The condition requires medical attention if the infection is severe or if the sores become secondarily infected. The child should remain at home until the sores have dried.
- Heavy coughs and colds - the child should remain at home until the cough/cold has eased (especially if the child has a green, snotty nose).
- School Sores - the child should remain at home until the sores have dried.
- Conjunctivitis - the child should remain at home until the infection has cleared.
- Head Lice - the child should remain at home until lice treatment has commenced.

## **Infectious Disease**

If your child is diagnosed as having an infectious disease, it is important that you notify the Childcare Coordinator/Kinder Teacher immediately. In some cases, it may be necessary to recommend that other family members seek medical advice immediately. The other children and staff at the House may also be placed at risk. A medical certificate may be required to be presented prior to the child returning to the House. This is particularly important if there is the possibility of a staff member or parent being pregnant.

Parents and The Department of Education and Early Childhood Development will be notified of any case of significant infectious disease at the House, respecting confidentiality at all times.

## **Accidents or Medical Emergency**

In the case of a serious illness or accident, staff will attempt to contact the parent immediately. Please ensure that the telephone contact you have given in your enrolment details is correct and updated as required.

If emergency treatment is required, an ambulance will be arranged without delay.

It is advisable that parents consider having Ambulance Membership, as parents will be responsible for any costs incurred should an ambulance be required.

## **Major Accidents**

In the event that your child is involved in an accident at the House, appropriate first aid will be given.

All accidents are recorded. Parents will be required to sign an acknowledgement in the Accident Book outlining the nature and treatment of the injury.

As per regulation 90 of the Children's Service Regulations and section 29C of the Act, a report outlining the accident is required to be submitted to the Secretary of the Department of Education and Early Childhood Development within 48 hours.

If an accident is to the head, a phone call will be made to inform the parent/s.

## **Medication Policy**

### **Procedure for Administering Medication**

To protect your child from incorrect administration of medication, strict policies have been developed in accordance with regulation 83 of the Children's Service Regulations 2009.

Children may only be given medication by staff if:

- They are prescribed by a medical practitioner and are in a container labelled by the pharmacy with the child's name, dosage details and use by date.
- Over the counter medication (eg. Dimetapp, Actifed CC etc.) that state, "Not to be used for children under 2 years of age without medical advice" (or similar wording) will not be given unless a letter from the child's doctor is provided.
- Over the counter medication will only be given for three consecutive days in one week without a doctor's note stating the child's name, dose and allowable period of time.

This Medication Policy has been designed to avoid the possibility of inappropriate use of medicine with young children in our care.

### **Storage of Medication**

Immediately upon arrival to the House, parents must place all medication in the house fridge or first aid cupboard. Medication is never to be stored in a child's bag or in areas that are accessible to children. Details of medication are to be entered into the medication book.

When a child requires medication to be administered, it may only be done so if correct details have been entered into the House's medication book by the child's parent/guardian. Details that must be included in each entry are:

- Date of entry;
- Child's full name;
- Name of medication and dosage to be given;
- Date and time of last dose;
- Date and time of requested dose;
- Circumstances why medication is required;
- Authorising signature of parent/guardian.

In the event of the entry into the medication book being completed as a precautionary measure if the child is to become unwell, ie: Asthma or Temperature rise, "when needed" is NOT sufficient detail regarding time to administer. Instead, parents must provide sufficient detail regarding the symptoms that need to be present before medication should be given, ie: If wheezing commences, or if a temperature rises above 37 degrees.

## **Changes to Dosage**

In the event of a parent requesting a change in the dosage of medication to be given to their child other than what is written on the container, whether it be over the counter or prescribed medication, the House must first have a signed letter from the child's doctor authorising the change in dosage. If no such letter has been received, staff must only administer the dosage that is written on the medication container and parents should be contacted and informed that this has occurred.

## **Administering Medication**

When staff administers medication to the child, there must be two staff present. Both staff should have Level II First Aid Training.

Both staff must check and witness the following details prior to administering medication to a child:

- That the parents details entered into the medication book are the same as what is written on the medication label – child's name, dosage, correct time between previous dosage;
- That the correct dosage is prepared for the child in question;
- That the full dosage is administered to the correct child.

Staff should collect the child in question prior to pouring the medication out of its secure container.

While administering medication, staff must ensure that the medication is never left in a position where it is accessible to children.

Once a medication is poured prior to being administered to a child, it must be either retained in the staff member's possession or given to the child in question straight away.

When medication has been administered to the child by staff, both members must complete the medication administration forms and sign.

It is also the responsibility of parents to check the administration details in the Medication Book when picking up their child. Parents are then required to sign this book to acknowledge that the requested medication has been given, or for various reasons, dosages, time administered may have changed as this could impact the next dose.

## **Ongoing Chronic Conditions**

In the event of a child suffering from an ongoing condition such as Asthma or Epilepsy, which requires prolonged/preventative medications, parents must supply the House with a Medical Management Plan signed by your doctor at the time of enrolment or onset of the illness. This plan must state the name of medication required, the dosage and the symptoms of indicators for medication to be administered. The child's doctor should renew this letter annually. Parents must notify the house if changes to this arrangement occur within the year. A current photo must also be on the Medical Management Plan.

## **Exclusion of Sick Children and Staff Policy**

- Sometimes children and adults need to be away from the House for the safety of others. This is called exclusion. The exclusion period is the minimum period to be away from the House. However, a child or member of staff may need to stay at home longer than the exclusion period to recover from an illness.
- Excluding sick children is an important way of preventing the introduction or re-introduction of infection into the House.
- Recommended exclusion periods are based on the time that a person with a specific disease or condition might be infectious to others. The Department of Human Services exclusion timetable will be strictly adhered to at all times.
- Recommended non-exclusion means there is not a significant risk of infection to others. A person who is not excluded may still need to stay at home because they do not feel well.
- Some diseases required a medical certificate before the child or adult can be re-admitted to a childcare centre, such as, Diphtheria, Hepatitis A, Polio, Tuberculosis, Typhoid and Paratyphoid.
- Children with cold sores, conjunctivitis, school sores and head lice will be excluded.
- If any communicable disease is identified in the House, parents will be notified. Staff will ask a parent to take their child home if it is felt that he or she needs to see a doctor or has an illness that is contagious, or the child requires prolonged individual staff attention.
- As you can expect, staff occasionally contract illnesses passed on by the children. As with children, we encourage staff to remain at home until all signs of illness have passed.

## **Immunisation Policy**

### **Childhood Vaccinations**

The most reliable method of protection against harmful infections is immunisation.

The principle of Immunisation is simple:

- It gives the body a memory of infection without the risk of natural infection;
- By using the bodies natural defence mechanism to build resistance to specific infections, it helps us to stay healthy by preventing serious infections;
- Immunisation protects the person who has been immunised against particular diseases.

If a child has not been vaccinated, the child will be excluded from the House during outbreaks of some infectious diseases (such as measles and whooping cough) even if the child is well. A call will be made to the parent/s of the un-vaccinated child/ren.

If the child is vaccinated, the child should have received all the required vaccinations recommended for their age.

It is essential that Immunisation Records are kept at the house and updated by parents on a regular basis – please update Immunisation Records on your child's enrolment forms.

## Head Lice Policy

Head lice continues to cause concern and frustration for some parents, teachers and children. This policy is intended to outline roles, responsibilities and expectations of the childcare community to assist with treating and controlling head lice in a consistent and coordinated manner.

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

It is the expectation of parents and families attending the House that:

- Your child does not attend childcare with untreated head lice (In accordance with Health Infectious Diseases Regulation 2001);
- Parents/guardians will notify staff if their child is found to have live lice and advise when appropriate treatment was commenced;
- Notify parents or carers of your child's friends so they have an early opportunity to detect and treat their children if necessary;
- Use only safe and recommended practices to treat head lice;
- Maintain a sympathetic attitude and avoid stigmatising/blaming families who experience difficulty with control measures.

In the event of a reported case of head lice, staff must:

- Abide by the House's exclusion policy in regards to Infectious Disease;
- Be aware of real difficulties that some parents may encounter and seek extra support if required;
- Notify families via front door notice each time a case of head lice is detected in the House;
- Make up-to-date information available to parents via newsletters of Information Bulletins.

## Procedure for Management & Treatment of Head Lice

In the event that your child contracts head lice:

- Children with live lice will be excluded from this service until appropriate treatment has commenced;
- Appropriate treatment includes a thorough application of either insecticide Head Lice lotion or shampoo followed by removal of all eggs from the hair strands;
- No treatment kills all eggs so treatment MUST involve two applications seven days apart. The purpose of the first treatment is to kill all live lice; the second treatment is to kill young lice that may have hatched over the next six days from eggs that were accidentally not removed;
- Parents will be expected to make a thorough attempt to remove as many eggs from their child's hair as possible directly after the initial treatment. If a conscious effort to remove eggs is not evident then these children will be excluded from this service until done so;
- Regular weekly checks of children and family members hair is recommended as this will help detect head lice early and minimise further problems.

## **Asthma Policy**

Asthma is an unpredictable condition with trigger factors, signs and symptoms that vary with each person. We ask that if your child has been diagnosed as an asthmatic, that you and your child's doctor complete an Asthma Management Plan for the House.

The responsibility of the management of the child's condition lies with the child's family and the child's physician. Under no circumstances should staff members change the dosage of medication without referring to the child's family first. It is the responsibility of staff members to advise parents of any observations made of a change in the child's condition. It is the parent's responsibility to seek medical assistance.

Any changes to the standard procedures are to be advised to the staff member by the parent under doctor's directions. A letter stating any changes will be required from the child's doctor.

Under no circumstances are any asthma medications to be self administered by children, or left in a child's bag.

## **Anaphylaxis Policy**

### **Policy Statement**

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

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

### **Purpose**

The aim of this policy is to:

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

This policy applies when a child diagnosed as being at risk of anaphylaxis by a qualified medical practitioner is enrolled at the children's service. It applies to children enrolled at the service, their parents/guardians, staff and licensee. It also applies to volunteers and visiting specialists.

## Background and Legislation

Anaphylaxis is a severe, life-threatening allergic reaction. Up to two per cent of the general population and up to five per cent of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow milk, bee or other insect stings, and some medications.

Young children may not be able to express the symptoms of anaphylaxis.

A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline auto-injector called an EpiPen.

The licensee recognises the importance of all staff responsible for children at risk of anaphylaxis undertaking training that includes preventative measures to minimise the risk of an anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of an EpiPen.

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

Legislation:

- Children's Services Act 1996 (amended 25 May 2009)
- Children's Services Regulations 2009
- Health Act 1958
- Health Records Act 2001
- Occupational Health and Safety Act 2004

Those children at risk of anaphylaxis require a Risk Minimisation Plan.

### **Risk Minimisation Plan:**

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

### **Treat Box:**

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



## Procedures

### The licensee shall:

- Conduct an assessment of the potential for accidental exposure to allergens while children at risk of anaphylaxis are in the care of the service and develop a Risk Minimization Plan for the centre in consultation with staff and the families of the children.
- Ensure staff responsible for the children at risk of anaphylaxis attend anaphylaxis management training that is reinforced at yearly intervals.
- Ensure that all relieving staff members are aware of symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, anaphylaxis action plan and EpiPen kit. If the relieving staff member is not trained in anaphylaxis management, the licensee shall ensure at least one staff member trained in anaphylaxis management is present at the service and that staff member is aware that they are responsible for the administration of an EpiPen in an emergency. If this is not possible, parents/guardians must be informed of this situation before a child at risk of anaphylaxis is left at the House.
- Ensure that no child who has been prescribed an EpiPen is permitted to attend the service or its programs without that EpiPen.
- Make parents/guardians aware of this policy, and provide access to it on request.
- Encourage ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation.
- Display an ASCIA generic poster called Action plan for Anaphylaxis in a key location at the service, for example, in the children's room, the staff room or near the medication cabinet.
- Display an ambulance contact card by telephones.

### Staff responsible for the child at risk of anaphylaxis shall:

- Ensure a copy of the child's Anaphylaxis Action Plan is visible to all staff.
- Follow the child's Anaphylaxis Action Plan in the event of an allergic reaction, which may progress to anaphylaxis.
- In the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:
  - Call an ambulance immediately by dialling 000
  - Commence first aid measures
  - Contact the parent/guardian
  - Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted
- Practice EpiPen administration procedures using an EpiPen trainer and "anaphylaxis scenarios" on a regular basis, preferably quarterly.
- Ask all parents/guardians as part of the enrolment procedure, prior to their child's attendance at the service, whether the child has allergies and document this information on the child's enrolment record. If the child has allergies, ask the parents/guardians to provide a Medical Management Plan signed by a Doctor.
- Ensure that parents/guardians provide an Anaphylaxis Action Plan signed by the child's Doctor and a complete EpiPen kit while the child is present at the service.

- Ensure that the EpiPen kit is stored in a location that is known to all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat.
- Ensure that the EpiPen kit for each child at risk of anaphylaxis is carried by a trained adult on excursions that this child attends.
- Regularly check the EpiPen expiry date (The manufacturer will only guarantee the effectiveness of the EpiPen to the end of the nominated expiry month).
- Provide information to the service community about resources and support for managing allergies and anaphylaxis.

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

- Inform staff, either on enrolment or on diagnosis, of their child's allergies.
- Provide staff with an Anaphylaxis Action Plan and written consent to use the EpiPen in line with this action plan.
- Provide staff with a complete EpiPen kit.
- Regularly check the EpiPen expiry date.
- Assist staff by offering information and answering any questions regarding their child's allergies.
- Notify the staff of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance with these changes.
- Communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child.
- Comply with the service's policy that no child who has been prescribed an EpiPen is permitted to attend the service or its programs without that EpiPen.

## **Evaluation**

The licensee shall:

- Discuss with staff their knowledge of issues following staff participation in anaphylaxis management training.
- Selectively audit enrolment checklists (e.g. annually) to ensure that documentation is current and complete.
- Discuss this policy and its implementation with parents/guardians of children at risk of anaphylaxis to gauge their satisfaction with both the policy and its implementation in relation to their child.
- Respond to complaints.
- Review the adequacy of the response of the service if a child has an anaphylactic reaction and consider the need for additional training and other corrective action.

The staff shall nominate a staff member to:

- Routinely (e.g. monthly) review the EpiPen kit provided by the parent to ensure that it is complete and the EpiPen is not expired.
- Liaise with the licensee and parents of children at risk of anaphylaxis.

Parents/guardians shall:

- Read and be familiar with the policy.
- Identify and liaise with the nominated staff member.
- Bring relevant issues to the attention of both staff and licensee.

***The following procedures should be implemented to help protect the child at risk of anaphylaxis from accidental exposure to food allergens:***

In relation to the child at risk:

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

In relation to other practices at the House:

- Ensure tables and bench tops are washed down after eating.
- Ensure hand washing for all children upon arrival at the service, before and after eating.
- Restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies of particular children. Staff should discuss the use of foods in such activities with parents/guardians of this child and these foods should be consistent with the risk minimisation plan.
- All children need to be closely supervised at meal and snack times and consume food in specified areas. To minimise risk children should remain seated while eating.
- Staff should use non-food rewards, for example stickers, for all children.
- Where food is brought from home to the centre, all parents/guardians will be asked not to send food containing specified allergens or ingredients as determined in the Risk Minimisation Plan.
- If a child does bring food to the House that another child is highly allergic to, the food will be moved away from the eating area and/or the food will not be allowed to be eaten.

## **Drug & Alcohol Policy**

Childcare staff will take the following action if a parent or authorized person collecting a child is suspected of being under the influence of drugs or alcohol.

Staff will talk to the parent or guardian discreetly about the child's safety and well being. Safety will be emphasised.

It will be suggested that the adult chooses alternative transport, or calls someone to pick them up from the House and drive them home.

If a person or guardian refuses help, an emergency family contact will be notified of the situation.

In the event of a parent continually arriving intoxicated at the House, the staff will notify the Police.

## **Food Safety Plan Policy**

### **Meals Policy**

- Staff are sensitive and flexible to individual needs, for example, tired, hungry children can begin their snack earlier if necessary.
- Staff promote good hygiene practice by always encouraging children to wash their hands before meals/snacks.
- Meal times are made as relaxing and enjoyable as possible by having the children sit in a social manner at the table. Meal times are a social occasion, providing an excellent opportunity for learning and developing skills.
- Children are encouraged to develop their independence and self help skills by placing their lunch boxes back into their school bags.
- Children are encouraged to develop their independence and self help skills by placing their rubbish in the bins provided.
- Staff use meal times as an opportunity to convey information on nutrition and the building of healthy bodies.
- Staff are encouraged to have a snack with the children and sit at the table also.
- Parents are encouraged to provide snacks for their children of a healthy nature. Under no circumstances are children to be given nuts, popcorn or potato chips, in their lunch boxes.
- Water is available to children throughout the day.

### **Birthday Cake**

If you would like us to celebrate your child's birthday, we ask that you supply a simple cake. Sweets and extras are not necessary.

Each store bought cake must have a label stating the ingredients it contains and a use by date. In line with our Food Safety Plan, cakes should not contain cream or nuts.

In the case where a child in the group has an anaphylaxis allergy, we will consult with the parent of the anaphylaxis child first to determine the severity of the allergy. It may be decided that no celebration food be brought to the sessions and an alternative, such as stickers, are given out in place of an edible treat. This will be reviewed on a case by case basis.

## **Qualified Staff Policy**

It is a legislative requirement and policy of the House that qualified staff be employed to care for and educate all children left in our care. Qualifications will be in accordance with the 2009 Children's Services Regulations and copies of each staff member's qualifications will be kept on the premises at all times.

If a qualified staff member is absent, we will endeavour to replace this person with another qualified staff member currently working at the House or, if necessary, a qualified staff member from an employment agency.

The House is committed to providing ongoing training opportunities for staff to enhance their professional development.

## **Staff Health & Safety Policy**

The House is committed to providing a safe and healthy working environment for all its employees. This Policy recognises the responsibility of management working in co-operation and consultation with employees to ensure ongoing active prevention of injury and illness in the workplace.

- Staff are to follow correct lifting procedures. They must abide by the Back Care Policy.
- Staff are encouraged to make every effort to implement safe work practices.
- Staff must have a current first aid certificate and current C.P.R. The House ensures that all staff hold a current first aid certificate which is kept on file.
- Staff are encouraged and expected to make all efforts to implement safe working practices including using nappy change steps for older children and seeking colleagues assistance when climbing step ladders or lifting heavy objects.

Information regarding Staff Accident Injury Notification and Work Cover Claims Procedures are available to staff.