

Welcome to our centre

At Mentone Park Childcare and Pre School, each child is given lots of opportunity and support to play, laugh, share, hug, love, create, roll, run, jump, crawl, walk, sleep, rest, experiment, imagine, dance, listen, sing and discover – as children need to do!

Best of all, they experience these wonders with no more than 34 children.

Mentone Park Childcare and Pre School provides:

- Individual care for children from 6 months to school age
- Regulation child/staff ratios
- Meeting all National Quality Standard Areas (Exceeding in QA 4 & QA5)
- Qualified Early Childhood Educators
- Opportunities for children to develop according to individual needs
- A happy and relaxed environment
- Incorporated Kindergarten Program within the long day care setting, implemented by a Bachelor of Early Childhood Teacher
- Recognised music program 'LITTLE FEET'

For more information telephone

Approved Provider Tonia Grimshaw-Lloyd on (03)9584 2768

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Mentone Park Childcare and Pre School

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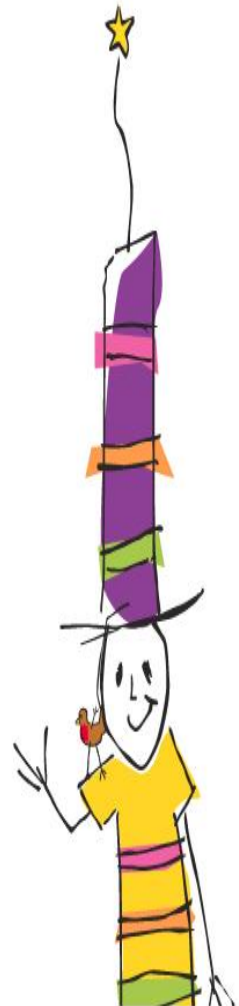


Table of contents

Welcome to our centre	1
Table of contents	2
Introduction.....	3
Educators	7
What to bring each day	8
Meals.....	11
The program.....	18
Fees and operating hours	19
Our policies.....	21
Anaphylaxis Policy	22
Anti – Bias and Inclusion Policy	28
Asthma Policy.....	32
Behaviour Guidance Policy	35
Breast Milk and Formula Milk Policy	40
Child Immunisation Policy	43
Child Protection Policy	44
Clothing and Footwear Policy	46
Dental Health Policy	47
Diabetes Policy	48
Actions after On-Site Evacuation Procedure.....	54
<i>Emergency Response Procedures for Specific Threats</i>	<i>57</i>
Exclusion Policy	66
Excursions and Incursions Policy	69
Family Conduct Guidelines (Code of Conduct) (This policy was implemented July 2019).....	70
First Aid Policy	72
Gender Equity Policy.....	75
Handwashing Policy.....	76
Headlice Policy	80
Nutrition Policy	87
Privacy and Confidentiality Policy	88
Sleeping and Rest Requirements Policy	93
SUN SMART POLICY	95
Use and Storage of Dangerous Goods Policy	101
Water Safety Policy	102

Introduction

Four decades of experience supporting local families

Mentone Park Child Care and Pre School is a private centre and a family business. Our Centre was first established by Colena Grimshaw in 1972. It was one of the first childcare centres in the local community. Colena Grimshaw, a nurse and mother of seven children, recognised the need for quality childcare. Colena was a great believer of supporting families and single parents who relied on childcare for respite care, study or work.

Colena and her staff cared for children from the age of six months to school age. Staff at our Centre all lived in Acacia Avenue or within very close walking distance. The educators were all mothers and had qualifications in caring for children or had the special qualities needed for childcare. Colena sold the business after ten years of operation in 1982. The Centre was returned to the Grimshaw family in 1998. Tonia, Colena's eldest daughter, is now the Approved Provider of the Centre and is continuing Colena's fine tradition of providing quality family orientated childcare and education.



National Quality Framework

The National Quality Framework covers most education and care services. The National Quality Framework aims to provide clearer and comprehensive information for families so they can choose the best services for their child. The National Quality Framework focuses on seven quality areas:

Educational program and practice	The educational program is stimulating, engaging and enhances children's learning and development.
Children's health and safety	Every child's health and wellbeing is safeguarded and promoted.
Physical environment	The physical environment is safe, suitable and provides a rich and diverse range of experiences, which promote children's learning and development.
Staffing arrangements	Staffing arrangements create a safe and predictable environment for children and support warm, respectful relationships.
Relationships with children	Relationships that are responsive, respectful and promote a sense of security and belonging among children.
Collaborative partnership with families and communities	Collaborative relationships with families are fundamental to achieve quality outcomes for children. Community partnerships that focus on active communication, consultation and collaboration also contribute to children's learning and wellbeing.
Governance and Leadership	Effective leadership contributes to sustained quality relationship and environments that facilitate children's learning and development. Well-documented policies and practices that are developed and regularly evaluated contribute to ethical management of the service.

Educators at Mentone Park Child Care and Preschool are continually working on our Quality Improvement Plan as part of the assessment process in meeting accordance with the National Quality Framework and Education and Care Services National Regulations 2011. We have been rated as meeting all the National Quality Standards with an Exceeding Rating in QA 4 Staffing Arrangements and QA 5 Relationships with Children in August 2019. The QIP is available in the office for parents to view at any time and contribute to. The National Law and Regulations are available to view in the main foyer.

Mentone Park Childcare & Preschool Centre Philosophy

We recognise and respect the Boon Wurrung people, of the Kulin nation, as the traditional custodians of the land on which we learn and play. We value their knowledge and culture, which we embed in our practices and in our environment.

Our educators are dedicated to providing play-based programs, with a balance of child-initiated and educator-initiated experiences and interactions. The National Quality Framework, and the Early Years Learning & Development Framework guide our planning, and are embedded within our programs. We are influenced by Montessori as we encourage children to be independent, make decisions and take on roles of responsibility. We are influenced by Vygotsky as we identify and celebrate what the child can already do, and target our support and guidance at what they are ready to do next. We are also influenced by Reggio Emilia, as we believe children should have endless ways and opportunities to express themselves, and as we ensure there are a range of natural resources to explore and engage with.

Our educators are knowledgeable, professional, and offer unique skills to an inclusive team environment. We understand that the role we play is crucial in the lives of the children, and strive to be positive role models at all times. We value respectful relationships, investing time in getting to know the children as individuals, and acknowledging that children who build trusting relationships have a secure base for exploration and learning. We value the long-lasting relationships we build with families, and appreciate their commitment to our service. We educate the children on the importance of being inclusive and accepting of similarities and differences.

Our educators understand that transitions can provide both opportunities and challenges for the children, and aim to assist them to understand the routines and practices of the settings to which they are moving, and to feel comfortable with the process of change. We transition the children from Babies and Toddlers Room to Kindergarten gradually and with care, ensuring the child is socially and emotionally ready, not just ready by age. We also acknowledge that going to school is a big transition in the children's lives and we aim to ensure they go into the next stage of their life with confidence, resilience and a positive attitude towards learning.

Our educators' value and take pride in the environment both inside and out, providing flexible spaces that are responsive to the interests, abilities and learning styles of each child. We invite the children to join us in caring for our environment, this includes caring for the garden and planting seasonal vegetables and herbs. Sustainable practices are embedded and we continuously reflect on how we, as a team of early childhood educators, can reduce our environmental footprint. We take pride in the space we have created for children to play, explore, and develop a love for

learning, and are committed to providing a warm, caring, positive environment for children and their families at all times.

Enrolling your child

Before children begin attending our Centre, a parent must complete an enrolment form. Filling in this form can be a part of your child's first and most important visit to our Centre. Your child can observe the other children at play, their interaction with educators and participate in our Centre's daily routine. Please ensure that all information requested on the enrolment form is filled in accurately and that you sign the completed form. A Privacy Policy Statement will also be attached to the enrolment form.



Orientation

The orientation process at our Centre is designed to help both child and parents to feel relaxed and happy before permanent care commences. The orientation period is free of charge and is usually for half a day. Times are arranged to suit each individual to help them settle in to a full day of care.

Changes to enrolment information

If there are any changes to the information given to us on the original enrolment form, please notify us immediately. This is particularly important in respect of emergency contact persons, change of address, and email address.

Variety of care offered



At the time of enrolment, bookings can be made on a part-time or full-time basis. If there is no immediate vacancy to meet your needs, your child's name can be placed on our waiting list. The Director will telephone parents when a suitable vacancy becomes available. Casual bookings for children enrolled at our Centre are also accepted where there is a vacancy.

We ask that all children attend a minimum two days a week. This makes for a more settled child and for educators to form a quality bond with your child. The rooms also become more settled if the children are more familiar with the personalities and individuals needs in their room on a day-to-day basis.

Educators

The educators at Mentone Park Child Care Centre are part of a caring, efficient, vibrant and innovative team. All educators are responsible for each child's welfare throughout each day's program. Cross caring is a natural occurrence at our Centre. This means that your child becomes familiar and comfortable with all the educators at our Centre.

Educator ratios are in accordance with the Education and Care Services National Regulation 2011. The educators are led by our Educational Leader, Sarah Harris. Sarah has a Bachelor of Early Childhood Education. Sarah is the Kindergarten Teacher and is currently completing her Masters in Education.

All educators are encouraged to attend Professional Development programs on many aspects of Early Childhood Development and team building strategies. Educator meetings are held within the rooms regularly to ensure our service is running at its optimum. Staff meetings are held after hours, twice per term.

Educator to child ratios – National Quality Standard

The educator ratio for children under three years of age is one educator to four children, one Diploma qualified educator for every 12 children.

The educator ratio for children over three years of age (up to and including preschool age) is one educator for eleven children, one Diploma qualified educator for every 30 children.

The Centre has a Bachelor of Early Learning Educator, implementing our 3-5 year old Kindergarten Program which is in keeping with Current Legislation (Jan 2018)



Arrival and departure

Children's Attendances must be recorded electronically using the Ipad which is located in the entry foyer. Please ensure your child is signed in on arrival and signed out on departure. We also require you to notify us of your child's estimated time of departure and the person who will be collecting your child. This information is to be written on the daily pick up register sheet next to the Ipad. The electronic sign in is a legal requirement and a safety issue in the event of an emergency evacuation situation.

Please note that, on first meeting with all educators, you may be required to show some identification to pick up your child. This is in ensuring your child's safety as part of our Centre's process.

If someone other than a parent, guardian or other authorised person named on your child's enrolment form is going to collect your child from our Centre, we require a letter of authorisation from a parent or guardian. We also require Photo ID such as a driver's license or Passport from an authorised person before he/she can remove your child from our Centre.

The Responsible Person and educators must be given prior notification where collection arrangements differ from the normal routine.

When the person collecting a child differs from the name written on the pick up register, the parent must notify the centre. If no prior notification has been given, the person in charge will ring the parent for confirmation of collection of child by that person.

Please remember that our Centre closes at 6.00pm and educators expect children to be collected no later than 6.00pm. A late fee will be charged if your child is collected after 6.00pm. Parents must notify us if they are going to be late. If you are running late, please arrange for your emergency contact person to collect your child for you before 6.00pm. Make sure you telephone us to inform staff of the name of the person who will be collecting your child and the time you expect that person to arrive at our Centre. If contact has not been made, Educators will enforce our Late Pick up Policy.

Home routines

Please inform our educators of your home routine so that we can follow your chosen routine as closely as possible. Educators will ask you for information concerning your child's home routine.

Settling your child

It takes some children longer than others to adapt to an unfamiliar environment. Do not be too concerned if your child is initially apprehensive about attending our Centre. This is natural. Discuss any concerns with the Director and educators as they are trained to deal with such matters.

The following steps are useful for settling new children:

- Visit our Centre at least once before your child's first day. Feel free to move about our Centre and let your child familiarise him/herself in the security of your presence.
- Spend time at our Centre with your child on their first day of attendance.
- Once you have said goodbye to your child, it is wise to leave immediately.
- Reassure your child that you will be back.
- Do not try to slip out while your child is distracted.

It is important to quickly establish a routine, so encourage your child to greet educators each morning and to hang their bag on the hooks provided and then to wash their hands. Before you leave, settle your child at an experience. Once settled, give the child a kiss and a cuddle and tell them you are leaving. Reassuring your child that you are leaving willingly gives them confidence.

Please do not leave your child without acknowledging an educator.

What to bring each day

Please provide your child with a small backpack, clearly labelled with your child's name, which should contain a range of items depending on your child's age as listed below. Nappies and Nappy wipes are supplied by our Centre.

Babies will need:

- One nappy. Your baby will be changed into their own home nappy before you collect them.
- Two changes of clothes according to season. Please include socks and clearly label all clothing with your child's name.
- A small-labelled container to store your child's dummy in if your child uses one.
- Sleep comforter or sleeping bag if required
- Formula and bottles. Formula will be made up per bottle as needed.
- Nappy rash cream if required. The centre provides Sudocream.
- Water bottle/sipper cup.
- Sun smart hat (warmer months)
- Beany and jacket (cooler months)

1 and 2 year olds will need:

- A baby bottle if required. Our Centre provides full cream milk.
- Two changes of clothes according to season. Label all clothing with your child's name.
- A spare pair of shoes
- For children in nappies, please supply a home nappy. This will be labelled with your child's name
- Six pairs of underpants for children who are toilet learning. A couple of pairs of underpants for children that are already confident in toileting. We ask that you do not send your child in overalls for their ease and confidence when going to the toilet.
- Water bottle
- Sun Smart hat
- Beany and jacket (cooler months)

3 to 5 year olds will need:

- A change of clothes according to season. Please label all clothing with your child's name.
- One change of underpants and a singlet.
- A spare pair of shoes.
- A personal drink bottle that fits into the outdoor pigeon holes
- Sun Smart hat (warmer months)
- Beany and jacket (cooler months)



Meals

Our Centre is 'Food Safe Handling' certified

Each day we provide breakfast, morning tea, lunch, afternoon tea and a late snack. Our weekly menu is displayed in the foyer. Our cook implements a menu, which caters for the likes and nutritional needs of all children. Special dietary requirements are catered for. If your child does not eat the main meal, the second course will be offered. Below is the daily eating routine for children at our Centre.

Breakfast: From 7.30am – 8.30am. If your child arrives without breakfast after this time, pre-cooked toast and a milk drink can be offered to your child if required. Breakfast consists of toast, cereal and milk or water.

Morning tea: From 9.30am. Morning tea includes fresh fruit and water.

Lunch: Toddlers and babies from 11.15am. Kinder children from 12.30pm.

Lunch consists of two courses. The children are also offered milk or water with lunch.

Afternoon tea: From 2.00pm consisting of cheese and a selection of seasonal fruits and dried fruits.

Late snack: From 5.00pm. This is a light snack of dry biscuits, fruit and water.

Food and nutrition

Our full Nutrition Policy is outlined in the Policy section. Here is what you can expect from us to support your child's nutritional needs:

- Children will have the choice of milk at breakfast and lunch.
- All dairy products will be full cream.
- If your child cannot have cow's milk, a calcium-fortified alternative will be provided by us.
- All eggs will be grain fed and organic.
- All bread will be wholemeal for its superior nutritional value over highly processed white bread.
- Water will be available at all times.
- Children are able to have second helpings of all snacks and meals if available.
- If children do not eat their lunch, they will be offered an alternative meal where possible.
- Parents will be advised if their child has not eaten well or is having difficulty with the eating process and routine.
- Children's individual dietary restrictions and allergies are observed by all educators and are catered for.

Our aims for your children's nutrition and food hygiene

We provide and encourage children to experience a healthy, balanced and nutritious menu. Food awareness experiences will be included in the teaching curriculum. Children will be encouraged to get hands-on experience in food preparation. Children will be encouraged to extend good eating habits at home and to school. Parents will be encouraged to provide nutritional meals to reinforce the values of good eating habits. We would love you to share a recipe with us that your child enjoys. Parents are welcome to contribute to our menu planning in this way.

Our nutritional program is transparent, interactive and accessible

Educators will have the choice of eating with the children and share the same food. This is generally the norm but sometimes staff may like to have their own lunch due to cultural/religious/dietary reasons. They may also choose to have lunch away from our Centre as part of their break entitlements. Recipes will be provided from a number of sources. We love to use recipes suggested by parents. Special occasions will be celebrated in the cultural year with a meal highlighting the event. Recipes for meals will be available for parents. The weekly menu will be displayed in the foyer for parents/guardians. It will always be appropriate to children's growth, cultural and developmental needs.

Our Centre prioritises food hygiene

We ensure that meals and snack times are conducted in safe, clean, positive environments that promote meaningful interactions between children and others. Children and educators will be required to wash their hands before handling food or eating food. Gloves will be worn or food tongs used by any educator handling food. We ask that food is not brought in from home and that there is no food left in children's bags. This enables us to control a safe eating environment. The exception to this is explained in the following section on special dietary requirements. Safe food handling policies will be implemented when preparing and storing foods.

We will work with you on any Special Dietary Requirements

Children with a dietary requirement will be catered for. If specialist foods are required, a child's parent/guardian will need to provide these in consultation with the appropriate educator. This consultation must be documented and dietary requirements displayed in the food preparation area and in the children's room.

Where possible, suitable meals will be planned for children with special dietary needs. For example, gluten-free or vegetarian meals will be on the menu.

Educators will obtain information from parents and health professionals if a child has special dietary requirements and will adhere to the medical recommendations. Please communicate any changes in your child's dietary requirements to Joanna. These will be documented and communicated to our cook and other educators. This can be done via email or by phone.

Birthdays

If it is your child's birthday, you may wish to bring in a birthday cake, which will be shared with all the children at either lunch or afternoon teatime, following singing of a very loud happy birthday!

Due to safe food handling, the cake needs to be labelled with all ingredients. Ice cream cakes are suitable with a single cupcake for the birthday child to blow out the candle. Please speak to educators prior to your child's birthday.

Educators will ensure a portion of the cake is used for blowing out the candles and this is given to the birthday child.

Breast milk and formula

We have a policy relating to the use and storage of breast milk and formula, please see the Policies section.

Health

Child Immunisation

Please see a detailed description of our approach under Child Immunisation Policy in the Policy section.

Medication Authority Procedure

All medication brought into our Centre for the purpose of administering to a child during their time of attendance MUST:

- be handed over to an educator on arrival
- Prescribed medication (such as antibiotics) must be accompanied by a Medical Certificate from your doctor, stating that the child is fit to attend day care.
- be noted on whiteboard/staff communication book
- have the appropriate Medication Authority Sheet completed and signed by parents
- be collected from an educator upon collection of your child.

For safety reasons we request that you do NOT:

- put medication in the fridge or in any of the first aid cabinets without an educator's knowledge
- leave medication in your child's bag

Prescribed medicine

Medication that has been prescribed by a doctor MUST be administered in line with requirements and dosage on the label. Prescribed medication must be in the original dispenser/container.

Medicine purchased over the counter

Any form of medication that has been purchased without a prescription over the counter will not be administered for longer than three consecutive days without a Doctor's permission. This does not include over the counter creams (e.g. nappy rash creams). The medication must be suitable for the age of the child. The dosage administered must not be more than the recommended dosage for the age/weight of the child.

Herbal remedies

Any form of herbal or natural remedy must be accompanied with a letter from a medical practitioner. It must be in its original container, bearing the original label and instructions, and its expiry date.

Use-by dates

Medication will not be administered to a child if it is passed the 'use-by date'.



Administration of medication

All administration of medication is to be carried out by two educators. Both educators will check all details of the medication in accordance with the label including name of medication, child's name, dosage, frequency and use-by date along with the signed instructions of the parent. The qualified educator will measure and administer the medication while the other person witnesses the administration. Parents will be asked to sign the administration of medication upon collection of their child.

If your child has asthma, epilepsy or is at risk of anaphylaxis, your child's medication must be kept at the centre. You will be notified a few weeks prior to expiry date on all medications. Out of date medications will be returned to the parent and up to date medication must be handed to Joanna.

Infectious Diseases

Our policy relating to Infectious Diseases is current as at July, 2020. Our policy is based on *Staying Healthy in Child Care*, 5th Edition.

Recommended minimum periods of exclusion from school, preschool and child care centres for cases of and contact with infectious diseases. National Health and Medical Research Council, January 2013. A complete list of exclusion illnesses is included in the Policy section under Exclusion Policy. If your child has an infectious disease, (e.g. Hand, foot and mouth, or chickenpox) a medical clearance certificate must be presented before your child returns to day care.

Sick Children Policy

The health and safety of all children is of major concern to educators and parents using childcare. We ask that sick children do not attend childcare due to possible cross infection. Please keep your child at home. Examples of conditions where children should be kept at home include a burst eardrum, vomiting, diarrhoea, urinary tract infection, unidentified rash or a dark green runny nose. Any child or educator suffering from any infectious disease will be excluded from our Centre until complete recovery has been made. In the case of a severe outbreak of a highly serious infectious disease, notices will be placed in the foyer. Parents will be notified of the infectious disease and the age group of the child infected.

If a child is prescribed medication by a Doctor and it needs to be administered at day care, you are required to obtain a Medical Certificate stating that your child is non-infectious and is fit to attend day care. Antibiotics must be taken for 24 hours before your child can attend day care.

Parents are encouraged to inform educators when their child is unwell and to consult a medical practitioner if your child has symptoms of an infection such as a fever, cough, rash or diarrhoea. Out of courtesy, please inform us if your child will be absent on your booked day.

If your child becomes ill at our Centre, two educators will first confirm that the child is sick before calling you to come and collect your child. If you cannot be contacted, your emergency contact number will be tried. An isolation bed is available until the arrival of parents/guardian. We expect that a sick child should be collected within an hour of notification. Your child will be tenderly cared for by an educator. For serious incidents, educators will make the appropriate arrangements for medical treatment if you cannot be contacted.

When groups of children play and learn together, illness and disease can spread from one child to another, even when Educators implement hygiene and infection control practices at all times.

Other illnesses

High Temperature	Parents will be contacted if their child's temperature is 38°C or above.
Vomiting	Parents will be contacted if their child vomits at day care.
Diarrhoea	Parents will be contacted if their child develops diarrhoea – your child may return once their stools have returned to normal.

Please refer to the Recommended Minimum Exclusion Periods by the National Health and Medical Research, which is included in our Exclusion Policy.

It is understood by our staff/carers, children and families that there is a shared responsibility and mutual interest that the Immunisation and Health-related Exclusion Policy and Procedures are accepted and followed as high priority.

In meeting our Centre's duty of care, it is a requirement under the Occupational Health and Safety Act that management and carers implement and endorse our Centre's Immunisation and Health-related Exclusion Policy and Procedures.

Hygiene

Our Staff ensures that our Centre is kept in a healthy and hygienic state at all times. The bathroom area is cleaned twice during the day and when required. The change tables are wiped down and disinfected after each change and Staff wash their hands constantly. Food is stored in appropriate conditions and food waste is disposed of properly. Children's hands and faces are washed before and after meals and hands are washed after toileting. Children and staff wash hands on arrival at the centre and when leaving the centre.

Our Centre is part of the Food Safety Program and is proactive in its implementation.

Our Centre prevents the spread of illness and disease by:

- promoting hand washing and other hygienic practices
- identifying and excluding children/carers with symptoms of an infectious illness or disease
- maintaining clean and hygienic environments
- encouraging child and adult immunisation.

Smoking

Our Centre has a strict NO SMOKING policy in accordance with the Amendment to the Tobacco Act 1987. Smoking is NOT PERMITTED inside the Child Care Centre AT ANY TIME. Smoking is not permitted within four metres of the building. This policy applies to staff, parents and visitors without exception.

Accidents and illness

If your child has an accident or takes ill while in our care, a staff member will document what occurred on the appropriate form and parents must sight and sign it. If two educators believe an incident or illness is harmful to the child or contagious and/or if medical attention is required, parents will be notified to collect their child. Parents will be notified by phone (or a text message, with a photo attached) of any injury to their child's face and head. Any other injury, a text message will be sent to notify parents and to let them know that there will be a form for them to sign on collection of their child. If you have a preferred parent to contact in the first instance, please make this known to the Director and on your enrolment form.

The program

Our Early Years Learning Framework

Educators plan a program of learning experiences, which reflect Mentone Park Child Care and Pre School's philosophy and goals for the children, parents and staff. Our Centre has implemented the Early Years Learning framework. This framework enables parents to see what outcomes are delivered in our centre and how learning experiences are planned based on observations on children's developmental stages and their interests.

The Early Years Learning Framework comprises of five Learning outcomes:

- Identity
- Community
- Wellbeing
- Learning
- Communication

These are reflected in our programs through experiences such as painting, collage, puzzles, project work and science experiences, math games, role-play and music and movement.



Experiences such as puzzles, pre-reading games, play dough help your child skills and foster development.

painting, collage, activities, maths and clay can all develop fine motor cognitive

Group experiences include songs, finger plays, rhymes and storytelling, all of which assist children to increase their listening and verbal skills. Outdoor play such as running, swinging and climbing encourages children to refine their gross motor skills. In very warm weather, a special program is set up for children indoors and water play is one example of a favourite learning experience.

Children are able to choose for themselves the learning experiences they would like to be involved in. Educators will support children in making choices, where appropriate. Children are encouraged to develop their independence through daily routines such as toileting, feeding, dressing and packing away.

Educators are required to keep individual learning stories on all children. Such observations are on all children are confidential and an appointment may be made at your convenience to discuss your child's progress at our Centre. Documentation is available for parents and they are able to view their child's portfolios at any time.

Please do not expect perfection as your child/children are in their early learning years. Not all children want to do something, which can be seen or taken home. Children also practice other important skills such as social development in our home corner; motor development through manipulating clay or dough; cognitive development and pre-math skills through measuring and using water play or language development through enjoying listening to a story. The children have opportunities throughout each day to increase and enhance their self-help skills.

Our program is always on display

Please read the program displayed in each room. This plan highlights the experiences and learning

areas that the children are interested in. Educators will ask for your input throughout the learning cycles.

Group time

Group time experiences include music and movement, rhymes, finger plays, story telling and picture books. In group time the children learn to take turns, share and participate in large groups. The experiences are designed to enhance the children's social and emotional development. Group time is very special as children feel part of our community.

Sleep & Rest time

All children are encouraged to have a sleep or quiet rest period during the day. For those children who do not sleep, quiet experiences are provided after a rest period. The babies have their own sleep room and they have their own individual sleep patterns. Rest time encourages the children to learn the technique of relaxing and taking time out from a very busy day.

Please view an informative website on sleep:

<https://sleepfoundation.org/sleep-topics/children-and-sleep/page/0/2>

Kindergarten Program

The centre provides a kindergarten program to all children in the 3-5 year room.

This is delivered by a Bachelor of Early Learning Educator. Our kindergarten program is integrated into a Long Day Care setting.

There are no extra fees required to attend the program delivered by a Bachelor of Early Learning Educator.

Those children who are not attending another 4-5 kinder program in a community kindergarten and who will be attending school the following year, will attract funding to the centre to offset the employment and conditions of Bachelor of Early Learning Educators.

Those children who attract the Kindergarten funding are exempt from all incursion and excursion fees, which include "Little Feet Music Program" each term.

Our 3 and 4 year old Kindergarten program is implemented by educators holding a Bachelor of Early Childhood Education. We offer an inclusive play based program that explores the children's current interests and combines structured learning with purposeful play to create a learning environment that meets the needs of all children. Our program is inspired by the Reggio Emilia Approach through our encouragement of children to direct their own learning and in partnerships with families. It is also inspired by Montessori through the incorporation of real life experiences such as children setting tables for lunch, making their own beds and caring for the garden.

Our program supports transitions to school by incorporating the Early Years Learning Framework, encouraging children to have a strong sense of identity and well-being, be connected to the community, an active learner, and an effective communicator.

Observations

Children's programs are based on observations and Early Years Learning Framework. Observations of the children are made and captured by Educators. Observations may be written, photographic or in the form of art. Observations are then used to implement the program. Planning time is allocated on a weekly basis to the team leader in the room to ensure the program meets the needs of the children in our care. Observations may be viewed by parents/guardians at an arranged time. Parents/guardians are encouraged at all times to contribute to the program with suggestions.

In the 3-5 year old Kinder room, parents, guardians, relatives and siblings are encouraged to attend a kinder session or to assist on an excursion. A mutual time should be arranged with the Kindergarten teacher in charge.



Fees and operating hours

Our operating hours

Mentone Park Child Care and Pre School operates Monday to Friday, from 7.30am to 6.00pm sharp, excluding public holidays. The centre closes for approximately two weeks over the Christmas period. Staff meetings are held twice during each term after hours. On these occasions, we ask that all children be collected no later than 5.30pm. Prior notice will be given for the earlier closure.

Our fees

A \$200.00 deposit will be required on enrolment. If your child is leaving our Centre and all your fees are up to date, we will reimburse this deposit. We just ask that you provide us with two weeks' notice of your intention to leave.

We ask for fees to then be paid on a weekly/fortnightly basis.

Fees are payable for any booked day regardless of whether your child attends our Centre or not. If your child is booked in for the day/s in which your child is ill or the day is a public holiday, fees for that period are still applicable. If your booked day falls on a public holiday, you may book another day if a position is available. You may also be offered a make-up day. Make-up days will not be able to take place until all fees are up to date.

Daily fee is \$120.00. A full week is \$540.00.

On Wednesday's our Centre hosts a music program, "Little Feet". Parents of children who attend on Wednesday's will be invoiced for these programs at \$48.00 per child, per 10 week term. Payment is via internet banking. Please include your child's name in the description.

Here are our bank account details:

Account name:	TGL Vic Pty Ltd
BSB:	063 468
Account number:	1001 2984

Receipts of payment will be sent to you via email.

Our accounts manager will be following up debts and ensuring all fees are being paid on a regular basis. All debts will be recovered through the Victorian Civil and Administrative Tribunal (VCAT) Civil Disputes – Small Claims. Please be reminded that attending VCAT will be recorded and this will affect future credit ratings of the respondents. This action will not be taken lightly but we are a small business and cannot carry debt. Parents who are experiencing difficulties with payment of fees should speak to the Director.

Child Care Subsidy

On receiving Child Care Subsidy, the percentage calculated by the Family Assistance Office will determine the actual fee charged by our Centre. All absences must be recorded. The information on allowable absences is a directive to all approved child care providers. Please make yourself familiar with the guidelines.

Baby "Birth Day" Gift

Families who have a new baby will be offered an extra day of care for their child as a gift from us. This day may be taken at any time when a vacancy is available.

Late Pick Up Policy

Children must be picked up by 6.00pm. A fee of \$5.00 for every 5 minutes after 6.00pm will apply. When children have not been collected when our Centre closes at 6.00pm, staff are required to pursue the following procedure with the aim to have the child in his/her parent's care as soon as possible.

When a child has not been collected at 6.00pm, the staff member in charge will call the parent(s). If the parent(s) are unable to be contacted, the emergency contacts on the enrolment form will be called. Where successful contact is made, staff will explain the situation and ask for that contact person to come and collect the child from our Centre as soon as possible. Staff will place a note on the front door with your emergency contact name.

If staff is unable to make contact with the emergency contact and/or the contact person is unable to collect the child, staff will continue to try to contact parent(s). If no one has come to collect your child and/or no contact has been made with parent(s) or emergency contacts and 90 minutes has passed since closing time, staff will call the After Hours Child Protection Service by telephone on 131278 to seek further advice.

Absence due to illness

Normal fees must be paid for permanent bookings even if your child is absent for a few days through illness. This ensures that your permanent booking is held and that your child's place is not given to someone else.

Christmas break

Our Centre will close on Tuesday, 22nd December, 2020 for the Christmas break.

Fees are not applicable when our Centre is closed.

We will re-open on Tuesday, 5th January, 2021. The centre operates from 7.30am until 4.30pm during the first week. A discount of \$10 per day applies for the first week. There is no charge for families who do not return to day care during the first week .

Full fees for all families resume from 11th January, 2021 for all children enrolled at our Centre unless you choose to take holiday fee (half rate for the week).

Holidays

You may take two weeks of holidays during the year and pay half fee for this period. This must fall in a complete week and a week's notice must be given in writing.

Our policies

The following pages outline the policy's adopted in our centre. These policies align with our legal obligations and the provision of quality care for your child/children. All policies will be updated immediately if there are changes directed by the authorities/department that require immediate action. The policies are as follows:

Anaphylaxis Policy
Anti-bias and Inclusion Policy
Asthma Policy
Behaviour Guidance Policy
Breast Milk and Formula Policy
Child Immunisation Policy
Child Protection Policy
Dental Health Policy
Diabetes Policy
Epilepsy policy
Emergency and Evacuation Policy
Exclusion Policy
Excursions and Incursions Policy
First Aid Policy
Gender Policy
Hand Washing Policy
Head lice Policy
Medical Conditions Policy
Nutrition Policy
Privacy and Confidentiality Policy
Safe Sleeping Policy
Sun Smart Policy
Toilet Learning Policy
Tummy Time Policy
Use and Storage of Dangerous Goods Policy
Water Safety Policy

Anaphylaxis Policy

Our policy is current as at July 2020 and will be reviewed in July 2021, or as required. Our policy is based on the following specialist sources:

Royal Children's Hospital, Department of Allergy

Anaphylaxis Australia Inc.

Australasian Society of Clinical Immunology and Allergy (ASCIA), at www.allergy.org.au.

Values

Our Centre believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility. Our service is committed to the following:

We will provide, 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.

We will raise awareness about allergies and anaphylaxis amongst the service community and children in attendance.

We will involve the parents/guardians of each child at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for their child.

We will ensure each staff member and other relevant adults have adequate knowledge of allergies, anaphylaxis and emergency procedures.

We will facilitate communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

Purpose

The aim of this policy is to:

Minimise the risk of an anaphylactic reaction occurring while the child is in our care.

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.

Scope

This policy applies when a child diagnosed as being at risk of anaphylaxis by a qualified medical practitioner is enrolled at our Centre. It applies to children enrolled at our Centre, their parents/guardians, staff and our licensee. It also applies to other relevant members of our Centre's community, such as 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's milk, bee or other insect stings, and some medications. Young children may not be able to express the symptoms of anaphylaxis. A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline auto injection device such as an EpiPen®.

Our Centre 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, to be able to identify the signs and symptoms of anaphylaxis and carry out emergency treatment, including administration of an auto-injection device such as an EpiPen®.

Staff and parents/guardians need to be made aware that it is not possible to achieve a completely allergen-free environment in any service that is open to the general community. Staff should not have

a false sense of security that an allergen has been eliminated from the environment. Instead our Centre recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimise the presence of the allergen in our Centre.

The following Legislation is applicable in this policy:

Education and Care Services National Law Act 2010

Education and Care Services Regulations 2011

Health Act 1958

Health Records Act 2001

Occupational Health and Safety Act 2004.

Definitions

Allergen: A substance that can cause an allergic reaction.

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

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

Ambulance contact card: A card that the service has completed, that contains all the information that the Ambulance Service will request when phoned on 000. An example of this is the card that can be obtained from the Metropolitan Ambulance Service and once completed by the service it should be kept by the telephone from which the 000 phone call will be made.

Anaphylaxis: A severe, rapid and potentially fatal allergic reaction that involves the major body systems, particularly breathing or circulation systems.

Anaphylaxis action plan: A medical management plan prepared and signed by a doctor providing the child's name and allergies, a photograph of the child and clear instructions on treating an anaphylactic episode. An example of this is the Australian Society of Clinical Immunology and Allergy (ASCIA) Action Plan.

Anaphylaxis management training: Accredited anaphylaxis management training that has been recognised by the Secretary of the Department of Education and Early Childhood Development and includes strategies for anaphylaxis management, recognition of allergic reactions, risk minimisation strategies, emergency treatment and practise using a trainer adrenaline auto-injection device.

Adrenaline auto-injection device: A device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered.

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

Adrenaline auto-injection device training: Training in the administration of adrenaline via an auto-injection device provided by allergy nurse educators or other qualified professionals such as doctors, first aid trainers, through accredited training or through the use of the self-paced trainer CD ROM and trainer auto-injection device.

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

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

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

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

Nominated staff member: A staff member nominated to be the liaison between parents/guardians of a child at risk of anaphylaxis and the Approved Provider. This person also checks the adrenaline auto-injection device is current, the auto-injection device kit is complete and leads staff practise sessions after all staff have undertaken anaphylaxis management training.

Risk minimisation: A practice of reducing risks to a child at risk of anaphylaxis by removing, as far as practicable, major sources of the allergen from the service and developing strategies to help reduce risk of an anaphylactic reaction.

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.

Our Centre's community: All adults who are connected to our Centre's services.

Procedures

Our Centre is committed to following the procedures below.

- We will ensure that all staff members have completed first aid and anaphylaxis management training that has been approved by the Secretary, at least every three years.
- We will ensure there is an anaphylaxis management policy in place.
- We will ensure that the Anaphylaxis Policy and Medical Conditions Policy is provided to parents or guardians of each child diagnosed at risk of anaphylaxis at the service.
- Ensure all new food products that are purchased for children with dietary and anaphylactic reactions will be checked for all ingredients by a minimum of two staff members and parent will sign off on the new foods.
- We will ensure that all staff at the service whether or not they have a child diagnosed at risk of anaphylaxis, undertakes training in the administration of the adrenaline auto-injection device and cardio- pulmonary resuscitation every 12 months and recording this in the staff records. Where a child diagnosed at risk of anaphylaxis is enrolled our Centre will also:
- Conduct an assessment of the potential for accidental exposure to allergens while children at risk of anaphylaxis are in our care. We will develop a risk minimisation and communication plan for our Centre in consultation with staff and the families of the children.
- Ensure that a notice is displayed prominently in our main entrance stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the service.
- Ensure staff members on duty with a child diagnosed at risk of anaphylaxis have completed training approved by the Secretary in the administration of anaphylaxis management.
- Practice the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and 'anaphylaxis scenarios' quarterly.
- Ensure that all our relief staff members have completed training approved by the Secretary in the administration of anaphylaxis management. This includes the administration of an adrenaline auto-injection device, awareness of the symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, the individual anaphylaxis medical management action plan and the location of the auto-injection device kit.
- Ensure that the EpiPen Kit for each child at risk of anaphylaxis is stored in a location that is known to all staff, including relief staff; it is 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, which the child attends.
- Ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend our Centre or our programs without the device.

- 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 centre.
- Make parents/guardians aware of this policy and provide access to it on request.
- Encourage ongoing communication between the parents/guardians and our 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 our Centre, for example in the children's room, the staff room or near the medication cabinet.
- Display an ambulance contact card by telephones.
- Ensure that a child's individual anaphylaxis medical management action plan is signed by a Registered Medical Practitioner and inserted into the enrolment record for each child. This will outline the allergies and describe the prescribed medication for that child and the circumstances in which the medication should be used.
- Ensure that all our staff is aware of the location of the anaphylaxis medical management plan and that a copy is kept with the auto-injection device kit.
- Regularly check the adrenaline auto-injection device expiry date. This will be recorded in our daily diary. Parents will be notified two weeks' prior to the expiry date. The manufacturer will only guarantee the effectiveness of the adrenaline auto-injection device to the end of the nominated expiry month.
- Our staff responsible for the child at risk of anaphylaxis will:
- Read this policy when a child with anaphylaxis enrolls in the centre.
- Ensure a copy of the child's anaphylaxis medical management action plan is visible and known to all our staff.
- Follow the child's anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to anaphylaxis.
- In the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:
- Call an ambulance immediately by dialling 000.
- Commence first aid measures.
- Contact the parent/guardian.
- Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.
- Ask all parents/guardians as part of the enrolment procedure, prior to their child's attendance at our Centre, 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.
- Provide information to the service community about resources and support for managing allergies and anaphylaxis.

Parents/guardians of children shall:

- Inform staff at our Centre, either on enrolment or on diagnosis, of their child's allergies.
- Develop an anaphylaxis risk minimisation and communication plan with our staff.
- Provide our staff with an anaphylaxis medical management action plan signed by the Registered Medical Practitioner giving written consent to use the auto-injection device in line with this action plan. The original action plan should be sighted by staff and a copy will be kept in the room and in the enrolment folder.
- Notify staff of any changes to the child's allergy status. If children are no longer allergic, parents need to bring a certificate from the doctor for staff to sight and make a copy to keep in the child's record.
- Provide our staff with a complete auto-injection device kit.
- Regularly check the adrenaline auto-injection device expiry date.
- Assist our staff by offering information and answering any questions regarding their child's allergies.
- Notify our 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 our staff, for example, any matter relating to the health of the child.
- Comply with our Centre's policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service or its programs without that device.

Related documents at our Centre:

- Enrolment checklist for children at risk of anaphylaxis.
- A brochure titled 'Anaphylaxis – a life threatening reaction', available through the Royal Children's Hospital, Department of Allergy.
- Relevant service policies such as:
 - Enrolment
 - First Aid Policy
 - Nutrition
 - Hygiene and food safety
 - Asthma
 - Inclusion
 - Medical Conditions Policy
 - Communication.

Contact details for resources and support:

Australasian Society of Clinical Immunology and Allergy (ASCIA) provides information on allergies. Their sample Anaphylaxis Action Plan can be downloaded from this site. Contact details for Allergists may also be provided.

- Allergy and Anaphylaxis Australia Inc , is a non-profit support organisation for families with food anaphylactic children. Items such as storybooks, tapes, auto-injection device trainers and so on are available for sale from the Product Catalogue on this site. Anaphylaxis Australia Inc provides a telephone support line for information and support to help manage anaphylaxis. Telephone 1300 728 000.
- Royal Children's Hospital, Department of Allergy and Immunology , provides information about allergies and the services provided by the hospital. Contact may be made with the Department of Allergy and Immunology to evaluate a child's allergies and if necessary, provide an adrenaline auto-injection device prescription, as well as to purchase auto-injection device trainers. Telephone (03) 9345 5701.
- Royal Children's Hospital Anaphylaxis Advisory Support Line provides information and support about anaphylaxis to school and licensed children's services staff and parents. Telephone 1300 725 911.
- Department of Education and Early Childhood Development website provides information related to anaphylaxis, including frequently asked questions related to anaphylaxis training.

Evaluation

Our Centre will:

- Discuss with staff their knowledge of issues following staff participation in anaphylaxis management training.
- Selectively audit enrolment checklists (for example, 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 our Centre if a child has an anaphylactic reaction and consider the need for additional training and other corrective action.
- Review this policy yearly and update changes as necessary as they occur.

Risk minimisation plan

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

The child should only eat food that has been specifically prepared for him/her.

Bottles should be clearly labelled with the child's name.

Increase supervision of the child on special occasions such as excursions, incursions.

In relation to other practices at Mentone Park Childcare and Preschool:

- All tables, high chairs and bench tops will be washed down after eating.
- All children will wash hands before and after eating.
- All children will be closely supervised at meal and snack times and consume food in specified areas. To minimise risk, children are not permitted to wander around our Centre with food.
- The food preparation personnel uses food safe handling procedures at all times.
- Birthday cakes brought in by parents should be accompanied by the list of ingredients used in the cake.
- Individual bowl/plate will be labelled with child's name.
- Photograph of a child at risk will be displayed in kitchen and in child's room.
- Child's name to be written on daily whiteboard with red text.
- Students/volunteers will not be responsible for serving meals to children who are at risk of anaphylaxis.

Anti – Bias and Inclusion Policy

This policy is current as at January, 2020 and will be reviewed in January, 2022. Mentone Park Child Care and Preschool aims to provide an environment in which children/families, visitors and community members feel accepted and valued. This policy is based on the following specialist sources:

- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015 – Regulations 155, 156, 157
- ECA Code of Ethics
- Guide to National Quality Standards (NQS): Quality Area 5 – Relationships with Children and
- Early Years Framework for Australia: Belonging, Being and Becoming, 2009

Anti-bias Curriculum

The Mentone Park Child Care and Pre School aims to provide an environment in which all children can feel accepted and valued, and can participate in all areas of the program.

Cultural or national origin and racial identity

We value diversity and individuality, and aim to involve the child's family and culture in the program as much as possible. The anti-bias approach involves helping children to understand and feel comfortable with differences, to appreciate people's similarities through the different ways they are human, and to recognise and confront ideas and behaviours that are biased.

No aspect of a child or adult's identity – gender, race, ethnicity, disability, religion or any other aspect – is an acceptable reason for exclusion or teasing.

In relation to Cultural or National Origin and Racial Identity:

- Children and Educators will have access to information and training about other cultures/racial identity, especially those relevant in the Service.
- Educators will work with one another, families and children to continue to extend both their individual and communities cultural competence.
- Educators will expose children to a wide variety of concrete materials from daily life of families/cultures.
- Where possible, the Service will employ Educators that reflect various cultural, national origin and racial identities.
- Educators will affirm and foster children's knowledge and pride in cultural identity.
- Educators will foster children's curiosity, enjoyment and empathetic awareness of cultural differences and similarities.
- Educators will teach children to overcome any inappropriate responses triggered by cultural differences.
- Educators will encourage children to ask about their own and other's physical characteristics.
- Educators will enable children to feel pride, but not superiority, about their racial identity.
- Educators will help children to become aware of our shared physical characteristics – what makes us all human.
- Educators will encourage parent input into the program, sharing culture, racial identity i.e. First language and to participate on a level that they feel comfortable.
- Educators will collect information from each family on enrolment and incorporate it in the program to meet individual family needs re: ethnicity and home language.
- Educators where possible will use both the Educators and children's first language verbally and visually within the Service environment.
- Educators will respect all cultures by presenting photographs, pictures, play equipment,

books, posters, music, dramatic play and dolls that will encourage open discussion and exploration.

- Where possible creative materials will include 2D and 3D materials of different skin tones.
- Educators will present books that reflect different languages and children's first language.
- Educators will know and understand the needs, strengths and attitudes of each culture who attend the Service.

In Relation to Gender Equity:

- Educators will ensure that all children are given equal opportunities to engage in all experiences and interactions regardless of their gender.
- Educators will monitor and reflect on their own interactions for bias and reflect regularly on the language used with children.
- Educators will aim to use gender inclusive language.
- Educators will offer opportunities for both male and female family members to be equally involved within the program.
- Educators will assist children to identify stereotypes and unfair treatment so that they can discuss ways in which to include the perspectives of others.
- Educators will be positive role models.
- Educators will provide resource materials that are not stereotypical.
- Educators will provide diversity of gender play e.g. Mechanic workshop, males and females in work and play clothes.
- Educators will provide a balance of men and women involved in a variety of jobs in and out of the home e.g. Show men and women repair-people, doctors, beautician, police officer, salesperson, teacher etc.

In Relation to Diversity in Family Composition:

- Educators will create an environment that is welcoming to all families.
- Educators will respect each family, and work in partnership to support the child's emergent identity as an individual, member of their family, our Service and the community.
- Educators will provide resources, books, puzzles that reflect diversity in family structure including same sex, single parent, extended, nuclear, step and adopted families.
- Educators will engage in simple discussion about families that focus on fact rather than values e.g. some children live with their Mum or Dad, some children live with their mum and dad, some with grandparents, and some with two mums or two dads.
- Educators will be encouraged to seek awareness and reflect on his/her own feelings, beliefs, background, and evaluating the effect these may have on their attitudes and interactions with families.

- Educators will incorporate various family lifestyle choices during discussions ensuring that they reflect diversity in income. They will treat all families regardless of socioeconomic background with respect.
- The Educators and children will discuss how members of the community can support one another through the provision of resources, donations of goods or time etc.

In Relation to Indigenous and Torres Strait Islander People:

- Educators will deepen their own knowledge and understanding of Indigenous and Torres Strait Islander culture through attending professional development, reading current information and regularly reflecting together as a team to embed Indigenous and Torres Strait Islander perspectives and culture into the program in a positive way, consistent with how local Indigenous community wish to be presented.
- The Service has developed an Acknowledgement to Country, which is displayed in the Kinder Room and is conveyed during special events and incorporated into the program on a regular basis.
- Educators will develop awareness/understanding about the Indigenous and Torres Strait Islander people as part of the cultural heritage of all Australians.
- Educators will show respect for the Indigenous and Torres Strait Islander culture, aiming to instil sensitivity/appreciation of the culture and a knowing and valuing of individuals.
- Educators will encourage access of the Indigenous and Torres Strait Islander community into the mainstream of children services.
- Educators will show sensitivity and respect the numerous Indigenous and Torres Strait Islander languages by incorporating where possible verbal and visual language into the Service environment.
- Educators will access and encourage involvement of the Indigenous and Torres Strait Islander families, Educators and community members who have a vast knowledge of their culture.

In Relation to ability:

- Educators will provide an inclusive educational environment in which all children can succeed.
- Educators will promote acceptance, respect and appreciation for individuals varying abilities.
- Educators will consult with all families and other professionals to enable full participation in the program for children with varying abilities. Educators will evaluate and alter the environment to enable all children to develop autonomy, independence, competency, confidence and pride.
- Educators will provide children and parents with developmentally appropriate information about varying abilities to foster understandings that we are all similar and different.
- Educators will empower all children in their own learning to ensure that they gain a feeling of self-respect.
- Educators will treat all children equally and develop an understanding that everyone has something important to contribute.
- Educators will observe all children and with family consultation, provide an individualised

program to extend the child's interests and abilities.

- Educators will display images of people of a range of ages, including elderly people and young children doing different experiences.

Promoting inclusion and diversity into the curriculum:

- Educators will promote positive influences, modelling appropriate communication, non-bias or gender specific language and attitudes
- Educators will take a flexible approach with children and families
- Educators will develop appropriate expectations for each child
- Management will assist Educators with the development of required skills and knowledge for working with children and families
- Management and Educators will work with Inclusions support facilitators to aid the inclusion of children with additional needs
- Educators will explore the values and uniqueness of the diversity within the service. These opportunities will form part of the curriculum
- Educators treat children with respect by answering their questions honestly
- Educators will adapt experiences, interactions, communication, the environment and documentation to ensure all children and families are actively included to participate in the curriculum
- Educators will provide children with a range of resources, equipment and opportunities to enhance their awareness of and access to diversity
- Educators will encourage families to share their home language and will embrace opportunities to incorporate it into the caring and learning environment.
- Educators will reflect on the curriculum ensuring inclusive practice and goals set for children are being met
- Educators will involve families in the planning of learning opportunities reflective of their culture

Asthma Policy

Our policy is current as at July, 2020 and will be reviewed again in July 2022, or as required. Our policy is based on the specialist source, Asthma Foundation of Victoria.

Rationale

Asthma is a chronic health condition affecting one in nine Australian children. It is a common reason for childhood admission to hospital. Community education and correct asthma management will assist to minimise the impact of asthma.

It is generally accepted that children under the age of six do not have the skills and ability to recognise and manage their own asthma effectively. With this in mind, our Centre recognises the need to educate our staff and parents/carers about asthma and to promote responsible asthma management strategies.

Our Asthma Policy aims

This Asthma Policy aims to:

- Raise the awareness of asthma amongst those involved with the Children's Service.
- Provide the necessary strategies to ensure the health and safety of all persons with asthma involved with the Children's Service.
- Provide an environment in which children with asthma can participate in all activities to the full extent of their capabilities.
- Provide a clear set of guidelines and expectations to be followed with regard to the management of asthma.

Our commitment

Asthma management should be viewed as a shared responsibility. To this end each of the key groups within Mentone Park Child Care and Preschool give the following undertakings.

Our Management will:

- Provide educators with a copy of the Asthma Policy and brief them on asthma procedures upon their appointment to our Centre.
- Identify children with asthma during the enrolment process and inform educators.
- Provide parents with a copy of the Asthma Policy and Medical Conditions Policy upon enrolment
- Keep a copy of Asthma Action Plans in the child's enrolment record and display in the room where appropriate.
- Ensure that an emergency Asthma First Aid poster is displayed in key locations.
- Ensure that parents are reminded two weeks' prior to expiry dates on medications. Expiry dates will be recorded in the daily diary.
- Encourage open communication between parents/guardians and staff regarding the status and impact of a child's asthma.

* The First Aid Kit is located in the kitchen, in a cupboard above the fridge with an appropriate sign.

*Asthma medications are stored in the kitchen in a labelled container on the top shelf above the microwave.

Educators will:

- Read this policy when a child present with asthma enrolls in the centre.
- Ensure that they maintain current accreditation in first aid.
- Ensure that they are aware of the children in their care with asthma.
- Ensure, in consultation with the parent/guardian, the health and safety of each child through supervised management of the child's asthma.
- Identify and, where practical, minimise asthma triggers.

- Where necessary, modify activities in accordance with a child's needs and abilities.
- Ensure that all regular prescribed asthma medication is administered in accordance with the information on the child's written Asthma Action Plan.
- Administer emergency asthma medication if required according to the child's written Asthma Action Plan. If no written Asthma Action Plan is available, for example if the parents have not yet provided the asthma plan due within the seven days as described below, the Asthma First Aid Plan outlined in this document should be followed immediately.
- Promptly communicate, to management or parents/guardians, any concerns should it be considered that a child's asthma is limiting his/her ability to participate fully in all activities.
- Ensure that children with asthma are treated the same as all other children.

Parents/guardians will:

- Inform staff, either upon enrolment or on initial diagnosis, that their child has a history of asthma.
- Provide all relevant information regarding the child's asthma via the written Asthma Action Plan. This plan should be provided to our Centre within seven days of enrolment.
- Notify the staff, in writing, of any changes to the Asthma Action Plan during the year.
- Ensure that their child has an adequate supply of appropriate asthma medication at all times
- Ensure that they comply with all requirements and procedures in relation to the Medications Record.
- Communicate all relevant information and concerns to educator as the need arises (for example, if asthma symptoms were present the previous evening).
- Ensure, in consultation with the staff, the health and safety of their child through supervised management of the child's asthma.
- Any parent of a child with asthma in care is required to provide written information regarding the child's asthma either on enrolment or on diagnosis. No Ventolin will be given to children without an action plan or prescription from the doctor.

AIR QUALITY

Children (up to age 14) are more sensitive to the effects of breathing in smoke, particularly those with a heart or lung disease (including asthma). Common symptoms due to smoke exposure include itchy eyes, sore throat, runny nose and coughing.

If we were to smell or see smoke outside, the children will be kept inside (if safe to do so) to ensure their safety.

In addition we will:

- ensure that all medical management plans (such as asthma plans) are in place
- ensure relevant medication is available
- reduce physical activity
- limit or cancel outdoor activities (including excursions)
- keep windows and doors shut
- switch air conditioners to 'recirculate'

If we have further concerns about a child's health, we will:

- phone parents
- seek medical advice or call NURSE-ON-CALL on 1300 60 60 24 for assistance
- call an ambulance for anyone who is experiencing chest tightness or breathing difficulties

We will check air quality on the Environment Protection Agency website: EPA Airwatch for local guidance.

The Asthma Action Plan should include information such as:

- Signs and symptoms specific to the child's asthma.
- A list of known triggers.
- The preferred method for treating deteriorating asthma (that is, an asthma attack).
- What to do in an asthma emergency.
- Name, address and telephone number of a person who is to be notified of any accident, injury, trauma or illness involving the child.
- Name, address and telephone number of the child's doctor.

ASTHMA FIRST AID PLAN

Step 1. Sit the person upright

- Be calm and reassuring.
- Do not leave them alone.

Step 2. Give medication

- Shake the blue reliever puffer.
- Use a spacer if you have one.
- Give 4 separate puffs into a spacer.
- Take 4 breaths from the spacer after each puff.

Giving blue reliever medication to someone who doesn't have asthma is unlikely to harm them.

Step 3. Wait 4 minutes

- If there is no improvement, repeat steps 2.

Step 4. If there is still no improvement call emergency assistance (dial 000).

- Tell the operator the person is having an asthma attack.
 - Keep giving 4 puffs every 4 minutes while you wait for emergency assistance.
- Call emergency assistance immediately (DIAL 000) if the person's asthma suddenly becomes worse.

The parents/guardians of any child who becomes ill at our Centre will be notified, even if the child has a complete recovery from the asthma attack.

The treatment given will be recorded in the Accident, Injury, Trauma and Illness and/or the Medication Record and parents will be requested to sign it.

An overdose cannot be given following the steps outlined. However it is important to note that some

children may experience an increased heart rate or tremors but these will pass quickly.
All educators working at Mentone Park Child Care and Preschool hold a valid First Aid certificate.

What if it is the first attack of asthma?

A problem that may be encountered is when a child suddenly collapses, or appears to have difficulty breathing, and is not known to have pre-existing asthma or other health problems. In this situation educators will call the ambulance immediately by dialling 000 and state that the child is having difficulty breathing, then call the parents to inform them about what is happening with their child.

Behaviour Guidance Policy

This policy is current of as at July, 2020 and will be reviewed in July 2022, or as required. The right for children to receive positive guidance in a supportive and respectful environment is protected in National Regulations. Children learn to face a variety of challenges throughout their lives. Learning the difference between acceptable and unacceptable behaviour assists children to regulate their own behaviours in different social and emotional environments as well as when interacting with peers and adults.

- National Quality Standard (NQS): Quality Area 5 – Relationships with children
 - 5.1 – Relationships between educators and children
 - 5.1.1 – Positive educator to child interactions

- 5.1.2 – Dignity and rights of the child
- 5.2 – Relationships between children
- 5.2.1 – Collaborative learning
- 5.2.2 – Self- Regulation
- Education and Care Services National Regulations: Children (Education and Care) National Law
 - 155, 156

PURPOSE

We aim to create positive relationships with children making them feel safe, secure and supported within our Service. We will ensure children are treated with respect, consistency, fairly and equitably as they are supported to develop the skills and knowledge required to behave in a socially and culturally acceptable manner.

Supporting children to develop socially acceptable behaviour is a primary goal for educators and families. This is embedded in fundamental documents including the Early Years Learning Framework (EYLF), The Education and Care Services National Regulations and the National Quality Standards (NQS).

IMPLEMENTATION

The behaviour and guidance techniques used by staff and Educators at our Service are designed to give children the opportunity to expand their experiences of life in a productive, safe environment that allows individuals the right to safety, tolerance, self-expression, cultural identity, dignity and the worth of the individual.

We believe in providing boundaries as part of a loving and secure relationship with children and families to help them feel secure and self-confident. Children benefit from knowing that their environment is stable and that a competent adult is taking care of them.

There are aspects to promoting positive behaviour:

- A learning environment that is positive and supportive
- Strategies for building skills and strengthening positive behaviour
- Strategies for decreasing undesired behaviours

Management/Nominated supervisors will ensure:

- Information is gathered from families about their children's social skills and relationship preferences, which will be recorded in the child's individual file. Our educators will use this information to engage children in experiences that support children to develop and practice their social and shared decision making skills.
- A partnership is developed with local schools and other professionals or support agencies that work with children who have diagnosed behavioural or social difficulties to develop plans for the inclusion of these specific children. This information will be kept confidential and in the individual child's file.
- Children are given the opportunity to make choices and experience the consequences of these choices when there is no risk of physical or emotional harm to the child or anyone else.
- Children are being acknowledged when they make positive choices in managing their behaviour.

- Positive strategies are being implemented to enable educators to encourage positive behaviour in children in order to minimise adverse behaviour. In addition, we will implement strategies educating children about developing behaviour limits and the consequences of inappropriate behaviour.
- Excessive behaviour is managed and communicated with families.
- Support educators enhance their skills and knowledge in guiding children's behaviour
- Consult with industry
- Commit to professional development

Educators will:

- Encourage the individual social development in each child, striving to develop children's self-control and understanding the feelings of others
- Guide children's behaviour, teaching them how to be considerate of others – to think about the effects of their actions on others. It is important that children understand what acceptable and unacceptable behaviour is and how to manage their emotions.
- Use positive guidance through redirection. In the instance of adverse behaviour being persistently observed, Educators will evaluate their program, room set up, supervision etc. to reflect on inappropriate behaviour, triggers and sources.
- Role model appropriate behaviour and language, encouraging children to socialise with other children, including children of different cultural backgrounds as well as from different age groups and different sexes.
- Implement "Time with" an adult, which will be used when all other strategies (above) have been exhausted. "Time with," allows children time to reflect on their actions, assisting in fostering self-discipline and to acknowledge that there are consequences to actions. "Time with" will occur under the supervision of other Educators.
- Take into consideration the child's past experiences as their behaviour could be a result from past trauma such as changes in routine, changes or losses within the family, placement in care, or more serious circumstances involving abuse, neglect, or family violence.
- Be responsive to these former experiences, designing and implementing behaviour plans with the individual child that include strategies which will assist alternative and positive behaviour.
- Ensure all strategies being implemented are appropriate to the child's age and developmental capacity.
- Adapt a positive approach, excluding cruel, harsh, humiliating or demeaning actions.
- Consult with industry professionals to support the child within the Service and implement techniques within the program to benefit all.
- Commit to professional development and keep up to date with industry information regarding behaviour management.
- Re-direct a child who may be causing or about to cause harm to himself or herself, another child or adult. Incidents may include a child who is kicking, spitting, biting, throwing furniture or toys, punching or hitting, or being disruptive. Redirection may also include an incident where a child places itself in a dangerous situation, for example, climbing a fence or hiding under furniture. Safety is a priority and this may mean using physical re-direction in which an Educator will actually remove the child from the harmful situation
- Complete a 'Behaviour Incident Report' with each incident that occurs. Families are to be notified where they will be required to read and sign in an instance where a child or children's safety has been jeopardised.
- Continue observing the child, where a similar incidence occurs three times the child's parents and Educators will meet to discuss the issue and create a behaviour management plan of action to support the child in the environment.
- Exchange information with families on the subject of behaviour management which is encouraged both on an informal and more formal basis, such as parent interviews and through newsletters.
- Be sufficiently informed, trained and supervised to implement the behaviour management

plan created, ensuring that information is composed and recorded for reflection on its effectiveness for the individual child.

- Support children to explore different identities and points of view and to communicate effectively when resolving disagreements with others.
- Discuss emotions, feelings and issues of inclusion and fairness, bias and prejudice and the consequences of their actions and the reasons for this as well as the appropriate rules.
- Encourage children to listen to other people's ideas, consider pro-social behaviour and collaborate in problem solving situations.
- Listen empathetically to children when they communicate their emotions, provide encouragement as they reassure the child it is normal to experience positive and negative emotions.
- Guide children to remove themselves from situations where they are experiencing frustration, anger or fear.
- Support children to negotiate their rights and rights of others and mediate perceptively when children experience complexity in resolving dissimilarity.
- Learn about children's relationships with others and their relationship preferences they have and use this knowledge to encourage children to manage their own behaviour and expand on their empathy skills.
- Work with individual families and professional agencies to ensure that a consistent approach is used to support children with diagnosed behavioural or social difficulties.
- Use positive language, gestures, facial expressions and tone of voice when redirecting or discussing children's behaviour with them.
- Remain calm, tender and tolerant as they encourage children who are strongly expressing distress, frustration or anger.
- Guide children's behaviour with a focus on preserving and promoting children's self-esteem as they learn to self-regulate their behaviour.

Families will:

- Be informed of behaviour management concerns we may have with their child, this includes: the positive and negative aspects of the day.
- Collaborate with Educators and professional agencies when required in order to develop a broader understanding of the child's developmental level, the child's family, the parent's approach, and any recent events, which may be influencing the child's behaviour.

Children will:

- Learn to respect the rights and needs of others by anticipating the result and consequences of their behaviour.
- Be given positive guidance towards acceptable behaviour so they learn what acceptable and unacceptable behaviour is.
- Need to learn to be responsible for their actions and how their behaviour impacts on others.
- Be encouraged to use their words rather than actions to resolve conflicts
- Build on strengthening their communication through intentional teaching moments which will include:
 - Greeting others when they arrive and depart from the Service
 - Sharing resources
 - Assisting when it is time to pack away the indoor and outdoor environment
 - Using manners such as please and thank-you
- Learn to wait for their turn for an appropriate period of time. This will depend on age and development

- Learn about the feelings of others throughout the program in order to assist children to understand the consequences of their actions.
- Be encouraged to engage in cooperative and pro-social behaviour and express their feelings and responses to others' behaviour confidently and constructively, including challenging the behaviour of other children when it is disrespectful or unfair.

Positive behaviour strategies:

Guiding children's behaviour is an important aspect of caring for and educating children. Positive strategies need to be developed to assist children learn appropriate ways of behaving. Corporal punishment and unreasonable discipline are not permitted in children's services, not only because the child may be physically harmed, but also because it nearly always has detrimental effects on the child's self-esteem and feelings of security.

- Establish positive relationships with children
- Empower children to use language and other forms of non-hurtful communication to communicate their emotions
- Promote positive, empathetic relationships between children assisting them to develop respectful relationship
- Encourage and assist children to make decisions for themselves and provide opportunities for independence and self-regulation
- Provide clear and reasonable limits so that children know what is expected of them and follow through to help them abide by the limits
- Model appropriate behaviours
- Provide positive feedback and focus on children's strengths and achievements and build on their abilities
- Be understanding and supportive – acknowledge children's emotions
- Help children develop a sense of social responsibility, so that they become aware of the impact of their actions on others
- Promote children's initiative and agency
- Discuss guidelines, rules, limits and what is fair with children, and use their contributions in setting limits and guidelines.
- Provide age appropriate and interesting activities, experiences and equipment for children to use and become engaged in as they challenge their development
- Providing opportunities for children to explore both in the indoor and outdoor environment
- Set up the environment (indoor and outdoor) for children to engage in activities and experiences in accordance with their abilities and interests
- Ensure there is sufficient materials and equipment
- Implementing a regular routine in order to support children's positive behaviour. Routines help to provide a sense of security so children feel settled.

Our Biting Policy

The injured person will be tenderly treated with an ice pack. The incident will be recorded in the Accident Book for the parents to sign. The biting child will be monitored to prevent any more incidents. Educators will work for a positive outcome for all.

Should a child continually bite in spite of guidance and age, parents will be notified and discussions will take place to determine further strategies.

Breast Milk and Formula Milk Policy

The Policy was reviewed July, 2020 and will be reviewed July,2022. Our policy is based on the following sources:

- Murdoch Children's Research Institute
- The Royal Children's Hospital Melbourne
- Early Childhood Australia Inc.
- National Health and Medical Research Council – *Staying Healthy in Child Care*, 5th Edition
- Australian Breastfeeding Association.
- Education and care services: National Regulations 2015 – Regulation 77, 78, 168
- National Quality Standards: Quality Area 2 – Children's Health and Safety

If parents would like more information they may be referred to a health worker or the free Australian Breastfeeding helpline on 1800 686 268

- Breast milk contains the mother's antibodies, which help prevent illness in infants. We encourage and support mothers of infants up to 12 months old to provide expressed breast milk or to visit the service to feed their babies.
- We promote exclusive breastfeeding until babies are about 6 months old with continued breastfeeding to one year and beyond
- On enrolment, a breastfeeding/formula feeding plan will be put in to place in consultation with a nominated staff member. Discussion will cover babies feeding routine,(times and amounts) and storage of milk.

Preparing formula

All formula will be prepared at the centre as required. Staff will follow the safe handling policy.

Measured amount of cooled boiling water will be added to the child's bottle and the correct amount of measured formula will be added to the bottle before feeding.

Storing bottles

Breast milk needs to be kept refrigerated or frozen. Fridge temperature is kept at below 5 degrees Celsius. Temperatures are taken twice daily and documented. Expressed breast milk must be labelled with child's name and date. Any leftover formula or breastmilk will be discarded. It will not be reheated for later use.

Breast milk can be stored in several ways. It can be:

- Refrigerated for 3-5 days at 4 degrees Celsius or lower (4 degrees is the typical temperature of a standard fridge); always store breast milk at the back of the fridge, not at the door
- Stored without refrigeration (if needed) for 6 – 8 hours if the room temperature is less than 26 degrees
- Frozen in a separate freezer section of a refrigerator for up to 3 months; if your freezer is a compartment inside the refrigerator, rather than a separate section with own door, then only store the breast milk for 2 weeks
- Frozen in a deep freeze (-18 degrees or lower) for 6-12 months

When thawing breast milk, always use the oldest milk first. Frozen breast milk can be thawed:

- In the refrigerator and used within 24 hours
- By standing the frozen breast milk in a container of hot water (not boiling) and used straight away

Heating Bottles

Bottles will only be heated once. Bottles will not be reheated once they have cooled as this allows germs to grow.

Bottles will not be warmed in the microwave. Microwave ovens distribute heat unevenly.

Water in milk can turn to steam that collects at the top of the bottle, and there is a danger that the infant could be scalded. Many parents use a microwave to warm bottles at home. In the home environment, usually only one or two people are preparing bottles, using the same type of bottle and the same microwave every time, so the risk of overheating the milk and scalding the infant is lower.

To heat bottles:

- Stand the bottle in a container of hot water (not boiling) for no more than 15 minutes
- Before feeding the infant, check the temperature of the milk by letting a little drop onto the inside of your wrist – it should feel comfortably warm or even a little cool.
- Never microwave breast milk
- Never refreeze thawed breast milk
- Only warm the milk once, and discard any warmed milk that has not been used.

Families will:

- Be informed during orientation that children's bottles must be clearly labelled with the child's name
- Label bottles containing breast milk with the date of preparation or expression
- Be encouraged to supply breast milk in labelled, multiple small quantities to prevent wastage
- Be encouraged to communicate regularly with educators about children's bottle and feeding requirements

Educators will ensure:

- Parents are aware that the service is a 'breastfeeding friendly' service
- Families are provided with breastfeeding information during enrolment and orientation (discussion)
- A welcoming environment is provided for mothers to comfortably breastfeed or express breast milk
- Culturally appropriate pictures and posters of breastfeeding are displayed
- Easily accessible brochures, pamphlets and other resources about breastfeeding are displayed
- Staff and families are educated, that a mother may breastfeed their child at the service, as this is their legal right
- Literature is updated and distributed to staff as required to support 'best practice'

A Nominated Supervisor/Responsible Person will:

- Ensure the educators implement the procedures for preparing, heating and storing bottles of breast milk
- Adhere to the procedure for the safe storage and heating of food provided in bottles
- Provide mothers with a private, clean and quiet place to breastfeed their children or express milk
- stimulate participatory learning experiences with the children related to breastfeeding and offer children's books that contain pictures of breastfeeding, play dolls that are nursing and

other learning experiences that normalise breastfeeding

- Maintain current printed or electronic lactation resources available to families and employees

Child Immunisation Policy

This policy is current as at April 2020. Our policy is based on the following specialist sources:

- *Staying Healthy in Child Care*, 5th Edition
- The National Health and Medical Research Council
- National Quality Standards (NQS): Quality Area 2 – Children’s Health and Safety
- Education and Care Services National Regulations: Children (Education and Care Services) National Law

Our Centre requires a policy on immunisation because it is an important strategy on infection control. This provides the basis for our services guidelines for excluding children and adults with an infectious illness or disease. Our service is committed to preventing the spread of infection through simple hygiene practices such as hand washing, effective cleaning procedures, monitoring immunisation records and complying with recommended exclusion guidelines and timeframes.

All current and updated immunisations are required for our records. Our centre has a policy on excluding non-vaccinated children at times when some vaccine preventable diseases may be in the service. If the child is under 12 months of age and attending our Centre it is important to keep your child’s immunisations up to date. This information must also be updated on your child’s enrolment form. Our service strongly encourages immunisation. Staff follow a policy to check records regularly and to advise parents of the importance of being on time with your child’s immunisation.

NO JAB – NO PLAY. New laws came into effect: 01/01/2016.

- Children enrolling in Early Childhood Services must be immunised.
- The service requires evidence of up-to-date vaccination.
- The documentation required is **an Australian Childhood Immunisation History Statement**, provided by Medicare.
- If a child has a medical reason that they cannot be immunised, an Immunisation Exemption Medical Contradiction form will need to be obtained from Medicare, signed by a GP and provided to the service
- A child’s enrolment at this service, will not be confirmed unless their vaccinations are up to date or they have a medical exemption. Documentation must be provided to the centre.
- If your child is not up to date with their vaccinations, please see your doctor or local council for a catch-up schedule of vaccinations,
- To view the Immunisation Schedule (what vaccines are due at what age) go to [www.health.gov.au](#) and search ‘Immunisation’, or speak to your doctor.
- It is the parents responsibility to provide an updated Immunisation History Statement each time the child has been vaccinated.

Child Protection Policy

This policy is current as of June 2020 and will be reviewed June 2021.

If a staff member has reasonable grounds to suspect a child in our care is at risk of physical, sexual or emotional neglect or violence, Child Protection Victoria will be notified in accordance with legislative mandatory reporting of child abuse.

Staff must be up to date with current Child Protection Legislation in Victoria and their mandatory reporting responsibilities. All staff at our Centre has completed a Working With Children Check.

Staff undertake Child Protection Training and are kept up to date with the Legislation. All staff complete an on-line unit on Child Protection when employed at the centre.

A Concern Report will be completed by an educator on disclosure of suspected abuse made by a child.

Note: A detailed copy of the Child Protection Policy and Child Safe Standards is kept in the office.

Clothing and Footwear Policy

This Policy is current from January 2020 and will be reviewed in January 2022, or as required. Our policy is based on the following sources:

- Guide to the Education and Care Services National Law and the Education and Care Services National Regulation 2015
- Guide to the National Quality Standard (NQS): Quality Area 2 – Children’s Health and Safety and Quality Area 5 – Relationships with children
- SIDS and KIDS – www.sidsandkids.org
- Cancer Council Australia – www.cancer.org.au
- Revised National Quality Standards

Children need protective, comfortable and appropriate clothing and footwear to explore their environment. Clothing needs to protect children from injury and sun exposure whilst promoting self-help abilities. Appropriate footwear will fit a child’s foot correctly and ensure comfort and safety. Educators will also dress to prevent injury and sun exposure and will be encouraged to dress in a professional and respectful manner, being positive role models for children.

Nominated Supervisor will:

- Ensure that a Sun Safety Policy is developed and maintained
- Ensure that educators are provided with personal protective equipment (e.g. gloves) to facilitate cleaning and health protection measures
- Provide information for educators about suitable clothing and footwear expectations for the education and care work environment
- Ensure educators are aware and abide by the Sun Safety Policy

Educators will:

- Consult with families about the individual needs of children with respect to different values and beliefs associated with clothing and footwear
- Monitor children’s clothing and footwear to ensure compliance with the Sun Protection Policy and to support the safety, comfort and well-being of every child
- Provide protective clothing, such as aprons – for messy play experiences. Children will be encouraged by educators to wear protective clothing during messy play and water play
- Encourage children to remove shoes and heavy/excess layers of clothing during rest times and to reflect the room temperature, as recommend practice by SIDS and Kids
- Encourage children to utilise their self-help skills as appropriate, to put on and remove clothing and shoes to meet their needs. For younger children, educators will use observation and monitoring skills to ensure children’s clothing and footwear is appropriate for the environment and weather conditions

Families will:

- Provide spare clothing in children’s bag to allow for dirty or soiled clothing and changing weather conditions
- Dress children appropriately, including footwear (enclosed heel and toes) and appropriate hat
- Ensure their child is clothed in an appropriate manner which will allow them to explore and play freely and not restrict them using equipment while at play
- Ensure clothing also allows easy access for toileting, i.e. elasticised trousers, track pants – rather than buttons, zips, belts, etc.
- Ensure children are appropriately protected from the sun – please refer to Sun Smart Policy for further directives on hats (wide brimmed, legionnaire’s or bucket hats) and clothing (shoulders must be covered: no singlet tops)
- Ensure children’s clothing accommodates for the weather conditions. i.e. be loose and cool in

- summer to prevent overheating and warm enough for cold weather – including outdoor play.
- Educators will monitor children to ensure they are appropriately dressed for all weather, play experiences, rest and sleep routines
- Ensure children have appropriate footwear that enables them to play comfortably and not cause safety concerns. i.e. thongs, clogs, backless shoes have a trip factor and do not allow children to use equipment safely
- Ensure clean and appropriate spare clothing are available in children's bags if required
- Ensure all clothing and belongings must be clearly labelled with the child's name
- NOTE: Jeans and overalls are not suitable for children wearing nappies or who are toilet learning. Clothes should be easy to remove for nappy changes and toileting.

Dental Health Policy

This policy is current as at June 2020. It is sourced from *Human Services Oral Health Promotion: A practical guide for Children's Services*, from the Australian Dental Association Inc.

Mentone Park Child Care and Pre School encourages and promotes dental health by:

- encouraging children, staff and parents to understand the value of dental health and tooth brushing
- ensuring the program in the 3-5 years room has a unit based on dental hygiene principles
- facilitating group and individual discussion with children about dental hygiene
- encouraging and promoting healthy eating for preschool children
- implementing a nutritional policy based on recognised Children's Health bodies
- management and staff will ensure our Centre's nutrition policy is implemented.

Diabetes Policy

- This Policy is currently from January 2020 and will be reviewed January 2022, or as required.
- To ensure that education and care services support enrolled children with Type 1 Diabetes and their families, while the children are being educated and cared for.

Key Definitions

Term	Description
Type 1 diabetes	<p>An auto immune condition which occurs when the immune system damages the insulin producing cells in the pancreas. This condition is treated with insulin replacement via injections or a continuous infusion of insulin via a pump.</p> <p>Without insulin treatment, type 1 diabetes is life threatening.</p>
Type 2 diabetes	<p>Occurs when either insulin is not working effectively (insulin resistance) or the pancreas does not produce sufficient insulin (or a combination of both). Type 2 diabetes affects between 85 and 90 per cent of all cases of diabetes and usually develops in adults over the age of 45 years, but it is increasingly occurring at a younger age. Type 2 diabetes is unlikely to be seen in children under the age of 4 years old.</p>
Hypoglycaemia or hypo (low blood glucose)	<p>Hypoglycaemia is a blood glucose level that is lower than normal, i.e. below 4mmol/l, even if there are no symptoms. Neurological symptoms can occur at levels below 4mmol/l and can include sweating, tremor, headache, pallor, poor co-ordination and mood changes. Hypoglycaemia can also impair concentration, behaviour and attention, and symptoms can include a vague manner and slurred speech.</p> <p>Hypoglycaemia is often referred to as a 'hypo'. It can be caused by:</p> <ul style="list-style-type: none">too much insulindelaying a mealnot enough foodunplanned or unusual exercise. <p>It is important to treat hypoglycaemia promptly and appropriately to prevent the blood glucose level from falling even lower, as very low levels can lead to loss of consciousness and convulsions.</p> <p>The child's diabetes management plan will provide specific guidance for kindergartens in preventing and treating a 'hypo'.</p>
Hyperglycaemia (high blood glucose levels)	<p>Hyperglycaemia occurs when blood glucose levels rise above 15mmol/L</p> <p>Hyperglycaemia symptoms can include increased thirst, tiredness, irritability, urinating more frequently. High blood glucose levels can also affect thinking, concentration, memory, problem solving and reasoning.</p> <p>It can be caused by:</p> <ul style="list-style-type: none">insufficient insulintoo much foodcommon illness such as a coldstress.

Insulin	Medication prescribed and administered by injection or continuously by a pump device. Lowers blood glucose levels. Allows glucose from food (carbohydrate) to be used as energy. Essential for life.
Blood Glucose Meter	A small device used to check a small blood drop sample for blood glucose level.
Insulin pump	A small computerised device, connected to the child via an infusion line inserted under the skin, to deliver insulin constantly.
Ketones	Occur when there is insufficient insulin in body. At high levels can make children very sick. Extra insulin required (given by parent) when ketone levels > 0.6 mmol/L on pump, or > 1.0 mmol/L if on injected insulin.

Our policy

Mentone Park Childcare and Pre School have set out practices in relation to:

- the management of medical conditions, including diabetes (regulation 90(1)(a))
- parents/guardians to provide a medical management plan if an enrolled child has a relevant medical condition (regulation 90(1)(c)(i))
- development of a risk minimisation plan in consultation with the child's parents (regulation 90(1)(c)(iii))
- development of a communications plan for staff members and parents (regulation 90(1)(c)(iv)).

Staff members and volunteers must be informed about the practices to be followed (regulation 90(1)(c)(iv)(A)), and parents of an enrolled child with a specific health care need, allergy or other relevant medical condition must be provided with a copy of the service policy (regulation 91).

Mentone Park Child Care and Pre School need to ensure that each child with type 1 diabetes has a current individual diabetes management plan prepared by the individual child's diabetes medical specialist team, at or prior to enrolment, and implement strategies to assist children with type 1 diabetes.

The child's diabetes management plan provides education and care service staff members with all required information about the child's diabetes care needs.

Key points for education and care service staff members to support children with type 1 diabetes are:

- Follow the education and care service medical conditions policy and procedures for medical emergencies for children with type 1 diabetes.
- Parents/guardians should notify the education and care service immediately about any changes to the child's individual diabetes management plan.
- The child's Diabetes Medical Specialist Team may consist of an endocrinologist, diabetes nurse educator, and other allied health professionals.
- This team will provide the parents with a diabetes management plan for the education and care service.
- Contact Diabetes Australia Victoria for further support or information.

Most children with type 1 diabetes can enjoy and participate in education and care service activities to the full. Most children will require additional support from education and care service staff members to manage their diabetes and while attendance at education and care services should not be an issue, they may require some time away to attend medical appointments.

Strategies

Strategy	Action
Monitoring of blood glucose (BG) levels:	<p>Checking of blood glucose levels is performed using a blood glucose meter and finger pricking device. The child's diabetes management plan should state the times and the method of relaying information to the parents about the blood glucose levels, and interventions required if BGL below or above certain thresholds. A communication book can be used to provide information about the child's BG levels between parents and the education and care service at the end of each session.</p> <p>Checking of BG occurs at least four times every day to evaluate the insulin dose. Some of these checks may need to be done at the education and care service at least once, but often twice. Pre meals, pre bed and regularly overnight are the routine times</p> <p>Additional checking times will be specified in the child's diabetes management plan. These could include such times as a suspected hypo.</p> <p>Children are likely to need assistance with performing BG checks.</p> <p>Parents should be asked to teach education and care service staff members about BG testing</p> <p>Parents are responsible for supplying an BG meter, in-date test strips and a finger pricking device for use by their child while at the education and care service.</p>
Managing Hypos	<p>Hypos or suspected hypos should be recognised and treated PROMPTLY according to the instructions provided in the child's diabetes management plan.</p> <p>Parents are responsible for providing Mentone Park child Care and preschool with oral hypoglycaemia treatment (hypo food) for their child in an appropriately labelled container.</p> <p>The hypo container must be securely stored and readily accessible to all staff members.</p>
Administering insulin	<p>Administration of insulin during education and care service operating hours is unlikely to be required; this will be specified in the child's diabetes management plan.</p> <p>As a guide, insulin for preschool aged children is commonly administered: twice a day, before breakfast and dinner at home</p> <p>by a small insulin pump worn by the child.</p>
Managing ketones	<p>Children on an insulin pump will require ketone testing when BGL >15.0 mmol/L.</p> <p>Staff members are to notify parents if the ketone level is >0.6 mmol/L (refer to the child's management plan).</p>
Off-site activities such as excursions	<p>With good planning children should be able to participate fully in all our long day activities including excursions.</p>

	The child's diabetes management plan should be reviewed prior to an excursion with additional advice provided by the Diabetes Medical Specialist Team and/or parents as required.
Infection control	Infection control procedures must be followed. These include having instruction about ways to prevent infection and cross infection when checking blood glucose levels, hand washing, one child one device, disposable lancets and the safe disposal of all medical waste
Timing meals	Most meal requirements will fit into regular long day care routines. Children will require extra supervision at meal and snack times to ensure they eat all their carbohydrate. It needs to be recognised that if an activity is running overtime, students with diabetes cannot delay meal times. Missed or delayed carbohydrate is likely to induce hypoglycaemia
Physical activity	Exercise should be preceded by a serve of carbohydrates. Exercise is not recommended for students whose BG levels are high as it may cause them to become even more elevated. Refer to the child's diabetes management plan for specific requirements.
Special event participation	Special event participation including class parties can include children with type 1 diabetes in consultation with their parents/guardians. Education and care services need to provide alternatives when catering for special events, such as offering low sugar or sugar-free drinks and/or sweets at class parties in consultation with parents/guardians.
Communicating with parents	Mentone Park child Care and Pre School will communicate directly with the parents/guardians to ensure the child's individual diabetes management plan is current. We will establish a mutually agreed means of communication between home and the service to relay health information and any health changes or concerns. A communication book will be used where appropriate also the use of e-mails and/or text messaging may take place.

This Diabetes Policy should be read in conjunction with the policy for managing medical conditions developed by our service in accordance with the requirements of the *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011*.

Acknowledgments

This diabetes policy was developed in collaboration with Diabetes Australia Victoria's advocacy and diabetes educators and The Royal Children's Hospital Melbourne's Manager of diabetes education in August 2012.

Mentone Park Childcare and Pre School Emergency and Evacuation Policy

This policy is current as at July 2019 and will be reviewed in July 2020, in accordance with:

Education and care services National Regulations 2011

Occupational Health and Safety Act 2004

Education and care services national Law Act 2010

Duty of Care Provisions in common Law

Resources for emergency evacuation:

Mobile phone (charged battery)

Attendance records (Staff roster, visitors sign in sheets, Ipad and pick up register)

Emergency Kit

Emergency contact numbers are kept in emergency kit

Porta cot

EMERGENCY EVACUATION PROCEDURE

An emergency evacuation drill is carried out quarterly, ensuring all staff has participated in at least one drill annually. Drills may take place at any time of the day including drop-off and pickup times. We understand that this may be an inconvenience, but it is most important that your child's safety is priority. Fire safety and emergency evacuation are an important part of the curriculum for the children and the emphasis is on the following safety procedures and listening carefully to directions and instructions.

Smoke alarms are placed at strategic points in the centre. A whistle is blown and staff move children to the nearest safest exit and depart to either the front of the property – Acacia Avenue or to the property of 20 Acacia Avenue next door to the childcare centre or via the back gate to the property at number 20 Acacia Avenue.

If locked in: main corridor in the centre away from the view of outside intruder or in babies sleep room

Babies are placed in a porta cot during the evacuation procedure.

All children, staff and visitors are accounted for using rosters, sign in sheets, Ipad and child pick up register

It is important that all children are signed in and out each day.

Mentone Park Childcare and Pre School Emergency Procedures

Building Safety Features

All staff should familiarise themselves with the building layout and the location of the buildings installed safety features to enable them to respond quickly in an emergency.

The buildings safety features and fire equipment has been installed for the life safety and protection of the premises.

Portable fire extinguishers:

Dry powder extinguishers have been installed in the building located at:

Foyer entrance right hand side as you enter the main room

Laundry art sink walkway on the left hand side as you enter outdoor area

Fire Detection Equipment:

Smoke alarms have been installed at:

The main room/Kinder Room

Babies/Nursery Room

Office

Fire Blanket:

Kitchen – right hand side as you enter

Doors:

In the event of a fire, closing the door to the affected area will assist in retarding the spread of smoke and flame throughout the centre.

Main Electrical Switchboard:

The main electrical switchboard and main isolation switch is located in the front foyer above the pigeon holes

Gas Main:

The gas meter and shut off is located side of driveway/back of garden

Water main: Located front right hand side of driveway

Fire Warning Device:

Whistles are located in each of the rooms to raise the alarm to other staff members of the emergency.

Each whistle is located:

Babies/Toddlers Room: Next to whiteboard

Main Room: By the telephone

Foyer: beside the portable fire extinguisher

Kitchen : right side on the wall as you walk in

Notifications of Emergencies

To notify Emergency Services, dial 000.

Telephones are located in:

- Main Room
- Office
- Babies Room
- Mobile phone

To alert staff of an emergency use whistle located in each room.

Responsibilities of Person In Charge

On discovery or notification of a fire or other emergency in your area:

1. Determine the nature of the emergency and ensure the alarm has been raised by using the alert whistle
2. Evacuate all children from the immediate danger area to a safe location
3. Communicate with your centre director giving details of:
 - Present situation
 - Whether a total evacuation is required
4. Babies room staff are to check all areas including toilets, store room, kitchen, laundry, babies sleep room if located in your immediate area of responsibility, closing all doors after check
5. Report the evacuation from your area is complete and retrieve room attendance records ***if safe to do so***
6. Proceed to your designated assembly area with the children and ensure they are all accounted for.
7. Consider attacking the fire ***only if it safe*** to do so

Assistants to provide all necessary help as directed.

Medical Emergencies

In the event of a child, staff member or a member of the public suffering illness or injury:

1. Ensure appropriate first aid is administered
2. Do not leave patient unattended
3. Send a staff member to alert Centre Director/Person in Charge and advice on action required: i.e. call Ambulance, Doctor, parents or retrieve First Aid Kit.
4. Remove any children from the area
5. Do not move patient unnecessarily except in case of danger e.g. fire or gas leak

6. If patient is conscious reassure them
7. Report incident to Department of Health and Human Services and document

On-Site Evacuation Procedure

When it is unsafe for children, staff and visitors to remain inside the facility's building the Director / Person in Charge will take charge.

Call 000 and inform emergency services of the nature of the emergency.

Evacuate children, visitors and staff out of the building to the assembly area. Via back gate through the rear of the property 18 Acacia Avenue using 20 Acacia as an assembly area, or Exiting front door to assembly point on Acacia Avenue or into the property of 20 Acacia Avenue, next door to the childcare centre. If in front garden area, use gate to get to assembly area.

Take the child attendance record, staff roster, Visitor sign in sheet, Ipad and pick up register. Emergency Kit/First Aid Kit and this Plan. (which is kept in the Emergency Kit)

Once at the assembly point, check all children, staff and visitors are accounted for.

Ensure communications with emergency services is maintained. Wait for emergency services to arrive or provide further information.

Inform parents via appropriate method (texts, phone call or email).

Maintain a record of actions/decisions undertaken and times.

Confirm with emergency service personnel that it is safe to return to normal operations.

Actions after On-Site Evacuation Procedure

Determine whether to activate your parent re-unification process.

Seek advice from Approved Provider (Tonia Grimshaw-Lloyd) if required.

Determine if there is any specific information staff, children and visitors need to know (e.g. parent reunification process or areas of the facility to avoid).

Inform parents via appropriate method (text, phone call or email).

Ensure any children, staff or visitors with medical or other needs are supported.

Undertake debrief with staff to review the on-site evacuation and procedural changes that may be required.

Complete your Post Emergency Record form.

Report serious incidents to the relevant Regulatory Authority in accordance with relevant regulatory requirements and DEECD in the event of a serious incident.

Off-Site Evacuation Procedure

If it is unsafe for children, staff and visitors to remain on the facility's grounds the Director/Person in Charge on-site will:

Call 000 and inform emergency services of the nature of the emergency.

Seek advice from Approved Provider (Tonia Grimshaw-Lloyd) if required.

Identify which off-site assembly point you will evacuate staff, children and visitors to.

Evacuate staff, children and visitors to your off site area via back gate through the rear of the property 18 Acacia Avenue using 20 Acacia as an assembly area. Exiting front door to assembly point on Acacia Avenue or into the property of 20 Acacia Avenue next door to the childcare

centre. Take attendance records (Ipad and pick up register, staff rosters and visitor sign in sheets, Emergency Kit/First Aid kit and this Plan. (Kept in the Emergency Kit) If a further safer place to assemble is needed, use Southern Road Reserve, corner Acacia Ave and Southern Road.

Once at assembly point, check all children, staff and visitors are accounted for.

Ensure communications with emergency services is maintained. Wait for emergency services to arrive or provide further information.

Maintain a record of actions/decisions undertaken and times.

Inform parents via appropriate method (texts, phone call or email).

Confirm with emergency service personnel that it is safe to return to normal operations.

Actions after Off-Site Evacuation Procedure

Determine whether to activate the parent re-unification process.

Determine if there is any specific information staff, children and visitors need to know (e.g. areas of the facility to avoid or parent reunification process).

Inform parents via appropriate method (texts, phone call or email).

Ensure any children, staff or visitors with medical or other needs are supported.

Undertake operational debrief with staff and Incident Management Team to review the off-site and procedural changes that may be required.

Document and file.

Report serious incidents to the relevant Regulatory Authority in accordance with relevant regulatory requirements and DEECD in the event of a serious incident.

Lock-Down Procedure

When an external and immediate danger is identified and it is determined that the children should be secured inside the building for their own safety the Director / Person in Charge will:

Person in charge blows whistle twice to alert staff and children

Call 000 and inform emergency services of the nature of the emergency.

Announce the lock-down and provide instructions to staff e.g. close internal doors and windows, pull down blinds and sit below window level (in babies sleep room) or move into corridors.

Check that all external doors (and windows if appropriate) are locked.

If available, allocate staff to be posted at locked doors to allow children, staff and visitors to enter if locked out.

Seek advice from Approved Provider.

Divert parents and returning groups from the facility if required.

Ensure a telephone line is kept free.

Keep main entrance as the only entry point. It must be constantly monitored and no unauthorised people allowed access.

If it is safe to do so, have a delegated staff member wait at the main entry to the facility to guide emergency services personnel.

As appropriate, ascertain that all children, staff and visitors are accounted for.

Maintain a record of actions/decisions undertaken and times.

Where appropriate, confirm with emergency services personnel that it is safe to return to normal operations.

Inform parents via appropriate method (texts, phone call or email).

Actions after Lock-Down Procedure

Determine whether to activate the parent re-unification process.

Seek advice from Approved Provider (Tonia Grimshaw-Lloyd) if required

Determine if there is any specific information staff, children and visitors need to know (e.g. areas of the facility to avoid or parent reunification process).

Inform parents via appropriate method (texts, phone call or email).

Ensure any children, staff or visitors with medical or other needs are supported.

Undertake operational debrief to review the lock-down and procedural changes that may be required.

Report serious incidents to the relevant Regulatory Authority in accordance with relevant regulatory requirements and DEECD in the event of a serious incident.

Lock-Out Procedure

When an internal immediate danger is identified and it is determined that children should be excluded from buildings for their safety the Director / Person in Charge.

Call 000 and inform emergency services of the nature of the emergency.

Announce lock-out with instructions about what is required. Instructions may include nominating staff to:

- lock doors to prevent entry

- check the premises for anyone left inside

- obtain Emergency Kit

Go to the designated off-site assembly point via back gate through the rear of the property 18 Acacia Avenue using 20 Acacia as an assembly area. Exiting front door to assembly point on Acacia Avenue or into the property of 20 Acacia Avenue next door to the child care centre.

Check that children, staff and visitors are all accounted for.

Maintain a record of actions/decisions undertaken and times.

Where appropriate, confirm with emergency services personnel that it is safe to return to normal operations.

Seek advice from your Approved Provider if required.

Actions after Lock-Out Procedure

Determine whether to activate the parent re-unification process.

Determine if there is any specific information staff, children and visitors need to know (e.g. areas of the facility to avoid or parent reunification process).

Ensure any children, staff or visitors with medical or other needs are supported.

Inform parents via appropriate method (texts, phone call or email).

Prepare and maintain records and documentation.

Undertake operational debrief to review the lock-out and procedural changes that may be required.

Complete your Post Emergency Record form.

Report serious incidents to the relevant Regulatory Authority in accordance with relevant regulatory requirements and DEECD in the event of a serious incident.

Emergency Response Procedures for Specific Threats

Building Fire

Phone **000** to notify the emergency services and seek advice.

If appropriate, follow the procedure for **On-Site Evacuation**.

Report the emergency immediately to the Director/Person in charge

Remain calm and activate the fire alarm.

Extinguish the fire (**only if safe to do so**).

Evacuate to the to the designated off-site assembly point via back gate through the rear of the property 18 Acacia Avenue using 20 Acacia as an assembly area. Exiting front door to assembly point on Acacia Avenue or into the property of 20 Acacia Avenue next door to the child care centre.

Close all doors and windows.

Check that all areas have been cleared by person in charge

Check that all children, staff, visitors and contractors are accounted for.

Contact your Service Manager or your DEECD regional Manager, Operations and Emergency Management for advice and support if required.

Direct all Media enquiries to Approved Provider.

Major External Emissions/Spill (includes gas leaks)

Phone **000** to notify the emergency services and seek advice.

Report the emergency immediately to the Director / Person in Charge.

Turn off gas supply.

If the gas leak is on-site, notify your gas provider.

If safe to do so, evacuate staff, children, visitors and including contractors to Southern Road Reserve, corner of Acacia Avenue and Southern Road, if omissions are highly toxic. If small gas leak evacuate to the designated off-site assembly point via back gate through the rear of the property 18 Acacia Avenue using 20 Acacia as an assembly area. Exiting front door to assembly point on Acacia Avenue or into the property of 20 Acacia Avenue, next door to the child care centre. (off-site location.)

Check children, staff, visitors and contractors are accounted for.

Contact your Director/ Approved Provider Tonia Grimshaw Lloyd

Await 'all clear' advice from emergency services or further advice before resuming normal service activities.

Intruder/Personal Threat

Phone **000** to notify the emergency services and seek advice.

Report the emergency immediately to the Director/Person in Charge.

Do not do or say anything to the person to encourage irrational behaviour.

Initiate action to restrict entry to the building if possible and confine or isolate the threat from building occupants.

Determine if **evacuation or lock-down** is required. Evacuation only should be considered if safe to do so.

Contact your Approved Provider.

Bomb/Chemical Threat

Phone **000** to notify the emergency services and seek advice.

Report the emergency immediately to Director/Person in Charge.

If a bomb/chemical threat is received by telephone:

- do not** hang up

- refer to the bomb threat checklist (kept in front of main diary)

If a bomb/chemical threat is received by mail:

- avoid handling of the letter or envelope

- place the letter in a clear bag or sleeve

- inform the Police immediately.

If a bomb/chemical threat is received electronically or through the centre's website:

- do not delete the message

- contact police immediately.

Ensure the service's doors are left open.

Do not touch any suspicious objects found.

If a suspicious object is found or if the threat specifically identified a given area, then **evacuation** may be considered.

Contact your Approved Provider if required.

Bomb/Substance Threat Checklist

This checklist will be kept in the front of the main diary

CALL TAKER		CALL TAKEN	
Name		Date of Call:	
Phone Number		Call Start/End Time	
Signature		Number of Caller	

Complete the following for a BOMB THREAT

QUESTIONS	RESPONSES
When is the bomb going to explode?	
Where did you put the bomb?	
What does the bomb look like?	
What kind of bomb is it?	
What will make the bomb explode?	
Did you place the bomb?	
What is your name?	
Where are you going?	
What is your address?	

Complete the following for a SUBSTANCE THREAT

QUESTIONS	RESPONSES
When will the substance be released?	
Where is it?	
What does it look like?	
When did you put it there?	
How will the substance be released?	
Is the substance liquid, powder or gas?	
Did you put it there?	

CHARACTERISTICS OF THE CALLER	
Sex of caller	
Estimated age	
Accent if any	
Speech impediments	
Voice (loud, soft, etc.)	
Speech (fast, slow etc.)	
Dictation (clear, muffled, etc.)	
Manner (calm, emotional, etc.)	
Did you recognise the voice?	

If so, who do you think it was?	
Was the caller familiar with the area?	

EXACT WORDING OF THREAT

ACTIONS	
REPORT CALL TO:	
ACTIONS:	

Internal Emission/Spill

Phone **000** to notify the emergency services and seek advice.

Report the emergency immediately to the Director / Person in Charge.

Move staff/children away from the spill to a safe area and isolate the affected area.

Seek advice in regards to clean up requirements, and if safe to do so, the spill can be cleaned up by staff. Personal Protective Equipment should be worn as per the requirements of the Material Safety Data Sheet and Safety Work Procedure.

Contact your Approved Provider

Notify the Victorian Work Cover Authority (formerly Work Safe Victoria) if required.

Severe Weather / Storms and Flooding

Phone **000** to notify the emergency services and seek advice if necessary.

Store or secure loose items external to the building, such as outdoor furniture.

Secure windows (close curtains & blinds) and external doors. If necessary, tape windows and glass entrances. Utilise boards and sandbags if required.

Protect valuables and disconnect electrical equipment – cover and/or move this equipment away from windows.

During a severe storm, remain in the building and keep away from windows. Restrict the use of telephone landlines to emergency calls only, particularly during a thunderstorm.

Evacuate children and staff and close off access to back veranda area.

After storm passes, evaluate the need to evacuate if uncontrolled fires, gas leaks, or structural damage

has occurred as a result of the storm.

Report any matter concerning the safety and well-being of children, staff and visitors to the Director / Person in Charge.

Listen to local radio or TV on battery-powered sets for weather warnings and advice.

Contact your Approved Provider.

Earthquake

Phone **000** to notify the emergency services and seek advice.

The Director / Person in Charge.

Contact your Approved Provider if required.

If Outside

Instruct staff and children to:

Stay outside and move away from buildings, streetlights and utility wires.

DROP, COVER and HOLD

DROP to the ground

Take COVER by covering your head and neck with their arms and hands

HOLD on until the shaking stops.

If Inside

Instruct staff and children to:

Move away from windows, heavy objects, shelves etc.

DROP, COVER and HOLD

DROP to the ground.

Take COVER by getting under a sturdy table or other piece of furniture or go into the corner of the building covering their faces and head in their arms.

HOLD on until the shaking stops.

After the Earthquake

Evaluate the need to evacuate if there are uncontrolled fires, gas leaks or structural damage to the building you are in.

If you evacuate, watch out for fallen trees, power lines, and stay clear of any structures that may collapse.

Arrange medical assistance where required and help others if you can.

Report any matter concerning the safety and well-being of children, staff and visitors to the Director / Person in Charge.

Tune in to ABC radio if you can and follow any emergency instructions.

Assembly Area

- Via back gate through the rear of the property 18 Acacia Ave using 20 Acacia Ave as an assembly area.
- Exiting front door or front garden gate to assembly point on Acacia Ave or into the property of 20 Acacia Ave next door to the child care centre
- A safe alternative if further distance from the building is necessary, the assembly area will be at Southern Road Reserve, corner of Acacia Avenue and Southern Road.
- Lock In: Main corridor area in centre away from outside intruder or babies sleep room.

EMERGENCY EVACUATION REHEARSAL

Emergency Evacuation Rehearsals are to be conducted at the centre four (4) times per year. Each drill is to be planned and supervised by the Centre Director/Person In Charge, with evacuation times and any problems noted for accessing the effectiveness of the evacuation.

If problems are encountered during the evacuation rehearsal that require modification or changes to the evacuation procedure, these changes must be noted, and passed onto all staff members.

The evacuation rehearsal schedule must ensure all children enrolled and all staff employed completes the drill at least annually.

Rehearsal Schedule

Recommended Dates:

Drill No. 1: 3rd week in February

Drill No. 2: 1st week in May

Drill No. 3: 1st week in August

Drill No. 4: 1st week in November

MENTONE PARK CHILD CARE AND PRE-SCHOOL EMERGENCY EVACUATION PROCEDURE

DIRECTOR/SENIOR PERSON IN CHARGE

- Blow whistle to alert other staff members and children
- Call Fire Department/Emergency 000 or mobile 112
- Collect attendance records from foyer (staff roster, visitor sign in sheet, Ipad and pick up register)
- Mobile phone
- Emergency kit (kept in labelled cupboard in office).
- Check no one is inside the building and close all doors

BABIES/TODDLERS ROOM STAFF

- Room Leader to collect fire cot and 2nd cot from back shed (If required)
- One staff member to take emergency medications for B/T Room & Blue bag with EpiPen (if required)
- Other staff to collect children and assemble to assembly area as per evacuation plan
- Place children in fire cot
- Conduct a head count

KINDER ROOM STAFF

- Assemble children
- One staff member to take emergency medications for kinder room
- Evacuate children to assembly area as per evacuation plan
- Conduct a head count

COOK/Ancillary Staff

- Assist staff as necessary

VOLUNTEERS/STUDENTS/PARENTS

- Assist as necessary

Once assembled in safe area Director/Person In Charge

- Mark off attendance sheets
- Make sure all persons are accounted for
- Notify children's parents

Refer to specific emergency evacuation scenario as per emergency evacuation plan

Planned Maintenance Schedule

Undertaking planned maintenance at the centre will ensure that items and areas requiring maintenance and servicing are checked on a regular basis and reduce their potential for becoming a fire risk.

Area and Frequency of Risk

Laundry Area

Clothes Dryer:

Clean lint filter (after each use)

Turn off and unplug power cord (after each use)

Washing Machine

Turn off power and water (end of each day)

Power Cords

Check for fraying or damage (weekly)

Kitchen Area and Babies Room

Power Cords

Check for fraying or damage (weekly)

Cook Top

Clean of fats and spills (daily)

Electrical Appliances

Serviceable and turned off when not in use (daily)

Gas Appliances

Check for gas leaks (by qualified trades person) (annually)

Extraction Fan

Clean fan filter

Electrical Tagging is undertaken annually

General Housekeeping

Keep passageways and emergency exits clear from obstructions (daily)

Keep papers and other combustibles to a minimum to maintain a low fuel load in building (weekly)

Smoke Alarms

Check operation of alarm using the test button (monthly)

Replace Battery (annually)

Heating/Air conditioning

Clean return air filter (Quarterly)

Check and service heating unit (by qualified trades person) (annually)

Exit Signs

Check illuminated exit signs (Weekly)

Fire Safety Equipment

Maintenance (qualified maintenance contractor, twice yearly)

EMERGENCY CONTACT LIST

Address: **18, Acacia Avenue, Mentone** **Melway Ref:** **87 E6**

Nearest Main Road: **Lower Dandenong Road**

Nearest Crossroad: **Blackwood Ave Mentone/ Coolabah Street, Mentone**

Emergency Services: **Police/ Fire Brigade/ Ambulance** **000**

From mobile: **112**

Local Police Station: **CHELtenham 9583 9767**

Poison information: **13 11 26**

Local Doctor: **Thrift Park Medical Centre. Nepean Highway, Mentone.**
9585 4863

Local Hospital: **MONASH- CLAYTON 9594 6666**

Power Company: **AGL 13 12 45**

240 Volt Electrical Contractor: **TESCH ELECTRICS 0406 489 531 –**
TONY

Gangi Electrics – 0418393300

Gas and Fuel: **AGL 13 12 45** **Complaints: 1800 775 329**

Water Company: **SOUTH EAST WATER (03) 9552 3000**

Plumbing Contractor: **Simon Carter-Key 0418 317 597**

General Maintenance: **NEW BUILT HOMES 0418 365 370**

Dept. of Human Services Regional Office (Cheltenham): **(03)8585 6000**

Dept. of Human Services Child Protection (Southern Suburbs): **1300 655**
795

Exclusion Policy

This policy is current as at June, 2020 and will be reviewed in June, 2022.

The spread of certain infectious diseases can be reduced by excluding a person, known to be infectious, from contact with others who are at risk of catching the infection.

The need for exclusion depends on:

- the ease with which the infection can be spread
- the ability of the infected person to follow hygiene precautions
- the severity of the disease.

A person who is not excluded may still need to remain at home because they do not feel well.

Recommended exclusion periods are based on the time that a person with a specific disease or condition might be infectious to others. Recommended non-exclusion means there is not a significant risk of transmitting infection to others.

The following are recommended minimum periods of exclusion from school, preschool and child care centres for cases of and contact with infectious diseases based on the National Health and Medical Research Council 2013.

Recommended exclusion periods from child care, preschool and school

Disease or condition	Exclusion of case	Exclusion contacts
Chickenpox (varicella)	Exclude until all blisters have dried. This is usually at least five days after the rash first appeared in non-immunised children. It may be less in immunised children.	Any child with an immune deficiency (for example leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise, not excluded.
CMV (Cytomegalovirus infection)	Exclusion is NOT necessary.	Not excluded.
Conjunctivitis	Exclude until the discharge from the eyes has stopped unless doctor has diagnosed a non-infectious conjunctivitis.	Not excluded.
Diarrhoeal Illness – includes instances where certain pathogens are identified including Amebiasis (<i>Entamoeba histolytica</i>), <i>Campylobacter</i> spp., <i>Salmonella</i> spp., <i>shigella</i> spp., and intestinal worms, but is not limited to infection with these pathogens.	Exclude until there has not been vomiting or a loose bowel motion for 24 hours.	Not excluded.
Diphtheria	Exclude until medical certificate of recovery has been received following at least two negative throat swabs, the first not less than 24 hours after finishing a course of antibiotics and the other 48 hours later	Exclude family/household contacts

Disease or condition	Exclusion of case	Exclusion contacts
Glandular fever (infectious mononucleosis, Epstein Barr Virus [EBV] infection)	Exclusion is NOT necessary.	Not excluded.
Hand foot and mouth disease	Exclude until all blisters are dry.	Not excluded.
Haemophilus influenzae type b (hib)	Exclude until 48 hours after initiation of effective therapy	Not excluded.
Hepatitis A	Exclude until a medical certificate of recovery is received, and until at least seven days after the onset of jaundice or illness	Not excluded.
Hepatitis B	Exclusion is NOT necessary.	Not excluded.
Hepatitis C	Exclusion is NOT necessary.	Not excluded.
Herpes (cold sores,)	Young children unable to comply with good hygiene practices should be excluded while the lesion is weeping. Lesions to be covered with dressing where possible	Not excluded.
Human immunodeficiency virus (HIV)	Exclusion is NOT necessary	Not excluded.
Impetigo	Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing.	Not excluded.
Influenza and influenza-like illnesses	Exclude until well.	Not excluded.
Leprosy	Exclude until approval to return has been given by the chief health officer	Not excluded.
Measles	Exclude for four days after the onset of the rash.	Immunised and immune contacts are not excluded. In the case of non-immunised contacts, contact a public health unit for specialist advice. Immunocompromised children should be excluded until 14 days after the first day of appearance of rash in the last case.

Disease or condition	Exclusion of case	Exclusion contacts
Meningitis (bacterial – other than meningococcal meningitis)	Exclude until well.	Not excluded.
Meningococcal infection	Exclude until adequate carrier eradication therapy has been completed	Not excluded if receiving carrier eradication therapy
Molluscum contagiosum	Exclusion is NOT necessary.	Not excluded.
Mumps	Exclude for 5 days or until swelling goes down (whichever is sooner)	Not excluded.
Pertussis (Whooping Cough)	Exclude the child for 21 days after the onset of cough or until they have completed 5 days of a course of antibiotic treatment	Contact a public health unit for specialist advice about excluding non-vaccinated and incompletely vaccinated contacts.
Poliovirus infection	Exclude for at least 14 days from onset. Re admit after receiving medical certificate of recovery	Not excluded
Ringworm, scabies, pediculosis (head lice)	Exclude until the day after appropriate treatment has commenced	Not excluded
Rubella (German measles)	Exclude until fully recovered or for at least four days after the onset of the rash.	Not excluded.
Shiga toxin or verotoxin producing Escherichia Coli (STEC or VTEC)	Exclude if required by the chief Health Officer and only for the period specified by the CHO	Not excluded.
Typhoid Fever (including paratyphoid fever)	Exclude until approval to return has been given by the Chief Health Officer	Not excluded unless considered necessary by the CHO

Excursions and Incursions Policy

This policy is current as at January 2020 and will be reviewed in January 2022, or as required. At our Centre, excursions and incursions are planned to provide the children with invaluable learning experiences and opportunities to see new places and have different experiences. All excursions and incursions will take place in accordance with the 2011 National Regulations and the Early Years Learning Frameworks. These excursion and incursions are planned to link to children's interests and development.

On these occasions we often have extra adults to help us. Parents and grandparents are most welcome to join us and participate in the children's program. A risk assessment will take place prior to the excursion.

Several days before the excursion, families will be notified of when and where we are going, how we will get there and what the child/staff ratio shall be. Below are the standard procedures for excursions and incursions.

The excursion form with all the relevant information is provided to parents. Parents must give written permission for each individual excursion. Parents should not feel obliged to give their permission. Children will never be taken off the premises without parent's written permission except in an emergency.

The child/staff ratios will be maintained while on an excursion and will vary according to the excursion, staff, volunteers, parents and students available. A first aid kit will accompany all out of Centre excursions, as well as sunscreen if going on an excursion between September and April (or on a day when the UV will be 3 or above). Emergency Medication and Emergency Action Plans for any child attending the excursion will also be taken by staff. All staff has First Aid training. Staff will carry a mobile phone and a copy of all children's emergency contact numbers. A risk management plan will be written prior to an excursion.

All remaining staff at the centre will be aware of the excursion and they will have a copy of the excursion itinerary in case of an emergency. On returning to the Centre, staff will evaluate the excursion for any improvements or changes to planning future excursions.

Walks with a 1km radius and to Southern Road Reserve - Parents will be asked to read and sign a permission form for educators to take the children on walks to the park. This is a one off blanket form to cover the entire year. Parents will be notified via a text message if their child has left the centre and again on their return.

Family Conduct Guidelines (Code of Conduct)

(This policy was implemented July 2019)

National Quality Standard 6: Collaborative Partnerships with families and communities.

National Quality Standard 7: Governance and Leadership

The Family Conduct Guidelines works in conjunction with the Service's Grievance Policy, Enrolment Form, Parent Handbook, Code of Ethics and Child Wellbeing Arrangements. The Family Conduct Guidelines are in place to emphasis the commitment and ethical responsibilities each family adopt when enrolling at the Service.

AIM

The aim of the Family Conduct Guidelines is to provide a clear pathway, supporting families and the Service in communicating and interpersonal skills. This includes acting as an advocate for individual children and discussing more complex and challenging issues that call for astute attention and respect.

It is anticipated that all stakeholders within the Service will adopt the following qualities during their interactions:

- Honesty
- Integrity
- Inclusivity
- Democracy
- Respect
- Confidentiality

COMMUNICATION

It is expected that families will collaborate with their child's Educator/s, working together to support the child in their learning and development. Our Educators understand that families are busy and often eager to find ways to strengthen the connection between home and the Service. Effective communication builds understanding and trust, for Educators working with families building a positive partnership includes sharing knowledge and experiences to understand the child.

We appreciate when families share information with our Educators about the child. This may include, a restless night, something the child has disclosed, an activity or experience the child would like to do etc. This helps our Educators to support the child throughout the day.

MEETING WITH EDUCATORS OR MANAGEMENT

It is not always possible or effective to discuss issues 'on the spot'. Usually, the most communication between families and educators occurs at child drop-off and pick-up times. This transition time typically is not conducive to meaningful exchanges; families can be rushed, Educators are understandably focused on children's transitions, and in the case of full-day programs, Educators who spend the largest amount of time with your child may not be available or not rostered on that day.

We encourage families to arrange a time away from the learning environment, where the educator can give families their full attention and make decision that have been given careful consideration. We are also mindful of discussing a child in the presence of others.

RESPECTING OUR EDUCATORS

We request that all stakeholders involved with the Service are respected. This includes respect for our Educators, respect for the children and respect for the families.

If we work to share information, contribute ideas and together, reflect on practices we will have a network for your child that not only supports their time here at the Service, but will also see them thrive.

We all have a common goal: What's best for your child. With that in mind, this journey will be rewarding for all.

Confidentiality

Confidentiality is something we will not waiver on and expect the same from everyone involved, Educators and families alike. If you do have concerns regarding your child, please see your child's Educator to arrange a time to meet. The meeting will be in a private area within the Service. If issues are still unresolved, then contact our Nominated Supervisor (Nominated Supervisors name) and reschedule a second meeting.

Grievances

If there is an incident that has occurred that families are concerned with, we always want to hear and discuss the issue. We ask families to be mindful about discussing or talking about sensitive issues in front of others, including children. If you have concerns, please follow our Grievance Policy.

Child Care Subsidy Obligation

We remind families that there are some issues that the Educators have no influence over. There are also some issues that the Service has no control over such as Child Care Subsidy, and timing of payments to the Service and your account.

When families enrol their child into the Service, it is the family responsibility to provide us with the required information to receive the Child Care Subsidy. This includes the correct Customer Reference Number (CRN) and the date of birth of the child and parent/guardian the child is linked with. To receive the Child Care Subsidy (CCS) families are obligated to confirm the child's enrolment at the Service. This is the final step to complete the Child Care Subsidy. It is important for families to understand that until this step is complete, Child Care Subsidy entitlements will not be confirmed.

Families are required to advise if their circumstances have changed. This includes:

- Advising if the child begins primary school
- If families recognised activity details have changed
- The Families income has changed
- The Care arrangements have changed
- Personal circumstances have changes
- There has been a change of address
- If the family leaves Australia

Families are advised that most changes can be made using the Centrelink online account through myGov. Families may incur a debt if they have not notified the changes within 14 days.

BREACH OF FAMILY CONDUCT GUIDELINES (CODE OF CONDUCT)

If parents or family members are consistently in breach of these guidelines and following an evaluation by the Nominated Supervisor and/or the Approved Provider, any related enrolment/s may be at risk of being terminated.

First Aid Policy

This policy is current as at January 2020 and will be reviewed in January 2022.

First Aid will be administered as necessary. All staff hold a current First Aid Certificate.

This policy should be read in conjunction with:

- Incident, injury and trauma policy
- Anaphylaxis policy
- Asthma policy
- Diabetes policy
- Epilepsy Policy
- Medication policy
- Medical Conditions policy

Relevant legislation and Standards:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- National Quality Standard, Quality Area
- Occupational Health and Safety Act 2004.

Background

First aid can save lives and prevent minor injuries or illnesses from becoming major ones. The capacity to provide prompt basic first aid is particularly important in the context of an early childhood service where staff have a duty of care and obligation to assist children who are injured, become ill or require support with administration of medication.

Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm. The *Education and Care Services National Regulations 2011* state that an Approved Provider must ensure that at least one educator with current approved first aid qualifications is in attendance and immediately available at all times that children are being educated and cared for by the service.

As a demonstration of duty of care and best practice all educators at Mentone Park Childcare and Pre School require current approved first aid qualifications.

Definitions

Approved first aid qualification: A list of approved first aid qualifications, anaphylaxis management and emergency asthma management training is published on the ACECQA website:

www.acecqa.gov.au

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

First aid: The provision of initial care in response to an illness or injury. It generally consists of a series of techniques to preserve life, protect a person (particularly if unconscious), prevent a condition worsening and promote recovery. First aid training should be delivered by approved first aid providers.

First aid kit: The Compliance Code First aid in the workplace, developed by WorkSafe Victoria, lists the minimum requirements for a first aid kit

Incident, Injury, Trauma and Illness Record: Contains details of any incident, injury, trauma or illness that occurs while the child is being educated and cared for by the service. Any incident, injury, trauma or illness must be recorded as soon as is practicable but not later than 24 hours after the occurrence.

Medication record: Contains details for each child to whom medication is to be administered by the service. This includes the child's name, signed authorisation to administer medication and a record of the medication administered, including time, date, dosage, manner of administration, name and signature of person administering the medication and of the person checking the medication.

Resuscitation flowchart: Outlines the six steps involved in resuscitation: danger, response, airways,

breathing, compression and defibrillation. Posters are displayed throughout the centre.

Serious incident: An incident resulting in the death of a child, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is removed from the service in contravention of the regulations or is mistakenly locked in/out of the service premises. A serious incident should be documented in an Incident, Injury, Trauma and Illness Record as soon as possible and within 24 hours of the incident. The Regulatory Authority (DEECD) must be notified within 24 hours of a serious incident occurring at the service.

The approved provider (or delegate) is responsible for:

- Ensuring that every reasonable precaution is taken to protect children at the service from harm and hazards that are likely to cause injury.
- Ensuring that at least one educator with current approved first aid qualifications is in attendance and immediately available at all times that children are being educated and cared for by the service. This can be the same person who has anaphylaxis management training and emergency asthma management training.
- Appointing a nominated first aid officer. This is a legislative requirement where there are 10 or more employees.
- Ensuring a risk assessment is conducted prior to an excursion to identify risks to health, safety, or wellbeing and specifying how these risks will be managed and minimised.
- Ensuring that first aid training details are recorded on each staff member's record.
- Ensuring there is an induction process for all new staff, casual and relief staff, that includes providing information on the location of first aid kits and specific first aid requirements.
- Ensuring that parents are notified within 24 hours if their child is involved in an incident, injury, trauma or illness at the service and recording details on the Incident, Injury, Trauma and Illness Record.
- Ensuring that staff is offered support and debriefing following a serious incident requiring the administration of first aid.
- Ensuring a resuscitation flow chart is displayed in a prominent position in the indoor and outdoor environments of the service.
- Keeping up to date with any changes in procedures for administration of first aid and ensuring that all educators are informed of these changes.

The nominated first aid officer is responsible for:

- Maintaining a current approved first aid qualification.
- Responding to staff assistance when dealing with a serious incident, trauma.
- Providing and maintaining an appropriate number of up-to-date, fully-equipped first aid kits that meet Australian Standards.
- Providing and maintaining a portable first aid kit that can be taken off site for excursions and other activities.
- Monitoring the contents of all first aid kits and arranging replacement of stock, including when the use-by date has been reached.
- Disposing of out-of-date materials appropriately.
- Ensuring safety signs showing the location of first aid kits are clearly displayed.
- Ensuring that all educators' approved first aid qualifications, anaphylaxis management training and emergency asthma management training are current and meet the requirements of

the National Act (Section 169(4)) and National Regulations (Regulation 137), and are approved by ACECQA.

- Providing in house training of the administration of an auto-injection device annually and documenting on staff files (Quarterly if a child is enrolled who is at risk of anaphylaxis)
- Keeping up to date with any changes in the procedures for the administration of first aid.

Educators are responsible for:

- Implementing appropriate first aid procedures when necessary.
- Maintaining current approved first aid qualifications, and qualifications in anaphylaxis management and emergency asthma management, as required.
- Practicing CPR and administration of an auto-injection device at least annually.
- Ensuring that all children are adequately supervised while providing first aid and comfort for a child involved in an incident or suffering trauma.
- Ensuring that the details of any incident requiring the administration of first aid are recorded on the Incident, Injury, Trauma and Illness Record.
- Conducting a risk assessment prior to an excursion to identify risks to health, safety or wellbeing and specifying how these risks will be managed and minimised.

Parents/Guardians are responsible for:

- Providing the required information for the service's medication record.
- Providing written consent (via the enrolment record) for service staff to administer first aid and call an ambulance, if required.
- Being contactable, either directly or through emergency contacts listed on the child's enrolment record, in the event of an incident requiring the administration of first aid.

Gender Equity Policy

This policy is current as at January 2020 and will be reviewed January 2022, or as required. This policy is based on the following sources:

- Education and Care Services National Regulation 2015 – National Regulation 155, National Regulation 156
- National Quality Standards (NQS) – Quality Area 5: Relationships with children
- Revised National Quality Standards

Our Centre endeavours to pursue a non-sexist, anti-bias curriculum. Educators provide planned experiences and opportunities for free play for all children, regardless of gender. Books contain appropriate messages about gender roles and stories are presented which portray men and women in non-traditional roles. Our Centre aims to use appropriate language when discussing the roles and occupations of men and women. Cooperation, independence, positive self-image, sensitivity and mutual respect are encouraged at all times for children attending our Centre.

Children of both sexes should have access to all areas of the program.

One gender group should not be allowed to dominate one area or activity. Staff should develop strategies to prevent this happening and to encourage all children to use the equipment/resources provided.

Children should be helped to learn how to recognise and challenge sexist stereotypes and behaviour. Staff should challenge these attitudes in parents and other staff through constructive discussions. Staff should openly discuss gender roles and characteristics with children. Children's questions about sex and gender should be handled with maturity and honesty. Staff should challenge any mistaken thoughts children may have in regard to roles. Materials should accurately reflect the challenging gender roles in our community. Stereotypical images should be avoided. Dramatic play materials should facilitate the participation of all children. Staff should not use sexist language and challenge its use by children.

Management/Nominated Supervisor will:

- Be mindful and respectful of how activities and experiences provided may impact on the expectations, interests and behaviours of all genders
- Provide a stimulating learning environment in which all children will be encouraged to explore a full range of experiences and emotions
- Act as advocates of children in dealing with other adults who act in a bias manner against a child due to their gender
- Discourage the identification of particular skills, behaviours and feelings as 'boys' and 'girls'
- Encourage children to look upon both sexes as equal
- Support the gender equity policy review by focusing on how children constructed gender, the effects of gender in curriculum, teaching and learning
- Be responsive and ensure their actions are relevant to the specific and changing gender dynamics that emerge from the different ways in which children interpret gender
- Monitor language, attitudes and assumptions with regard to gender and anti—bias of themselves, other educators and children
- Give positive messages about gender equity through their actions and words and avoid giving messages that promote gender roles and gender bias
- Critically reflect on their practices and environment and model a positive attitude towards gender equality
- Encourage and support all children to participate in the full range of experiences and activities
- Encourage all children to express their emotions and to display affection and activities
- Regularly review resources, equipment, materials and images used with children to make sure they include gender diversity, non-stereotypical images and non-traditional family lifestyles such as single or same sex parents
- Encourage children to explore their own gender identities and the impact of gender relations

in their play

Grievance Policy and Procedure

(Reviewed July, 2019 and will be reviewed July 2021).

All educators are familiar with legislated requirements for complaints and with our Centre's procedure. All staff maintain confidentiality, discretion and adhere to our Centre's privacy principles. All complaints shall be treated seriously and confidentially. Educators will advise the Director of any complaints received or that they are aware of, whether from parents, staff, government agencies or the general public, as soon as possible. The Director will be advised immediately in the case of a notifiable complaint.

The Director will act on the complaint by gathering information from consulting educators, noting discussions and/or observations and gathering written witness statements as necessary. The aim of this process is to resolve the issue or ensure that an incident does not recur. Information is also provided to the Department of Education and Early Childhood Development. The Director will advise educators of any actions that will be taken. Educators will not act on a complaint without the express knowledge and direction of the Director.

Any educator who is the subject of a serious, notifiable complaint may be suspended immediately while an investigation is carried out.

Our Centre prides itself on providing a high quality service. We welcome any feedback about our service and most certainly want to know about anything of a serious nature.

All complaints are to be referred to the Director, Tonia Grimshaw-Lloyd in person, by telephone on 9584 2768 or in writing. Alternatively, contact the Department of Education and Early Childhood Development Quality Assessment and Regulation on 03 876 55787 or email or in writing to 165-167 Thomas Street, Dandenong, 3175, or via their website or in writing to GPO box 4367, Melbourne, VICTORIA, 3001.

All complaints will be dealt with by the Director promptly, discreetly and our Centre's privacy guidelines will be adhered to.

The Department of Education and Early Childhood Development will be notified by the Director within 24hrs if a complaint is received about the risk to the health, safety, or well-being of a child. Or if there has been a breach of the Education and Care Services National Law Act 2010 or the Education and Care Services National Regulations 2011.

Parents and guardians will be notified within 28 days if there are any changes to this complaints procedure by a notice posted at least one week before any change takes place, in the main entrance. IF YOU ARE HAPPY WITH YOUR CHILD'S CARE, PLEASE TELL OTHERS!

Hand Washing Policy

This policy was reviewed in July 2020.

Having and encouraging good hygiene practices in early childhood is essential for reducing the risk of infection. Helping children to develop appropriate personal hygiene habits will become embedded as they grow and develop. It is important to work with families to ensure children follow simple hygiene rules by incorporating good hygiene strategies in both the service and home environment.

Quality area 2: Children's Health and Safety

2.1 Health - Each child's health and physical activity is supported and promoted.

2.1.2 Health practices and Procedures - Effective illness and injury management and hygiene practices are promoted and implemented.

2.2 Safety - Each child is protected

2.2.1 Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

PURPOSE

Our Service is committed to ensuring the health and safety of all educators, staff, volunteers, families

and children by providing a safe and healthy environment. Effective hand hygiene significantly reduces the risk of infection and is therefore, of the utmost importance. We aim to implement specific hand washing hygiene practices regularly to minimise the risks associated with cross infection of viral and bacterial borne diseases.

This policy applies to children, families, staff, management and visitors to the Service.

IMPLEMENTATION

Infection can be spread through direct physical contact between people, airborne droplets from coughing and sneezing or from contact with surfaces and objects. Children come in to contact with a number of other children and adults, toys, eating utensils, and equipment whilst being cared for in early childhood education and care services. The high degree of physical contact with people and the environment creates a higher risk of children being exposed to and spreading infectious illnesses. Whilst it may not be possible for services to prevent the spread of all infections, we aim to create a hygienic environment to minimise the spread of diseases and infections.

Effective hand washing is a vital strategy in the prevention of spreading many infectious diseases. Research emphasises effective and frequent hand washing as the single most important way to reduce the spread of bacteria, germs, viruses, and parasites that may infect educators, staff and children in early childhood services and in our general population.

Micro-organisms such as bacteria, germs, viruses, and parasites are present on the hands at all times and live in the oil that is naturally produced on our hands. The use of soap or detergent and water removes most of these organisms and decreases the risk of cross infection.

Our Service will adhere to National Regulation requirements, standards and guidelines to support the effectiveness of our hand washing policy. We aim to educate and encourage children to wash their hands frequently and effectively which will help to reduce the incidence of infectious diseases, adhering to guidelines provided by 'Staying Healthy: Preventing infectious diseases in early childhood education and care services and recommendations from the Department of Health – Australian Health Protection Principal Committee (AHPPC) to guide best practice.

To ensure the greatest level of personal hygiene our Service will ensure:

- all employees, parents, children and visitors wash their hands with soap and water for at least 20 seconds upon arrival to the service or, use the alcohol based hand sanitiser under the adult supervision.
- Hands are thoroughly dried using paper hand towel and disposed of in the bins provided, or by using the hand dryer
- hands are washed after using tissues
- hands are washed thoroughly with soap and water after using the toilet
- signage is displayed to prompt visitors, staff and children to use hand sanitiser or wash hands regularly and effectively when at the service

Nominated Supervisor/Responsible Person will ensure:

All staff wash their hands with soap and water for at least 20 seconds regularly throughout the day

All staff wash their hands:

- before and after eating and handling food
- Before and after preparing baby bottles

- before and after applying sunscreen or other lotions to children
- after using the toilet
- after wiping a child's nose
- after helping children with toilet routines and nappy changes
- after touching animals
- after cleaning high touch surfaces – tables, light switches, door handles, computers, ipads
- after cleaning or mopping floors
- after changing learning environments – rooms, indoor/outdoor
- whenever hands are visibly dirty (after mud play, painting, gardening)
- before leaving the service at the end of the day

Educators and staff adhere to effective food preparation and food handling procedures

Educators and staff wash hands before and after using disposable gloves when: nappy changing, preparing food, administering medication, administering first aid, cleaning spills-faeces, urine, vomit or blood, cleaning with chemicals or disinfectant, after handling garbage and/or contaminated materials (nappies and other waste products)

Educators will ensure:

- children are taught the correct process of hand washing
- children are supervised when washing hands
- children are reminded to wash their hands during the day
- they model effective hand washing procedures
- the required equipment and resources are easily accessible to use – liquid soap, running water, paper towel
- information about routines and songs for hand washing are shared with families to encourage routines at home

Strategies educators use to encourage effective hygiene practice include:

- talking about the importance of hand hygiene
- talking about when hand washing is appropriate and why (in an age appropriate manner)
- singing a song or a poem as a guide to how long it should take to wash hands (eg. happy birthday twice)
- using a visual poster with step by step instructions
- using positive language
- encouraging and using positive reinforcement
- ensuring equipment is accessible
- providing clear simple routines
- giving children sufficient time to practice and develop their skills
- ensuring adequate supervision and assistance is available when required

Hand Drying

Effective hand drying is just as important as hand washing. Research states that wet hands can pick up and transfer up to 1000 times more bacteria than dry hands. Drying hand thoroughly also helps remove any germs that may not have been rinsed off.

Our service provides disposable paper towel/hand dryer to ensure effective hand drying. Bins are provided to dispose of used paper towel.

Hand washing procedure:

WET hands with water, turn off tap
RUB soap all over hands, and rub hands together for as long as it take to sing Happy Birthday, twice.
Don't forget back of hands, between fingers and under fingernails.
RINSE off soap using running water
DRY hands using paper towel/hand dryer

Alcohol based hand sanitiser:

If it is not possible to use soap and water, an alcohol based hand sanitiser may be used (only if hands are not visibly dirty or greasy)

Hand sanitiser is kept out of reach of children and directions will be followed. The effectiveness of alcohol based hand sanitiser to kill microorganisms or prevent their growth should be at least 60% alcohol.

Hand sanitiser procedure:

APPLY liquid to palm of one hand
RUB it all over both hands until the sanitiser dries. This takes about 20 seconds. Be careful not to wipe it off before it properly dries.

Related information/Resources:

Childcare desktop
Department of Health

Source:

AHPPC
Early Childhood Australia Code of Ethics (2016)
Guide to the Education and Care services National Law and Regulations
Guide to the National Quality Standard (2020)
National Health and Medical research
Safe Work Australia

Head Lice Policy

This policy is current as at June, 2020 and is based on the following specialist sources:

Privacy Act 1988
Staying Healthy in Child Care 5th edition
Head Lice Management Guidelines Fact Sheet
Child Care Cooperative – Help! I don't know what to do about head lice.
Head lice management guidelines – Health. Vic.gov.au

Head lice continue to cause concern and frustration for families, educators and children. Although head lice are not considered a health hazard, and do not spread disease, infestations can cause anxiety for all stakeholders. Head lice affect all socioeconomic groups and are not a sign of poor hygiene. They have no preference for ethnic background, colour of hair, hair type or age. This policy is intended to outline roles, responsibilities and expectations of the service to assist with early identification, treatment and control of head lice in a consistent and coordinated manner.

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

Our Service aims to:

- Outline the roles and responsibilities of families, educators and management who are

- involved in early detection, treatment and control of head lice.
- Document effective treatment and management strategies that are vital, as head lice cannot be exterminated
- Provide information and support for families.

HEAD LICE

Head lice are insects that live in hair and suck blood from the scalp, sometimes causing an itching of the scalp. Female head lice lay their eggs and glue them to the base of hair shafts. The eggs are pale cream to yellowish brown in colour and hatch after 7-10 days. The immature lice grow into adults over 6-10 days and start biting the scalp to feed on blood. Adult lice mate, the females lay more eggs, and the cycle continues.

People get head lice from direct head to head contact with another person who has head lice. This can happen when people play, cuddle or work together. Head lice do not have wings or jumping legs so they cannot fly or jump from head to head. They can only crawl.

Head lice do not live or breed on animals, bedding, furniture, carpets, clothes or soft toys. They cannot spread by sharing hats.

Head lice can be controlled through a consistent, systematic community approach.

Finding head lice

Head lice do not necessarily cause an itch, and may be difficult to observe. Look for eggs by shining a strong light on the hair near the scalp, or by using the conditioner and combing technique (See treatment) Head lice are found on the hair shaft itself and move to the scalp to feed. Head lice have six legs, which end in a claw, and they rarely fall from the head. Louse eggs (also called nits) are laid within 1.5cm of the scalp and are firmly attached to the hair. They resemble dandruff, but cannot be brushed off.

Responsibilities of Management, Nominated Supervisor, and Educators:

- If one child at the centre has head lice, it is likely that several others also have them.
- The child or children with head lice are not to be isolated or excluded from learning.
- Reduce head to head contact between all children when the Service is aware that someone has head lice.
- The Director or Nominated Supervisor will confidentially notify the parent/caregiver of a child who is suspected of having live head lice and request that the child is treated before returning to the Service the following day.
- Keep families informed if there is someone at the Service with head lice.
- Support parents and children who have head lice by providing factual information, reducing parental anxiety and not singling out individual children with head lice
- Provide families with suggestions of effective treatment for head lice.
- Encourage parents to tie back children's hair when attending the Service
- Encourage children to learn about head lice so as to help them understand the issue and how to prevent further outbreaks.

Responsibilities of Families:

- Check your child's head once a week and check for head lice.
- Ensure your child does not attend the Service with untreated head lice. If you find any live lice or eggs, begin treatment immediately and notify the service.
- Check for effectiveness of the treatment every two days until no live lice are found for 10 consecutive days. Remove eggs from your child's hair using the conditioner method and head lice comb.
- Once treatment has started, your child can attend the Service.
- Families will only use safe and recommended practices to treat head lice
- Families will maintain a sympathetic attitude and avoid defaming/blaming families who are experiencing difficulty with control measures.

Treatment:

Conditioner and combing technique:

1. Untangle dry hair with an ordinary comb
2. Apply hair conditioner to dry hair (white conditioner makes it easier to see the eggs). Use enough conditioner to cover the whole scalp and all the hair roots to tips.
3. Use an ordinary comb to evenly distribute the conditioner, and divide the hair into four or more sections using hair clips
4. Starting with a section at the back of the head, place the teeth of the head lice comb flat against the scalp. Comb the hair from the roots through to the tips.
5. Wipe the comb clean on a tissue after each stroke and check for head lice or eggs on the tissue.
6. Comb each section twice until you have combed the whole head. If the comb becomes clogged, use an old toothbrush or safety pin to remove the head lice or eggs.

Chemical treatments are also available for head lice for children over six months of age – your pharmacist can help you choose a product.

No single chemical treatment will work for everyone and lice can develop resistance to the chemicals.

Medical Conditions Policy

This Policy is current as of January 2020 and will be reviewed in January 2022, or as required. This Policy is based on the following sources:

Education and care services National regulations 2011
Occupational Health and Safety Act 2004
Education and care services national Law
Duty of Care provisions in common law

Aims:

- To facilitate the effective care and health management of children with asthma, allergies, anaphylaxis, diabetes, epilepsy and other medical conditions.
- To provide, as far as practical, an environment where a child with asthma, allergies, anaphylaxis, diabetes or other medical conditions is able to participate equally in all aspects of the program.
- To minimize the risk of exposure of children identified with asthma, allergies & anaphylaxis to “known” allergens.
- To ensure that nominated supervisor, educators, student training educators, volunteers are aware of medical management plans and treatments for children who may require emergency medication

Background Information

Serious medical conditions including asthma, anaphylaxis, epilepsy and diabetes need to be effectively managed to ensure that staff are able to adequately care for the needs of children. The management of such medical conditions needs to include the child, the parents, educators and medical professionals. With effective management of medical conditions children will be able to participate in all aspects of quality care and education.

Identifying children with medical conditions:

- At time of enrolment parents will be asked to identify if their child has a medical condition, including the diagnosis of asthma, anaphylaxis or diabetes or other.
- On a child identified as having a medical condition a Medical Conditions policy will be provided to the parent.
- Where the parent indicates a medical condition, the parents will be required to work with the service to develop a risk minimization and communication plan.
- An emergency treatment plan (to be developed by a medical professional) This will be provided to the service.
- Parents are required to complete a check list on enrolment of foods and food substances that children are able to eat, along with details of foods or food substances they are to avoid.
- Where the details of known allergens change or there is a change in the medical condition, parents will be required to notify these changes to the Nominated Supervisor as soon as practical.
- Where a child already enrolled in a service subsequently falls into this category then the parents will also be required to follow these procedures as detailed above.

Service expectations:

- Parents need to be aware that whilst all care is taken to reduce a child's exposure to any Asthma triggers, allergens or potential allergens the service cannot guarantee that exposure will not occur.
- Whilst the service will implement a range of specific procedures and risk minimization strategies to reduce the likelihood of common allergens within the service educators and

parents need to be aware that it is not possible for an education and care service to remain totally allergen free considering the nature of such a service and the involvement with a large number of children, parents, educators and community members.

- Where children are enrolled in long day care services parents are asked not to bring food into the services. This is to reduce the risk of exposure to peanut products. The service does not provide products made of peanuts. However the service does purchase and will offer to non-allergic children, or those children who's risk minimisation plan allows "food that may contain traces of nuts"

Staff at Mentone Park Child Care and Preschool will:

1. Display child's Emergency Action Plan in their room/kitchen designated eating area of the service
2. Ensure that all educators /volunteers are aware of any child enrolled in the service who has been identified as having an allergy or is at risk of anaphylaxis, a diagnosis of Asthma, diabetes or any other medical condition. This will occur during induction.
3. Ensure that educators are trained in Food Handling and Hygiene practices.
4. Ensure that educators have received training in Anaphylaxis, including the administration of an Epi-Pen and emergency Asthma treatment. Staff will undertake Epilepsy Training if a child with this condition is attending the service.
5. Ensure that educators are trained in identifying signs of hypoglycaemia and hyperglycaemia should a child with this condition be enrolled.
6. Where a child is enrolled with other medical conditions the service will endeavour to have educators trained in any emergency response first aid that may be relevant and appropriate.
7. Ensure that educators are aware of where any medication for the treatment of allergies, such as antihistamine or an Epi-Pen is stored, asthma medication or other emergency medication
8. Ensure that a child's medication or Epi-Pen is taken with the child should the child leave the service for an excursion
9. Ensure that there is signage to indicate where each child's medication is stored
10. Implement the Emergency Action Plan relating to the child's specific health care needs in the event of an incident
11. Mentone Park Child Care and Pre School will check the expiry date on medication and will document expiry date of Epi-Pen/and emergency medications in the daily diary, and notify parents two weeks' prior to expiry.
12. If a child enrolled has an Epi-Pen or lifesaving medication parents will be informed their child will not be able to attend the centre if their medication is not with them.

Parents of a child with known allergies or children with anaphylaxis, asthma, diabetes or other medical conditions will provide the following information.

This is a legal requirement under the Education and Care Services National Regulations 2011 and parents are required to complete and update this as requested.

1. Inform the service Nominated Supervisor on enrolment of the child's "known" medical condition.
2. Obtain an Emergency Action Plan for the child in consultation with the child's Doctor and provide this to the Nominated supervisor.
3. The parent will assist in the completion of a risk minimization and communication plan that will be conducted in consultation with the Nominated Supervisor to identify any perceived risk and determined strategies to reduce this risk.

4. Develop a communication plan with the Nominated Supervisor to determine the most appropriate means of communicating about the child's medical condition.
5. Give permission for the centre, or educator to display the Emergency Action plan, containing a picture of the child, and parental contact phone numbers, within the centre. Parents are to acknowledge that this will be visible to educators, other parents and community visitors within the centre.
6. Provide any medication including an Epi-Pen (if required), asthma relieving medication and spacer to the service.
7. Parents as soon as practical must notify the Nominated supervisor of any changes to the status of the child's medical condition

General risk minimisation strategies for children with allergies or at risk of anaphylaxis

1. Children will be taught not to share food.
2. Children will wash their hands at designated times throughout the day and prior to and after meal times.
3. Children with like allergies may sit together, however, not isolated to reduce the risk of contact allergy or airborne reactions if so determines in consultation with the parents.
4. Staff will supervise meal times to reduce the risk of ingestion or cross-contamination of foods. Children with dietary restrictions will be given a labelled name plate at meal times.
5. Mentone Park Child Care and Pre School will continue to remind parents that food is not to be brought into the centre unless it is given directly to educators eg. a birthday cake
6. The nominated supervisor in consultation with educators will discuss and inform parents of any observable change to any individual child's reaction or perceived allergic response to a possible or known allergen in order for them to review or develop a specific health management strategy or Emergency Action Plan.
7. The service will endeavour to ensure all children have access to the daily experiences and activities within the centre, bearing in mind the potential risk that such an activity may present to children with identified allergies and anaphylaxis. In the event a particular activity may present the risk of an allergic reaction to any identified child consideration will be given as to its overall developmental merit. If still determined to be beneficial and deemed as able to be contained that child may be provided with an alternative experience whereupon all would be closely monitored.
8. Mentone Park Child Care and Pre School does not allow self-administration of medication of children whilst in our care.

General Information

Anaphylaxis:

- Is a severe allergic reaction that can be potentially life threatening. Some children have allergies to food that are not life threatening, however the foods need to be avoided and medication, such as antihistamine may be required to control the reaction.
- An allergy is when someone has a reaction to something (an allergen) that is either ingested, inhaled, injected or has come in contact with the skin. The symptoms of an allergic reaction can range from mild and uncomfortable through to dangerous and life threatening.
- An allergic reaction can affect many organs in the body, including the skin, nose, throat and mouth (respiratory system), gastrointestinal system, and the cardiovascular system.
- Where an allergic reaction involves the respiratory and/or cardiovascular system it is then called Anaphylaxis. Anaphylaxis is a severe, life threatening reaction to an allergen. A reaction can occur within minutes of a person coming into contact with an allergen.

Asthma

- Asthma affects more than 1 in 9 children in Australia, and many of these children attend care services. People with asthma have sensitive airways in their lungs. When they are exposed to certain triggers their airways narrow, making it harder for them to breathe.
- Many children experience intermittent asthma. This is where a child may have symptoms of asthma occasionally after exposure to a trigger. Intermittent asthma can usually be controlled with a reliever medication. Around 70% of children have infrequent intermittent asthma, which means they have short, isolated episodes of asthma, usually in response to a respiratory infection or environmental allergen.
(http://www.asthmafoundation.org.au/What_is_asthma.aspx)
- Persistent asthma is where a person experiences frequent asthma attacks, which are classed as either mild, moderate or severe. In these situations the child is usually on preventer medication to control the number of and severity of any asthma attack.
- Children or adults that only experience intermittent asthma can still have a severe asthma attack.
- More information on asthma can be found at: www.asthmafoundation.org.au

Nutrition Policy

This Policy is current from January 2020 and will be reviewed in January 2022, or as required.

Mentone Park Child Care and Pre School's Nutrition Policy and Hygiene Policy are sourced from the following specialists:

- Nutrition Department of the Royal Children's Hospital
- Centre for Community Child Health
- Australian Dairy Corporation
- Food Safety Victoria
- National Health and Medical Research Council of Australia 2010.
- Australian Guide to Healthy Eating

Mentone Park Child Care and Pre School will endeavour to provide your child in long day care (7.30-6.00pm) with at least 75% of their daily recognised dietary intake in the form of safe and appetising foods. Our Centre will provide an eating environment which helps families follow good eating habits and multicultural eating values in the home. Through role modelling and educational programs, the staff at our Centre will teach children about food and nutrition.

Children will be offered:

- vegetables, fruit, legumes
- lean meat, fish, poultry
- cereals including bread, rice, pasta and noodles
- milks, yoghurts, cheeses
- limited servings of saturated fats, margarine, butter and oils
- plenty of water
- foods containing calcium, iron and that are low in salt
- moderate amounts of sugars and foods containing added sugars and artificial sweeteners
- healthy snacks
- Menus are planned according to recommendations from the Australian Guide to Healthy Eating (2017)

Privacy and Confidentiality Policy

This policy is current as at January, 2020 and will be reviewed in January 2022, or as required.

The right to confidentiality and privacy of the child and the family is outlined in Early Childhood Code of Ethics and National Education and Care Regulations. We will respect the privacy of children and their parents and educators, while ensuring that they access high quality early years care and education in our Service.

Our policy is based on the following specialist sources:

- National Quality Standard (NQS): Quality Area 7 – Governance and Leadership
 - 7.1 – Governance
 - 7.1.1 – Service philosophy and purposes
 - 7.1.2 – Management Systems
 - 7.1.3 – Roles and Responsibilities
 - 7.2 – Leadership
- Education and Care Services National Regulations: Children (Education and Care Services) National Law NSW
 - 168, 181, 181-184

PURPOSE

To preserve private and confidential files of the children, families, staff and visitors using the Service. We aim to protect the privacy and confidentiality by ensuring continuous improvement on our current systems use, storage and disposal of records, ensuring that all records and information about individual children, families, educators and management are preserved in a secure place and are only retrieved by or released to people who need the information to fulfil their responsibilities at the service or have a legal obligation to distinguish.

IMPLEMENTATION

Early Childhood Services are required to comply with Australian privacy law which includes the Privacy Act 1988 (the Act) which was amended in February 2017, with the change taking effect in February 2018.

The new law introduces a Notifiable Data Breaches (NDB) scheme that requires Early Childhood Services, Family Day Care Services and Out of School Hours Care Services to provide notice to the Office of the Australian Information Commissioner (formerly known as the Privacy Commissioner) and affected individuals of any data breaches that are “likely” to result in “serious harm.”

Businesses that suspect an eligible data breach may have occurred, must undertake a reasonable and expeditious assessment to determine if the data breach is likely to result in serious harm to any individual affected. A failure to notify that is found to constitute a serious interference with privacy under the Privacy Act may result in a fine of up to \$360,000 for individuals or \$1.8 million for organisations.

In order to comply with the Privacy Act, services are required to follow the Australian Privacy Principles (APPs), which are contained in Schedule 1 of the Privacy Act 1988 (Privacy Act).

In particular, the principles cover how personal information can be used and disclosed (including overseas), keeping personal information secure, and the open and transparent management of personal information including having a privacy policy.

The principles cover:

- the open and transparent management of personal information including having a privacy policy
- an individual having the option of transacting anonymously or using a pseudonym where practicable
- the collection of solicited personal information and receipt of unsolicited personal information including giving notice about collection
- how personal information can be used and disclosed (including overseas)
- maintaining the quality of personal information
- keeping personal information secure
- right for individuals to access and correct their personal information

The APPs place more stringent obligations on APP entities when they handle 'sensitive information'. Sensitive information is a type of personal information and includes information about an individual's:

- health (including predictive genetic information)
- racial or ethnic origin
- political opinions
- membership of a political association, professional or trade association or trade union
- religious beliefs or affiliations
- philosophical beliefs
- sexual orientation or practices
- criminal record
- biometric information that is to be used for certain purposes
- Biometric templates.

Australian Privacy Principles (APPs)

APP 1 – Open and transparent management of personal information

Ensures that APP entities manage personal information in an open and transparent way. This includes having a clearly expressed and up to date APP privacy policy.

APP 2 – Anonymity and Pseudonymity

Requires APP entities to give individuals the option of not identifying themselves, or of using a pseudonym. Limited exceptions apply

APP 3 – Collection of solicited personal information

Outlines when an APP entity can collect personal information that is solicited. It applies higher standards to the collection of 'sensitive' information.

APP 4 – Dealing with unsolicited personal information

Outlines how APP entities must deal with unsolicited personal information.

APP 5 – Notification of the collection of personal information

Outlines when and in what circumstances an APP entity that collects personal information must notify an individual of certain matters.

APP 6 – Use or disclosure of personal information

Outlines the circumstances in which an APP entity may use or disclose personal information that it holds

APP 7 – Direct marketing

An organisation may only use or disclose personal information for direct marketing purposes if

certain conditions are met.

APP 8 – Cross-order disclosure of personal information

Outlines the steps an APP entity must take to protect personal information before it is disclosed overseas

APP 9 – Adoption, use or disclosure of government related identifiers

Outlines the limited circumstances when an organisation may adopt a government related identifier of an individual as its own identifier, or use or disclose a government related identifier of an individual.

APP 10 – Quality of personal information

An APP entity must take reasonable steps to ensure the personal information it collects is accurate, up to date and complete. An entity must also take reasonable steps to ensure the personal information it uses or discloses is accurate, up to date, complete and relevant, having regard to the purpose of the use or disclosure.

APP 11 – Security of personal information

An APP entity must take reasonable steps to protect personal information it holds from misuse, interference and loss, and from unauthorised access, modification or disclosure. An entity has obligations to destroy or de-identify personal information in certain circumstances.

APP 12 – Access to personal information

Outlines an APP entity's obligations when an individual requests to be given access to personal information held about them by the entity. This includes a requirement to provide access unless a specific exception applies.

APP 13 – Correction of personal information

Outlines an APP entity's obligations in relation to correcting the personal information it holds about individuals

Management will:

- Provide Staff and Educators with relevant changes
- Make sure all relevant staff understand the requirements under Australia's privacy law
- Keep up to date with the Australian Privacy Principles (this may include delegating a staff member to oversee all privacy-related activities to ensure compliance).
- Ensure personal information is protected in accordance with our obligations under the Privacy Act 1988 and Privacy amendments (Enhancing Privacy Protection) Act 2012
- Ensure all records and documents are maintained and stored in accordance with Education and Care Service National Regulations
- Ensure the service acts in accordance with the requirements of the Privacy Principles and Privacy Act 1988 by developing, reviewing and implementing procedures and practices that identify
 - the name and contact details of the service;
 - what information the service collects and the source of information
 - why the information is collected;
 - who will have access to the information
 - Collection, storage, use, disclosure and disposal of personal information collected by the service
 - any law that requires the particular information to be collected;
 - adequate and appropriate storage for personal information collected by the service
 - protection of personal information from unauthorised access

- Ensure the appropriate use of images of children
- Ensure all employees, students volunteers and families are provided with a copy of this policy
- Deal with privacy complaints promptly and in a consistent manner, following the Service's Grievance Procedures. Where the aggrieved person is dissatisfied after going through the grievance process
- Ensure families only have access to the files and records of their own children
- Ensure information given to Educators will be treated with respect and in a professional manner
- Children and staff files are stored in a secure cupboard.
- Ensure Information relating to staff employment will remain confidential to the people directly involved with making personnel decisions.
- Information shared with us by the family will be treated as confidential unless told otherwise.

Nominated supervisor will:

- Adhere to centre policies and procedures, supporting management
- Ensure educators, staff, volunteers and families are aware of the privacy and confidentiality policy
- Ensure the service obtains consent from parents and/or guardian of children who will be photographed or videoed by the service
- Ensure families only have access to the files and records of their own children
- Information given to Educators will be treated with respect and in a professional manner
- Ensure only necessary information regarding the children's day to day health and wellbeing is given to non-primary contact educators – for example food allergies
- Will not discuss individual children with people other than the family of that child, except for the purposes of curriculum planning or group management. Communication in other settings must be approved by the family beforehand.
- Information shared with us by the family will be treated as confidential unless told otherwise.

Educators will:

- Read and adhere to the privacy and confidentiality policy at all times
- Ensure recording information and photographs of children are kept secure and may be requires at any time by the child's parents or guardian
- Ensure families only have access to the files and records of their own children
- Treat private and confidential information with respect in a professional manner
- Will not discuss individual children with people other than the family of that child, except for the purposes of curriculum planning or group management. Communication in other settings must be approved by the family beforehand.
- Information shared with us by the family will be treated as confidential unless told otherwise.
- Maintain individual and Service information and store documentation according to this policy at all times.
- Not to share information about the individual or service, management information, or other staff as per legislative authority.

Personal information our service may request in regards to children:

- Parent contact details
- Emergency contact details and persons authorised to collect individual children
- Children's health requirements
- Immunisation records

- Developmental records and summaries
- External agency information
- Custodial arrangements
- Incident reports
- Medication reports
- Child care subsidy information
- Medical records
- Permission forms

Personal information our service may request in regards to staff

- Personal details
- Tax information
- Working contract
- Emergency contact details
- Medical details
- Immunisation details
- Working with children check
- Qualifications
- Medical history
- Resume
- Superannuation details
- Child Protection qualifications
- First Aid, Asthma and Anaphylaxis certificates

Sleeping and Rest Requirements Policy

This policy is current as of January 2020 and will be reviewed in January 2022, or as required. This policy has been derived and is based from the following specialist sources:

- SIDS & Kids Safe Sleeping Kit – www.sidsandkids.org
- Standards Australia – www.standards.org.au
- Safe sleep and rest practices from October 2017 (ACECQA)
- Revised National Quality Standards: Quality Area 2 – Children’s Health and Safety and Quality Area 3 – Physical Education
- Red Nose – <http://rednose.com.au/section/safe-practice>
- Education and Care Services National Regulations 2011: Children (Education and Care Services) National Law – Regulation 81, 103, 105, 110, 115 and 168

To create a safe sleeping environment our centre will make sure that our staff:

- Will follow the child care practices recommended by RED NOSE to reduce the risk of SIDS and create a safe sleeping environment.
- Will inform parents or caregivers of the recommendations by RED NOSE for Safe Sleeping practices.
- Will not use high risk sleeping practices that do not comply with RED NOSE Safe Sleeping recommendations. Babies under 12 months of age should not be placed on their tummy or side to sleep. If told to do so, it must be in writing, signed by the child’s practitioner.
- Will receive training about Red Nose Safe Sleeping practices. This will be included as part of staff induction and for students and volunteers.

We understand that to reduce the risk of SIDS we need to:

- Put babies to sleep on their back.
- Put babies to sleep ensuring that their face is uncovered.
- Place babies feet at the bottom of the cot, tucking in blanket at the sides and end of the cot. This will prevent baby from wriggling under the bedclothes.
- Keep babies smoke free.

To prevent serious sleeping accidents, staff at this centre will use:

- A safe cot meeting the Australian Standard 2172.
- A safe mattress meeting the Australian Standard 2195. The mattress and the bedding will be regularly cleaned.
- Safe bedding will be used. No pillows, cot bumpers, doonas, duvets and soft toys will be used in the cot, as these may cover a baby’s face whilst sleeping making breathing difficult. Comforting toys will be removed from the child once the child is asleep.
- Only cotton or muslin will be used if babies need to be swaddled.
- The Red Nose safe sleeping kit and DVD are available for families to view anytime.
- We encourage you to visit for further information on safe sleeping.

Jumpers with hoods or cords will be removed at sleep/rest time as these may get tangled around a child’s neck causing choking.

Tracksuit pants are recommended for sleep time during the cooler months, as they provide more comfort and warmth for the child, giving them more flexibility and being less restrictive than jeans.

In thinking about sleep, rest and relaxation practices, consider the 5 principles of S.L.E.E.P:

S - Sleep Need

Identify and respond to each child's needs

L - Learning and Growth

Use sleep, rest and relaxation as opportunities for learning

E - Environments

Provide a safe, predictable and supportive environment

E - Expectations

Be flexible in your expectations

P - Partnerships

Build partnerships to support sleep regularity and routine

SUN SMART POLICY

MENTONE PARK CHILD CARE AND PRESCHOOL

This policy is current as at December, 2019 and will be reviewed in December, 2022 or as required.

This policy applies to all service events on and off site.

The policy is based on the following specialist sources:

- The Cancer Council Victoria.
- Children's Services Act, 1996
- *Occupational Health and Safety Act 2004*
- Education and Care Services National Regulations 2011. Reg: 100, 113, 114, 168, 170, 171, 172
- Education and Care Services Law Act 2010. Section 167: Protection from harm and hazards.
- Sun Smart – sun protection times (issued when the UV Index reaches 3 and above)
www.sunsmart.com.au or the Bureau of Meteorology website.

Our Sun Smart policy is implemented whenever the UV levels reach 3 or above. This may be as early as mid-August to end of April. A combination of sun protection measures are used whenever the UV levels reach three and above. UV levels and sun protection times are monitored each day to help with the implementation of this policy. Our Centre has been accredited as a Sun Smart Centre by the Cancer Council Victoria since 2000. Our next membership renewal with Sun Smart, Cancer Council Vic will be in December 2022.

Rationale

Too much ultraviolet (UV) radiation from the sun can cause sunburn, skin damage, eye damage and skin cancer. Australia has the highest incidence of skin cancer in the world, with two in three Australians developing some form of skin cancer during their lifetime. Infants and toddlers up to the age of four years of age are particularly vulnerable to UV damage due to lower levels of melanin and a thinner stratum corneum (the outermost layer of skin). UV damage accumulated during childhood and adolescence is strongly associated with an increased risk of skin cancer later in life.

Our Sun Smart Policy has been developed to ensure that all children and staff attending our Centre are protected from skin damage caused by the harmful UV rays of the sun.

This policy is also intended to educate our children with life-long 'Sun Smart' habits. Management and staff monitor and review the effectiveness of the Sun Protection policy and revise the policy when required.

During the sun protection times please remember to:

Slip on sun protective clothing

Slop on sunscreen (30+ or higher)

Slap on a sun protective hat

Seek shade

Slide on some wrap-around sunglasses



Our Sun Smart strategies

All children and staff use a combination of sun protection measures whenever UV Index levels reach three and above. Our Centre's sun protection practices consider the needs of infants. Babies under 12 months are kept out of direct sun. Physical protection such as shade, clothing and broad brimmed hats are the best sun protection measures. If babies are kept out of the sun or well protected from UV radiation by clothing, hats and shade, then sunscreen need only be used occasionally on very small areas of baby's skin. The widespread use of sunscreen on babies under 6 months old is not recommended.

These are our Sun Smart strategies:

- Children are required to wear hats which protect the face, neck and ears whenever they are outside. The types of hats that provide this necessary protection are Legionnaire, broad brimmed hats or bucket hats. Caps and visors are not suitable.
- Children who do not have their hats will be provided with a clean Centre hat. Otherwise the child will be asked to play in a shaded area.
- Children will be encouraged to use available areas of shade for outdoor play activity. The availability of shade is considered when planning excursions and outdoor activities.
- Staff will set up play in shaded areas and provide shelter for the children. A shade assessment is conducted to determine the current availability of shade.
- Staff will be flexible with the program and adjust to weather conditions.
- Staff will act as role models, wearing appropriate Sun Smart hats and clothing outdoors, using 30+ sunscreen or higher for protection and seeking shade where possible.
- Children need to wear Sun Smart clothing, no singlet tops, crop tops or clothing that provides a lot of exposure to the sun. Children will be encouraged to wear longer sleeved T-Shirts, tops with higher necklines, shirts with collars & longer shorts/skirts.
- The use of wrap-around sunglasses that meet Australian Standard 1067 (category 2, 3 or 4) will be encouraged.
- Children who do not have the appropriate Sun Smart clothing will be provided with a Centre t-shirt if they wish to play outside.
- SPF 30+ or higher Broad Spectrum, water-resistant sunscreen will be provided for staff

and children's use as necessary.

- Staff will apply or assist children to apply sunscreen at least 20 minutes before going outdoors (where possible) and re-applying every 2 hours, when UV Levels are 3 or above.
- To help develop independent skills ready for school, children from 3 years of age are given opportunities to apply their own sunscreen under supervision of staff, and are encouraged to do so.
- Sunscreen is stored in a cool place out of direct sunlight.
- All children will learn about ways to protect their skin from the sun and this will be implemented into the program.
- The Sun Smart Policy will be reinforced in a positive way through parent newsletters, meetings and noticeboards.
- Staff and parents/guardians will be provided with educational material on sun protection.

When enrolling their child, families are:

- informed of our Sun Smart Policy
- asked to provide the required Sun Smart hat for their child's use
- required to give authority and directive for staff to apply SPF 30+ or higher Broad Spectrum water resistant sunscreen
- encouraged to practise Sun Smart behaviour themselves and reinforce our Centre's Sun Smart Policy.

Relevant Documents / Links

- Belonging, Being and Becoming – The Early Years Learning Framework (July 2009)
- [Victorian Early Years Learning and Development Framework](#) (VEYLDF) (May 2016)
- Victorian School Building Authority [Building Quality Standards Handbook](#) (BQSH): Section 5.1.4 Shade Areas (2018)
- Get Up & Grow: Healthy eating and physical activity for early childhood (Section 2) 2009
- Victorian Institute of Teaching (VIT) The Victorian Teaching Profession Code of Conduct - Principle 3.2
- Australian Professional Standards for Teachers (APST) – Standard 4.4 and 7.2
- ARPANSA Radiation Protection Standard for Occupational Exposure to Ultraviolet Radiation (2006)
- Safe Work Australia: Guidance Note – Sun protection for outdoor workers (2016)
- AS 4174:2018 Knitted and woven shade fabrics
- AS/NZS 1067.1:2016, Eye and face protection - Sunglasses and fashion spectacles
- AS/NZS 4399:2017, Sun protective clothing - Evaluation and classification
- AS/NZS 2604:2012 Sunscreen products - Evaluation and classification
- Australian Government Therapeutics Goods Administration (TGA) – Australian regulatory guidelines for sunscreens: 4. Labelling and advertising – directions for use of the product
- AS/NZS 4685.0:2017, Playground equipment and surfacing - Development, installation, inspection, maintenance and operation. *6.2.1 General considerations, 6.3.9 Shade and sun protection, Appendix A Shade and sun protection*

Toilet Learning Policy

Our policy is current as at January 2020 and will be reviewed in January 2022, or as required. Our policy is based on the following specialist sources:

- Department of Education and Early Childhood Development, Victoria (Article *Continence issues in children* by Anne Ferrie 2007)
- Australian Education and Care Quality Authority (ACECQA)
- The provision of toilet learning documents will give parents a clear understanding of the process.

Children may develop control of their bladder and bowel by two to three years of age. Links between the spine and the brain are not fully established until about two years of age, so toilet learning is physiologically impossible till then. A small minority of children may show early signs of readiness by 18 months. There is no set time to begin toilet learning and it may take months to achieve consistent and positive results. It is important to remember that all children will reach development milestones at their own pace.

Signs of interest in toileting may include:

- understanding of their nappy being soiled or wet
- having some control and holding on until they get to the toilet
- being able to pull their pants up and down
- having a dry nappy for longer indicates that the child has some control over his or her bladder
- indicating when he/she is producing a wet or soiled nappy or has just produced one
- showing an interest in the toilet/bathroom
- being able to tell that a nappy change is required
- taking an interest in others using the toilet.

Not all these signs need to be present when the child is ready. To ensure a positive experience and outcome in using the toilet, a child needs to be able to tell when his/her bladder or bowel is full.

Our toilet learning experiences

Our educators will discuss with you when the best time is to begin toilet learning. The educators understand that toilet learning is a very important step in a child's life and they will work in close partnership with families to ensure a positive result. Educators in your child's room will record any observations of the child showing interest in the toilet learning process. They will then discuss with parents to obtain their views.

At any time, parents may discuss the toilet learning process with educators in their child's room. Educators will agree with parents the most effective method of communication based on each individual family situation. Parents are encouraged to share strategies that have worked for them at home. We do ask that parents be understanding of the situational context and that certain practices used at home may not be suitable for a child care setting.

Consistency is also important in the process of toilet learning. The language used during the learning should be the same in the home as at our Centre and the same daily schedule should be followed in both environments. It is very important that a similar routine and strategies are used. A combined effort will assist the child with their progress. This routine should be developed in consultation with each family and educator. It is also important for children who are toilet learning to have assistance from adults to use the toilet. Where possible the same educator will monitor and assist your child with toilet learning. Communication with parents will take place with an educator at the end of the day, or via a text message or email during the day.

It can be confusing for children to use a toilet one day and wear a nappy the next day. It is vital that once your child begins toilet learning, they continue to wear underpants and are encouraged to use the toilet. On occasions, it may be necessary to put a child back in nappies if they are having many

mishaps during the day. The child may not be ready to begin the toilet learning process and may benefit putting it off for another month or so.

Mentone Park Childcare and Preschool encourages families to put their child in underpants rather than 'pull-up' nappies. We believe that by keeping a child dry, 'pull-up' nappies don't give a child an opportunity to experience feeling wet or soiled. We would discourage use of these at home as well to achieve progress in toilet learning. A nappy may be used at sleep time/night time.

Our hygiene procedures related to toilet learning are that:

- Educators are to wash and dry their hands, then put gloves on to assist with toileting.
- Children are encouraged to remove underpants and clothing.
- We will assist your child to sit on the toilet.
- We encourage your child to clean from front to back with toilet paper.
- We will assist your child off the toilet and encourage them to flush the toilet and wash their hands.
- Your child will be encouraged to put on underpants and clothing.
- Educators will peel off gloves, turn inside out and place in bin.
- Educators are to use gloves to place any soiled clothing into a plastic bag. The plastic bag is named then tied on to the child's bag
- With the permission of parents, badly soiled underpants will be discarded.
- For all of the above procedures, our educators will always be on hand to provide assistance when required.

Suitable Clothing

It is essential that your child is dressed in clothing suitable for toilet learning (i.e.: Clothing, which is easy for the child to remove). These include underpants, shorts, long pants, track suit pants, skirts and dresses. Overalls, jeans and stockings are not suitable clothing for toileting as they are difficult for the child to remove.

During toilet learning, children may have mishaps because they have not developed enough control to wait to get to the toilet. Our Centre asks that families provide at least four changes of clothing for children who are toilet learning including underpants, shorts, pants, shirts, socks and shoes. Please ensure all items of clothing are clearly labelled with your child's name.

Supportive Practices

There are a range of practical strategies to support children's positive toileting experiences:

- Children should be prompted to go to the toilet at regular intervals. This begins the process of toilet learning.
- Children should be prompted to go to the toilet before leaving home and before leaving our Centre.
- Room programs will include activities and strategies such as reading books, singing songs and role modelling in order to extend children's interest in the process.
- A log book on toileting will be kept on children who are toilet training. Parents may look at this book at pick up time.
- If a child is wearing a nappy for sleep-time, the nappy will be removed as soon as the child wakes up and the child will be encouraged to go to the toilet upon waking.
- Allowing children to take their time, avoiding pressuring them
- Responding to children's cues and allowing them to be active participants in the process
- Where possible, using the correct terms for going to the toilet – ask families what words they use at home, as consistent language between home and care will help children to understand and learn more easily
- Being sensitive to individual needs and styles, and tailoring individual toileting procedures to each child.
- Taking full advantage of every opportunity for a focused, positive interaction with children during toileting, however brief these may be.
- Always being positive about toilet learning so that your encouragement is reinforced in your

- language and actions being respectful and sensitive to children's dignity and rights to privacy
- (Reg 155 Education and Care Services National Regulations)

Tummy Time Policy

This policy has been adopted in accordance with the Red Nose Safe Sleeping Program. This policy is current of January 2020 and will be reviewed in January 2022.

Supervised tummy time play is important for babies and should be encouraged when baby is awake and not too tired. Baby must be supervised by an adult carer at all times.

Tummy time playtime is important for babies as it:

- allows babies shoulder, arm and back muscles to grow stronger
- encourages babies to look and see the world from different angles, which helps with brain development
- reduces the risk of a baby developing a flat spot on the back of their head.

Use and Storage of Dangerous Goods Policy

This policy was reviewed in January 2020 and will be reviewed in January 2022, or as required. Our Centre's use and storage of dangerous products policy is in accordance with:

Education and Care Services National Regulations 2011

Occupational Health and Safety Act 2004

Duty of Care provisions in Common Law

Poisons Information Centre.

Our Centre management and staff are responsible for ensuring potentially dangerous products, plants and objects are inaccessible to all children at all times. We will achieve this by ensuring that:

- directions and use of product will be followed as indicated by the manufacturer's labelling
- product information charts and safety data sheets are displayed on the premises and are updated regularly
- staff will follow all safety instructions on products and will wear protective clothing if recommended
- we will only use recommended products from recognised health and safety authorities
- green products will be used where possible to be eco friendly
- all cleaning products used will have correct labelling
-

If poisoning occurs, staff will contact the Poisons Information Centre on 13 11 26.

All trees, plants and shrubs which are planted in indoor/outdoor play areas are audited by our horticulturist prior to planting to ensure plants are safe for children and staff in the centre.

Water Safety Policy

This policy was reviewed in July, 2020 and will be reviewed in July, 2022, or as required.

The safety and supervision of children in and around water is of the highest priority. This relates to water play, excursions near water, hot water, drinking water and hygiene practices with water in the service environment. Children will be supervised at all times during water play experiences.

Relevant legislation:

Education and Care Services National Regulations 2011

National Quality Standard 2.3

Occupational Health and Safety Act 2004

Water Safety Procedure

- Water troughs and water features will only be filled or turned on when play begins either indoors or outdoors when active supervision can occur.
- Children must be closely supervised at all times when playing with water (water play trough)
- Never leave a child unattended at a water feature, a staff member must supervise this area at all times
- Cardiopulmonary Resuscitation (CPR) guide must be displayed in each play room and outdoors
- All wading pools/water features/water troughs must be emptied immediately after use (when all children come indoors from outdoors and when playrooms/outdoors are not in use).
- To prevent the collection of water, containers need to be stored upright/inverted, and check grounds after rain or watering and empty water that has collected in holes or containers.
- Water containers/troughs are to be placed in an open area for supervision. Water troughs are not to be placed in blind areas of the outdoors and indoors environments.
- Hot water accessible to children is regulated to a temperature under 40 degrees Celsius.
- Programming will take place to teach children about staying safe in and around water. Water safety will be on going in programming and outside professionals will be engaged to teach children on water safety.

Sand and water play

Educators have observed children's interest and delight when adding water to sand, and recognise the safety and environmental concerns which may arise when combining the two natural resources.

Educators have discussed and implemented a new water system for the sandpit that will promote safe water play and respect for the environment.

- Containers will be left outdoors to collect rainwater which may be used to add to the sandpit.
- Children will be required to let educators know if they would like to initiate water play, to ensure an educator is available to closely supervise the sandpit area.
- The container will be filled with rainwater naturally, however, when there has been no rain and the children request water play, the container will be filled by an educator once in the morning and again in the afternoon (if requested). Children will be educated on water preservation and will know that one container of water will need to be shared amongst peers.
- Children will be educated on the appropriate time for water play ensuring an educator is available to supervise. Meal times will need to be considered.

Through the implementation of collecting rainwater to be used in the sandpit, the children will have the opportunity to show respect for the environment through the conservation and re use of rain water. They will see materials being recycled and reused to produce new products. They will use

their senses to explore natural and built environments (EYLF Outcomes 2, 3 & 4).