

NUTRITION AND FOOD SAFETY POLICY

As per *Education and Care Services National Law and Regulations*, our Service has a nutritional and food safety policy and procedures in place to ensure quality practices relating to nutrition, food and beverages and dietary requirements are followed at all times.

Our Service recognises the importance of safe food handling and healthy eating to promote the growth and development of young children and is committed to supporting the healthy food and drink choices of children in our care. We acknowledge that the early childhood setting has an important role in supporting families in healthy eating. Our Service therefore recognises the importance of supporting families to provide healthy food and drink to their children.

We are committed to implementing the healthy eating key messages outlined in the Australian Dietary Guidelines and the Australian Guide to Healthy Eating. We support and promote the NSW Health initiative *Munch & Move* and utilise the Australian Government's *Get Up & Grow-Healthy Eating and Physical Activity for Early Childhood* and *Eat for Health* resources.

NATIONAL QUALITY STANDARD (NQS)

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
2.1.3	Healthy lifestyles	Healthy eating and physical activity are promoted and appropriate for each child

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
77	Health, hygiene and safe food practices
78	Food and beverages
79	Service providing food and beverages
80	Weekly menu
90	Medical conditions policy
91	Medical conditions policy to be provided to parents

160	Child enrolment records to be kept by approved provider and family day care educator
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
170	Policies and Procedures to be followed
171	Policies and procedures to be kept available
172	Notification of change to policies or procedures

RELATED POLICIES

Administration of First Aid Policy Bottle Safety and Preparation Policy Breastfeeding Policy Child Safe Environment Policy Dealing with Infectious Diseases Policy Enrolment Policy Excursions / Incursions Policy	Family Communication Policy Governance Policy Health and Safety Policy Incident, Injury, Trauma and Illness Policy Medical Conditions Policy Multicultural Policy
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PURPOSE

Early childhood education and care (ECEC) Services are required by legislation to ensure the provision of healthy foods and drinks that meet the requirements for children according to the *Australian Dietary Guidelines*. It is essential that our Service partners with families to provide education about nutrition and promote healthy eating habits for young children to positively influence their health and wellbeing. Dietary and healthy eating habits formed in the early years are shown to continue into adulthood and can reduce the risk factors associated with chronic adult conditions such as obesity, type 2 diabetes and cardiovascular disease.

Our Service recognises the importance of healthy eating for the growth, development, and wellbeing of young children and is committed to promoting and supporting healthy food and drink choices for children in our care. This policy affirms our position on the provision of healthy food and drink while children are in our care and the promotion and education of healthy choices for optimum nutrition.

We believe in providing a positive eating environment that reflects dietary requirements, cultural and family values, and promotes lifelong learning for children, as we commit to implementing and embedding the healthy eating key messages outlined in the NSW Health's *Munch & Move* program into our curriculum and to support the *National Healthy Eating Guidelines for Early Childhood Settings* outlined in the *Get Up & Grow* resources.

Our Service is also committed to ensuring consistently high standards of food preparation and food storage and transportation are adhered to.

SCOPE

This policy applies to children, families, staff, educators, approved provider, nominated supervisor, visitors, and management of the Service.

IMPLEMENTATION

Our Service has a responsibility to help children to develop good food practices and approaches, by working with families and educators.

All food prepared by the Service or families will endeavour to be consistent with the Australian Dietary Guidelines and provide children with 50% of the recommended dietary intake for all nutrients. Food will be served at various times throughout the day to cater for all children's nutritional needs.

Mealtimes reflect a relaxed and pleasant environment where educators engage in meaningful conversations with children. This assists in creating a positive and enjoyable eating environment.

Food will be prepared in accordance with the Food Safety Program. All kitchens and food preparation areas will comply with Food Standards Australia and New Zealand (FSANZ) and any relevant local jurisdictional requirements (i.e., local council registrations and inspections). All staff involved in the stages of food handling have the skills and knowledge to ensure food safety is a priority.

From **Friday 8 December 2023**, Early Education and Care Services who prepare food, including ready to eat food or meals that have brought into the service by families, must adhere to requirements relating to food safety outlined within the Food Standards Code and Food Act 2003 (Standard 3.2.2A). The revised requirements involve the appointment of a Food Safety Supervisor who must be available to supervise food handlers at the service. It is a requirement that both the Food Safety Supervisor and all food handlers attend food safety training. Additionally, records must be maintained relating to receiving, storage, processing, displaying and transportation of food. These records must be retained for a period of 3 months.

NUTRITION

ENCOURAGE AND SUPPORT BREASTFEEDING AND APPROPRIATE INTRODUCTION OF SOLID FOODS

Our Service will:

- provide a suitable place within the Service where mothers can breastfeed their babies or express breast milk
- support mothers to continue breastfeeding until babies are at least 12 months of age while offering appropriate complementary foods from around 6 months of age
- ensure the safe handling of breast milk and infant formula including transporting, storing, thawing, warming, preparing, and bottle feeding
- in consultation with families, offer cooled pre-boiled water as an additional drink from around 6 months of age
- where breastfeeding is discontinued before 12 months of age, substitute with a commercial infant formula
- always bottle-feed babies by holding baby in a semi-upright position
- ensure appropriate foods (type and texture) are introduced around 6 months of age
- adjust the texture of foods offered between 6 and 12 months of age to match the baby's developmental stage
- offer a variety of foods to babies from all the food groups
- always supervise babies while drinking and eating, ensuring safe bottle-feeding and eating practices at all times.
- Solids will be introduced in collaboration with families and recommended advice from health professionals. We encourage that all babies should be able to sit unaided before having solids unless on the advise of a medical professional.

Promote healthy food and drinks based on the Australian guide to healthy eating and the dietary guidelines for children and adolescents

OUR SERVICE WILL:

WHERE FOOD IS PROVIDED BY THE SERVICE:

- provide children with a wide variety of healthy and nutritious foods for meals and snacks including fruit and vegetables, wholegrain cereal products, dairy products, lean meats, and alternative foods high in protein

- plan and display the Service menu (at least two weeks at a time) that is based on sound menu planning principles and meets 50% of the daily nutritional needs of children
- plan healthy snacks on the menu to complement what is served at mealtimes and ensure the snacks are substantial enough to meet the energy and nutrient needs of children
- vary the meals and snacks on the menu to keep children interested and to introduce children to a range of healthy food ideas
- regularly review the menu to ensure it meets best practice guidelines
- develop the menu in consultation with children, educators and families
- consult with health professionals to support the menu development including Dietitians for children with special dietary requirements such as vegetarian and vegans, dentists and speech therapists
- respect and accommodate children's cultural or religious dietary practices as requested by families

WHERE FOOD IS BROUGHT FROM HOME:

- provide information to families on the types of foods and drinks recommended for children and that are suitable for children's lunchboxes
- provide information to families on how to read the *Nutritional Information Panel* on food and drink labels
- encourage children to eat the more nutritious foods provided in their lunchbox, such as sandwiches, fruit, cheese and yoghurt, before eating any less nutritious food provided
- strongly discourage the provision of highly processed snack foods high in fat, salt, and/or sugar, and low in essential nutrients in children's lunchboxes. Examples of these foods include sweet biscuits, some muesli bars, breakfast bars and fruit filled bars, and chips.
- food items that should not be brought to the service include confectionary (lollies, sweets, chocolate, jelly), deep fried foods (chicken nuggets, fish fingers) and sugary drinks (cordial, energy drinks).

THE APPROVED PROVIDER/ MANAGEMENT/ NOMINATED SUPERVISOR WILL:

- ensure educators and staff are aware of their responsibilities and obligations under the Education and Care Services National Law and National Regulations in relation to this policy and relevant procedures to ensure awareness of safe food handling practices while promoting healthy eating
- ensure new staff and educators are aware of food practices and procedures as outlined in this policy during induction and orientation
- ensure water is readily available for children to drink throughout the day in both the indoor and outdoor environment
- ensure food and beverages are offered to children regularly during the day

- ensure enrolment forms include information relating to child's food preferences, allergies, intolerances, cultural or religious considerations or medical conditions which involve food or food practices
- consult with families on enrolment to develop individual management plans, including completing Risk Minimisation Plans for children with medical conditions involving food allergies, food intolerances and special dietary requirements as per *Medical Conditions Policy*
- ensure children's individual dietary requirements as per enrolment information or medical condition plans are communicated to all staff and food handlers
- ensure any changes to children's individual dietary requirements are recorded and communicated to all staff and food handlers
- appoint a Food Safety Supervisor to oversee food handlers (mandatory for all services who prepare food, including food brought from home)
- ensure the Food Safety Supervisor and all staff and food handlers attend basic safe food handling training, including an appropriate Food Safety and Food Hygiene Certificate
- keep an up-to-date *Food Safety Certificate Register* to provide evidence of safe food handling training for all food handlers
- keep records relating to receiving, storage, processing, displaying and transportation of food. These records must be kept for a period of 3 months
- ensure the weekly menu is displayed in an accessible and prominent area for parents to view
- ensure the weekly menu is accurate and describes the food and beverages provided each day of the week
- ensure the service menu is reviewed on a regular basis, every 6 months. Amendments made to the service menu will be recorded.
- encourage and provide opportunities for staff and educators to undertake regular professional development to maintain and enhance their knowledge about early childhood nutrition and food safety practices

EDUCATORS/ FOOD HANDLERS WILL:

- ensure water is readily available for children to drink throughout the day in both the indoor and outdoor environment
- be aware of children with food allergies, food intolerances, and special dietary requirements and consult with families and management to ensure individual management plans are developed and implemented, including completing Risk Minimisation Plans for children with medical conditions involving food as per *Medical Conditions Policy*



- ensure young children do not have access to foods that may cause choking
- ensure all children remain seated while eating and drinking
- ensure all children are always supervised children whilst eating and drinking
- participate in regular professional development to maintain and enhance knowledge about early childhood nutrition and food safety practices
- participate in safe food handling training on a regular basis, every 12 months, including the completion of an appropriate Food Safety and Food Hygiene Certificate
- keep records relating to the safe handling of food, where required
- consult with children, families, educators and dietitians regarding the review of the service menu
- follow the guidelines for serving different types of food and the serving sizes in the guidelines
- use the Australian Government “eat for health” calculator- www.eatforhealth.gov.au
- display nutritional information for families and keep them regularly updated
- consider the needs of various age groups at the service- meal times may be offered progressively or at different times
- ensure food is presented attractively
- ensure infants are fed individually by educators
- ensure age and developmentally appropriate utensils and furniture are provided for each child
- not allow food to be used as a form of punishment or to be used as a reward or bribe
- not allow the children to be force fed or being required to eat food they do not like or more than they want to eat
- encourage toddlers to be independent and develop social skills at mealtimes
- establish healthy eating habits in the children by incorporating nutritional information into our program
- talk to families about their child’s food intake and voice any concerns about their child’s eating
- encourage parents to the best of our ability to continue our healthy eating message in their homes
- ensure pets or animals are not present within the kitchen or food preparation areas

FOOD HYGIENE

Food poisoning is caused by bacteria, viruses, or other toxins being present in food and can cause extremely unpleasant symptoms such as diarrhoea, vomiting, stomach cramps, and fevers. Children under five years of age are considered a high-risk group as their immune systems are still developing and they produce less of the stomach acid required to kill harmful bacteria than older children or adults (Foodsafety.gov. 2019).

Our Service will strictly adhere to food hygiene standards to prevent the risk of food poisoning.

BUYING AND TRANSPORTING FOOD

Our Service will:

- ensure food supplies have been ordered in a timely manner
- always check labels for the 'use by' and 'best before' dates, understanding that 'use by' dates apply to perishable foods that could potentially cause food poisoning if out of date, whilst 'best before' dates refer to food items with long shelf life but quality could be compromised
- avoid buying food items in damaged, swollen, leaking or dented packaging
- always check eggs within cartons: Never buy dirty or cracked eggs
- never buy any food item if unsure about its quality
- record temperatures of foods upon delivery
- ensure fresh meat, chicken, or fish products cannot leak on to other food items
- ensure chilled, frozen, and hot food items are kept out of the 'danger zone' (5 °C to 60 °C) on the trip back to the Service by:
 - not getting chilled frozen, or hot food items until the end of the shopping.
 - placing these items in an insulated shopping bag or cooler
 - immediately unpacking and storing these items upon the return to the Service

ONLINE SHOPPING

- ensure food items are delivered in packaging that keeps food out of 'danger zones' as described above and within delivery window as provided by the company
- ensure products selected are high quality
- ensure products are unpacked promptly upon receiving goods
- use online service company with product and guarantee

STORING FOOD

Our Service will:

- ensure the refrigerator and freezer has a thermometer and that the refrigerator is maintained at 5 °C or below and the freezer is maintained at -17 °C or below
- ensure fridge and freezer temperatures are checked and recorded daily
- store raw foods below cooked foods in the refrigerator to avoid cross contamination by foods dripping onto other foods
- ensure fresh meat is not stored in the fridge for more than 3 days

- ensure that all foods stored in the refrigerator are stored in strong food-safe containers with either a tight-fitting lid, or tightly applied plastic wrap or foil
- ensure that all foods not stored in their original packaging are labelled with:
 - the name of the food
 - the 'use by' date
 - the date the food was opened
 - details of any allergens present in the food
- transfer the contents of opened cans into appropriate containers
- ensure all bottles and jars are refrigerated after opening
- place 'left-over' hot food in an appropriate sealed container in the refrigerator as soon as the steam has stopped rising. Food can be cooled quickly to this point by placing in smaller quantities in shallow containers, reducing the amount of time sitting in the 'danger zone'.
- not reuse disposable containers (e.g., Chinese food containers).
- store dry foods in labelled and sealed, air-tight containers if not in original packaging
- store dry foods in cupboards or if in a walk-in pantry, on shelving no lower than 30cm from the floor
- not place anything on the floor of a walk-in pantry (as containers of any type create easy access to shelves for mice and rats)
- store bulk dry foods only in food-safe and airtight containers
- use the FIFO (first in, first out) rule for all foods (dry, chilled, and frozen) to ensure rotation of stock so that older stock is used first
- store cleaning supplies and chemicals separate to food items
- ensure breastmilk or infant formula is stored within the main section of the fridge and clearly labelled with the child's name and date of preparation.

PREPARING AND SERVING FOOD

Our Service will:

- ensure that all cooked food is cooked through and reaches 75°C
- document periodic recordings of food
- ensure that cooked food is served promptly, or
- use a thermometer to ensure that hot food is maintained at above 60°C until ready to serve.
- ensure that prepared cold food is stored in the refrigerator maintained at below 5°C until ready to serve
- discard any cooked food that has been left in the 'danger zone' for two or more hours. Do not reheat.



- reheat cooked food (if required, for example for a child who was sleeping at lunch time) to a temperature of 75°C (but only ever reheat **once**. Discard if the food is not eaten after being reheated).
- keep cooked and ready-to-eat foods separate from raw foods
- ensure foods are defrosted in the fridge or microwave
- wash fruit and vegetables thoroughly under clean running water before preparation
- ensure unused washed fruit or vegetables are thoroughly dry before returning to storage
- ensure food that has been dropped on the floor is immediately discarded
- thoroughly clean kitchen utensils and equipment between using with different foods and/or between different tasks
- avoid cross-contamination by ensuring that separate knives and utensils are used for different foods
- avoid cross-contamination by ensuring that colour-coded cutting boards are used colours are:
 - Blue: raw fish/seafood
 - Green: fruit and vegetables
 - Red: raw meat
 - Brown: cooked meat
 - Yellow: raw poultry
 - White: bakery and dairy
- ensure that gloves are changed between handling different foods or changing tasks
- ensure that staff preparing food for children with food allergies or intolerances are proficient at reading ingredient labels
- ensure that food allergies and intolerances are catered for by using separate easily identifiable cutting boards, utensils, and kitchen equipment (e.g., using a colour code, or food-safe permanent marker).
- ensure all educators and staff are aware of children who have severe allergic reactions to certain foods as per ASCIA Action Plans
- ensure that children with food allergies and/or intolerances are served their meals and snacks individually on an easily identifiable plate (e.g., different colour), and that food is securely covered with plastic wrap until received by the child to prevent possible cross-contamination.
- ensure that unwell staff do not handle food
- ensure left-over food is stored immediately in the fridge or thrown away
- ensure the safe handling of breastmilk, including during transportation, storage, thawing, warming and during preparation

CLEANING

Our Service will:

- ensure that food preparation areas and surfaces are cleaned both before, after, and during any food preparation
- record cleaning and sanitising of food contact surfaces
- ensure that all cooking and serving utensils are cleaned and sanitised before use
- ensure that all dishwashing sponges, brushes, and scourers are cleaned after each use and allowed to air dry or placed in the dishwasher
- ensure the food storage area is clean, ventilated, dry, pest free, and not in direct sunlight
- ensure refrigerators and freezers are cleaned regularly and door seals checked and replaced if not in good repair
- prevent pest infestations by cleaning spills as quickly as possible and ensuring rubbish and food scraps are disposed of frequently
- ensure that floor mops are thoroughly cleaned and air dried after each use
- replace any cleaning equipment that shows signs of wear or permanent soiling.

PERSONAL HYGIENE FOR FOOD HANDLERS

Our Service will ensure:

- clean aprons will be worn by food handling staff including cutting fruit when the service doesn't provide meals.
- long hair is tied back or covered with a net (hairspray may be used for fringes to secure hair).
- hand and wrist jewellery are not worn while preparing food (e.g., rings and bracelets)
- nails are kept short and clean and no nail polish is worn (as it can chip into food and hide dirt under the nails)
- strict hand-washing hygiene is adhered to, including washing hands each time they return to the kitchen before continuing with food preparation duties
- wounds or cuts are covered with a brightly coloured, waterproof dressing (that will easily be seen if it falls off), and gloves will be worn over any dressings
- staff who are not well will not prepare or handle food.

ALL STAFF HANDLING FOOD WILL:

- ensure children and staff wash and dry their hands (using soap, running water, and single use disposable towels or individual hand towels) before handling food or eating meals and snacks
- ensure gloves (and food tongs) are used by all staff handling 'ready to eat' foods.

- ensure food is stored and served at safe temperatures (below 5°C or above 60°C), with consideration to the safe eating temperature requirements of children
- ensure separate cutting boards are used for raw meat and chicken, fruit and vegetables, and utensils and hands are washed before touching other foods
- discourage children from handling other children's food and utensils
- ensure food-handling staff members attend relevant training courses and pass relevant information on to the rest of the staff.

CREATING A POSITIVE LEARNING ENVIRONMENT

Our Service will:

- ensure that educators sit with the children at meal and snack times to role-model healthy food and drink choices and actively engage children in conversations about the food and drink provided
- choose water as a preferred drink
- endeavour to recognise, nurture and celebrate the dietary differences of children from culturally and linguistically diverse backgrounds
- create a relaxed atmosphere at mealtimes where children have enough time to eat and enjoy their food as well as enjoying the social interactions with educators and other children
- encourage older toddlers and pre-schoolers to assist to set and clear the table and serve their own food and drink, providing opportunities for them to develop independence and self-esteem while promoting children's agency and decision-making
- respect each child's appetite. If a child is not hungry or is satisfied, do not insist he/she eats.
- be patient with messy or slow eaters
- encourage children to try different foods but do not force them to eat
- not use food as a reward or withhold food from children for disciplinary purposes
- role-model and discuss safe food handling with children

SERVICE CURRICULUM

Our Service will:

- foster awareness and understanding of healthy food and drink choices through including in the children's program a range of learning experiences encouraging children's healthy eating
- encourage children to participate in a variety of 'hands-on' food preparation experiences
- provide opportunities for children to engage in discovery learning and discussion about healthy food and drink choices
- embed the importance of healthy eating and physical activity in everyday activities and experiences.

COOKING WITH CHILDREN

Cooking can help develop children's knowledge and skills regarding healthy eating habits. Cooking is a great, fun activity and provides opportunities for children to be exposed to new foods, sharing of recipes and cooking skills. On these occasions participating educators will be vigilant to ensure that the experience remains safe, and relevant food hygiene practices are adhered to.

COMMUNICATING WITH FAMILIES

Our Service will:

- provide a copy of the *Nutrition and Food Safety Policy* to all families upon orientation at the Service
- provide opportunities for families to contribute to the review and development of the policy
- request that details of any food allergies or intolerances or specific dietary requirements be provided to the Service and work in partnership with families to develop an appropriate response so that children's individual dietary needs are met
- communicate regularly with families about food and nutrition related experiences within the Service and provide up to date information to assist families to provide healthy food choices at home
- communicate regularly with families and provide information and advice on appropriate food and drink to be included in children's lunchboxes. This information may be provided to families in a variety of ways including factsheets, newsletters, during orientation, information sessions and informal discussion.
- discuss discretionary choices- (food and beverages which are not necessary as part of a balanced diet) with families and if necessary, remove items from children's lunch boxes. Alternative healthy food will be offered to children.
- Collaborate with families on the introduction of Solids based on a child's developmental needs , advice from medical professionals and the families wishes.

RELATED RESOURCES

Cooking, Cooling & Reheating Register	Menu Evaluation Survey
Food Delivery and Supplier Register	Managing Menus and Food Supplies
Food Hygiene Practices Procedure	Menu Planning Checklist
Food Safety Certificate Register	Nutritional Practices Procedure
Kitchen Cleaning Checklist	Nutritional Practice Survey
Kitchen Cleaning Procedure	Vegetarian Menu Planning Checklist
Menu Amendment Notifications	Refrigeration Temperature Control Register
Menu Development and Review Procedure	Service Menu Table

SOURCE

Australian Breast-Feeding Association Guidelines: <https://www.breastfeeding.asn.au/>

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Australian Children's Education & Care Quality Authority. (2021). *Nutrition, food and beverages, dietary requirements Policy Guidelines*.

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Australian Government Department of Health *Eat for Health The Australian Dietary Guidelines* <https://www.eatforhealth.gov.au/guidelines>

Education and Care Services National Law Act 2010. (Amended 2023).
[*Education and Care Services National Regulations*](#). (Amended 2023).
Food Act 2003
Food Regulation 2015

Food Safety Standards (Australia only). (2015):
<http://www.foodstandards.gov.au/industry/safetystandards/Pages/default.aspx>

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<http://www.foodstandards.gov.au/publications/Pages/safefoodaustralia3rd16.aspx>

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<https://www.nhmrc.gov.au/about-us/publications/australian-dietary-guidelines>

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https://www.eatforhealth.gov.au/sites/default/files/files/the_guidelines/n56b_infant_feeding_summary_130808.pdf

National Health and Medical Research Council. *Eat for health*: <https://www.eatforhealth.gov.au/>

NSW Food Authority: <http://www.foodauthority.nsw.gov.au/>

NSW Government. *Healthy Kids*. (2019). *Munch and Move*: <https://www.healthykids.nsw.gov.au/campaigns-programs/about-munch-move.aspx>

Revised National Quality Standard. (2018).

The Australian Dental Association: <https://www.ada.org.au/Home>

The Department of Health. *Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood – Staff/Carers Book*: https://www.health.gov.au/resources/collections/get-up-grow-resource-collection?utm_source=health.gov.au&utm_medium=callout-auto-custom&utm_campaign=digital_transformation

Victoria State Government Education and Training *Nutrition Australia Healthy eating in the National Quality Standard A guide for early childhood education and care services*

[*Western Australian Education and Care Services National Regulations*](#)

Work Health and Safety Act 2011

Work Health and Safety Regulations 2011.

REVIEW

POLICY REVIEWED	May 2024	NEXT REVIEW DATE	MAY 2025
Modifications	Collaboration with families and medical professionals in regards to the implementation of solids		
MODIFICATIONS	- updates to the Food Safety Standards (effective Dec 2023) - policy maintenance - no major changes to policy		

	- hyperlinks checked and repaired as required - Related resources section added link to Western Australian Education and Care Services National Regulations added in 'Sources'	
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
MAY 2022	- policy maintenance - no major changes to policy - hyperlinks checked and repaired as required	MAY 2023
OCTOBER 2021	- Policy reviewed and included suggested guidelines from ACECQA Nutrition, Food and Beverages, Dietary Requirements Policy Guidelines (August 2021) - Additional sections added for AP, Management, NS and Educator and food handlers	MAY 2022
MAY 2021	- minor editing - inclusion of cultural or religious dietary practices - sources checked for currency	MAY 2022
MAY 2020	minor additions- discretionary foods, online shopping addition of health professional's information to ensure best practice sources checked for currency	MAY 2021
MAY 2019	Food hygiene section added, comprising of: - Buying and transporting food - Storing food - Preparing and serving food - Cleaning - Personal hygiene for food handlers Heading added to existing information – 'All staff handling food will:' New section added: Cooking with Children. Additional information inserted into existing points (highlighted) New source added	MAY 2020

SUN SAFE POLICY

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

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
2.1.3	Healthy lifestyle	Healthy eating and physical activity are promoted and appropriate for each child
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
QUALITY AREA 3: PHYSICAL ENVIRONMENT		
3.1.1	Fit for Purpose	Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS	
S. 167	Offence relating to protection of children from harm and hazard
100	Risk assessment must be conducted before excursions
113	Outdoor space natural environment
114	Outdoor space shade
136	First aid qualifications
168	Education and care service must have policies and procedures
168 (2)(a)(ii)	Sun Protection
170	Policies and procedures to be followed
171	Policies and procedures to be kept available

RELATED POLICIES

Administration of First Aid Policy	Health and Safety Policy
Bush Fire Policy	Physical Environment Policy
Clothing Policy	Supervision Policy
Emergency and Evacuation Policy	Water Safety Policy
Enrolment Policy	Work Health and Safety Policy
Excursion/Incursion Policy	

PURPOSE

By implementing a 'best practice' Sun Safe Policy, our Service can help protect all children and staff from the harmful effects of ultraviolet (UV) radiation from the sun and teach children good sun protection habits from an early age to reduce their risk. To ensure the outdoor environment provides shade for children, educators and staff to minimise unsafe UV exposure. Additionally, this policy provides guidance on how to protect children and staff from severe hot weather events which are becoming more prevalent in Australia resulting from climate change.

SCOPE

This policy applies to children, families, staff, educators, management, approved provider, nominated supervisor, students, volunteers and visitors of the Service.

IMPLEMENTATION

Our Service will work in compliance with the *National SunSmart Early Childhood Program* to ensure children's health and safety is maintained at all times whilst at the Service. This policy has been reviewed and approved by the Schools and Early Childhood lead at SunSmart. (2024)

Our Service will monitor the Australian Bureau of Meteorology for notification of severe heat events and implement risk mitigation strategies to protect the health, safety and wellbeing of children. This policy applies to all activities on and off site.

MONITORING UV LEVELS

Sun protection is required when UV levels reach level 3 or above. Our Service will monitor the UV levels daily through one or more of the following methods:

- using the smartphone [SunSmart global UV app](#) available at iTunes App Store and Google Play store
- viewing the Bureau of Meteorology website <http://www.bom.gov.au/index.php>
- visiting www.myuv.com.au

OUTDOOR ACTIVITIES

The sun protection measures listed are used for all outdoor activities during the daily local sun protection times, when the UV Index is 3 or above. The sun protection times are a forecast from the Bureau of Meteorology (BOM) for the time-of-day UV levels are forecast to reach 3 or higher. At these levels, a combination of sun protection is recommended for all skin types. The Service will use a combination of sun protection measures (see below) **whenever UV Index levels reach 3 and above**.

SUN PROTECTION TIMES

UV levels vary across Australia and throughout the year. This listing highlights when UV is typically three and above in each state / territory. There may be times UV levels are three and above outside these periods. In WA All year we are required to use sun safety measures and protection

Active outdoor play is encouraged throughout the day all year provided appropriate sun protection measures are used when necessary.

The sun protection measures listed are used for all outdoor activities during the **daily local sun protection times and when the UV index is three and above**. A combination of sun protection measures is considered when planning all outdoor activities such as excursions and water play.

SHADE

THE APPROVED PROVIDER WILL ENSURE:

- sufficient natural, portable, or man-made shade is provided, particularly in high use areas
- shaded areas will be used for play experiences
- play experiences will be monitored throughout the day and moved as required to remain in the shade
- regular risk assessments and reviews will be made of the outdoor area to assist in planning for further shade requirements
- children who do not have appropriate hats or outdoor clothing are required to choose a shady play space or a suitable area protected from the sun and not move into unshaded areas of the playground
- children will still be required to wear hats, protective clothing, and sunscreen when playing under natural or portable shade.

HATS

Educators, children, and visitors are required to wear sun safe hats at all times they are outdoors. Cancer Council Australia describes sun safe hats as:

- hats that protect a person's face, neck, and ears, which include:
 - a legionnaire hat – the front peak and flap should overlap at the sides and the flap should cover the neck
 - a bucket hat with a deep crown and angled brim that is at least 5cm for young children and at least 6cm for adults and must shade the face, neck, and ears
 - a broad brimmed hat with a brim size of at least 6cm for children or 7.5cm for adults. The brim should provide shade for the whole face

Please note: Baseball caps or visors do not provide enough sun protection and therefore are not a suitable alternative.

- Children without a sun safe hat will be required to play in an area protected from the sun. They may be provided with a spare hat by the Service if available.

CLOTHING

- When outdoors, staff and children will wear sun safe clothing that covers as much of the skin as possible. Cancer Council Australia recommends clothing that:
 - covers the shoulders, back and stomach
 - is loose fitting, such as loose-fitting shirts and dresses with sleeves and collars or covered neckline, or longer style skirts, shorts and trousers.

- Children who are not wearing sun safe clothing can be provided with spare clothing or will be required to play under shade or in an area protected from the sun or provided with spare clothing.

Please note: Midriff, crop or singlet tops do not provide enough sun protection and therefore are not recommended.

- *If children are repeatedly attending and not being provided with appropriate clothing from the family on delivery, there is the possibility that care can be cancelled due to policy not being followed and the health safety and wellbeing of children being affected.*

SUNSCREEN

As per Cancer Council Australia recommendations:

- staff and children will apply SPF50+ -broad-spectrum water-resistant sunscreen 20 minutes before going outdoors and reapply every 2 hours or more frequently if washed or wiped off
- permission to apply sunscreen is included in the Service enrolment form (see *Enrolment Policy*)
- where children have allergies or sensitivity to the sunscreen, parents are asked to provide an alternative sunscreen with the relevant ASICS form stamped from the DR . A record of any allergy

must be provided in writing from the parent/guardian and recorded on the child's enrolment record.

Cancer Council Australia recommends usage tests before applying a new sunscreen

- to help develop independent skills ready for school, children from three years of age are given opportunities to apply their own sunscreen under supervision of staff, and are encouraged to do so
- sunscreen is stored in a supervised, cool, dry place and the use-by-date monitored.
- Where the service can, a sensitive sunscreen will be provided to the children.

SUNSCREEN FOR BABIES

Recommendations for babies from the Cancer Council Australia include:

- babies under 12 months will not be exposed to direct sun when the UV Index levels is 3 or above
- ensure routine includes inside activities during the middle of the day
- physical protection such as shade positioning, clothing and broad-brimmed hats are the best sun protection measures
- check the baby's clothing, hat and shade positioning regularly to ensure protection from UV

If babies are kept out of the sun or well protected from UV radiation by clothing, hats and shade, they will avoid the need for sunscreen. Avoiding the use of sunscreen for babies aged six months or younger (or as recommended by recognised authorities) ACECQA, Sun Protection Guidelines (2021).

RISKS OF SUMMER PLAY

Australia has a hot climate and inevitably playground equipment and surfacing can heat up rapidly and retain heat. Many playground surfaces and equipment can exceed temperatures greater than 50°C and if young children come into contact with these surfaces, they can be burned severely within seconds.

Surfaces can retain heat for long periods of time and cause burns to children. Play surfaces must be monitored before children have access to the outdoor environment. Once a surface exceed 24 degrees we are to implement our risk assessment and apply strategies to reduce burns.

SEVERE HEAT

Severe heat or heatwaves are periods of unusually hot weather. Climate change is resulting in more intense heatwaves in Australia and presents an extreme risk to the health and safety of children. Babies and young children can dehydrate quickly which can cause heat-related illness including heat stroke and heat exhaustion.

Active heatwave warnings are indicated within the Australian Warning System (AWS) and range from Advice to Emergency Warning. Risk management measures must be implemented and managed to ensure children remain safe and healthy during a severe heat event.

THE APPROVED PROVIDER/ NOMINATED SUPERVISOR AND EDUCATORS WILL:

- ensure obligations under the *Education and Care National Law and Regulations* are met
- ensure risk assessments are conducted to identify any potential hazards to children during summer months that could cause harm or injury to children. Risk minimisation control measures will be put in place to protect children. Potential hazards could include:
 - hot equipment- slides, poles, guardrails, any metal surfaces
 - hot surfaces- rubber and synthetic grass, walkways, concrete surfaces
 - sun burn and dehydration
 - access to bodies of water (filled water troughs/containers/trays/pools)
 - severe heat
 - bushfires and air pollution
- complete a *Daily Playground Surface Temperature Check* every time they go outside and when the temperature is above 24 degrees regularly on surfaces we have identified to be a risk for higher temperatures i.e wood, softfall and metal.
- use a thermometer to test surface temperature and make an informed decision about permitting children to play on equipment or in the outdoor space. If the surface temperature is determined to be too hot or is recorded as at or above 40°C it is recommended by Kidsafe Australia that children do NOT play on the surface. We will apply our safety measures when the temperature reaches above 24 degrees to minimise the risk.
- ensure children wear shoes when playing in the outdoor area- [children may remove shoes when playing in sand or mud pit]
- monitor the [Bureau of Meteorology \(BOM\)](#) for severe weather warnings and implement procedures to ensure the health and safety of all children and staff
- monitor bush fire activity and be aware of air quality and hazardous levels of air pollution caused by bushfires (*see Bushfire Policy*)
- ensure children have access to water at all times throughout the day and offer extra feeds/drinks to babies during hot weather to avoid dehydration
- be aware of the signs and symptoms of heat-related illness in babies and young children and implement first aid as required
- keep children indoors during severe heat events

- ensure fans/air conditioning are used to help keep children cool
- close blinds/curtains where required to prevent sun shining into rooms
- adhere to WA health department advice for hot weather risks and recommendations
- ensure sunscreen purchased for the Service complies with Australian Standard AS/NZS 2604:2012.

ROLE MODELLING AND WORK HEALTH AND SAFETY

Cancer Council Australia acknowledges that children are more likely to develop sun-safe habits if they are role-modelled and demonstrated by adults around them. Occupational UV exposure is also a WH&S issue. All educators, staff at the Service will therefore be required to role model appropriate sun protection behaviours by:

- wearing a sun safe hat (see Hats)
- wearing sun safe clothing (see Clothing)
- applying SPF50+ broad-spectrum water-resistant sunscreen 20 minutes before going outdoors
- using and promoting shade
- wearing sunglasses that meet the Australian Standard 1067:2003 (optional)
- discussing sun protection with children and demonstrating a positive and proactive approach to the management of sun protection in the Service
- regularly drinking water and encouraging children to drink extra water in hot weather
- adapting the learning environment when severe weather events occur
- families and visitors are encouraged to role model positive sun safe behaviour
- monitoring the UV Index Levels and Daily Sun Protection times throughout the day
- regularly monitoring and reviewing the effectiveness of the *Sun Safety Policy*
- submitting the Sun Safety Policy to the Cancer Council every three years to maintain SunSmart status (required if a SunSmart member).

EDUCATION AND INFORMATION

- Sun protection will be incorporated regularly into learning programs
- Sun protection information will be promoted to staff, families and visitors
- Severe hot weather events will be monitored through the [Bureau of Meteorology \(BOM\)](#) and risk mitigation measures implemented
- Educators and staff are encouraged to complete the free Cancer Council [Generation SunSmart](#) online PL learning modules)

- Further information and resources are available from the Cancer Council website and each state and territory SunSmart web page. See: <https://www.cancer.org.au/cancer-information/causes-and-prevention/sun-safety>
- See <https://www.cancer.org.au/cancer-information/causes-and-prevention/sun-safety/be-sunsmart/sunsmart-in-schools> for links.
- The *Sun Safety Policy* will be made available to all educators, staff, students, families, volunteers and visitors of the Service to ensure a comprehensive understanding about keeping sun safe including appropriate hat, clothing and sunscreen requirements
- When enrolling their child/ren to our Service, parents will be required to give permission for educators to apply sunscreen to their child- either Service or family supplied sunscreen
- Should parents not provide permission for educators to apply sunscreen to their child, the child will be required to play in an area protected from the sun (e.g. under shade, veranda or indoors)
- Information about Sun Safety will be included in our *Family Handbook* and sun protection information and resources made accessible and communicated regularly to families

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Sun Safe Policy* will be updated and reviewed annually in consultation with families, staff, educators and management.

RELATED RESOURCES

Daily Playground Surface Temperature Check Enrolment Form Extreme Weather Procedure	Sun Safe Procedure
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Australian Safety Standards

AS 4174:2018 Knitted and woven shade fabrics

AS/NZS 1067.1:2016, Eye and face protection - Sunglasses and fashion spectacles

AS/NZS 4399:2020, Sun protective clothing - Evaluation and classification

AS/NZS 2604:2012 Sunscreen products - Evaluation and classification

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

SOURCES

Australian Children's Education & Care Quality Authority. (2021). [Sun Protection- Policy Guidelines](#)

Australian Children's Education & Care Quality Authority. (2024). [Guide to the National Quality Framework](#).

Australian Government Department of Education. [Belonging, Being and Becoming: The Early Years Learning Framework for Australia](#). V2.0, 2022

Australian Government. Bureau of Meteorology. Home page (for UV Index): <http://www.bom.gov.au/uv/>

Australian Government. Bureau of Meteorology. <http://www.bom.gov.au/weather-services/severe-weather-knowledge-centre/warnings.shtml>

Cancer Council Australia. Be SunSmart. <https://www.cancer.org.au/cancer-information/causes-and-prevention/sun-safety/be-sunsmart>

Cancer Council. Home page: <https://www.cancer.org.au/>

Cancer Council. Preventing cancer: Sun protections. <https://www.cancer.org.au/cancer-information/causes-and-prevention/sun-safety>

Children's Services Act 1996

Cancer Council. SunSmart programs <http://www.sunsmartnsw.com.au/about/>

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations](#). (Amended 2023)

Kidsafe NSW. [How Hot is Too Hot To Play?](#)

NSW Government. Department of health. (2023). [Babies and young children in hot weather](#)

Occupational Health and Safety Act 2004

Safe Work Australia: [Guide on exposure to solar ultraviolet radiation \(UVR\) \(2019\)](#).

[Western Australian Legislation Education and Care Services National Regulations \(WA\) Act 2012](#)

REVIEW

Please note: Certain health conditions and medications mean some people are more sensitive to UV radiation and need to use sun protection at all times regardless of the UV levels. Please make sure your policy includes the particular needs of these children and staff at your school/service. For further information visit [Risk factors for skin cancer](#).

POLICY REVIEWED	August 2025	NEXT REVIEW DATE	SEPTEMBER 2026
Modifications	Sensitive sunscreen to be provided by services in the first instance Removal of the hand test for surface temperatures Note for families not providing appropriate clothing and hats may be subjected to care being cancelled due to the health safety and wellbeing of children being affected.		
MODIFICATIONS	JAN - Minor updates from Cancer Council- children to play in shade if no sunscreen/ updated training information for services SEP - Suggested edits following review of our policy from SunSmart - Edits reflect current evidence informed SunSmart protection guidelines: changes to the recommendation use SPF50+		

	sunscreen; updates to state/territory specific information; new data relating to skin cancer diagnosis now 2 in 3 Australians • policy maintenance - no major changes to policy • hyperlinks checked and repaired as required • minor formatting edits within text	
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
JANUARY 2024/SEPTEMBER 2023	JANUARY 2024 • additional information added to policy regarding managing severe hot weather • additional related policies added SEPTEMBER • regular policy maintenance • hyperlinks checked and repaired as required • best practice measures checked with Cancer Council • CCD related resources added	SEPTEMBER 2024

WATER SAFETY POLICY

The safety and supervision of children is paramount when in or around water. This relates to managing water safety including any activity involving water play, excursions near water, safety around hot water, and hygiene practices with water in the Service environment. Children will be supervised at all times during water play experiences to help keep children safe in and around water and support children's learning in a safe environment.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
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.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS	
S. 165	Offence to inadequately supervise children
S. 167	Offence relating to protection of children from harm and hazards
25(1)(c)	Additional information about proposed education and care services premises
12	Meaning of a serious incident
101	Conduct of risk assessment for excursions
115	Premises designed to facilitate supervision
122	Educators must be working directly with children to be included in ratios
126	Centre based services-general educator qualifications
168(2)(a)(iii)	Education and care service must have policies and procedures in relation to- Water safety, including safety during any water-based activities
170	Policies and procedures to be followed
176	Time to notify the certain information to the Regulatory Authority
345	Swimming pools prohibition (Tasmania only)

RELATED POLICIES

Administration of First Aid Policy	Health and Safety Policy
Child Safe Environment Policy	Incident, Injury, Trauma and Illness Policy
Educational Program Policy	Physical Environment Policy
Excursion/Incursion Policy	Sun Safe Policy
	Supervision Policy

PURPOSE

To ensure the safety and supervision of children in and around water. This includes water play, excursions near water, hot water, drinking water and hygiene practices with water in the Service environment.

SCOPE

This policy applies to children, families, staff, educators, management, approved provider, nominated supervisor, students, volunteers and visitors of the Service.

WATER HAZARDS

The National Regulations make reference to '*water hazards*' however the term is not expressly defined. In this policy, a water hazard is defined as anything that can hold 5cm of water and fit a child's nose and mouth and a 'water hazard' may include:

- large bodies of water such as dams, creeks, river or pooling water, swimming pool, portable pools and spas, jetted bathtubs (or jacuzzis)
- fishponds
- smaller bodies of water such as baths, mop buckets
- sinks, basins
- water features, such as a wishing well
- containers for feeding animals
- water troughs, containers for paddling- clam shells
- beach

IMPLEMENTATION

Under the Education and Care Services National Regulations, an approved provider must ensure that policies and procedures are in place for managing water safety, including during any water-based activities and take reasonable steps to ensure those policies and procedures are followed.

According to Kidsafe, drowning is one of the leading causes of unintentional death for Australian children. Every year a number of children are killed and hundreds more rescued from near drowning situations. Non-fatal drowning incidents are also of great concern as they can have potential long-term effects, including brain damage and permanent disability.

The most common factor in childhood drowning is lack of supervision. A child can drown in as little as a few centimetres of water. Items such as nappy buckets, sinks, pet drinking bowls, ponds, pools, water features, water tanks are all potential drowning hazards. [source: [Kidsafe](#)]

THE APPROVED PROVIDER/NOMINATED SUPERVISOR WILL:

- adhere to all obligations under the *Education and Care National Law and Regulations*
- ensure educators, staff, students and volunteers have knowledge of and adhere to this policy and associated procedure
- complete detailed risk assessments that identify and assess risks associated with any water hazards and water-based activities
- ensure adequate supervision is provided when participating in water activities including:
 - direct and constant monitoring of children
 - careful and intentional positioning of educators
 - scanning and moving around the environment
 - observing play and anticipating behaviour
 - ensuring higher adult to child ratios
 - ensuring no child is left unattended when in proximity to water
- provide direction and education to educators, staff and families on the importance of children's safety and supervision in and around water
- ensure health and safety practices incorporate approaches to safe storage of water and water play
- ensure premises adjacent to or providing access to any water hazards that are not able to be adequately supervised at all times (e.g., dams, swimming pool) are to be isolated from children by a child resistant barrier or fence
- ensure there are no items near fencing that children could climb up onto to gain access to a water hazard (pot plants, boxes, chairs)
- conduct a risk assessment in accordance with Reg.101 prior to taking children on an excursion- consider any water hazards and any risks associated with water-based activities before an excursion/incursion is approved

- ensure at least one educator who holds current approved first aid qualifications, that was attained within the previous three years (Reg. 136), is in attendance at the Service at all times
- ensure at least one educator has successfully completed cardiopulmonary resuscitation training (CPR) each year, is in attendance at the Service at all times
- display a Cardiopulmonary Resuscitation (CPR) guide near any swimming pool, wading pool, or body of water-(best practice)
- ensure hot water is inaccessible to children, including hot drinks accessed by educators, staff or families
- ensure the regulatory authority is notified within 24 hours of becoming aware of a serious incident.

EDUCATORS WILL:

- provide active supervision when children are participating in water activities including:
 - supervise children near water at all times
 - never leave children alone near any water
 - direct and constant monitoring of children
 - scanning and moving around the environment
 - observing play and anticipating behaviour
- ensure children in a bath (if required) are
 - directly supervised at all times; and
 - remain within an arm's reach of an educator
- ensure fish / frog ponds and water features that are not able to be adequately supervised at all times and/or pose an unacceptable risk to children are guarded or effective barriers are in place
- complete a daily Safety Inspection of premises to ensure that all hazards are known and minimised. When a hazard or potential hazard is detected, educators will complete a risk assessment to address any concerns and children will be excluded from the area until the hazard has been rectified.
- utilise water activities in appropriate weather as part of the planned program
- allow the children the opportunity to experiment with water, sand, and mixing materials
- incorporate water safety awareness into the educational program
- monitor all taps on the premises that children have access to and ensure they are turned off securely when not in use
- safely cover or make inaccessible to children all water containers, e.g., mop buckets, nappy buckets
- empty wading pools immediately after every use and store to prevent the collection of water, e.g., upright

- check for and empty any water that has collected in holes or containers after rainfall or watering gardens
- ensure water troughs are not used without a stand to keep it off the ground
- ensure children remain standing on the ground whilst using the water trough
- ensure buckets of water for soaking toys or clothing are inaccessible to children
- ensure water troughs or containers for water play are filled to a safe level and emptied into the garden areas after **each** use
- discourage children from drinking from any water activities for health and safety
- ensure laundry, storerooms and educator areas are to have **Staff only** signs on doors to remind adults to close doors behind them
- teach children about staying safe in and around water
- ensure wading pools are hygienically cleaned, disinfected and chlorinated appropriately:
 - on a daily basis remove leaves and debris, hose away surface dirt and scrub inside with disinfectant
 - wash away disinfectant before filling pool
 - add Chlorine to pool before children used the pool
 - check chlorine levels frequently
 - children with diarrhoea, upset stomach, open sores or nasal infections should not use the pool
 - all children should wear appropriate swimwear / bathers, go to the toilet before entering the pool, and follow correct toilet hygiene practices while in the pool
 - remove all children immediately, empty and disinfect the pool should a child pass a bowel motion whilst in the pool

OPERATIONAL SAFETY

- water tanks will be labelled with “Do Not Drink” signage and the children will be supervised in this area to make sure they are not accessing this water for drinking
- educators will discuss with the children the use of water tank water and how it differs from drinking water
- hot water accessible to children will be maintained at the temperature of 45.C° which will be tested annually. (Australian standard AS 3498)
- hot drinks are not to be consumed near children by educators, students or visitors
- water for pets at the Service must be changed daily and only be accessible to children when educators are present.

Important: Parents will be notified as soon as practicable but within 24 hours if their child is involved in an incident/accident at the Service or while under Service care. Details of the incident/accident will be recorded on an *Incident, Injury, Trauma and Illness Record*.

Reg.176: If the incident/accident situation, or event presents imminent or severe risk to the health, safety and wellbeing of the child or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours. Educators will follow emergency procedures and contact emergency Services if a child appears to be missing or unaccounted for or is involved in a serious incident or accident.

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Water Safety Policy* will be updated and reviewed annually in consultation with families, staff, educators and management.

RELATED RESOURCES

Water Safety Procedure

SOURCES

Australian Children's Education & Care Quality Authority. (2014).
 Australian Children's Education & Care Quality Authority. (2024). [Guide to the National Quality Framework](#).
 Australian Children's Education & Care Quality Authority. (2023). [Policy and procedure guidelines- Water Safety Guidelines](#)
 Early Childhood Australia Code of Ethics. (2016).
 Education and Care Services National Law Act 2010. (Amended 2023).
[Education and Care Services National Regulations](#). (Amended 2023)
 KidSafe (2021). Water Safety. <https://kidsafe.com.au/water-safety/>
 National Health and Medical Research Council (NHMRC): www.nhmrc.gov.au
 Victoria Government. [Better Health Channel. Water safety for children](#).
[Western Australian Legislation Education and Care Services National Law \(WA\) Act 2012](#)
[Western Australian Legislation Education and Care Services National Regulations \(WA\) Act 2012](#)

REVIEW

POLICY REVIEWED	SEPTEMBER 2024	NEXT REVIEW DATE	SEPTEMBER 2025
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MODIFICATIONS	• annual policy maintenance - no major changes to policy • minor formatting edits within text • hyperlinks checked and repaired as required	
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
SEPTEMBER 2023	• regular policy maintenance to ensure compliance and contains up to date 'best practice' • sources updated • CCD related resources added	SEPTEMBER 2024

ADMINISTRATION OF FIRST AID POLICY

Under the Education and Care Services National Regulations the approved provider must ensure policies and procedures are in place for the administration of first aid (Reg. 168) and take reasonable steps to ensure policies and procedures are followed. First aid can save lives and prevent minor injuries or illnesses from becoming major. The ability to provide prompt basic first aid is particularly important in the context of an early childhood service where educators have a duty of care and obligation to assist children who are injured, become ill, or require support with administration of medication.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
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.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
12	Meaning of serious incident
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
88	Infectious diseases
89	First aid kits
90	Medical conditions policy
92	Medication record
93	Administration of medication

94	Exception to authorisation requirement-anaphylaxis or asthma emergency
97	Emergency and evacuation procedures
101	Conduct a risk assessment for excursions
102C	Conduct a risk assessment for transporting of children by the education and care service
136	First aid qualifications
137	Approval of qualifications
161	Authorisations to be kept in enrolment record
162	Health information to be kept in enrolment record
168 (2)(a)(iv)	Education and care service must have policies and procedures
170	Policies and procedures to be followed
174	Prescribed information to be notified to Regulatory Authority
176	Time to notify certain information to Regulatory Authority
183	Storage of records and other documents

RELATED POLICIES

Administration of Medication Policy Anaphylaxis Management Policy Asthma Management Policy Child Safe Environment Policy Diabetes Management Policy Emergency and Evacuation Policy Enrolment Policy Epilepsy Policy Family Communication Policy	Health and Safety Policy Incident, Injury, Trauma and Illness Policy Responsible Person Policy Safe Transportation Policy Sick Child Policy Sun Safety Policy Supervision Policy Water Safety Policy Work Health and Safety Policy
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PURPOSE

Our Service has a duty of care to provide and protect the health and safety of children, educators, and visitors of the Service. This policy aims to support educators to:

- Preserve life
- Ensure the environment is safe and other people are not in danger of becoming ill or injured
- Ensure that ill or injured persons are stabilised and comforted until medical assistance intervenes
- Relieve pain if possible
- Monitor ill or injured persons and promote recovery
- Provide immediate and effective first aid to children or adults
- Apply additional first aid if the condition does not improve

'First aid can reduce the severity of an injury or illness and in extreme cases, could mean the difference between life and death.' (Safe Work Australia).

SCOPE

This policy applies to children, families, educators, staff, approved provider, nominated supervisor, management and visitors of the Service.

IMPLEMENTATION

First aid is the emergency aid or treatment given to persons suffering illness or injury following an accident and prior to obtaining professional medical services if required. It includes emergency treatment, maintenance of records, dressing of minor injuries, recognition and reporting of health hazards, and participation in safety programs. 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 APPROVED PROVIDER/MANAGEMENT IS RESPONSIBLE FOR:

- taking every reasonable precaution to protect children at the Service from harm and/or hazards that can cause injury
- ensuring that the following qualified people are in attendance **at all times** the service is providing education and care to children [Reg. 136]
 - at least one staff member or one nominated supervisor who holds a current ACECQA approved first aid qualifications
 - at least one staff member or one nominated supervisor of the service who has undertaken current approved anaphylaxis management training
 - at least one staff member or one nominated supervisor of the service who has undertaken current approved emergency asthma management training(One staff member may hold one or more of the three qualifications)
- appointing a nominated first aid officer
- ensuring a risk assessment is conducted prior to an excursion or regular outing, to identify risks to health, safety, or wellbeing and specifying how these risks will be managed and minimised (NB: risk assessment for a regular outing or regular transportation is required at least annually) [Reg. 102B, 102D (4)]
- providing and maintaining an appropriate number of up-to-date, fully equipped first aid kits that meet Australian Standards [Reg. 89]

- providing and maintaining a transportable first aid kit that can be taken to excursions and other activities [Reg. 89]
- ensuring that first aid training details are recorded and kept up to date on each staff member's record
- ensuring there is an induction process for all new staff, including casual and relief staff, that includes providing information on the location of first aid kits and specific first aid requirements and individual children's allergies and individual medical management plans
- ensuring that families/parents are notified when practicable or within 24 hours if their child is involved in an incident, injury, trauma or illness at the Service and that details are recorded on the *Incident, Injury, Trauma and Illness* Record [Reg 86, 87]
- ensuring the Regulatory Authorities are notified within 24 hours if a child is involved in a serious incident, injury, trauma or illness at the Service [Reg 12, 176]
- ensuring that staff members are offered support and debriefing subsequent to 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.
- ensuring parents/guardians provide written consent (via the enrolment record) for service staff to administer first aid
- ensuring parents/guardians provide written consent for the approved provider, nominated supervisor or educator to seek medical treatment for their child by a registered medical practitioner, hospital or ambulance service and if required, transport the child to hospital [Reg 161(1)(a)]

A NOMINATED SUPERVISOR/ RESPONSIBLE PERSON WILL:

- maintain a current approved first aid qualification
- refresh their CPR skills at least annually (as recommended by Australian Resuscitation Council Guideline 10.1)
- support staff when dealing with a serious incident and/or trauma
- maintain an appropriate number of up-to-date, fully equipped first aid kits that meet Australian Standards
- maintain a transportable first aid kit/s that can be taken to excursions and other activities
- monitor the contents of all first aid kits and arrange replacement of stock, including when the use-by date has been reached

- dispose of out-of-date materials and supplies appropriately
- ensure safety signs showing the location of first aid kits are clearly displayed
- ensure 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 and National Regulations and are approved by ACECQA
- provide training for the administration of an auto-injector device annually and document on staff files
- keep up to date with any changes in the procedures for the administration of first aid
- contact families immediately if a child has had a head injury whilst at the Service
- ensure that appropriate documentation is being recorded by the Nominated Supervisor / Responsible Person regarding incidents, injury, trauma, and illnesses and the administration of first aid
- ensure families are notified of any event requiring first aid administration as soon as practicable but no later than 24 hours after the incident, injury or trauma requiring first aid

Documentation of the following must be recorded, as per Education and Care Services National Regulation 87:

- name and age of the child
- circumstances leading to the incident, injury, trauma, or illness (including any symptoms)
- time and date
- details of action taken by the service including any medication administered, first aid provided or
- medical personnel contacted
- details of any witnesses
- names of any person the service notified or attempted to notify, and the time and date of this
- signature of the person making the entry, and time and date of this.

EDUCATORS WILL:

- implement appropriate first aid procedures, when necessary, by adhering to the Service's *Administration of First Aid Procedure*
- maintain current approved first aid qualifications, and qualifications in anaphylaxis management and emergency asthma management as required (Safe Work Australia recommends first aid qualifications should be renewed every three years)
- refresh their CPR skills at least annually (as recommended by Australian Resuscitation Council Guideline 10.1)
- participate in administration of an auto-injector device training at least annually

- ensure that all children are adequately supervised while providing first aid and comfort for a child involved in an incident or suffering trauma
- ensure that the details of any incident requiring the administration of first aid are recorded on the *Incident, Injury, Trauma and Illness* Record accurately
- conduct a risk assessment prior to an excursion, regular outing or when providing regular transportation of children to identify risks to health, safety, or wellbeing and specifying how these risks will be managed and minimised (NB: risk assessment for a regular outing or regular transportation is required at least annually) [Reg. 102B, 102D (4)]

FAMILIES WILL:

- sign Service records of accidents or injuries that have occurred, acknowledging they have been made aware of the incident and the first aid that treatment that was given to the child
- provide the required information for the Service's medication record
- notify the FDC Service upon enrolment of any specific health care needs of their child- including medical conditions and allergies
- provide the service with a medical management plan for their child if required and ensure these are kept up-to-date at all times
- provide written consent (via the enrolment record) for service staff to administer first aid
- provide written consent for the approved provider, nominated supervisor or educator to seek medical treatment for their child by a registered medical practitioner, hospital or ambulance service and if required, transport the child to hospital
- be contactable, either directly or through emergency contacts listed on the child's enrolment record
- notify educators of any change in condition of their child's health that may impact the child's care and require the administration of first aid (ACECQA, 2021).

FIRST AID KIT

The Approved Provider of the Service will ensure that first aid kits are kept in accordance with Education and Care Services National Regulations [Reg. 89].

ALL FIRST AID KITS AT THE SERVICE MUST:

- be suitably equipped
- not be locked
- not contain paracetamol

- be suitable for the number of employees and children and sufficient for the immediate treatment of injuries at the Service
- be easily accessible to staff and educators
- be constructed of resistant material, be dustproof and of sufficient size to adequately store the required contents
- be capable of being sealed and preferably be fitted with a carrying handle as well as have internal compartments
- contain a list of the contents of the kit
- be regularly checked using the First Aid Kit Checklist to ensure the contents are as listed and have not degraded or expired
- have a white cross on a green background with the words 'First Aid' prominently displayed on the outside
- be easily recognisable
- be easy to access and if applicable, located where there is a risk of injury occurring
- include emergency telephone numbers, and location of the nearest first aid trained educators
- display a photograph of the first aid trained educators, along with contact details to assist in the identification process
- be provided on each floor of a multi-level workplace
- be stocked with precautionary items such as sunscreen and water if using outdoors.
- be taken on excursions and during regular transportation
- be maintained in proper condition and the contents restocked as required.

Our First Aid delegated individual responsible for maintaining all First Aid kits at the Service is:

FIRST AID OFFICER	
Name	
Role	
Number of First Aid Kits Responsible for at the Service:	
Additional First Aid Officer:	

These individuals are responsible for conducting and maintaining each first aid kit by complying with the First Aid Checklist, certifying each kit has the required quantities, items are within their expiry dates, and sterile products are sealed. This will occur after each use or if unused, at least annually.

Individuals along with the Nominated Supervisor will also consider whether the first aid kits and components are appropriate and effective for the Service's hazards and the injuries that have occurred. If the kit requires additional resources, these individuals will advise and follow up with the Nominated Supervisor.

Our Service will display a well-recognised, standardised first aid sign to assist in easily locating first aid kits. Signage will comply with AS 1319:1994 – Safety Signs for the Occupational Environment.

FIRST AID KIT CHECKLIST

The checklist will be completed every annually to ensure first aid kits are equipped and maintained. Safe Work Australia's First Aid in the Workplace Code of Practice also provides a guide to what to include in a First Aid Kit. (Appendix E- Example of contents)

<https://www.safeworkaustralia.gov.au/doc/model-codes-practice/model-code-practice-first-aid-workplace>

We will determine the need for additional items to those in the checklist, or whether some items are unnecessary, after analysing the number of children at our Service and what injuries children or adults may incur. We will review our incident, injury, trauma and illness records to assist us in making an informed decision about what to include.

For further advice on first aid in the workplace, refer to the following website for state and territory specifications. <https://www.safeworkaustralia.gov.au/safety-topic/managing-health-and-safety/first-aid>

RELATED RESOURCES

Administration of First Aid Procedure	First Aid Certificate Register
Dental Accident Procedure	Head Injury Guide and Procedure
First Aid Checklist	Illness Management Procedure
First Aid Kit Fact Sheet Guide	Incident, Injury, Trauma or Illness Record

SOURCE

Australian Children's Education & Care Quality Authority. (2014).

Australian Children's Education & Care Quality Authority. (2021). Policy and procedure guidelines- *Administration of First Aid Policy Guidelines*

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2018).

[Education and Care Services National Regulations](#). (Amended 2023)

Guide to the National Quality Framework. (2017). (Amended 2023).

Revised National Quality Standard. (2018).

Safe Work Australia First Aid in the Workplace Code of Practice: <https://www.safeworkaustralia.gov.au/law-and-regulation/codes-practice>

Safe Work Australia Legislative Fact Sheets First Aiders

[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED	MAY 2023	NEXT REVIEW DATE	MAY 2024
MODIFICATIONS	- policy maintenance - additional information added- CPR annual training recommended - hyperlinks checked and repaired as required - minor formatting edits within text - continuous improvement/reflection section added - Related resources section added - link to Western Australian Education and Care Services National Regulations added in 'Sources'		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
MAY 2022	- policy maintenance - no major changes to policy - minor formatting edits within text - hyperlinks checked and repaired as required		MAY 2023
OCTOBER 2021	- Policy reviewed and included suggested guidelines from ACECQA Administration of First Aid Policy (August 2021) - Additional legislative requirements added - Additional related policies		MAY 2022
MAY 2021	- minor edits - risk assessment for regular outing added - annual training for auto injectors highlighted as best practice (not mandatory) - reference to Administration of First Aid		MAY 2022
MAY 2020	minor changes- rewording of mandatory regulations regarding minimum staffing qualifications minor formatting edits sources checked for currency		MAY 2021
MAY 2019	Sources checked for currency. URLs added. Sources/references alphabetised. Minor formatting for consistency throughout policy. 'Related policies' alphabetised.		MAY 2020

ADMINISTRATION OF FIRST AID POLICY

Under the Education and Care Services National Regulations the approved provider must ensure policies and procedures are in place for the administration of first aid (Reg. 168) and take reasonable steps to ensure policies and procedures are followed. First aid can save lives and prevent minor injuries or illnesses from becoming major. The ability to provide prompt basic first aid is particularly important in the context of an early childhood service where educators have a duty of care and obligation to assist children who are injured, become ill, or require support with administration of medication.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
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.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
12	Meaning of serious incident
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
88	Infectious diseases
89	First aid kits
90	Medical conditions policy
92	Medication record
93	Administration of medication

94	Exception to authorisation requirement-anaphylaxis or asthma emergency
97	Emergency and evacuation procedures
101	Conduct a risk assessment for excursions
102C	Conduct a risk assessment for transporting of children by the education and care service
136	First aid qualifications
137	Approval of qualifications
161	Authorisations to be kept in enrolment record
162	Health information to be kept in enrolment record
168 (2)(a)(iv)	Education and care service must have policies and procedures
170	Policies and procedures to be followed
174	Prescribed information to be notified to Regulatory Authority
176	Time to notify certain information to Regulatory Authority
183	Storage of records and other documents

RELATED POLICIES

Administration of Medication Policy Anaphylaxis Management Policy Asthma Management Policy Child Safe Environment Policy Diabetes Management Policy Emergency and Evacuation Policy Enrolment Policy Epilepsy Policy Family Communication Policy	Health and Safety Policy Incident, Injury, Trauma and Illness Policy Responsible Person Policy Safe Transportation Policy Sick Child Policy Sun Safety Policy Supervision Policy Water Safety Policy Work Health and Safety Policy
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PURPOSE

Our Service has a duty of care to provide and protect the health and safety of children, educators, and visitors of the Service. This policy aims to support educators to:

- Preserve life
- Ensure the environment is safe and other people are not in danger of becoming ill or injured
- Ensure that ill or injured persons are stabilised and comforted until medical assistance intervenes
- Relieve pain if possible
- Monitor ill or injured persons and promote recovery
- Provide immediate and effective first aid to children or adults
- Apply additional first aid if the condition does not improve

'First aid can reduce the severity of an injury or illness and in extreme cases, could mean the difference between life and death.' (Safe Work Australia).

SCOPE

This policy applies to children, families, educators, staff, approved provider, nominated supervisor, management and visitors of the Service.

IMPLEMENTATION

First aid is the emergency aid or treatment given to persons suffering illness or injury following an accident and prior to obtaining professional medical services if required. It includes emergency treatment, maintenance of records, dressing of minor injuries, recognition and reporting of health hazards, and participation in safety programs. 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 APPROVED PROVIDER/MANAGEMENT IS RESPONSIBLE FOR:

- taking every reasonable precaution to protect children at the Service from harm and/or hazards that can cause injury
- ensuring that the following qualified people are in attendance **at all times** the service is providing education and care to children [Reg. 136]
 - at least one staff member or one nominated supervisor who holds a current ACECQA approved first aid qualifications
 - at least one staff member or one nominated supervisor of the service who has undertaken current approved anaphylaxis management training
 - at least one staff member or one nominated supervisor of the service who has undertaken current approved emergency asthma management training(One staff member may hold one or more of the three qualifications)
- appointing a nominated first aid officer
- ensuring a risk assessment is conducted prior to an excursion or regular outing, to identify risks to health, safety, or wellbeing and specifying how these risks will be managed and minimised (NB: risk assessment for a regular outing or regular transportation is required at least annually) [Reg. 102B, 102D (4)]
- providing and maintaining an appropriate number of up-to-date, fully equipped first aid kits that meet Australian Standards [Reg. 89]

- providing and maintaining a transportable first aid kit that can be taken to excursions and other activities [Reg. 89]
- ensuring that first aid training details are recorded and kept up to date on each staff member's record
- conduct a review of practices following a serious incident, including an assessment of areas for improvement
- ensuring there is an induction process for all new staff, including casual and relief staff, that includes providing information on the location of first aid kits and specific first aid requirements and individual children's allergies and individual medical management plans
- ensuring that families/parents are notified when practicable or within 24 hours if their child is involved in an incident, injury, trauma or illness at the Service and that details are recorded on the *Incident, Injury, Trauma and Illness Record* [Reg 86, 87]
- ensuring the Regulatory Authorities are notified within 24 hours if a child is involved in a serious incident, injury, trauma or illness at the Service [Reg 12, 176]
- ensuring that staff members are offered support and debriefing subsequent to a serious incident requiring the administration of first aid
- keeping up to date with any changes in procedures for administration of first aid and ensuring that all educators are informed of these changes.
- ensuring parents/guardians provide written consent (via the enrolment record) for service staff to administer first aid
- ensuring parents/guardians provide written consent for the approved provider, nominated supervisor or educator to seek medical treatment for their child by a registered medical practitioner, hospital or ambulance service and if required, transport the child to hospital [Reg 161(1)(a)]

A NOMINATED SUPERVISOR/ RESPONSIBLE PERSON WILL:

- maintain a current approved first aid qualification
- refresh their CPR skills at least annually (as recommended by Australian Resuscitation Council Guideline 10.1)
- support staff when dealing with a serious incident and/or trauma
- maintain an appropriate number of up-to-date, fully equipped first aid kits that meet Australian Standards
- maintain a transportable first aid kit/s that can be taken to excursions and other activities
- monitor the contents of all first aid kits and arrange replacement of stock, including when the use-by date has been reached

- dispose of out-of-date materials and supplies appropriately
- ensure safety signs showing the location of first aid kits are clearly displayed
- ensure 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 and National Regulations and are approved by ACECQA
- provide training for the administration of an auto-injector device annually and document on staff files
- keep up to date with any changes in the procedures for the administration of first aid
- contact families immediately if a child has had a head injury whilst at the Service
- ensure that appropriate documentation is being recorded by the Nominated Supervisor / Responsible Person regarding incidents, injury, trauma, and illnesses and the administration of first aid
- ensure families are notified of any event requiring first aid administration as soon as practicable but no later than 24 hours after the incident, injury or trauma requiring first aid

Documentation of the following must be recorded, as per Education and Care Services National Regulation 87:

- name and age of the child
- circumstances leading to the incident, injury, trauma, or illness (including any symptoms)
- time and date
- details of action taken by the service including any medication administered, first aid provided or
- medical personnel contacted
- details of any witnesses
- names of any person the service notified or attempted to notify, and the time and date of this
- signature of the person making the entry, and time and date of this.

EDUCATORS WILL:

- implement appropriate first aid procedures, when necessary, by adhering to the Service's *Administration of First Aid Procedure*
- maintain current approved first aid qualifications, and qualifications in anaphylaxis management and emergency asthma management as required (Safe Work Australia recommends first aid qualifications should be renewed every three years)
- refresh their CPR skills at least annually (as recommended by Australian Resuscitation Council Guideline 10.1)
- participate in administration of an auto-injector device training at least annually

- ensure that all children are adequately supervised while providing first aid and comfort for a child involved in an incident or suffering trauma
- ensure that the details of any incident requiring the administration of first aid are recorded on the *Incident, Injury, Trauma and Illness* Record accurately
- conduct a risk assessment prior to an excursion, regular outing or when providing regular transportation of children to identify risks to health, safety, or wellbeing and specifying how these risks will be managed and minimised (NB: risk assessment for a regular outing or regular transportation is required at least annually) [Reg. 102B, 102D (4)]

FAMILIES WILL:

- sign Service records of accidents or injuries that have occurred on the incident injury and trauma record, acknowledging they have been made aware of the incident and the first aid that treatment that was given to the child
- provide the required information for the Service's medication record
- notify the FDC Service upon enrolment of any specific health care needs of their child- including medical conditions and allergies
- provide the service with a medical management plan for their child if required and ensure these are kept up-to-date at all times
- provide written consent (via the enrolment record) for service staff to administer first aid
- provide written consent for the approved provider, nominated supervisor or educator to seek medical treatment for their child by a registered medical practitioner, hospital or ambulance service and if required, transport the child to hospital
- be contactable, either directly or through emergency contacts listed on the child's enrolment record
- notify educators of any change in condition of their child's health that may impact the child's care and require the administration of first aid (ACECQA, 2021).

FIRST AID KIT

The Approved Provider of the Service will ensure that first aid kits are kept in accordance with Education and Care Services National Regulations [Reg. 89].

ALL FIRST AID KITS AT THE SERVICE MUST:

- be suitably equipped
- not be locked
- not contain paracetamol

- be suitable for the number of employees and children and sufficient for the immediate treatment of injuries at the Service
- be easily accessible to staff and educators
- be constructed of resistant material, be dustproof and of sufficient size to adequately store the required contents
- be capable of being sealed and preferably be fitted with a carrying handle as well as have internal compartments
- contain a list of the contents of the kit
- be regularly checked using the First Aid Kit Checklist to ensure the contents are as listed and have not degraded or expired
- have a white cross on a green background with the words 'First Aid' prominently displayed on the outside
- be easily recognisable
- be easy to access and if applicable, located where there is a risk of injury occurring
- include emergency telephone numbers, and location of the nearest first aid trained educators
- display a photograph of the first aid trained educators, along with contact details to assist in the identification process
- be provided on each floor of a multi-level workplace
- be stocked with precautionary items such as sunscreen and water if using outdoors.
- be taken on excursions and during regular transportation
- be maintained in proper condition and the contents restocked as required.

Our First Aid delegated individual responsible for maintaining all First Aid kits at the Service is:

FIRST AID OFFICER	
Name	
Role	
Number of First Aid Kits Responsible for at the Service:	
Additional First Aid Officer:	

These individuals are responsible for conducting and maintaining each first aid kit by complying with the First Aid Checklist, certifying each kit has the required quantities, items are within their expiry dates, and sterile products are sealed. This will occur after each use or if unused, at least annually.

Individuals along with the Nominated Supervisor will also consider whether the first aid kits and components are appropriate and effective for the Service’s hazards and the injuries that have occurred. If the kit requires additional resources, these individuals will advise and follow up with the Nominated Supervisor.

Our Service will display a well-recognised, standardised first aid sign to assist in easily locating first aid kits. Signage will comply with AS 1319:1994 – Safety Signs for the Occupational Environment.

FIRST AID KIT CHECKLIST

The checklist will be completed every annually to ensure first aid kits are equipped and maintained. Safe Work Australia’s First Aid in the Workplace Code of Practice also provides a guide to what to include in a First Aid Kit. (Appendix E- Example of contents)

<https://www.safeworkaustralia.gov.au/doc/model-codes-practice/model-code-practice-first-aid-workplace>

We will determine the need for additional items to those in the checklist, or whether some items are unnecessary, after analysing the number of children at our Service and what injuries children or adults may incur. We will review our incident, injury, trauma and illness records to assist us in making an informed decision about what to include.

For further advice on first aid in the workplace, refer to the following website for state and territory specifications. <https://www.safeworkaustralia.gov.au/safety-topic/managing-health-and-safety/first-aid>

RELATED RESOURCES

Administration of First Aid Procedure	First Aid Certificate Register
Dental Accident Procedure	Head Injury Guide and Procedure
First Aid Checklist	Illness Management Procedure
First Aid Kit Fact Sheet Guide	Incident, Injury, Trauma or Illness Record

SOURCE

Australian Children’s Education & Care Quality Authority. (2014).

Australian Children’s Education & Care Quality Authority. (2021). Policy and procedure guidelines- *Administration of First Aid Policy Guidelines*

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2018).

[Education and Care Services National Regulations](#). (Amended 2023)

Guide to the National Quality Framework. (2017). (Amended 2023).

Revised National Quality Standard. (2018).

Safe Work Australia First Aid in the Workplace Code of Practice: <https://www.safeworkaustralia.gov.au/law-and-regulation/codes-practice>

Safe Work Australia Legislative Fact Sheets First Aiders

[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED	MAY 2025	NEXT REVIEW DATE	MAY 2026
May 2025	injury incident trauma record added for parents to sign		
MODIFICATIONS	- policy maintenance - additional information added- CPR annual training recommended - hyperlinks checked and repaired as required - minor formatting edits within text - continuous improvement/reflection section added - Related resources section added - link to Western Australian Education and Care Services National Regulations added in 'Sources'		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
MAY 2022	- policy maintenance - no major changes to policy - minor formatting edits within text - hyperlinks checked and repaired as required		MAY 2023
OCTOBER 2021	- Policy reviewed and included suggested guidelines from ACECQA Administration of First Aid Policy (August 2021) - Additional legislative requirements added - Additional related policies		MAY 2022
MAY 2021	- minor edits - risk assessment for regular outing added - annual training for auto injectors highlighted as best practice (not mandatory) - reference to Administration of First Aid		MAY 2022
MAY 2020	minor changes- rewording of mandatory regulations regarding minimum staffing qualifications minor formatting edits sources checked for currency		MAY 2021
MAY 2019	Sources checked for currency. URLs added. Sources/references alphabetised. Minor formatting for consistency throughout policy. 'Related policies' alphabetised.		MAY 2020

SLEEP AND REST POLICY

All children have individual sleep and rest requirements. Our objective is to meet each child's need for sleep, rest and relaxation by providing a comfortable, relaxing and safe space to enable their bodies to rest. This environment will also be well supervised ensuring all children feel secure and safe at our Service.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
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.

QUALITY AREA 3: PHYSICAL ENVIRONMENT		
3.1	Design	The design of the facilities is appropriate for the operation of a service.
3.1.2	Upkeep	Premises, furniture and equipment are safe, clean and well maintained.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS AND NATIONAL LAW	
Section 165	Offence to inadequately supervise children
Section 167	Offence relating to protection of children from harm and hazard
81	Sleep and Rest
82	Tobacco, drug and alcohol-free environment
87	Incident, injury, trauma and illness record
103	Premises, furniture and equipment to be safe, clean and in good repair
105	Furniture, materials and equipment
106	Laundry and hygiene facilities
107	Space requirements-indoor space

110	Ventilation and natural light
115	Premises designed to facilitate supervision
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be available
172	Notification of change to policies or procedures
176	Time to notify certain information to Regulatory Authority

RELATED POLICIES

Administration of First Aid Policy Child Safe Environment Policy Enrolment Policy Death of a Child at the Service Policy Dental Health Policy Emergency and Evacuation Policy Family Communication Policy Furniture and Equipment Safety Policy	Health and Safety Policy Interactions with Children, Family and Staff Policy Physical Environment Policy Respect for Children Policy Staffing Arrangements Policy Tobacco, Drug and Alcohol-Free Policy Work Health and Safety
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PURPOSE

The *Education and Care Services National Regulations* requires approved providers to ensure their services have policies and procedures in place for children's sleep and rest. Our *Sleep and Rest Policy* will assist management, educators and other staff to ensure that all children have appropriate opportunities to sleep, rest and relax in accordance with their individual needs whilst attending the service.

The risk of Sudden Infant Death Syndrome (SIDS) for infants will be minimised by following practices and guidelines set out by the national authority on safe sleeping practice for infants and children- Red Nose (formerly SIDS and Kids). Our policy sets out quality practice and is informed by recognised and evidence-based principles. Safe Sleep practices are informed by Red Nose and guidance from ACEQCA.

If a family's beliefs and requests are against current recommended evidence-based guidelines, our Service will need to determine if there are exceptional circumstances that allow for alternate practices. Our Service will only approve an alternative practice if the service is provided with written advice from, and the contact details of a registered medical practitioner accompanied by a risk assessment and risk minimisation plan for individual children.

We have a duty of care to ensure children are provided with a high level of safety when sleeping and resting and every reasonable precaution is taken to protect them from harm and hazard. In meeting the Service's duty of care, it is a requirement that all educators implement and adhere to this policy and associated procedures to ensure we respect and cater for each child's specific needs and ensure all risks are appropriately addressed at all times.

SCOPE

This policy applies to children, families, educators, staff, management, approved provider, nominated supervisor, students, volunteers and visitors of the Service.

IMPLEMENTATION

'Children have different sleep, rest and relaxation needs. Children of the same age can have different sleep patterns that Nominated Supervisors and educators need to consider within the Service. As per Standard 2.1 (Element 2.1.1) of the National Quality Standard, each child's comfort must be provided for and there must be appropriate opportunities to meet each child's sleep, rest and relaxation needs.' (ACECQA).

Our Service defines 'rest' as a period of inactivity, solitude, calmness, or tranquillity, and can include a child being in a state of sleep. Considering the busy and energetic nature of children's day, we feel that it is important for children to participate in a quiet/rest period during the day in order to rest, relax, and recharge their body. Effective rest strategies are important factors in ensuring a child feels secure and safe in an early childhood environment.

Our Service will consult with families about their child's individual needs, ensuring all parties are aware of the different values, cultural, and parenting beliefs and practices, or opinions associated with sleep requirements.

THE APPROVED PROVIDER/MANAGEMENT/NOMINATED SUPERVISOR WILL ENSURE:

- every reasonable precaution has been taken to protect children from harm and from hazards likely to cause injury. Hazards posing a risk of suffocation, choking, crushing or strangulation risk to children must be removed from the sleep and rest environment. (Sec. 167)

- reasonable steps are taken to ensure that the needs for sleep and rest of children being educated and cared for by the Service are met, having regard to the ages, developmental stages and individual needs of each child
- all educators and new employees are provided with a copy of this policy as part of their induction program
- up to date knowledge regarding safe sleeping practices is maintained and information communicated to educators and families
- ongoing training is provided on safe sleep practices for all educators and keep a record of all such training annually if not required before
- opportunities are provided for educators to participate in Red Nose professional training
- to provide appropriate opportunities to meet each child's need for sleep, rest and relaxation including providing children with comfortable spaces away from the main activity area for relaxation and quiet activities
- that sleeping infants are closely monitored and that all sleeping children are within hearing range and observed. This involves physically checking/inspecting sleeping children at **regular 10 minute intervals** and ensuring that they are always within sight and hearing distance of sleeping and resting children so they can easily monitor a child's breathing and the colour of their skin. It is recommended that educators will not perform administrative duties that would take their attention away from sleeping/resting children- (Note: audio monitors or heart monitors **do not** replace the need for physical checking/inspecting sleeping children)
- to provide children with safe sleeping equipment and environment, including adequate ventilation and adequate lighting to enable effective supervision
- to negotiate sleep and rest routines and practices with families to reach agreement on how these occur for each child at the Service
- they receive information and training to fulfil their role effectively, including being made aware of the sleep and rest policies, their responsibilities in implementing these, and any changes that are made over time
- the child's safety is always the first priority
- children who are sleeping or resting have their face uncovered at all times
- any soft items are removed from the cot, such as loose blankets, pillows or toys
- the sleep and rest environment is free from cigarette or tobacco smoke
- to provide information to parents and families about Safe Sleep practices (see [Red Nose](#))
- educators, staff and volunteers follow the policy and procedures
- all equipment and furniture used are safe, clean and in good repair (Reg. 103, 105)

- there are adequate numbers of cots and bedding (including mattresses) available to children that meet Australian Standards to be used only for sleep and rest purposes
- all cots used in our Service will meet the current mandatory Australian Standard for Cots (AS/NZS 2172) and will carry a label to indicate this.
- all portable cots used in our Service will meet the current mandatory Australian Standard for children's portable folding cots, AS/NZS 2195, and will carry a label to indicate this
- sleep surfaces are checked for firmness in accordance to Australian Standard AS/NZS 8811:1:2013
- a safe indoor environment is provided for children that is well ventilated, has adequate natural light and can be maintained at a temperature that ensures children's safety and wellbeing (Reg.110)
- risk assessments are conducted at least annually to ensure all protentional hazards are controlled in sleep areas in line with Red Nose and ACECQA guidelines
- sleep and rest environments will be safe and free from all hazards including cigarette and tobacco smoke
- areas for sleep and rest are well ventilated and have natural lighting
- the supervision window (or similar) will be kept clear to ensure safe supervision of sleeping infants
- safe sleep practices are documented and shared with families. Nominated Supervisors and educators are not expected to endorse practices requested by a family if they differ from [Red Nose](#) safe (formerly SIDS and Kids) sleeping recommendations
- if any requirements differ from Red Nose sleeping recommendations, written authorisation from a medical practitioner will be required and shared with educators and a risk assessment conducted to ensure that the safety and wellbeing of the child is always first priority.

PORTACOTS

- Portacots used in our Service must meet current mandatory Australian Standards for children's portable
- folding cots, AS/NZS 2195:2010, and comply with [new safety and information standards](#) introduced in July 2024.
- Guidelines from the Australian Competition and Consumer Commission (ACCC) suggest that portacots are generally less robust than standard cots and must be checked regularly for damage and not used if any damage is detected. Regular checks must be made on the folding and locking mechanisms. Portacots must be used and set up as instructed including using the mattress designed specifically for the cot.

- Risks associated with the use of portacots must be included in sleep and rest risk assessment. A portacot should not be used for children who can stand, shake the side of the cot or weigh more than 15kg.

EDUCATORS WILL:

- have a thorough understanding of the Service's policy and practices and embed practices to support safe sleep into everyday practice
- consult with families about children's sleep and rest needs
- be sensitive to each child's needs so that sleep and rest times are a positive experience
- ensure there are appropriate opportunities to meet each child's need for sleep, rest and relaxation
- ensure that each child's comfort is provided for
- ensure that beds/mattresses are clean and in good repair
- ensure beds, cots and mattresses are used for the correct purpose of sleep and rest only
- ensure beds and mattresses are wiped over with warm water and neutral detergent or vinegar solution between each use
- ensure cots/stretchers are stored safely away from the main play areas.
- ensure that bed linen is clean and in good repair
- ensure bed linen is used by an individual child and is washed before use by another child
- arrange children's beds and cots to allow easy access for children and staff
- ensure children rest/sleep with their beds/mattresses head to toe to minimise the risk of cross infection- consider positioning of cots, mats, cushions etc to allow enough space to be easily accessible to the child. This might look like a person sitting between children sleeping or space to move cots without affecting other cots.
- create a relaxing environment for sleeping children by playing relaxation music, reading stories, cultural reflection, turning off lights, and ensuring children are comfortably clothed
- ensure there are no loose aspects of clothing that could entangle the child during sleep/rest (including bibs)
- ensure any soft items are removed from the cot, such as loose blankets, pillows or toys
- ensure the environment is tranquil and calm for both educators and children
- sit near children who are resting and encourage them to relax and/or listen to music.
 - Remember that children do not need to be "patted" to sleep. By providing a quiet, tranquil environment, children will choose to sleep if their body needs it.
- maintain adequate supervision and maintain educator ratios throughout the sleep period

- supervision is active, effective and frequent
- ensure they are not engaged in other duties (e.g., administrative duties) that will take their attention away from actively supervising sleeping and resting children
- physically check that the child is breathing by checking the rise and fall of the child's chest and the child's lip and skin colour from the side of the cot (or floor mattress/toddler bed)
- ensure physical checks of a sleeping child occur at least every **10 minutes** (Note: CCTV, audio monitors or heart monitors **do not** replace the need for physical checking/inspecting sleeping children)
- consider higher levels of supervision and conduct more frequent checks on babies or children with colds, chronic lung disorders or specific health care needs
- if the child's face/body appears blue and the child is not breathing, initiate first aid immediately including calling an ambulance and beginning resuscitation
- ensure a record is maintained recording the time and observation of each physical check immediately after checks are made on the **Safe Sleep Record**
- ensure sleeping spaces are not dark- there needs to be sufficient light to allow supervision and to physically check children's breathing, lip and skin colour
- ensure sleeping infants are closely monitored and that all sleeping children are within hearing range and observed
- assess each child's circumstances and current health to determine whether higher supervision levels and checks may be required
- communicate with families about their child's sleeping or rest times and the Service policy regarding sleep and rest times
- respect family preferences regarding sleep and rest and consider these daily while ensuring children feel safe and secure in the environment. [Any sleep requirements that differ from Red Nose recommendations must be supported by a medical certificate and risk assessment]. Conversations with families may be necessary to remind families that children will neither be forced to sleep nor prevented from sleeping. Sleep and rest patterns will be recorded daily for families.
- encourage children to dress appropriately for the room temperature when resting or sleeping. Lighter clothing is preferable, with children encouraged to remove shoes, jumpers, jackets and bulky clothing.
- monitor the room temperature to ensure maximum comfort for the children
- ensure that children who **do not** wish to sleep are provided with alternative quiet activities and experiences, whilst those children who **do** wish to sleep are allowed to do so, without being disrupted. If a child requests a rest, or if they are showing clear signs of tiredness, regardless of the

time of day, there should be a comfortable, safe area available for them to rest. It is important that opportunities for rest and relaxation, as well as sleep, are provided.

- consider a vast range of strategies to meet children's individual sleep and rest needs- consider inclusion of all children and adjustments that may need to be implemented
- respond to children's individual cues for sleep (yawning, rubbing eyes, disengagement from activities, crying etc).
- acknowledge and support children's agency, emotions, feelings and fears in regard to sleep/rest time
- develop positive relationships with children to assist in settling children confidently when sleeping and resting
- record sleep and rest patterns to provide information to parents/families.

BABIES AND TODDLERS

Recommendations sourced from ACECQA

- Babies should always be placed on their back to sleep when first being settled. Once a baby has been observed to repeatedly roll from back to front and back again on their own, they can be left to find their own preferred sleep or rest position (this is usually around 5–6 months of age). Babies aged younger than 5–6 months, and who have not been observed to repeatedly roll from back to front and back again on their own, should be re-positioned onto their back when they roll onto their front or side.
- If a medical condition exists that prevents a baby from being placed on their back, the alternative practice should be confirmed in writing with the Service, by the child's medical practitioner.
- Babies over four months of age can generally turn over in a cot but may not always be able to roll back again. When a baby is placed to sleep, Educators should check that any bedding is tucked in securely and is not loose. Babies of this age may be placed in a safe baby sleeping bag (i.e., with fitted neck and arm holes, but no hood). At no time should a baby's face or head be covered (i.e., with linen). To prevent a baby from wriggling down under bed linen, they should be positioned with their feet at the bottom of the cot.
- Ensure any bed linen is securely tucked underneath the mattress so it cannot ride up and cover the baby's chest or cover his/her head.
- If a baby is wrapped when sleeping, consider the baby's stage of development. Leave their arms free once the startle reflex disappears at around three months of age and discontinue the use of a wrap when the baby can roll from back to tummy to back again (usually four to six months of age). Use only lightweight wraps such as cotton or muslin.
- Ensure there is no soft bedding in baby's sleep environment (pillows, doonas, loose bedding, lambswool or soft toys)

- If being used, a dummy should be offered for all sleep periods. Dummy use should be phased out by the end of the first year of a baby's life (in consultation with parents). If a dummy falls out of a baby's mouth during sleep, it should not be re-inserted.
- Babies or young children should not be moved out of a cot into a bed too early; they should also not be kept in a cot for too long. When a young child is observed attempting to climb out of a cot, and looking like they might succeed, it is time to move them out of a cot. This usually occurs when a toddler is between 2 and 3 ½ years of age but could be as early as 18 months.
- Additional supervision is required if a child is wearing a baby sleeping bag whilst sleeping outside a cot. The sleeping suit should be removed as soon as the child wakes to avoid risk of falling and injury. (Red Nose).

EDUCATORS WILL:

- give bottle-fed children their bottles before going to bed
- ensure children are not be put in cots or in beds with bottles as per the *Dental Health Policy*
- *ensure that children don't go to sleep with bibs, dummy chains, teething necklaces or jumpers with hoods and cords that can pose a risk of suffocation and choking.*
- ensure that cot rooms and sleep rooms have operational baby monitors on at all times
- observe children at 10-minute intervals while they sleep in these rooms. Educators must go into the rooms and physically observe babies breathing and check the colour of their skin. The educator will then officially record this on a Safe Sleep Record
- all sleep times are recorded on Story park under routines
- encourage the use of sleeping bags with fitted neck and armholes for babies as there is no risk of the infant's face being covered.
- securely lock cots sides into place to ensure children's safety
- turn off wall-mounted heaters before children use the room for sleeping. Cot rooms may be air conditioned and maintained at an appropriate temperature.
- be aware of manual handling practices when lifting babies in and out of cots
- participate in staff development about safe sleeping practices
- understand that bassinets, hammocks and prams/strollers do not carry safety codes for sleep. Babies should not be left in a bassinet, hammock, or pram/stroller to sleep, as these are not safe substitutes for a cot.
- ensure mattresses are kept in good condition; they should be clean, firm and flat, and fit the cot base with not more than a 20mm gap between the mattress sides and ends. A firm sleep surface that is

compliant with the new AS/NZS Voluntary Standard (AS/NZS 8811.1:2013 Methods of testing infant products – Sleep surfaces – Test for firmness) should be used.

- not elevate or tilt mattresses
- remove any plastic packaging from mattresses
- ensure that waterproof mattress protectors are strong, not torn, and a tight fit
- use firm, clean, and well-fitting mattresses on portable cots
- remove pillows, doonas, loose bedding or fabric, lamb's wool, bumpers and soft toys from cots
- record sleep and rest patterns to provide information to parents/families.

PRE-SCHOOL AGE CHILDREN

EDUCATORS WILL:

- be respectful for children's individual sleep and rest requirements
- discuss children's sleep and rest needs with families and include children in decision making (children's agency)
- provide a tranquil and calm environment for children to rest by turning off lights, playing relaxing music, reading stories, cultural reflection
- ensure children are comfortably clothed
- encourage children to rest their bodies and minds for 20-30 minutes
- introduce relaxation techniques into rest routine- use of a relaxation tape
- ensure children sleep with their face uncovered
- closely monitor sleeping and resting children
- provide quiet activities for children- puzzles, books, drawing if they do not fall asleep
- record sleep and rest patterns to provide information to parents/families [Sleep Record]

MAINTENANCE OF COTS/BEDDING

Regular maintenance of cots and other bedding must be made to ensure there is no hazard posed to babies or children. This may include:

- all equipment and furniture used are safe, clean and in good repair (Reg. 103, 105)
- sleep surfaces are checked for firmness in accordance to Australian Standard AS/NZS 8811:1:2013
- spaces between bars and mattress sides are as per regulations/guidelines (not more than 25mm apart)
- spaces do not pose any danger to children- arm and leg traps/finger traps
- ensuring there are no choking hazards- cords, strings, bunting
- checking all bolts and screws are tight

- cots are not painted with any paint that contains lead
- paint work of cots is not chipped when babies are teething
- there are no toys, bumpers or other objects in the cot that could cause suffocation
- ensure there are no sharp edges
- ensure the cots have high sides- from top of mattress to top side of cot should be at least 500mm
- stay up to date with banned/recalled products and remove these immediately from the service if required.

PARENTS/FAMILIES WILL:

- be informed during orientation of our Sleep and Rest Policy and procedure
- be informed that amber teething bracelets or necklaces are not to be worn at our Service due to the risk of choking
- be provided with regular information and communication about safe sleep practices from Red Nose and any changes to our policies or procedures
- be informed that if any requirements for sleep for their child differs from Red Nose sleeping recommendations, written authorisation from a medical practitioner will be required
- children will not be put to sleep with Dummy chains, bibs, teething necklaces due to the risk of choking and suffocation
- be requested to provide educators with regular updates on their child's sleeping routines and patterns, especially for infants
- be required to provide specific bedding for their child each day (as detailed in enrolment information)

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Sleep and Rest Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

Key terms

Term	Meaning
ACECQA- Australian Children's Education and Care Quality Authority	The independent national authority that works with all regulatory authorities to administer the National Quality Framework, including the provision of guidance, resources and services to support the sector to improve outcomes for children.
Adequate supervision	Adequate supervision means:

	- that an educator can respond immediately, particularly when a child is distressed or in a hazardous situation; - knowing where children are at all times and monitoring their activities actively and diligently
Infant	A young child between the ages of birth and 12 months
Rest	A period of inactivity solitude, calmness or tranquility and can include a child being in a state of sleep.
Relaxation	Relaxation or other activity for bringing about a feeling of calm in your body and mind.
Red Nose	Red Nose is Australia's leading authority on safe sleep and safe pregnancy advice.
Sudden and Unexpected Death in Infancy (SUDI)	A broad term used to describe the sudden and unexpected death of a baby for which the cause is not immediately obvious- (SIDS or Fatal sleeping accident)
Sudden Infant Death Syndrome (SIDS)	The sudden and unexpected death of an infant under one year of age with an onset of a fatal episode occurring during sleep, that remains unexplained after a thorough investigation including performance of a complete autopsy and review of the circumstances of death and the clinical history.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Rest Time Procedure Safe Sleep Audit	Safe Sleep Record
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SOURCES

ACECQA. (n.d.). Safe sleep and rest practices: <https://www.acecqa.gov.au/resources/supporting-materials/infosheet/safe-sleep-and-rest-practices>

ACECQA. (2023). Sleep and Rest for Children. Policy Guidelines.

Australian Children's Education & Care Quality Authority. (2025). Guide to the National Quality Framework

Australian Competition and Consumer Commission (ACCC). (2022). Find out more: Your First Steps to help parents keep their baby safe

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).

Education and Care Services National Regulations. (Amended 2023)

NSW Department of Education. (2022). Sleep and rest for children-Policy guidelines for early childhood education and care services. (updated)

Red Nose: <https://rednose.org.au/section/safe-practices>

Red Nose: Cot to bed safety https://rednose.org.au/downloads/RN3356_Cot_Bed_DL_Oct2018_Online.pdf

Western Australian Legislation Education and Care Services National Law (WA) Act 2012

Western Australian Legislation Education and Care Services National Regulations (WA) Act 2012

REVIEW

POLICY REVIEWED	June 2025	NEXT REVIEW DATE	June 2026
June 2025	• amber beads. Dummy chains and bibs need to be removed before sleeping. • porta cots		
July 2024	• Space requirements altered • Risk assessment for medical letters added		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
February 2023	• annual policy review • NS/RP section merged into AP/NS section to reduce repetition • maintenance of cots and bedding section added • Parent/Family section updated • Hyperlinks checked and repaired if needed		February 2024
SEPTEMBER 2022	• Additional information added following release of NSW Regulatory Authority Safe Sleep and Rest Regulatory Priority Program • Added Childcare Centre Desktop Resources box and continuous improvement sections • link to Western Australian Education and Care Services National Regulations added in 'Sources'		FEBRUARY 2023
FEBRUARY 2022	• Additional information added to policy to reflect best practice as requested by AO-NSW regulatory authority		FEBRUARY 2023
JUNE 2021	• policy reviewed to align with ACECQA policy guidelines (June 2021) • Additional legislative requirements added • Additional section added 'Families' • Additional section added- Key Terms		FEBRUARY 2022
FEBRUARY 2021	• rearranged content- Information re: Babies and Toddlers and other specific procedures for educators related to babies and toddlers • added section specifically for pre-school aged children • checked currency of information from sources • additional related policies added		FEBRUARY 2022
FEBRUARY 2020	• Referenced appropriate content to ACECQA • Sources checked for currency • Red Nose link added		FEBRUARY 2021



FEBRUARY 2019	• Grammar, punctuation and spelling edited. • Additional information added to points. • Sources checked for currency – many links now unavailable: deleted and updated as required. • Sources/references corrected and alphabetised.	FEBRUARY 2020
FEBRUARY 2018	• Added 'related policies' list • Improvement to opening statement • Minor terminology adjustments	FEBRUARY 2019



INCIDENT, INJURY, TRAUMA & ILLNESS POLICY

The health and safety of all staff, children, families and visitors to our Service is of the utmost importance. We aim to reduce the likelihood of incidents, illness, accidents and trauma through implementing comprehensive risk management, effective hygiene practices and the ongoing professional development of all staff to respond quickly and effectively to any incident or accident.

We acknowledge that in early education and care services, illness and disease can spread easily from one child to another, even when implementing the recommended hygiene and infection control practices. Our Service aims to minimise illnesses by adhering to all recommended guidelines from relevant government authorities regarding the prevention of infectious diseases and adhere to exclusion periods recommended by the Australian Government National Health and Medical Research Council (NHMRC) Staying healthy guidelines and Public Health Unit.

When groups of children play together and are in new surroundings accidents and illnesses may occur. Our Service is committed to effectively manage our physical environment to allow children to experience challenging situations whilst preventing serious injuries.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
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.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
2.2.3	Child Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS	
Sec.165	Offence to inadequately supervise children
Sec. 174	Offence to fail to notify the regulatory authority
12	Meaning of serious incident
77	Health, hygiene and safe food practices
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
88	Infectious diseases
89	First aid kits
90	Medical conditions policy
93	Administration of medication
95	Procedure for administration of medication
97	Emergency and evacuation procedures
103	Premises, furniture and equipment to be safe, clean and in good repair
104	Fencing
161	Authorisations to be kept in enrolment record
162	Health information to be kept in enrolment record
168	Education and care Service must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
176	Time to notify certain circumstances to regulatory authority
177	Prescribed enrolment and other documents to be kept by approved provider
183	Storage of records and other documents



RELATED POLICIES

Administration of First Aid Policy Administration of Medication Policy Adventurous (Risky) Play Policy Anaphylaxis Management Policy Asthma Management Policy Child Safe Environment Policy Dealing with Infectious Disease Policy Delivery of children to, and collection from ECE Premises Policy Diabetes Management Policy Enrolment Policy Epilepsy Policy	Family Communication Policy Handwashing Policy Health and Safety Policy Immunisation Policy Medical Conditions Policy Pregnancy in Early Childhood Policy Privacy and Confidentiality Policy Record Keeping and Retention Policy Road Safety Policy Safe Transportation Policy Work Health and Safety Policy
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PURPOSE

Our Service has a duty of care to respond to and manage illnesses, accidents, incidents, and trauma that may occur at the Service to ensure the safety and wellbeing of children, educators, staff and visitors. This policy will guide educators and staff to manage illness and prevent injury and the spread of infectious diseases and provide guidance of the required action to be taken in the event of an incident, injury, trauma or illness occurring when a child is educated and cared for.

SCOPE

This policy applies to children, families, educators, staff, the approved provider, nominated supervisor, management, students, volunteers and visitors of the Service.

IMPLEMENTATION

Under the *Education and Care Services National Regulations*, an approved provider must ensure that policies and procedures are in place for incident, injury, trauma and illness and take reasonable steps to ensure policies and procedures are followed. (ACECQA, 2021). In the event of an incident, injury, trauma or illness all staff will implement the guidelines set out in this policy to adhere to National Law and Regulations and inform the regulatory authority as required.

Our Service implements risk management planning to identify any possible risks and hazards to our learning environment and practices. Where possible, we have eliminated or minimised these risks as is reasonably practicable.



Our Service implements procedures as stated in the *Staying healthy: Preventing infectious diseases in early childhood education and care services* (Sixth Edition) developed by the Australian Government National Health and Medical Research Council as part of our day-to-day operation of the Service.

We are guided by explicit decisions regarding exclusion periods and notification of any infectious disease by the *Australian Government- Department of Health* and local Public Health Units in our jurisdiction under the Public Health Act.

INJURY, INCIDENT OR TRAUMA

In the event of any child, educator, staff, volunteer or visitor having an accident at the Service, an educator who has a First Aid Certificate will attend to the person immediately. Adequate supervision will be provided to all children attending the Service.

Any workplace incident, injury or trauma will be investigated, and records kept as per WHS legislation and guidelines.

All staff and educators are required to follow the procedures outlined in our *First Aid Policy* and First Aid Procedure.

DEFINITION OF A SERIOUS INCIDENT

Regulations require the approved provider or nominated supervisor to notify the regulatory authority within 24 hours of any serious incident at the Service through the [NQA IT System](#)

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

a) the death of a child:

- (i) while being educated and cared for by an Education and Care Service or
- (ii) following an incident while being educated and cared for by an Education and Care Service.

(b) any incident involving serious injury or trauma to, or illness of, a child while being educated and cared for by an Education and Care Service, which:

- (i) a reasonable person would consider required urgent medical attention from a registered medical practitioner or
- (ii) for which the child attended, or ought reasonably to have attended, a hospital. For example: whooping cough, broken limb and anaphylaxis reaction



(c) any incident or emergency where the attendance of emergency services at the Education and Care Service premises was sought, or ought reasonably to have been sought (e.g.: severe asthma attack, seizure or anaphylaxis)

(d) any circumstance where a child being educated and cared for by an Education and Care Service

(i) appears to be missing or cannot be accounted for *or*

(ii) appears to have been taken or removed from the Education and Care Service premises in a manner that contravenes these regulations *or*

(iii) is mistakenly locked in or locked out of the Education and Care Service premises or any part of the premises.

A serious incident should be documented as an *Incident, Injury, Trauma and Illness Record* as soon as possible and within 24 hours of the incident, with any evidence attached.

You need to notify the Regulatory Authority if there is a circumstance at the service that poses a risk to the health, safety or wellbeing of children attending the service.

This notification requirement is separate from the requirement to notify a 'serious incident' involving a particular child.

These circumstances are more about situations that have happened to, or impacted on, the operation of the service.

Examples of circumstances that need to be notified:

- Broken window glass that affects the use of a room or another part of the service
- A broken fence which affects the use of the outdoor space
- Smoke from a nearby bushfire that means the service cannot use the outdoor space
- Broken down air conditioning, no access to electricity or no running water at the service
- Harmful behaviour of a child that poses a risk to other people while being educated and cared for by the service

There is land subsidence at the property neighbouring the service. You may be able to continue to operate the service if experts decide that the service is structurally safe, but a large hole in the neighbouring property could potentially pose a risk to the health, safety and wellbeing of children.

Section 174(2) An Approved Provider must notify the Regulatory Authority of information in respect of any other prescribed matters.



Regulation 175(2) provides a list of matters that are prescribed. This list includes any circumstance arising at the service that poses a risk to the health, safety or wellbeing of a child or children attending the service.

Any Allegations of child harm caused by a staff member or inappropriate behaviour management techniques needs to be reported to the COO within 24 hours.

INCIDENT, INJURY, TRAUMA AND ILLNESS RECORD

An *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 at the service. The record will include:

- name and age of the child
- circumstances leading to the incident, injury, illness
- time and date the incident occurred, the injury was received, or the child was subjected to trauma
- details of any illness which becomes apparent while the child is being cared for including any symptoms, time and date of the onset of the illness
- details of the action taken by the educator including any medication administered, first aid provided, or medical professionals contacted
- details of any person who witnessed the incident, injury or trauma
- names of any person the educator notified or attempted to notify, and the time and date of this
- signature of the person making the entry, and the time and date the record was made

Educators are required to complete documentation of any incident, injury or trauma that occurs when a child is being educated and cared for by the Service. This includes recording incidences of biting, scratching, dental or mouth injury. Due to Confidentiality and Privacy laws, only the name of the child injured will be recorded on the *Incident, Injury, Trauma or Illness Record*. Any other child/ren involved in the incident will not have their names recorded. If other children are injured or hurt or cause the incident , separate records will be completed for each child involved in the incident.

Parents/authorised nominee must acknowledge the details contained in the record, sign and date the record on arrival to collect their child. All *Incident, Injury, Trauma and Illness Records* must be kept until the child is 25 years of age (See: *Record Keeping and Retention Policy*).



MISSING OR UNACCOUNTED FOR CHILD

At all times, reasonable precautions and adequate supervision is provided to ensure children are protected from harm or hazards. However, if a child appears to be missing or unaccounted for, removed from the Service premises that breaches the National Regulations or is mistakenly locked in or locked out of any part of the Service, a serious incident notification must be made to the regulatory authority.

A child may only leave the Service in the care of a parent, an authorised nominee named in the child's enrolment record or a person authorised by a parent or authorised nominee or because the child requires medical, hospital or ambulance care or other emergency.

Educators must ensure that:

- the attendance record is regularly cross-checked to ensure all children signed into the Service are accounted for
- children are supervised at all times
- visitors to the Service are not left alone with children at any time.

Should an incident occur where a child is missing from the Service, educators and the nominated supervisor will:

- attempt to locate the child immediately by conducting a thorough search of the premises (checking any areas that a child could be locked into by accident)
- cross check the attendance record to ensure the child hasn't been collected by an authorised person and signed out by another person
- if the child is not located within a 5-minute period, emergency services will be contacted, and the approved provider will notify the parent/s or guardian
- continue to search for the missing child until emergency services arrive whilst providing supervision for other children in care
- provide information to Police such as: child's name, age, appearance, (provide a photograph), details of where the child was last sighted.

If a child is missing during or following transportation the *Missing Child During Regular Transportation Procedure* is to be followed. The approved provider is responsible for notifying the regulatory authority of a serious incident within 24 hours of the incident occurring.



HEAD INJURIES

It is common for children to bump their heads during everyday play, however it is difficult to determine whether the injury is serious or not. Therefore, any knock to the head is considered a *head injury* and should be assessed by a doctor. In the event of any head injury, **Based on the assessment by the First Aid Officer/Nominated Supervisor and in correlation with the Head Injury Procedure,” and consultation with Families we will determine if a child needs to be collected.**

Emergency services will be contacted immediately on 000 if the child:

- has sustained a head injury involving high speeds or fallen from a height (play equipment)
- loses consciousness
- seems unwell or vomits several times after hitting their head

To note, in the Royal Children’s Hospital Melbourne Head Injury Guide – Melbourne (updated October 2023) Mild head injuries are listed as “No concussion” and Moderate to Severe head injuries are listed as “possible concussion”.

It is noted in the “Minor Head Injury In Children” fact sheet and it mentions that while it was previously recommended to keep children awake after head injuries, it is now recommended to let them sleep if they need, especially if it is their usual nap time.

Decisions relating to children sleeping , or keeping children calm whilst we are waiting on emergency services or the authorised contact to collect should be made by a First aid trained person and in collaboration with the parent and guardian and where appropriate the medical responder.

(see: *Head Injury Guide and Procedure*)

TRAUMA

Trauma is defined as the impact of an event or a series of events during which a child feels helpless and pushed beyond their ability to cope. There are a range of different events that might be traumatic to a child, including accidents, injuries, serious illness, natural disasters (bush fires), assault, and threats of violence, domestic violence, neglect or abuse and war or terrorist attacks. Parental or cultural trauma can also have a traumatising effect on children. This definition firmly places trauma into a developmental context: *“Trauma changes the way children understand their world, the people in it and where they belong.”* (Australian Childhood Foundation, 2010).



Trauma can disrupt the relationships a child has with their parents, educators and staff who care for them. It can transform children's language skills, physical and social development and the ability to manage their emotions and behaviour.

Behavioural response in babies and toddlers who have experienced trauma may include:

- Avoidance of eye contact
- Loss of physical skills such as rolling over, sitting, crawling, and walking
- Fear of going to sleep, especially when alone
- Nightmares
- Loss of appetite
- Making very few sounds
- Increased crying and general distress
- Unusual aggression
- Constantly on the move with no quiet times
- Sensitivity to noises.

Behavioural responses for pre-school aged children who have experiences trauma may include:

- new or increased clingy behaviour such as constantly following a parent, carer or staff around
- anxiety when separated from parents or carers
- new problems with skills like sleeping, eating, going to the toilet and paying attention
- shutting down and withdrawing from everyday experiences
- difficulties enjoying activities
- being jumpier or easily frightened
- physical complaints with no known cause such as stomach pains and headaches
- blaming themselves and thinking the trauma was their fault.

Children who have experienced traumatic events often need help to adjust to the way they are feeling. When parents, educators and staff take the time to listen, talk, and play they may find children begin to say or show how they are feeling. Providing children with time and space lets them know you are available and care about them.



It is important for educators to be patient when dealing with a child who has experienced a traumatic event. It may take time to understand how to respond to a child's needs and new behaviours before parents, educators and staff are able to work out the best ways to support a child. It is imperative to realise that a child's behaviour may be a response to the traumatic event rather than just 'naughty' or 'difficult' behaviour.

EDUCATORS CAN ASSIST CHILDREN DEALING WITH TRAUMA BY:

- observing the behaviours and expressed feelings of a child and documenting responses that were most helpful in these situations
- creating a 'relaxation' space with familiar and comforting toys and objects children can use when they are having a difficult time
- having quiet time such as reading a story about feelings together
- trying different types of play that focus on expressing feelings (e.g., drawing, playing with play dough, dress-ups and physical games such as trampolines)
- helping children understand their feelings by using reflecting statements (e.g., 'you look sad/angry right now, I wonder if you need some help?').
- using ELMA as part of the curriculum every day.

There are a number of ways for parents, educators and staff to reduce their own stress and maintain awareness, so they continue to be effective when offering support to children who have experienced traumatic events.

STRATEGIES TO ASSIST FAMILIES, EDUCATORS AND STAFF TO COPE WITH CHILDREN'S STRESS OR TRAUMA MAY INCLUDE:

- taking time to calm yourself when you have a strong emotional response. This may mean walking away from a situation for a few minutes or handing over to another educator or staff member if possible
- planning ahead with a range of possibilities in case difficult situations occur
- remembering to find ways to look after yourself, even if it is hard to find time or you feel other things are more important. Taking time out helps adults be more available to children when they need support
- using supports available to you within your relationships (e.g., family, friends, colleagues)



- identifying a supportive person to talk to about your experiences. This might be your family doctor or another health professional
- accessing support resources- BeYou, Emerging Minds and contacting our EAP
- using ELMA as a resource in collaboration with Tenielle.

Living or working with traumatised children can be demanding so it is important for all educators to be aware of their own responses and seek support from management when required.

ILLNESS MANAGEMENT

To reduce the transmission of infectious illness, our Service implements effective hygiene and infection control routines and procedures from [Staying healthy: Preventing infectious diseases in early childhood education and care services- 6th Edition.](#)

If a child is unwell or displaying symptoms of a cold or flu virus, parents are requested to keep the child away from the Service. When a child is kept home, and or marked absent on the Childcarenow app a medical clearance will be required to return to care. Infectious illnesses can be spread quickly from one person to another usually through respiratory droplets or from a child or person touching their own mouth or nose and then touching an object or surface. A child who has had paracetamol/ Nurofen or other pain/fever relieving medication administered in the last 24 hours will require clearance from a Dr to return to the centre. A child sent home from the service with illness symptoms will also require 24 hours exclusion and a clearance to return to the service. Any child with vomiting and diarrhoea will need 48 hours from their last symptom and clearance from the Dr to return.

Practising effective hygiene helps to minimise the risk of cross infection within our Service include:

- immunisation- for children and adults
- respiratory hygiene- limiting airborne germs and the transmission of respiratory diseases.
Educators model good hygiene practices and remind children to cough or sneeze into their elbow or use a disposable tissue and wash their hands immediately with soap and water or use hand sanitiser after touching their mouth, eyes or nose.
- hand hygiene- handwashing techniques are practised by all educators and children routinely using soap and water before and after eating, after changing children's nappies, when using the toilet and drying hands thoroughly with paper towel.
- parents, families and visitors are requested to wash their hands upon arrival and departure at the Service or use an alcohol-based hand sanitizer



- wearing PPE- gloves and masks to provide a protective barrier against germs
- environmental strategies- cleaning with specific products after any spills of body fluids (urine, faeces, vomit, blood, breastmilk); All surfaces including bedding (mat, cushions) used by a child who is unwell, will be cleaned with soap and water and then disinfected.
- nappy changing and toileting- Infection control practices including hand hygiene and proper cleaning and disinfection procedures are implemented when children's nappies are changed. Children are helped and/or supervised using the toilet and washing their hands
- exclusion – children, educators and other staff who show symptoms of infectious disease are excluded from the Service.

PREVENTING THE SPREAD OF ILLNESS

Practising effective hygiene helps to minimise the risk of cross infection within our Service.

Educators model good hygiene practices and remind children to cough or sneeze into their elbow or use a disposable tissue and wash their hands with soap and water for at least 20 seconds after touching their mouth, eyes or nose.

Handwashing techniques are practised by all educators and children routinely using soap and water before and after eating and when using the toilet and drying hands thoroughly with paper towel. (See *Handwashing Policy*).

After wiping a child's nose with a tissue, educators will dispose the tissue in a plastic-lined bin and wash their hands thoroughly with soap and water and dry using paper towel.

All surfaces including bedding (mat, cushions) used by a child who is unwell, will be washed in the washing machine.

Educators will teach children about hygiene practises to avoid passing germs on. Language such as 'cough or sneeze, elbow please' will be used. Curriculums will support health practices for children.

Parents, families and visitors are requested to wash their hands upon arrival and departure at the Service or use an alcohol-based hand sanitizer. (Note: alcohol-based sanitizers must be kept out of reach of children and used only with adult supervision.)



CHILDREN ARRIVING AT THE SERVICE WHO ARE UNWELL

Management or the RP will not accept a child into care if they:

- have a contagious illness or infectious disease
- haven't provided a medical clearance to return after being unwell or attending medical professionals
- look or sound unwell and unable to participate in normal activities or require additional attention- without medical clearance and risk assessment.
- have had a temperature and/sent home with a temperature in the last 24 hours- as reported by a parent
- have had diarrhoea/ Vomiting in the last 48 hours
- have started a course of antibiotics in the last 24 hours
- have been given medication for a temperature or being unwell prior to arriving at the Service (for example: Panadol/ Nurofen or other pain/fever medication)
- arrive with a temperature above 38 degrees

IDENTIFYING SIGNS AND SYMPTOMS OF ILLNESS

Early childhood educators and management are not doctors and are unable to diagnose an illness or infectious disease, however, as our educators are familiar with the children in their care, they will watch for symptoms of sickness. If a child becomes ill whilst at the Service, educators will respond to their individual symptoms of illness and provide comfort and care.

Educators will closely monitor the child focusing on the symptoms displayed and how the child behaves and be alert to the possibility of symptoms that may suggest the child is very sick and needing urgent medical assistance.

Educators will:

- understand the differences between *concerning and serious symptoms*
- if any *serious symptoms* are observed (breathing difficulties, drowsiness or unresponsiveness, looking pale or blue or feeling cold)
 - an ambulance will be called immediately
- if any *concerning symptoms* are observed (lethargy, fever, poor feeding, new rash, poor urine output, irritation or pain or sensitivity to light) educators will:
 - monitor the child carefully



- call parents/carers
 - discuss symptoms with parents/carers and help them decide whether the child needs to see a doctor
- educators will monitor the child and will consider calling an ambulance if:
 - any concerning symptoms become severe
 - the child gets worse very quickly
 - there are multiple concerning symptoms.

(Staying healthy, 6th Edition, 2024)

In the event of any child requiring ambulance transportation and medical intervention, a serious incident will be reported to the regulatory authority (Reg. 12) by the approved provider.

SYMPTOMS INDICATING ILLNESS MAY INCLUDE:

- behaviour that is unusual for the individual child
- high temperature or fevers
- loose bowels
- faeces that are grey, pale or contains blood
- vomiting
- discharge from the eye or ear
- skin that displays rashes, blisters, spots, crusty or weeping sores
- loss of appetite
- dark urine
- headaches
- stiff muscles or joint pain
- continuous scratching of scalp or skin
- difficulty in swallowing or complaining of a sore throat
- persistent, prolonged or severe coughing
- difficulty breathing
- a stiff neck or sensitivity to light

(This is not an exhaustive list of indicators of illness but can be used as a guide)



HIGH TEMPERATURES OR FEVERS

Children get fevers or temperatures for all kinds of reasons. Most fevers and the illnesses that cause them last only a few days. However sometimes a fever will last much longer and might be the sign of an underlying chronic or long-term illness or disease. Recognised authorities suggest a child's normal temperature will range between 36.0°C and 38.0°C, but this will often depend on the age of the child and the time of day. Families are required to note their child's normal temperature in the child's enrolment form.

WHEN A CHILD DEVELOPS A HIGH TEMPERATURE OR FEVER AT THE SERVICE

If a child becomes ill whilst at the Service, educators will respond to their individual symptoms of illness and provide comfort and care. Educators will closely monitor the child focusing on how the child looks and behaves and be alert to the possibility of vomiting, coughing or convulsions. The child will be cared for in an area that is separated from other children in the service to await pick up from their parent/guardian.

- For infants under 3 months old, parents/guardians will be notified immediately for any fever over 38°C for immediate medical assistance. If a parent is uncontactable, emergency contacts will be contacted. If family members are unable to be contacted and emergency medical assistance is required, the Service will follow the *Administration of First Aid Policy* and contact emergency services
- Educators will check a child's temperature if they think the child has a fever. If it is between 37.5°C and 37.9°C educators will retest within 30 minutes (records will be kept of time, date and temperature)
- Educators will notify parents when a child registers a temperature of 38°C or higher
- Educators will follow the *Illness Management Procedure* for methods to reduce a child's temperature or fever
- The child will need to be collected from the Service as soon as possible (within 30 minutes)
- Educators will monitor the child carefully to ensure their condition does not get worse and call an ambulance immediately if required
- Parents/carers will be provided with a *Fever factsheet* for further information
- Educators will complete an *Incident, Injury, Trauma and Illness* record and note down any other symptoms that may have developed along with the temperature (for example, a rash, vomiting, etc.).



- If the child has gone home from the Service with a fever but their temperature is normal the next morning they can return to the Service with a medical clearance. (Staying healthy, 6th Edition, 2024)
- Children will not be permitted to return to the Service the following day after being sent home. A medical clearance will be required for them to return 24 hours later.
- Educators will complete an *Incident, Injury, Trauma and Illness* record and note down any other symptoms that may have developed along with the temperature (for example, a rash, vomiting, etc.).
- Emergency services will be contacted should the child have trouble breathing, becomes drowsy or unresponsive or suffers a convulsion lasting longer than five minutes
- In the event of any child requiring ambulance transportation and medical intervention, a serious incident will be reported to the regulatory authority (Reg. 12) .

METHODS TO REDUCE A CHILD'S TEMPERATURE OR FEVER

- encourage the child to drink small sips of water regularly
- remove excessive clothing (shoes, socks, jumpers, pants etc.). Educators will be mindful of cultural beliefs.
- Staff are to note if a child has just woken from sleep and given time to come to the room temperature away from bedding.
- parents/guardian will be contacted by phone and informed of their child's temperature
- if requested by a parent or emergency contact person and written parental permission to administer paracetamol or ibuprofen is recorded in the child's individual enrolment form, staff may administer paracetamol or ibuprofen (Panadol or Nurofen) in an attempt to bring the temperature down. However, a parent or emergency contact person, must still collect the child from the Service.
- before giving any medication to children, the medical history of the child must be checked for possible allergies
- the child's temperature, time of last dose of medication, time of this medication administered, name of medication, dosage, name of staff member administering the medication and the staff member witnessing the administration will be recorded in the *Incident, Injury, Trauma and Illness Record*. Parents/guardians will be requested to sign and acknowledge the *Administration of Medication Form* or *Administration of Paracetamol Record* when collecting their child.

DEALING WITH COLDS/FLU (RUNNY NOSE)



It is very difficult to distinguish between the symptoms of COVID-19, influenza and a cold. If any child, employee or visitor has any infectious or respiratory symptoms (such as sore throat, headache, fever, shortness of breath, muscle aches, cough or runny nose) they may be requested to either stay at home or self-test using a Rapid antigen test (RAT). (See: Australian Government [Identifying the symptoms](#))

Colds are the most common cause of illness in children and adults. There are more than 200 types of viruses that can cause the common cold. Symptoms include a runny or blocked nose, sneezing and coughing, watery eyes, headache, a mild sore throat, and possibly a slight fever. It is not unusual for children to have five or more colds a year, and children in education and care services may have as many as 8–12 colds a year. As children get older, and as they are exposed to greater numbers of children, they get fewer colds each year because of increased immunity. By 3 years of age, children who have been in group care since infancy have the same number of colds, or fewer, as children who are cared for only at home.

Children can become distressed and lethargic when unwell. Discharge coming from a child's nose and coughing can lead to germs spreading to other children, educators, toys, and equipment.

Management has the right to send children home if they appear unwell due to a cold or general illness.

Influenza is a highly contagious illness and can spread to others for 24 hours before symptoms start. To prevent the spread of influenza our Service encourages staff and children to be vaccinated once a year. Children showing signs of cold and flu or kept home from the service with symptoms will need a clearance to return.

DIARRHOEA AND VOMITING (GASTROENTERITIS)

Gastroenteritis (or 'gastro') is a general term for an illness of the digestive system. Typical symptoms include abdominal cramps, diarrhoea, and vomiting. In many cases, it does not need treatment, and symptoms disappear in a few days.

However, gastroenteritis can cause dehydration because of the large amount of fluid lost through vomiting and diarrhoea. Therefore, if a child does not receive enough fluids, he/she may require fluids intravenously. If a child has diarrhoea and/or vomiting whilst at the Service, management will notify



parents or an emergency contact to collect the child immediately. In the event of an outbreak of viral gastroenteritis, management will contact the local Public Health Unit.

[Public Health Unit- Local state and territory health departments](#)

Management must document the number of cases, dates of onset, duration of symptoms. An outbreak is when two or more children or staff have a sudden onset of diarrhoea or vomiting in a 2-day period. (See: *Illness or Infectious Disease Register*)

Children that have had diarrhoea and/or vomiting will be asked to stay away from the Service for **48 hours** after symptoms have ceased to reduce infection transmission as symptoms can reappear after 24 hours in many instances. Parents/carers will be provided with a Diarrhoea or vomiting (gastroenteritis) fact sheet for further information.

An *Incident, Injury, Trauma and Illness Record* must be completed as per regulations. Notifications for serious illnesses must be lodged with the regulatory authority and Public Health Unit.

NOTIFYING FAMILIES AND EMERGENCY CONTACT- SICKNESS OR INFECTIOUS ILLNESS

- It is a requirement of the Service that all emergency contacts are able to pick up an ill child within a 30-minute timeframe
- In the event that the ill child is not collected in a timely manner, or should parents refuse to collect the child, a warning letter will be sent to the families outlining Service policies and requirements. The letter of warning will specify that if there is a future breach of this nature, the child's position may be terminated.
- Parents or guardians are notified as soon as practicable and no later than 24 hours of the illness, accident, or trauma occurring
- Families will be notified of any outbreak of an infectious illness (e.g.: Gastroenteritis, whooping cough) within the Service via our Storypark online app or email to assist in reducing the spread of the illness
- When a child has been diagnosed with an illness or infectious disease, the Service will refer to information about recommended exclusion periods from the Public Health Unit (PHU) and *Staying healthy: Preventing infectious diseases in early childhood education and care services*.



- Exclusion periods for illness and infectious diseases are provided to families and included in our Family Handbook and *Dealing with Infectious Disease Policy*.
- Families are provided with clear information about any illness or disease via Factsheets from [Staying healthy, 6th Edition](#).

THE APPROVED PROVIDER/ MANAGEMENT/NOMINATED SUPERVISOR/RESPONSIBLE PERSON AND EDUCATORS WILL ENSURE:

- that obligations under the *Education and Care Services National Law and National Regulations* are met
- educators, staff, students, visitors and volunteers have knowledge of and adhere to this policy and associated procedure
- each child's enrolment records include authorisations by a parent or person named in the record for the approved provider, nominated supervisor or educator to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and if required, transportation by an ambulance service
- parents or guardians are notified as soon as practicable and no later than 24 hours of the illness, accident, or trauma occurring
- an *Incident, Injury, Trauma and Illness Record* is completed accurately and in a timely manner as soon after the event as possible (within 24 hours)
- if the incident, situation or event presents imminent or severe risk to the health, safety and wellbeing of any person present at the Service, or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours of the incident
- families are advised to keep their child home until they are feeling well, and they have not had any symptoms for at least 24-48 hours (depending upon the illness and exclusion periods)
- children or staff members who are diagnosed with an illness or infectious disease may be excluded as per recommended exclusion periods
- families are notified of any infectious disease circulating the Service within 24 hours of detection
- a child who has not been immunised will be excluded from the Service if a vaccine preventable disease is reported within the Service community and that child is deemed to be in danger of contracting the illness. Please refer to our *Dealing with Infectious Diseases Policy*
- families of a child with complex and chronic medical conditions will be notified in the event of an outbreak of an illness or infectious disease that could compromise their health



- families are notified to collect their child if they have vomited or had diarrhoea whilst at the Service
- first aid kits are suitably equipped and checked on a **monthly basis** (see *First Aid Kit Checklist*)
- first aid kits are easily accessible when children are present at the Service and during excursions
- that the following qualified people are in attendance **at all times** the Service is providing education and care to children [Reg. 136]
 - at least one educator, staff member or nominated supervisor who holds a current ACECQA approved first aid qualification including emergency life support and CPR resuscitation
 - at least one educator, staff member or nominated supervisor of the Service who has undertaken current approved anaphylaxis management training
 - at least one educator, staff member or nominated supervisor of the Service who has undertaken current approved emergency asthma management training
- educators or staff who have diarrhoea or an infectious disease do not prepare food for others
- cold food is kept cold (below 5 °C) and hot food, hot (above 60°C) to discourage the growth of bacteria
- staff and children always practice appropriate hand hygiene and cough and sneezing etiquette
- appropriate cleaning practices are followed
- toys and equipment are cleaned and disinfected on a regular basis which is recorded in the toy cleaning register or cleaned immediately if a child who is unwell has mouthed or used these toys or resources
- additional cleaning will be implemented during any outbreak of an infectious illness or virus
- information regarding the health and wellbeing of a child or staff member is not shared with others unless consent has been provided, in writing, or provided the disclosure is required or authorised by law

FAMILIES WILL:

- adhere to the Service's policies regarding *Incident, Injury, Trauma and Illness*
- provide authorisation in the child's enrolment record for the approved provider, nominated supervisor or educator to seek medical treatment from a medical practitioner, hospital or ambulance service and if required, transportation by ambulance service
- provide up to date medical and contact information in case of an emergency
- provide emergency contact details and ensure details are kept up to date



- ensure that their child is able to be collected from the Service within a 30-minute timeframe if required due to illness by either a parent or emergency contact
- provide the Service with all relevant medical information, including Medicare and private health insurance
- provide a copy of their child's medical management plans and update these annually or whenever medication/medical needs change
- adhere to recommended periods of exclusion if their child has a virus or infectious illness
- keep up to date with their child's immunisation, providing a copy of the updated AIR Immunisation History Statement to the Service following each immunisation on the National Immunisation Schedule
- complete documentation as requested by the educator and/or approved provider- *Incident, Injury, Trauma and Illness record* and acknowledge that they were made aware of the incident, injury, trauma or illness
- inform the Service if their child has an infectious disease or illness
- provide evidence as required from doctors or specialists that the child is fit to return to care if required- including post-surgery
- complete and acknowledge details in the *Administration of Medication Record* if required.

BREACH OF POLICY

Staff members or educators who fail to adhere to this policy may be in breach of their terms of employment and may face disciplinary action.

Families who fail to adhere to this policy may have their care suspended or cancelled.

RESOURCES

[beyou Bushfire resource](#)

[Emerging Minds Community Trauma Toolkit](#)

[Fever in children- \(health direct.gov.au\)](#)

[Head Injury and concussion](#)

[Minimum periods for exclusion from childcare services](#)

NSW Health [Gastro Pack NSW Health](#)



NSW Health [Stopping the spread of childhood infections factsheet.](#)

Staying Healthy: *Preventing infectious diseases in early childhood education and care services*

[Time Out Keeping your child and other kids healthy!](#) (Queensland Government)

Time Out Brochure [Why do I need to keep my child at home?](#)

[Staying healthy- 6th Edition Fact sheets](#)

CONTINUOUS IMPROVEMENT/REFLECTION

The *Incident, Injury, Trauma and Illness Policy* will be reviewed on an annual basis in conjunction with children, families, staff, educators and management.

RELATED RESOURCES

Administration of Medication Form	Illness Management Procedure
Administration of Paracetamol Record	Incident, Injury, Trauma or Illness Record
First Aid Checklist	Missing Child During Regular Transportation
Hand Washing Procedure	Procedure
Head Injury Guide and Procedure	Missing Child Procedure

SOURCES

Australian Children's Education & Care Quality Authority. (2024). [Guide to the National Quality Framework](#)

Australian Children's Education & Care Quality Authority. 2021. [Policy and Procedure Guidelines. Incident, Injury, Trauma and Illness Guidelines.](#)

Australian Childhood Foundation. (2010). [Making space for learning: Trauma informed practice in schools:](#)

Australian Government Department of Education. (2022). [Belonging, Being and Becoming: The Early Years Learning Framework for Australia. V2.0.](#)

BeYou (2024) [Responding to natural disasters and other traumatic events](#)

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations.](#) (Amended 2023).



Health Direct <https://www.healthdirect.gov.au/>

National Health and Medical Research Council. (2024). [*Staying healthy: Preventing infectious diseases in early childhood education and care services. 6th Edition.*](#)

Raising Children Network: <https://raisingchildren.net.au/guides/a-z-health-reference/fever>

SafeWork Australia: [First Aid](#)

[*Western Australian Legislation Education and Care Services National Law \(WA\) Act 2012*](#)

[*Western Australian Legislation Education and Care Services National Regulations \(WA\) Act 2012*](#)

REVIEW

POLICY REVIEWED	November 2024	NEXT REVIEW DATE	MARCH 2025
February	• additional information on health safety and wellbeing of children		
	• review of Illness section of policy updated to include revised recommendations from Staying healthy in Childcare 6th Edition • link to fact sheets for illnesses added • links to Staying healthy exclusion periods updated • sources checked and updated as required		
August 2024	• ELMA added to trauma support • Additional content relating to medical clearances and when they are required. • Cancellation of care for failure to follow policy • Head injury details updated • Curriculum will support teaching children about health practices.		
MODIFICATIONS	• major review of policy • rearranged content of policy and responsibilities to align with policy title (incident, injury, trauma and illness) • merged contents of <i>Sick Children's Policy</i> into this current policy • sources checked for currency and repaired as required		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
MARCH 2023	• annual policy maintenance • name change of Control of Infectious Disease Policy to <i>Dealing with Infectious Disease Policy</i> • reference to ELYF updated to V2.0 • vaccination requirements for COVID 19 removed		MARCH 2024

	• updated information on managing positive COVID cases added • hyperlinks checked and repaired as required • continuous improvement section and Resource section added • link to Western Australian Education and Care Services National Regulations added in 'Sources' • procedure removed from policy (available on Desktop)	
MARCH 2022	• updated information re: COVID-19 • updated Parent/Family notification for positive COVID-19 • broken links repaired in sources	MARCH 2023
OCTOBER 2021	• Policy reviewed and included suggested guidelines from ACECQA Incident, Injury, Trauma and Illness (June 2021) • Additional legislative requirements added • Additional related policies • information about Child Information Sharing Schemes (CISS) added for state/territories as required	MARCH 2022
MARCH 2021	• Policy title changed to align with Regulations 85-87 • Information related to administration of paracetamol added • additional sections added for Head Injuries and Missing or unaccounted children • edits to policy to reflect record keeping requirements • Draft Injury, Illness Procedures included in policy • currency of links/sources checked	MARCH 2022
JUNE 2020	• inclusion of COVID-19 risk mitigation strategies • information about COVID-19 included in policy • Public Health Unit information added • additional information related to COVID-19 symptoms added to 'dealing with cold and flu' section	MARCH 2021

	• references included to Sick Children and Hand Washing Policy • additional resources and sources added	
MARCH 2020	• Preventing the spread of illness section added • additional information about fevers and temperatures added • section regarding sponging children to reduce fever deleted (Sydney Children's Hospital recommendation) • additional information for trauma added • sources checked for currency/additional sources added	MARCH 2021
MARCH 2019	• Correct references sourced and added to 'sources' • Additional information added to points. • Sources checked for currency. • Sources/references corrected, updated, and alphabetised	MARCH 2020
MAY 2019	• Exclusion period for gastroenteritis has been changed to assist in minimising the spread of infection	
MARCH 2017	• Minor changes made to ensure compliance with regulations protecting the health and safety of children and Educators. • Updated to meet the National Law and/or National Regulations in respect of a serious incidents and notification purposes.	MARCH 2018

DEALING WITH INFECTIOUS DISEASE POLICY

The National Quality Standard requires early childhood education and care services implement specific strategies to minimise the spread of infectious illness and maintain a healthy environment for all children, staff, educators and families. The spread of infections in the early childhood environment is facilitated by microbial contamination of the environment, as well as the greater exposure to young children who are still developing hygienic behaviours and habits. Our Service will minimise children's and staff's exposure to infectious diseases by adhering to all recommended guidelines from relevant government authorities regarding the prevention of infectious diseases, promoting practices that reduce the transmission of infection, ensuring the exclusion of sick children and educators, supporting child immunisation, and implementing effective hygiene practices.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
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.

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS	
S. 172	Offence to fail to display prescribed information
S.174(2)(a)	Serious incident- any emergency for which emergency services attended
12	Meaning of serious incident
77	Health, hygiene and safe food practices
83	Staff members and family day care educators not to be affected by alcohol or drugs
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record

88	Infectious diseases
89	First aid kits
90	Medical conditions policy
92	Medication record
93	Administration of medication
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
172(2)(g)	a notice stating that there has been an occurrence of an infectious disease at the premises
173	Prescribed information to be displayed
175(2)(c)	Prescribed information to be notified to the Regulatory Authority- (2) any circumstance arising at the service that poses a risk to the health, safety or wellbeing of a child or children attending the service

RELATED POLICIES

Administration of Medication Policy Bottle Safety and Preparation Policy Child Safe Environment Policy Code of Conduct Policy Dental Health Policy Enrolment Policy Family Communication Policy Governance Policy Hand Washing Policy Health and Safety Policy	Immunisation Policy Incident, Injury, Trauma and Illness Policy Medical Conditions Policy Nappy Change and Toileting Policy Physical Environment Policy Pregnancy in Early Childhood Policy Privacy and Confidentiality Policy Sleep and Rest Policy Work Health and Safety Policy
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PURPOSE

Children encounter many other children and adults within the Service environment which can result in the contraction of infectious illnesses. Our Service has a duty of care to ensure that children, families, educators, and visitors of the Service are provided with a high level of protection during the hours of the Service's operation. We aim to minimise cross contamination and the spread of infectious illnesses by implementing best practice and high standards of personal hygiene within our Service.

This policy communicates clear directions and guidance about protocols and actions to be followed to avoid adversely affecting the safety and health of children, other staff members and visitors to the

service. A simple, safe and effective way of protecting individuals and others within the community against harmful diseases is immunisation.

SCOPE

This policy applies to children, families, staff, educators, management, approved provider, nominated supervisor, students, volunteers and visitors of the Service.

IMPLEMENTATION

Under the Education and Care Services National Regulations, the approved provider must ensure policies and procedures are in place in relation to dealing with infectious diseases. (ACECQA, August 2021). Our Service is committed to minimise the spread of infectious diseases and viruses by implementing recommendations as stated in the [Staying healthy: Preventing infectious diseases in early childhood education and care services \(6th Edition\)](#) developed by the Australian Government National Health and Medical Research Council and advice provided from the Australian Health Protection Principal Committee (AHPPC).

We are guided by decisions regarding exclusion periods and notification of infectious diseases by the *Australian Government- Department of Health* and local Public Health Units in our jurisdiction as per the Public Health Act.

This policy must be read in conjunction with our other Quality Area 2 policies:

- Immunisation Policy
- Incident, Injury, Trauma and Illness Policy
- Medical Conditions Policy *and*
- Handwashing Policy

PREVENTING INFECTIOUS DISEASES

Children enter education and care services when their immune systems are still developing. They have not been exposed to many common germs and therefore are susceptible to bacteria that may cause infections. Given the close physical contact children have with other children in early childhood and care, it is very easy for infectious diseases and illnesses to spread through normal daily activities as germs can be picked up directly from an infected person or from the environment. It is important to understand that an infected person may not show any signs or symptoms of illness.

Our Service implements rigorous hygienic practices to limit the spread of illness and infectious diseases including:

- immunisation- for children and adults
- effective hand washing hygiene
- respiratory hygiene- cough and sneeze etiquette
- appropriate use of gloves and other PPE
- exclusion of children, educators or staff when they are unwell or displaying symptoms of an infectious disease or virus
- effective environmental cleaning including toys, resources and bedding
- encouraging use of the outdoors environment
- requesting parents and visitors to wash their hands with soap and water or hand sanitizer upon arrival and departure at the Service
- ensuring adequate ventilation
- encouraging children, educators or staff to seek medical attention if they show symptoms of an infectious disease or virus, including COVID-19.

IMMUNISATION REQUIREMENTS

- Immunisation is a reliable way to prevent many childhood infectious diseases. Unvaccinated children due to their parent's conscientious objection are no longer able to be enrolled in approved early childcare services.
- Children who cannot be fully vaccinated due to a medical condition or who are on a recognised catch-up schedule may still be enrolled upon presentation of the appropriate form signed by a medical practitioner who meets the criteria stated by the Australian Government.
- Only parents of children who are fully immunised, are on a recognised catch-up schedule or have an approved medical exemption recorded on the Australian Immunisation Register (AIR) can receive Child Care Subsidy (CCS). The relevant vaccinations are those under the *National Immunisation Program* (NIP), which covers the vaccines usually administered before age five. These vaccinations must be recorded on the AIR.
- Educators and other staff at our Service are highly recommended to keep up to date with all immunisations including yearly influenza vaccinations. These include vaccinations recommended by the National Health and Medical Research Council (NHMRC). The Australian Government recommends all people over the age of 6 months have an annual Influenza (flu) vaccine and all adults receive COVID-19 vaccinations and boosters.

- Staff are required to provide an *Immunisation History Statement* from the Australian Immunisation Register (AIR) and/or records from their general practitioner to management for their staff record.
- Vaccination is important as not only can staff members catch a potentially serious infection such as measles or whooping cough, but they could also then inadvertently pass it onto children in their care who are too young to have had their vaccinations or to women who may be pregnant.

EXCLUDING CHILDREN AND ADULTS FROM THE SERVICE

'Excluding children, staff and parents who are at risk of transmitting infection to others limits the spread of infection in education and care services.' (Staying healthy, 2024, p. 75)

The need for exclusion and the length of time a person is excluded from the Service depends on:

- the type of infection
- if symptoms are present and how severe they are
- how easily the infection or disease can spread
- how long the person is likely to be infectious

When a child or adult has symptoms or has been diagnosed with an illness or infectious disease, the Service will refer to information about recommended exclusion periods from the [Public Health Unit](#) (PHU) and *Staying healthy: Preventing infectious diseases in early childhood education and care services*, 6th edition.

Although some illnesses will state '*not excluded*', any child or staff member displaying symptoms of an illness or condition are encouraged to stay at home and/or seek medical advice for any concerning symptoms or if symptoms continue. Medical clearances will be required if the Nominated supervisor feels that the signs and symptoms could be seen as infectious to other families.

Exclusion for common or concerning conditions

- When an infectious disease has been diagnosed or suspected, the Service will display appropriate documentation and alerts for families including information on the illness/disease, symptoms, infectious period and the exclusion period. (Fact sheets are available [Staying Healthy Guidelines](#))
- If a vaccine preventable disease occurs in the Service, children who have not been fully immunised will be excluded from care; staff who are not vaccinated will be notified and should be excluded from the workplace. Management will check all children's immunisation records and alert parents as required.
- Staff and children that have had diarrhoea and/or vomiting will be excluded from the Service until there has not been any diarrhoea or vomiting for at least 48 hours. If the diarrhoea or vomiting are

confirmed to be norovirus, they will be excluded until there has not been any diarrhoea or vomiting for at least 48 hours. Staff who handle food will be excluded from the Service for up to 48 hours after they have stopped vomiting or having diarrhoea. [Staying healthy, 2024.]

REPORTING OUTBREAKS TO THE PUBLIC HEALTH UNIT AND REGULATORY AUTHORITY (REG. 175 (2) (C))

Outbreaks of communicable diseases and contagious viruses represent a threat to public health. To help prevent outbreaks, the Department of Health monitors the number of people who contract certain infectious diseases and their characteristics, the recent travel or attendance of infected people in a public place or on public transport and works with health specialists and doctors to help prevent the transmission of diseases to other people.

The Public Health Act 2010 lawfully requires and authorises doctors, hospitals, laboratories, school principals and childcare centre directors to confidentially notify the Public Health Unit (PHU) of patients with certain conditions, and to provide the required information on the notification forms. Specialist trained public health staff review this information and if necessary, contact the patient's doctor, and sometimes the patient, to provide advice about disease control and to complete the collection of information.

All information is held confidentially in order to protect the patient's privacy. Under the Commonwealth Privacy Acts, patient information is only released/disclosed where it is lawfully required or authorised. Management is required to notify the local PHU by phone as soon as possible after they are made aware that a child enrolled at the Service is suffering from one of the following vaccine preventable diseases.

- Diphtheria
- Hib (Haemophilus influenzae type b)
- Mumps
- Poliomyelitis
- Meningococcal disease
- Rubella ('German measles')
- Measles
- Pertussis ('whooping cough')
- Tetanus

Notification is also required for:

- Gastroenteritis (if 2 or more people are affected and an outbreak is suspected)

Management will closely monitor health alerts and guidelines from Public Health Units and the Australian Government- Department of Health for any advice and emergency health management in the event of a contagious illness outbreak. The approved provider must also notify the regulatory authority of any incidence of a notifiable infectious disease or illness.

THE APPROVED PROVIDER/NOMINATED SUPERVISOR WILL ENSURE:

- that obligations under the *Education and Care Services National Law and National Regulations* are met
- educators, staff, students, visitors and volunteers have knowledge of and adhere to this policy and associated procedure
- all new employees are provided with a copy of this policy as part of their induction process
- families are aware of this *Dealing with Infectious Diseases Policy* upon enrolment
- children are protected from harm by ensuring relevant policies and procedures are followed regarding health and safety within the Service
- an Immunisation History Statement for each child is collected on enrolment and maintained/updated regarding the child's immunisation status (AIR) and any medical conditions
- a staff immunisation record that documents each staff member's previous infection or immunisations (including dates) is developed and maintained
- the Service implements recommendations from [*Staying healthy: Preventing infectious diseases in early childhood education and care services- 6th Edition*](#) to maintain a healthy environment
- that all information regarding the prevention and transmission of infectious diseases is sourced from a recognised Government Health authority [Australian Government Department of Health](#)
- exclusion periods for people with infectious diseases recommended by Government Authorities are implemented for all staff, children, parents, families and visitors
- wall charts about immunisation are accessible for enrolments and able to communicate to families
- the Public Health Unit is notified as soon as possible after they are made aware that a child enrolled has a vaccinated preventable disease
- the Public Health Unit is notified in the event of an outbreak of viral gastroenteritis. Management must document the number of cases, dates of onset, duration of symptoms. An outbreak is when two or more children or staff have a sudden onset of diarrhoea or vomiting in a 2-day period

- after confirmation that a child is suffering from an infectious disease, and as soon as practical, the family of each child enrolled in the Service must be notified whilst maintaining the privacy of the ill/infectious child. Communication may be:
 - via electronic message- through Storypark or Kidsoft
 - notice clearly displayed at the Service
- families are advised that they are requested to alert the Service if their child is diagnosed with an infectious illness, including COVID-19
- daily attendance records for staff, children and visitors are up to date at all times
- safe health and hygiene practices are implemented at all times throughout the day
- educators and staff routinely role model hand washing, hand drying, cough and sneeze etiquette
- infection control practices are implemented for nappy changing and toileting
- effective environmental cleaning policies and procedures are adhered to all times
- children are supported in their understanding of health and hygiene practices throughout the daily program and routine (hand washing, hand drying, cough and sneeze etiquette)
- families are provided with relevant sourced materials and information on infectious diseases, health, and hygiene including:
 - the current National Immunisation Schedule
 - exclusion guidelines in the event of a vaccine preventable illness at the Service for children that are not immunised or have not yet received all their immunisations
 - advice and information regarding any infectious diseases in general and information regarding any specific infectious illnesses that are suspected/present in the Service.
- all educators are mindful and maintain confidentiality of individual children's medical circumstances
- that opportunities for educators to source pertinent up to date information from trusted sources on the prevention of infectious diseases and maintaining health and hygiene are provided
- that opportunities for staff, children, and families to have access to health professionals by organising visits/guest speakers to attend the service to confirm best practice are provided
- families are advised to keep children at home if they are unwell and not return to the Service until they have improved
- the recommended minimum exclusion periods from *Staying healthy* are followed for children or staff depending on their symptoms or disease and whether a medical professional has diagnosed a specific condition
- to minimise the chance of disease/illness spreading, children must be well for 24hrs before returning to the Service and with a medical clearance

- to complete the register of *Incident, Injury, Trauma or Illness* and/or document incidents of infectious diseases no later than 24 hours of an illness or infectious disease occurring in the Service
- educators or staff who have diarrhoea or an infectious disease do not handle food for others and are not to return to work until they have been symptom free for 48 hours
- any risk to a child or adult with complex medical needs is minimised in the event of an outbreak of an infectious disease or virus. This may require a risk assessment and decision-making regarding the suitability of attendance of the child or staff member during this time.

EDUCATORS WILL ENSURE:

- that any child suspected of having an infectious illness is responded to and their health and emotional needs are supported
- any child suspected of having an infectious illness is separated from other children and supervised whilst waiting for collection by parents/guardian or emergency contact person
- that appropriate health and safety procedures are implemented when treating ill children- [wear disposable gloves, face mask or other PPE if needed]
- families are aware of the need to collect their unwell child/ children as soon as practicable from the Service
- all resources or items touched by a child with a suspected illness are thoroughly cleaned and disinfected- (cushions, pillows, toys)
- their own immunisation status is maintained, and the approved provider/nominated supervisor is advised of any updates to their immunisation status
- opportunities are provided for children to participate in hygiene practices, including routine opportunities, and intentional practice such as hand washing, sneezing and cough etiquette
- consideration is given to the combination of children to decrease the risk of attaining an infectious illness when planning the routines/program of the day
- they adhere to the Service's *Health and Safety Policy* including:
 - hand washing
 - daily cleaning of the Service
 - wearing gloves (particularly when in direct contact with bodily fluids- nappy changing and toileting)
 - appropriate and hygienic handling and preparation of food
 - wearing face masks
 - providing adequate ventilation to reduce the transmission of diseases that are airborne

- they maintain up-to-date knowledge regarding best practice principles and high standards of hygiene to reduce the spread of spread of infectious disease and promote good health and safety
- bedding is cleaned using detergent and water after each use and if the surface is known to be contaminated with a potential infectious disease, disinfectant is also used to clean beds
- that all play dough is freshly made every week. If there is an outbreak of vomiting and/or diarrhoea, or any other contagious communicable disease, play dough is to be discarded at the end of each day and a new batch made each day for the duration of the outbreak
- children and adults wash their hands before and after using play dough.

PREVENTION STRATEGIES FOR MINIMISING THE SPREAD OF DISEASE WITHIN OUR SERVICE

STAFF AND EDUCATORS WILL ENSURE:

- a healthy environment is provided through adherence to the [Staying Healthy cleaning guidelines](#)
- utility gloves are worn and washed and dried between uses
- surfaces are cleaned first with detergent and water before using disinfectants. (Disinfectants cannot kill germs unless areas are clean)
- mops with detachable heads are used for toilet accidents are to be soaked in disinfectant in a bucket in the laundry sink and then air-dried
- that a daily clean is carried out on other surfaces that may transmit germs such as high touch objects including doorknobs, tables, light switches, handles, remotes, play gyms, low shelving, etc. This will be increased to several times a day if an outbreak of an infectious disease/virus has been recorded in the Service or to minimise the risk of transmission of a virus such as COVID-19
- that if a child has a toileting accident, the items are placed in the wet bag supplied on enrolment with the child's name on it.
- cloths and mops are colour coded so that a separate cloth or mop is used to clean floors, bathroom, art and craft, and meal surfaces
- detachable mop heads and cloths are washed in a washing machine using hot water
- that any toy that is mouthed by a child is placed immediately in the 'toys to be washed' basket located on the top shelf in the nappy change area and washed with warm soapy water at the end of the day. All washable toys out on display for the children are to be washed on a weekly basis to decrease the risk of cross contamination and recorded with the date and a signature as evidence.
- toys and equipment (that are difficult to wash) will be washed with detergent (or soap and water) and air-dried in sunlight

- washable toys and equipment will be washed in detergent and hot water or the dishwasher and aired to dry (toys will not be washed in the dishwasher at the same time as dishes). All toys and equipment that have been cleaned will be recorded on the toy cleaning register.
- a 'Dummy Basket' is located by the sign in sheet that requires all children that use a dummy to place the dummy in the basket in an individual container, and with a protector with the child's name clearly stated to reduce the risk of cross contamination
- dummies are stored out of children's reach and never shared with other children
- all cleaning procedures will be recorded on the Service's Cleaning Checklist
- all cushions, including floor cushions, should have removeable cushion covers and will be laundered at least every second day as well as whenever they are visibly dirty or contaminated
- floor surfaces will be cleaned on a daily basis after each meal and at the end of each day
- toilets/bathrooms will be cleaned in the middle of the day, the end of the day and whenever needed throughout the day using detergent and water followed by disinfectant and paper towel
- when cleaning up spills of faeces, vomit or urine off beds, floors, bathrooms etc. educators will use disinfectant on the surface after cleaning it with detergent and warm water
- management must ensure pregnant women are aware of the occupational risks and exposure to specific infectious diseases including Cytomegalovirus (CMV). Occupational risks of CMV in childcare should be individually managed and control measures implemented. Risk management may include ensuring pregnant women do not work with children under two years of age including avoiding changing nappies or assist in toileting or cleaning up toileting accidents to prevent unexpected cross contamination and risk of contracting [Cytomegalovirus \(CMV\)](#). (see *Pregnancy in Early Childhood Policy*)

FAMILIES WILL:

- adhere to and support the Service's policies regarding *Dealing with Infectious Diseases, Immunisation, Incident, Injury, Trauma and Illness* and exclusion requirements
- alert the Service if their child is diagnosed with an infectious illness, including COVID-19
- exclude their child from care for the recommended minimum exclusion period if they display symptoms of an infectious illness or disease [Exclusion for common or concerning conditions](#)
- adhere to exclusion periods in the event of a vaccine preventable disease occurring in the Service and their child is not fully immunised
- adhere to the Service's restrictions of entry into the Service in the event of an outbreak of an infectious disease or virus
- adhere to the Service's policy regarding *Hand Washing*

- advise the Service of their child's immunisation status, by providing a current Immunisation History Statement recorded on the Australian Immunisation Register (AIR) for the Service to copy and place in the child's file
- advise the Service when their child's medical management plan is updated
- provide sufficient spare clothing, particularly if the child is toilet training
- adhere to the Service's risk minimisation strategies if their child has complex medical needs in the event of an outbreak of an infectious disease or virus.

RESOURCES

[Common cold fact sheet](#)

[Exclusion for common or concerning conditions](#)

Pregnancy Birth and Baby. [Cytomegalovirus \(CMV\) during pregnancy](#).

[RSV Fact Sheet](#)

[Time Out Keeping your child and other kids healthy!](#) (Queensland Government)

Time Out Brochure [Why do I need to keep my child at home?](#)

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Dealing with Infectious Diseases Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

RELATED RESOURCES

Hand Washing Procedure	Immunisation Register
Illness Management Procedure	Incident Injury Trauma and Illness Record
Illness or Infectious Disease Register	Reporting Infectious Diseases Procedure

SOURCES

Australian Children's Education & Care Quality Authority. (2024). [Guide to the National Quality Framework](#)

ACECQA. (2021). Policy and procedure guidelines. (2021). [Dealing with Infectious Diseases](#).

Australian Government Department of Health Australian Health Protection Principal Committee (AHPPC)

Department of Human Resources: [National Immunisation Program Schedule](#)

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations](#). (Amended 2023).

National Health and Medical Research Council. (2024). [Staying healthy: Preventing infectious diseases in early](#)

[childhood education and care services. 6th Edition.](#)

NSW Government. Department of Education. [Managing COVID cases](#)

NSW Government Department of Health. [Vaccination requirements for child care.](#)

Public Health Act 2010

Public Health Amendment Act 2017

Public Health Regulation 2012

Public Health and Wellbeing Regulations 2019 Victoria

Safe Work Australia

[Western Australian Legislation Education and Care Services National Law \(WA\) Act 2012](#)

[Western Australian Legislation Education and Care Services National Regulations \(WA\) Act 2012](#)

REVIEW

POLICY REVIEWED	NOVEMBER 2024	NEXT REVIEW DATE	MARCH 2025
MODIFICATIONS	- review of policy following updated recommendations from Staying Healthy in Childcare 6th Edition - Links to Staying Healthy exclusion periods updated - Sources checked and updated as required		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
MARCH 2024	- annual policy maintenance - deleted reference to 'Sick Children Policy' (now merged with Incident, Injury, Trauma and Illness Policy) - deleted managing COVID-19 positive case section - merged '<i>nominated supervisor/ responsible person educator</i>' section - order of some statements moved within paragraphs for consistency and repetition - minor formatting edits within text - hyperlinks checked and repaired as required		MARCH 2025

MEDICAL CONDITIONS POLICY

To support children's wellbeing and manage specific healthcare needs, allergy or relevant medical condition, our Service will work in accordance with the Education and Care Services National Regulations to ensure health related policies and procedures are implemented. We aim to take every reasonable precaution to protect children's health and safety by explicitly adhering to individual medical management and risk management plans and responding to any emergency situation should they arise.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
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.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
12	Meaning of a serious incident
85	Incident, injury, trauma and illness policy
86	Notification to parent of incident, injury, trauma or illness
87	Incident, injury, trauma and illness record
89	First aid kits
90	Medical Conditions Policy
90(1)(iv)	Medical Conditions Communication Plan
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement—anaphylaxis or asthma emergency

95	Procedure for administration of medication
136	First Aid qualifications
162(c) and (d)	Health information to be kept in enrolment record
168	Education and care services must have policies and procedures
170	Policies and procedures are to be followed
173(2)(f)	Prescribed information to be displayed- a notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service
174	Time to notify certain circumstances to Regulatory Authority

RELATED POLICIES

Acceptance and Refusal of Authorisations Policy Administration of Medication Policy Asthma Management Policy Anaphylaxis Management Policy Celebrations Policy Child Safe Environment Policy Diabetes Management Policy Enrolment Policy	Epilepsy Management Policy Family Communication Policy Health and Safety Policy Incident, Injury, Trauma and Illness Policy Nutrition Food Safety Policy Privacy and Confidentiality Policy Sick Children Policy Supervision Policy Work Health and Safety Policy
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PURPOSE

The *Education and Care Services National Regulations* requires approved providers to ensure services have policies and procedures in place for medical conditions. We aim to efficiently respond to and manage the medical conditions, health care needs or allergies of children and staff ensuring the safety and wellbeing of all children, staff, families, and visitors at our Service.

SCOPE

This policy applies to children, families, staff, educators, management, approved provider, nominated supervisor and visitors of the Service.

DUTY OF CARE

Our Service has a legal responsibility to take reasonable steps to ensure the health needs of children enrolled in the service are met. This includes our responsibility to provide:

- a. a safe environment for children free of foreseeable harm *and*
- b. adequate supervision of children at all times.

IMPLEMENTATION

We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. Our Service is committed to adhering to privacy and confidentiality procedures when dealing with individual health care needs, allergies or relevant medical conditions including having families provide written permission to display the child's medical management plan in prominent positions within the Service.

There are a number of concerns that must be considered when a child with a diagnosed health care need, allergy, or medical condition is enrolled at the service. Key procedures and strategies must be in place prior to the child commencing at the service to ensure their individual health, safety and wellbeing. It is imperative that all educators and volunteers at the Service follow a child's medical management plan in the event of an incident related to a child's specific health care need, allergy, or medical condition.

THE APPROVED PROVIDER / NOMINATED SUPERVISOR/MANAGEMENT WILL ENSURE:

- all enrolment forms are reviewed to identify any specific health care need, allergy or medical condition. With conversations to support the information during orientation.
- existing enrolment forms are reviewed, and parents contacted to confirm if the existing diagnosed health care need, allergy or relevant medical condition still applies and whether any new needs have been diagnosed
- parents are provided with a copy of the Service's *Medical Conditions Policy* and any other relevant medical conditions policy
- a child is not enrolled at, nor will attend the Service without a medical management plan and prescribed medication by their medical practitioner. In particular, medication for life-threatening conditions such as asthma, anaphylaxis or diabetes must be provided at the service each day [e.g. asthma inhalers, adrenaline auto injection devices or insulin]
- educators, staff and volunteers have knowledge and access to this policy and relevant health management policies (*Asthma Management Policy/ Anaphylaxis Management Policy/Diabetes Management Policy*)
- educators, staff and volunteers have a clear understanding of children's individual health care needs, allergy or relevant medical condition that may be ongoing or acute/short term in nature
- new staff members are provided with induction and ongoing training to assist managers, educators and other staff effectively and children with medical management plans are clearly identified
- all aspects of operation of the Service must be considered to ensure inclusion of each child into the program

- a risk communication plan is developed in collaboration with the Nominated Supervisor/Responsible Person and lead educators to ensure communication between families and educators is on-going and effective
- staff are provided with annual ASCIA anaphylaxis e-training to provide consistent and evidence-based approaches to prevention, recognition and emergency treatment of anaphylaxis
- at least one staff member or nominated supervisor is in attendance at all times with a current accredited first aid certificate, emergency asthma management and emergency anaphylaxis management certificate (as approved by ACECQA)
- educators and staff have a clear understanding about their role and responsibilities when caring for children with a diagnosed health care need, allergy or relevant medical condition
- families provide required information on their child's health care need, allergy or relevant medical condition, including:
 - medication requirements
 - allergies
 - medical practitioner contact details
 - medical management plan
- a medical management plan has been developed in consultation with parents and the child's medical practitioner and provided to the service and/or
 - an individual Asthma or Anaphylaxis Action Plan is developed in consultation with parents and the child's medical practitioner e.g: (ASCIA) or National Asthma Council of Australia
 - an individual Diabetes Management Plan is developed in consultation with parents and the child's medical practitioner
- a risk minimisation plan has been developed in consultation with parents and management prior to the child commencing at the service
- educators and staff will be informed immediately about any changes to a child's medical management plan and risk management plan, verbally and through the risk assessment room in the community section.
- to record any prescribed health information and retain copies of a medical management plan, anaphylaxis management plan or asthma management plan and risk minimisation plan in the child's enrolment folder
- educators have access to emergency contact information for the child
- casual staff are informed of children and staff members who have specific medical conditions, food allergies, the type of condition or allergies they have, and the Service's procedures for dealing with emergencies involving allergies and anaphylaxis

- a copy of the child's medical management plan is visibly displayed (in an area not generally available to families and visitors) but known to all staff and volunteers in the Service
- procedures are adhered to regarding the administration of medication at all times
- administration of medication record is accurately completed and signed by the educator and witness
- copies of children's medical management plans and medication are taken on any excursion or emergency evacuation from the service
- a notice is displayed prominently in the main entrance of the Service stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the Service, and providing details of the allergen/s (regulation 173)
- information regarding the health and wellbeing of a child or staff member is not shared with others unless consent is provided in writing, or provided the disclosure is required or authorised by law under relevant state/territory legislation. See *Child Protection Policy* for further information regarding legal obligations to sharing of information as per CISS or FIVSS schemes.)

THE APPROVED PROVIDER/NOMINATED SUPERVISOR/RESPONSIBLE PERSON/EDUCATORS WILL ENSURE:

- in the event that of a high-risk scenario where a child suffers from an allergic reaction, incident, situation, or event related to a medical condition the Service and staff will follow the child's emergency medical management plan as per Regulation 90(1)(c)(ii)
- the first aid responder will commence first aid measures immediately as per the child's medical management plan
- urgent medical attention from a registered medical practitioner is contacted if required
- an ambulance is called by dialling 000 if the child does not respond to initial treatment
- the nominated supervisor will contact the child's parent/guardian or emergency contact when practicable, but as soon as possible
- the Director/Nominated Supervisor will ensure the *Incident, Injury, Trauma and Illness Record* is completed in its entirety
- the Director/Nominated Supervisor will notify the regulatory authority (within 24 hours) in the event of a serious incident.

COOK AND FOOD HANDLERS WILL ENSURE:

- to keep up to date with professional training to help manage food allergies in ECEC services
- practices and procedures are in place, and adhered to, in relation to safe food handling, preparation and consumption of food

- any changes to children's medical management plans or risk minimisation plans are implemented immediately
- daily communication with the Responsible person, Centre Director and the Key educators to the child's room to ensure that the menu is suitable for all children in care to eat in case of changes to bookings or casual bookings.

FAMILIES WILL ENSURE:

- they provide management with accurate information about their child's health needs, allergies, medical conditions and medication requirements on the enrolment form
- the Service enrolment form is completed in its entirety providing specific details about the child's medical condition
- they acknowledge they have received/or are provided access to the Service's *Medical Conditions Policy and Administration of Medication Policy* at time of enrolment
- they provide the Service with a medical management plan prior to enrolment of their child that is stamped and verified by a licenced medical practitioner
- they consult with management to develop a risk minimisation plan and communication plan
- they notify the Service if any changes are to occur to the medical management plan through the communication plan and/or meetings with the nominated supervisor
- they provide adequate supplies of the required medication and medical authorisation on *Administration of Medication Record*
- they provide an updated copy of the child's medical management plan **annually** or evidence from a medical practitioner to confirm the plan remains unchanged
- they provide enrolment documentation of any medical condition annually
- they provide written consent for their child's medical management plan to be displayed in the Service.

MEDICAL MANAGEMENT PLAN

Any medical management plan provided by a child's parents and/or registered medical practitioner should include the following:

- specific details of the diagnosed health care need, allergy or relevant medication condition
- supporting documentation (if required)
- a recent photo of the child
- current medication and dosage prescribed for the child
- if relevant, state what triggers the allergy or medical condition

- first aid/emergency response that may be required from the Service
- any medication that may be required to be administered in case of an emergency
- further treatment or response if the child does not respond to the initial treatment
- when to contact an ambulance for assistance
- contact details of the medical practitioner who signed the plan
- the date of when the plan should be reviewed
- plans need to be stamped and verified by the medical practitioner
- a copy of the medical management plan will be displayed for educators and staff to see to ensure the safety and wellbeing of the child, whilst ensuring the child's privacy by displaying only in an area generally only available to staff of the Service
- the Service must ensure the medical management plan remains current at all times
- educators and staff are updated immediately about any changes to a child's medical management plan

RISK MINIMISATION PLAN

All children with a diagnosed health care need, allergy or relevant medical condition must have a risk minimisation plan in place. (regulation 90(1)(c))

The-Nominated Supervisor will arrange a meeting with the parents/guardian as soon as the Service has been advised of the diagnosed health care need, allergy or medical condition. During this meeting, a risk minimisation plan will be developed in consultation with the parent/guardian to ensure:

- that the risks relating to the child's specific health care need, allergy, or medical condition are assessed and minimised
- that practices and procedures in relation to the safe handling, preparation, serving and consumption of food are developed and implemented
- that the parents/families are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented
- practices are developed and implemented to ensure that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication
- that the child does not attend the Service without medication prescribed by the child's medical practitioner in relation to the child's specific health need, allergy or medical condition
- risk minimisation plan(s) are reviewed at least annually and/or revised with each change in the medical management plan in conjunction with parents/guardians

- all relevant information pertaining to the child's health and medical condition is communicated to parents at the end of each day by educators
- parents are notified by educators in advance of any special activities taking place such as celebrations, sporting events or excursions so plans of safe inclusion can be developed
- appropriate hygiene practices are followed by educators when managing medical conditions in accordance with the *Control of Infectious Diseases Policy*.

COMMUNICATION PLAN

The communication plan explains how relevant staff members and volunteers are informed about the medical management and risk management plans and how the parent of the child can communicate any changes to the diagnosed health care need, allergy or medical condition.

A communication plan will be created after the meeting with the parents/guardian to ensure:

- all relevant staff members and volunteers are informed about the *Medical Conditions Policy*, the medical management plan and risk minimisation plan for the child; and
- an individual child communication book/document is created so that a parent can communicate any changes to the medical management plan and risk management plan for the child in writing.

At all times, families who have a child attending the Service who have a diagnosed healthcare need, allergy or medical condition will be provided with a copy of this policy and other relevant policies specific to their child's health management and communication plans.

RESOURCES

[ASCIA anaphylaxis e-training for schools and early childhood education/care](#)

[ASCIA plans for Anaphylaxis](#)

[Coeliac Australia](#)

[Cystic Fibrosis Australia](#)

[Diabetes Australia](#)

[Epilepsy Foundation](#)

[National Asthma Australia](#)

[National Allergy Strategy](#)

RELATED RESOURCES

Administration of Medication Procedure	Medical Management Plan
Administration of Medication Form	Medical Risk Minimisation Plan

Managing a Medical Condition Procedure Medication Communication Plan	Notification of Changed Medication Status Permission to Display Medication Action Plan
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SOURCE

Australian Children's Education & Care Quality Authority. (2014).
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[Education and Care Services National Regulations](#). (Amended 2023).
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REVIEW

POLICY REVIEWED	JUNE 2025	NEXT REVIEW DATE	JUNE 2026
June 2025	additional clarification added for medical practinor and stamped action plans		
June 2024	- annual policy maintenance - hyperlinks checked and repaired as required - minor formatting edits within text - Related resources section added - link to Western Australian Education and Care Services National Regulations added in 'Sources'		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
JUNE 2022	- policy maintenance - inclusion of legislation for information sharing schemes including -Child Information Sharing Scheme (CISS) and Family Violence Information Sharing Scheme (FVISS) for Vic. Services - minor formatting edits within text - hyperlinks checked and repaired as required		JUNE 2023

OCTOBER 2021	• Policy reviewed and included suggested guidelines from ACECQA Dealing with Medical Conditions in Children (June 2021) • Additional section added <i>Cook and Food Handlers</i> • National Allergy Strategy link added	JUNE 2022
MAY/JULY 2021	• relevant regulations updated • Duty of Care section added • inclusion of staff annual ASCIA anaphylaxis e-training as best practice • detailed procedure of management of high-risk scenarios • resources added for management of medical conditions • sources checked for currency	JUNE 2022
APRIL 2020	• additional information added to points • additional wording added to include diagnosed health care need, allergy or relevant medical condition • inclusion of asthma, anaphylaxis and diabetes policies • additional sources	JUNE 2021
JUNE 2019	Grammar, punctuation and spelling edited. Some sentences reworded/refined. Additional information added to points. Sources/references alphabetised. Related policies added.	JUNE 2020

EMERGENCY AND EVACUATION POLICY

Under the *Education and Care Services National Regulations*, an approved provider must ensure that policies and procedures are in place for emergency and evacuation and take reasonable steps to ensure policies and procedures are followed. (ACECQA, 2021).

Emergency and evacuation situations in early education and care services may arise for a variety of reasons, often suddenly and unexpectedly. It is vital that if an emergency situation arises, staff are confident to manage the situation effectively and efficiently, maintaining the safety and wellbeing of children, families and visitors.

Ensuring that educators and children know what to do in an emergency situation requires vigilant planning and practice. Regularly practicing the drills for emergency situations also provides an opportunity to help support and build on children's coping mechanisms and resilience.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
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.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1.2	Management Systems	Systems are in place to manage risk and enable the effective management and operation of a quality service.
7.1.3	Roles and responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service.

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS	
S. 165A	Offence relating to children leaving the education and care service premises unauthorised
S. 174(2)(a)	Serious incident - Any emergency for which emergency services attended
S. 174(2)(c)	Any incident that requires the approved provider to close, or reduce the number of children attending the service for a period
S. 174(2)(c)	Any circumstance at the service that poses a risk to the health, safety or wellbeing of a child attending the service
4	Definitions "multi-storey building" and "storey"

12(d)	Meaning of a serious incident- any emergency for which emergency services attended
97	Emergency and evacuation procedures
98	Telephone or other communication equipment
99	Children leaving the education and care service premises
136	First aid qualifications
168	Education and Care Services must have policies and procedures
170	Policies and procedures are to be followed
171	Policies and procedures to be kept available
175	Prescribed information to be notified to regulatory authority

RELATED POLICIES

Acceptance and Refusal Authorisation Policy Administration of First Aid Policy Bush Fire Policy Child Safe Environment Policy Delivery of Children to, and collection from Education and Care Service Premises Policy Enrolment Policy	Family Communication Policy Health and Safety Policy Incident, Injury, Trauma and Illness Policy Lockdown Policy Record Keeping and Retention Policy Sun Safety Policy Supervision Policy
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PURPOSE

Our Service has a duty of care to maintain the safety and wellbeing of each child, educator, and all persons using or visiting the Service during an emergency or evacuation situation. We are committed to identifying risks and potential hazards of emergency and evacuation situations by conducting thorough risk assessments on an annual basis and continually plan for further risk minimisation and improvement to our policy and procedures.

SCOPE

This policy applies to children, families, staff, educators, approved provider, nominated supervisor, students, volunteers, management and visitors of the Service.

IMPLEMENTATION

We define an emergency as an unplanned, sudden or unexpected event or situation that requires immediate action to prevent harm, injury, or illness to persons, or damage to the Service's premises. Emergency situations may pose a risk to an individual's health and safety. It is important that Services

identify potential emergencies that may be specific to their location and environment. Severe heat or heatwaves, also pose an immediate risk to babies and young children and require risk mitigation strategies to be implemented. [See: *Sun Safety Policy*].

An emergency is any event, situation or event where there is an imminent or severe risk to the health, safety or wellbeing of children at the Service. National Regulations state that emergency evacuation rehearsals (drills) are to be practiced and reviewed every three months by the responsible person, all staff members, volunteers, visitors and children present on the day.

(Guide to the NQF).

Circumstances under which an emergency evacuation will occur may include:

- Fire within the building or playground
- Fire in the surrounding area where the Service may be in danger
- Flood
- Cyclone, severe storm or dust storm or other natural weather event
- dangerous animal, insect or reptile
- Terrorist threat
- Other circumstances may include:
 - gas explosion, traffic accident, or any event which could render the building unsafe (e.g.: earthquake).

[Our Bushfire Policy contains specific information about Bushfire Risk Management Plans and evacuation plans for Bush Fires.]

The approved provider, in conjunction with educators of the Service, will conduct a comprehensive risk assessment in order to identify any risk/s or hazards associated with potential emergencies that may affect the safe evacuation of children from the Service.

The risk assessment will be reviewed at least every 12 months or after being aware of an incident or circumstance that may affect the safe evacuation of children. All risk assessments will be regularly assessed and evaluated as to facilitate continuous improvement in our Service. If a risk concerning the safe evacuation of a child is identified during the risk assessment, the approved provider must update the *Emergency and Evacuation Policy* and procedure as soon as possible. The risk assessment is to be stored safely and securely and kept for a period of 3 years.

THE AUSTRALIAN WARNING SYSTEM (AWS)

The Australian Warning System (AWS) is a nationally consistent, three-tiered approach designed to make warnings clearer and lead people to take action during emergencies like bushfire, flood, storm, extreme heat and severe weather. The warning system comprises of levels, action statements, hazard icons, colours and shapes. <https://www.ses.nsw.gov.au/about-us/our-warnings/>

The three warning levels are:

Advice (Yellow): An incident has started. There is no immediate danger. Stay up to date in case the situation changes. Monitor conditions.

Watch and Act (Orange): There is a heightened level of threat. Conditions are changing and you need to start taking action now. Prepare to leave/evacuate. Do not enter flood water.

Emergency Warning (Red): An Emergency Warning is the highest level of warning. You need to take action immediately. Leave/evacuate (immediately by am/pm/hazard timing).

When there is an Emergency Warning, educators need to prepare for possible emergency evacuation and implement the procedures effectively to ensure the safety of all children, staff, families and visitors in the Service.

THE NOMINATED SUPERVISOR/MANAGEMENT AND EDUCATORS WILL ENSURE:

- obligations under the *Education and Care National Law and Regulations* are met
- emergency and evacuation policies and procedures are available for inspection at the Service's premises at all times
- the approved provider will conduct a risk assessment to identify potential emergencies that are relevant to the Service
- the nominated supervisor will review the risk assessment every 12 months or after becoming aware of any circumstance that may affect the safe evacuation of children from the Service
- relevant stakeholders/authorities are consulted for advice and guidance to improve risk mitigation strategies as part of our emergency and evacuation plan (police, fire, parents/families)
- an Emergency Management Plan (EMP) is developed and updated
- all staff and educators have a thorough understanding of the [Australian Warning System \(AWS\)](#)
- the [Bureau of Meteorology \(BOM\)](#) will be checked regularly to monitor emergency situations and warnings relevant to our Service location

- consideration is made to evacuate infant/s and non-ambulant children evacuating the premises resulting in enhanced ratios (see *Evacuating Infants and non-ambulatory children* section below)
- additional consideration is made for services operating in multi-storey buildings (assembly areas, lifts not being used, stairwells, non-ambulant children, staffing implications, supervision) [Reg. 97(1)(b)]
- emergency rehearsals should involve other building tenants and building manager (if applicable)
- emergency evacuation plans are displayed in prominent positions near each exit at the Service premises including both the indoor and outdoor learning areas
- the emergency and evacuation procedures include instructions for what must be done in the event of an emergency
- emergency evacuation plans include a floor plan for ease of reference with clearly defined assembly points and clearly marked exit routes from all locations within the Service
- all exits have exit signs clearly visible
- there are no obstructions in hallways, stairways or emergency exits
- all educators, including casual/relief educators and staff members, are familiar with our *Emergency and Evacuation Policy*, procedures and regulatory requirements
- new staff, volunteers and students are provided with information and training about our *Emergency and Evacuation Policy* and procedures during induction
- all staff, visitors and students are aware of emergency evacuation points and assembly areas
- staff are trained how to use emergency equipment such as fire extinguishers, fire blankets, hoses etc
- that emergency evacuation rehearsals (drills) are to be practiced and reviewed **every three months** by the responsible person, all staff members, volunteers, visitors and children present on the day.
- families are informed of the purpose and importance of regular emergency evacuation rehearsals upon enrolment
- families are encouraged to provide authorisation for their child to participate in emergency evacuation rehearsals where children move off Service premises to an external emergency assembly point
- an *Emergency Evacuation Risk Assessment* will be conducted for regular outings involving emergency evacuation rehearsals that require children to move to an external emergency assembly point
- that the risk assessment for emergency evacuation rehearsals is reviewed every 12 months or following any changes to the emergency evacuation rehearsal, such as changes to the location of emergency assembly point
- spontaneous rehearsals also take place during the year to assist in refining risk management procedures and evacuation procedures

- each time a planned or spontaneous emergency evacuation drill is performed it is to be timed and documented in the *Emergency Evacuation Rehearsal Evaluation*
- after reflection, notes on any areas that need improving or revising are to be documented in the *Emergency Evacuation Rehearsal Evaluation*. Educators will discuss and implement strategies to make continuous improvement to procedures which will be documented in the Service's Staff Meeting minutes and Quality Improvement Plan (QIP).
- in the event of limited educators (e.g., early morning or late afternoon), staff members are to work together to perform the duties as per the evacuation plan (the roster must include a responsible person being on the premises at all times to take responsibility and delegate duties). This scenario will be discussed and documented in the Service's Staff Meeting Minutes (WHS).
- children are provided with age-appropriate support and information before, during and after emergency and evacuation rehearsals (drills)
- all staff are aware of their roles and responsibilities in event of an emergency situation
- regular communication with families includes information about emergency and evacuation procedures
- families are informed when a rehearsal or drill has occurred
- each room has an *Emergency Evacuation Kit* located in a prominent position
- *Emergency Evacuation Kits* are regularly audited and restocked as required
- an up-to-date register of emergency telephone numbers for children is maintained. A copy of the current list will always be available in the *Emergency Evacuation Kit*
- portable First Aid Kits are readily available in case of an emergency evacuation
- at least one staff member or one nominated supervisor who holds current ACEQCA approved first aid qualifications, approved anaphylaxis management and emergency asthma management training is in attendance at all times
- medical management plans for children are able to be accessed easily
- children's medication is collected during an evacuation
- all fire extinguishers, fire blankets, fire hoses, and other emergency equipment located throughout the Service will be inspected and tested at six monthly intervals by an authorised company as per the Australian Safety Standard AS 1851-2012: *Maintenance of Fire Protection Systems and Equipment*.
- extinguishers will be emptied, pressure tested, and refilled every five years
- all tests performed on emergency equipment and the date on which it was tested will be recorded on a label or metal tag attached to the unit. Certificates to verify testing will be filed.
- ensure smoke detectors are regularly tested and batteries replaced annually

- staff and educators have access to an operating telephone or other means of communication at all times (mobile phone)
- in the event of a telephone not operating or no other means of communication the Service will consider closure of the Service (See *Closure of Service* below)
- emergency telephone numbers will be displayed prominently throughout the Service in the kitchen, office, staff room and each area where children are educated and cared for.
- our emergency telephone list (located next to the telephone) includes the numbers for:
 - Police
 - Local fire station
 - State Emergency Services (SES)
- following the emergency evacuation or an incident that poses a risk to the health and safety of children attending the Service, an *Emergency Evacuation Record* and an *Incident, Injury, Trauma and Illness Record* will be completed
- the approved provider will make a notification of a serious incident to a regulatory authority (within 24 hours) through the [NQA IT System](#) when emergency services have attended an education and care service in response to an emergency, rather than as a precaution or for any other reason or following an incident that poses a risk to the health and safety of children attending the Service
- the approved provider will notify the regulatory authority and Department of Education (CCS) if the Service is required to close for a period of time as a result of a local emergency [Reg.175 (2)(b)].

EMERGENCY AND EVACUATION PROCEDURE GUIDELINES

(include who is responsible for the implementation of each step)

As per Reg. 97, the emergency and evacuation procedures must set out-

- a) instructions for what must be done in the event of an emergency; and
- b) an emergency and evacuation floor plan; and
- c) if the education and care service premises is located within a multi-storey building shared with other occupants and on a storey with no direct egress to an assembly area—
 - I. all possible evacuation routes from each storey on which the premises is located; and
 - II. the evacuation routes that are proposed to be used in an evacuation; and
 - III. how all children will be safely evacuated from the premises, including non-ambulatory children; and
 - IV. the stages in which an evacuation will be carried out; and
 - V. the identity of the person in charge of an evacuation; and
 - VI. the roles and responsibilities of staff members during an evacuation; and

VII. the arrangements made with the other occupants of the multi-storey building in relation to the evacuation of the multi-storey building.

- the nominated supervisor/approved provider will make the final call to whether to evacuate the premises due to an emergency situation
- contact 000 for local emergencies- provide name, address and nearest cross street, reason for evacuation, phone contact number, number of children and adults evacuating
- guidance will be provided by the relevant emergency service (Fire service, SES, Police)
- move all children and visitors to identified evacuation/emergency assembly area as indicated on the *Emergency and Evacuation Plan*
- collect Emergency Evacuation Kit, medical management plans and associated children's medication
- collect First Aid Kit
- check daily attendance record and visitor record
- once children are safely evacuated, administer first aid if required
- remain calm and reassure children
- once emergency services arrive, contact parents/emergency contacts
- await instructions from relevant emergency services for re-entering premises or alternative evacuation procedure.

EVACUATING INFANTS AND NON-AMBULATORY CHILDREN

The Management and the nominated supervisor will:

- complete a detailed risk assessment specifically considering the safe evacuation of infants and non-ambulatory children from the Service including:
 - additional staffing requirements to safely evacuate all children from single storey and multi-storey buildings
 - the procedure to safely evacuate multiple infants and/or non-ambulatory children at once
 - the location of emergency equipment which may include- emergency cots, prams, baby carriers or wagons to safely transport children
 - ensuring staff are aware of the maximum capacity of emergency equipment, including weight limits for emergency cots, prams or wagons
 - ensuring this equipment can travel through the evacuation route to the assembly area without obstruction
 - specific procedures required for evacuating infants and non-ambulatory children in multi-storey buildings via stairs
 - collection of emergency supplies for infants including breast milk/formula, nappies, blankets

- ensure infants and non-ambulatory children are included in ALL evacuation rehearsals
- ensure staff assess children's developmental milestones and physical mobility during an emergency to ensure children who cannot walk independently or require assistance will be identified and prioritised for evacuation
- reflect and assess evacuation rehearsals with all staff considering time taken to safely evacuate infants and non-ambulatory children
- ensure all equipment is easily accessible in an emergency situation
- ensure all staff have knowledge of how to use emergency equipment for transporting infants and non-ambulatory children.

FAMILIES WILL:

- ensure contact details are kept up to date
- provide emergency contact details on their child's enrolment form and advise the service of any change of name or phone number
- complete authorisation for their child to participate in regular emergency evacuation rehearsals that require children and staff move off Service premises to an external assembly point (best practice recommended by ACECQA)
- ensure the attendance record for their child is completed each day
- ensure they are aware of the Service's *Emergency and Evacuation Policy* and procedures
- follow the directions of the /Chief Warden in the event of an emergency or evacuation

CLOSURE OF THE SERVICE

There may be times where the normal operation of the Service is disrupted, and the Service is required to close temporarily during a planned or unplanned emergency occurrence. Situations that affect the normal operation include a local emergency which poses a risk to the health and safety of children attending the service, or where the service is inaccessible or is unsafe for children or staff or the emergency services/authority have directed the Service to close.

Situations where the Service may consider closure include:

- A period of local emergency, or emergency event
- Flooding
- Health emergency (i.e., pandemic)
- Bushfire
- Cyclone
- Unexpected absence of staff where ratios are unable to be met

- Severe outbreak of illness or disease
 - Lack of access to operating phone/communication means
 - Damage or vandalism to the service
 - Chemical hazard
 - Earthquake
- The approved provider or nominated supervisor will consult with emergency services/ local authorities regarding the closure of the service
- Our Service will ensure families are informed of emergency closures as soon as practicable to ensure immediate collection of children
- In the event of a planned closure, management will advise families as reasonably practicable through SMS/social media/phone calls/email to provide details of the planned closure including the period of closure
- Our Service will notify the regulatory authority of the Service closure within 24 hours of an incident
- Our Service will notify the Department of Education through the Provider Entry Point (PEP) or our third-party software of the Service closure within 24 hours.

DEALING WITH TRAUMA

Emergencies and natural disasters are extremely stressful, and it is normal for children and adults to feel overwhelmed and distressed. People cope with trauma in many different ways. Children look to adults for reassurance, care and opportunities to share their feelings. It is important for educators to understand the impact of disasters and seek help when needed.

The approved provider/nominated supervisor will support educators to provide information to parents and families following any emergency or natural disaster including:

- will the service be open in the days and weeks ahead?
- how to find alternative care and education
- how to contact services for support with dealing with trauma

Several organisations offer support for educators in these situations:

[Emerging Minds](#)

BeYou- [Trauma informed practice](#)

PREPARING FOR AN EMERGENCY

Australian Government Department of Education - [Help in an emergency](#)

WESTERN AUSTRALIA (WA)

- Department of Fire and Emergency Services: www.dfes.wa.gov.au
- State Emergency Service: <https://www.dfes.wa.gov.au/about-us/operational-information/ses>
- WA Police: www.police.wa.gov.au

CONTINUOUS IMPROVEMENT/REFLECTION

The *Emergency and Evacuation Policy* will be reviewed on an annual basis in conjunction with children, families, staff, educators and management.

RESOURCES

Bomb Threat Checklist	Emergency Management Plan (EMP)
Bomb Threat Procedure	Emergency Management Team Structure and Guide
Emergency Evacuation Record	Emergency Support Services Record
Emergency Evacuation Kit Checklist	Extreme Weather Procedure
Emergency Evacuation Procedure	Fire and Safety Equipment Checklist
Emergency Evacuation Rehearsal Calendar	Interruptions to Care - Risk Assessment Action Plan
Emergency Evacuation Rehearsal Evaluation	Planned and Unplanned Power Outage Procedure
Emergency Evacuation Rehearsal Letter to Families	Potential Emergencies - Risk Assessment Action Plan
Emergency Evacuation Rehearsal Procedure	
Emergency Evacuation Situation Letter	
Emergency Management Audit	

SOURCES

Australian Children's Education & Care Quality Authority. (2023). Policy and procedure guidelines- [Emergency and evacuation guidelines](#).

Australian Children's Education & Care Quality Authority. (2025). [Guide to the National Quality Framework](#)

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Australian Government. Business. (2024). [Emergency management](#).

Australian Government Department of Education. (2023). [Help in an emergency](#)

Australian Government. National Emergency Management Agency. [Australian Warning System](#).

Early Childhood Australia Code of Ethics. (2016).

[Education and Care Services National Regulations](#). (Amended 2023).

Fire Protection Association Australia: www.fpaa.com.au/

Fire System Services: <http://www.firesys.com.au/Fire-Extinguisher-Service-and-Maintenance-pg14686.html>

NSW Department of Education. (2023). [Emergency Planning, Management, Response and Recovery](#)

NSW Rural Fire Service: www.rfs.com.au

Work Health and Safety Act 2011.

[Western Australian Legislation Education and Care Services National Law \(WA\) Act 2012](#)

[Western Australian Legislation Education and Care Services National Regulations \(WA\) Act 2012](#)

REVIEW

POLICY REVIEWED	FEBRUARY 2025	NEXT REVIEW DATE	FEBRUARY 2026
MODIFICATIONS	• annual policy maintenance • minor edits within policy • additional section added: Evacuating Infants and Non-Ambulatory Children • additional information added regarding the authorisation from families for children to participate in regular emergency rehearsals where the assembly point is located off Service premises (ACECQA) • sources checked and updated as required		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
SEPTEMBER 2023/ JANUARY 2024	JANUARY • annual review of policy • additional information added re: closure of a service due to an emergency or evacuation situation • merged important information section within AP responsibilities SEPTEMBER • review of policy to include additional considerations for multi-storey buildings (NQF review) • new resources from CCD added • sources updated	FEBRUARY 2025	

Delivery of Children to, and collection from Education and Care Service Premises

Aim

Sagewood ensures the commitment to the strategies of delivery and collection of children is clear and shared by all. We need to respond to the specific needs of the children we care and educate for. We recognise that children are both vulnerable and capable. We respect the primary role of families; their values and expectations will be considered but the care and protection of children is paramount.

Under the Education and Care Services National Regulations the approved provider must ensure that policies and procedures are in place for the delivery of children to, and collection from, service premises and take reasonable steps to ensure those policies are followed. (ACECQA 2021).

National Quality Standards ("NQS")

Area	Description
2.2.1	At all times reasonable precautions and adequate supervision ensure that children are protected from harm and hazard
6.1	Respectful relationships with families are developed and maintained and families are supported in their parenting role
7.1	Governance supports the operation of a Quality service

National Regulations

Reg	Description
99	Children leaving the education and care service premises
Section 165A Law	Offence relating to children leaving the education and care service premises unauthorised
168	Education and care service must have policies and procedures (1) The approved provider of an education and care service must ensure that the service has in place policies and procedures in relation to the matters set out in subregulation (2)

Implementation

The Centre Director, responsible persons and centre staff will ensure that all children are only collected by persons who are authorised in the enrolment form.

The Approved Provider/Nominated Supervisor/Responsible Person will ensure:

- adequate supervision is provided when children arrive and depart the service premises
- relevant educator to child ratios are adhered to at all times
- accurate attendance records are kept
- children only leave the education and care premises in the care of a parent /guardian or authorised person or in accordance with written authorisation as per Regulation 99/ Section 165A Offence relating to children leaving the education and care service premises unauthorised
- enrolment records are kept for each child enrolled in the Service including the name, address and contact details of
 - o any emergency contacts
 - o any authorised nominee
 - o any person authorised to consent to medical treatment or administration of medication
 - o any person authorised to give permission to the educator to take the child off the premises
 - o any person who is authorised to authorize the education and care service to transport the child or arrange transportation
- o details of any court order, parenting orders or parenting plan- Enrolment forms can only have legal guardians removed from enrolment forms based on court orders and parenting orders directed by the family court of Australia.
- o authorisations for the service to take the child on regular outings
- o authorisations for the service to take the child on regular transportation
 - Authorisations for the service to take the child from premises as they require medical, hospital or ambulance care or treatment; or because of another emergency.
- o any medical management plan, anaphylaxis medical management plan or risk minimisation plan
- should any serious incident occur, an Incident, injury, trauma or illness record must be completed (see Incident, Injury, Trauma and Illness Policy and Procedure)
- in the case of a serious incident occurring, the regulatory authority must be notified within 24 hours through the NQA IT System

- all new educators and staff are provided with an induction to the Service including an understanding of this policy
- all educators and staff are provided with procedures and training on how they will verify the identity of an authorised nominee, or a person authorised by the parent or authorised nominee to collect the child (including procedures of what to do when an unauthorised person attempts to collect a child)

Arrival and departure - the experience for the child and family

The Centre Director or authorised person will:

Ensure that all families have been welcomed and introduced to all staff through a centre tour and orientation process. Families will be educated on our Philosophy and our school readiness program through the centre tour and orientation. On orientation and on the first day of attendance, remind families that all children need to be signed in and out as a part of regulatory and CCS obligations. Families will also be informed that Record of Attendance sheets will be used for emergency evacuations and need to be completed by families both on arrival and on departure from the service.

Any person visiting our Service- including families 'dropping off' children, must comply with any health directive supporting Covid19 or any other infectious disease and illness. Which may include mask wearing and consent forms. Our delivery and collection process are developed to ensure that children make a smooth transition into the centre and to support the safety, education and wellbeing of all children.

Educators and staff will:

1. Greet families at the designated entrance and find out about the child's needs for the day.
2. Encourage children to walk into the hallway, carrying their bag on their back to prepare them for school(age permitting)
3. Ensure that staff are rotated on the arrival of children in the designated entrance with a member of the leadership team or known staff to ensure that all children and families are building relationships with educators.
4. Support families with the sign in and out process to ensure compliance with CCS and Regulations.
5. Welcome families at the conclusion of the day and communicate about the child's day. Any important messages will be passed on to families, including any changes in the child's routine, accident reports or medication needs through Storypark and 1place, phone call and emails where applicable.

Families / family member or delegated authority responsibility:

- To prepare children for school and support independence, families will deliver their children to the foyer or designated delivery space in each centre.
- Families will be asked to support children's independence with encouraging children who are developmentally capable to walk into the centre with their bag on their back.
- New families and visitors are encouraged to make an appointment time to view the centre, to ensure that the developmental program isn't interrupted and time can be spent with families ensuring that ratio, and the safety and wellbeing of the children are not affected.
- We encourage families to deliver their child to the centre prior to 9 am. This is to ensure that the child participates and gains the full benefit of the developmental program. In preparation for school, a delivery time supports a transition to school and children being in a routine.
- Parents wishing to communicate with their child's teacher/ educator need to use Story Park communication through conversation and sharing of stories can support transparent communication.
- Where more detailed conversation is required on the needs of their child, a scheduled observation or a parent teacher meeting can be arranged at a time that is suitable for both family and the centre.
- For the support of the program, we encourage collection of the children from 3pm. This ensures that the children have participated in the program and achieved the goals that both families and staff have set and ensures that children's learning is not disrupted.
- Families are responsible to communicate any changes of routine with educators through the Storypark app or email. This communication may include information about medication, a change of routine, a person other than a known authorised adult picking up a child and completing documentation or if there is a change in time of arrival or departure for a child. These must be known by educators prior to attendance to ensure the safety and wellbeing of each child.
- Court orders / Parenting plans must be provided to remove/ update guardians from the enrolment form.
- All families are required to sign their child in and out each day. The sign in / out device is shown to each parent upon enrolment to the service and will be located in the centre foyer or designated area.
- children will be welcomed at the door to our Service by an educator and a non-contact device where appropriate is used to sign their child into the Service alternatively the service ipad needs to be used to sign the child in and out of the centre.

- all guardians will be encouraged to sanitise on arrival and departure from the service.
- Families are not permitted to take photos or use cameras in the foyer or service when attending to drop off or collect their child.
- Authorised persons collecting and delivering their child, must ensure that they are following our code of conduct to ensure that the health safety and wellbeing for all stakeholders are met and we abide by the Positive duty guidelines.

Centre Director or responsible person will ensure;

- The sign in / out is checked each day by 10 am to ensure that all children are signed in and out. This is conducted by the Centre Director/ RP at regular intervals throughout the day to ensure that all children are accounted for. Each day any child not signed in or accounted for, the enrolling guardian will be contacted by the Centre Director/ Responsible person to either mark absent or communicate the importance for signing their child in and out each day. Families can use Childcarenow to support absences with bookings.
- Educators are to ensure that all children are accounted for upon the closing checklist with a check of the Kidsoft sign in and out through the iPad. Calling any family that hasn't signed out and verify that the children are collected.
- Once the sign in and out has been recorded and the time of collection noted, the children's supervision is the responsibility of the parents / guardians or carers even if they are still on the premises.

Upon enrolment and through authorisations in the enrolment form parents/guardians are made aware that children cannot be released into the care of an unauthorised person if parental permission has not been received in writing or via telephone and/or if parental permission has been received but the unauthorised person cannot show photographic identification. Unauthorised persons are asked to provide photo evidence of their identity when presenting at the centre to collect a child. No child leaves the service with an unauthorised person unless there has been a conversation and written permission from the parent.

Parents/Guardians have a responsibility to ensure that:

- Their child is signed in upon arrival at the service and the time of arrival recorded.
- Their child is signed out upon departure from the service and the time of departure recorded.

- They notify the Centre/staff of any changes in the person collecting the child on a day to day basis.
- The Centre Director or a member of staff is notified via the telephone where written permission cannot be given, should an authorised person be required to collect a child from care.
- Any person not authorised on the enrolment form, brings a form of identification with them to the Centre when collecting the child.
- Children are appropriately restrained in vehicles as per the government requirements for children under 5 years

Occasionally siblings of children attending an early childhood service have arrived to collect children from the service. Siblings must be over 18 years of age to collect a child. There are also times when staff may be concerned that releasing the child to the parent/guardian authorised person, could put the child at risk so they will:

1. Reflect upon how actions are aligned with our values of nurture, love and inspire.
2. Seek an opinion from the nominated supervisor/ person in charge and/or
3. Speak to the Centre Director/Senior Management before deciding.
4. Staff will undertake a discussion and risk assessment in consultation with the parent / guardian.

The Centre Director will support the staff to undergo the process below.

The documented discussion and risk assessment will include:

- What is the issue / situation?
- What is the context / background / internal and external influences?
- What are the benefits?
- What are the risks?
- Do the benefits outweigh the risks?
 - If yes, prepare an action plan signed by staff and parent / guardian.
 - If no, inform parents/ guardian and Senior Management.

Late collection of children

It is the responsibility of parents / guardians to collect their child / children from the centre prior to the centre's closure. Children become distressed when a parent / guardian / carer is late in collecting them. The centre also has a responsibility to staff who cease employed hours at the closing time of the service.

Children are required to have left the service by the stated closing time. If children have not left the service by closing time a late collection fee will be applied.

The late fee is \$15 per child for the first five minutes and then \$10 per ten minutes, or part thereof will be charged. Parents / guardians will be invoiced for the late fee and will be deducted the following day through the direct debit system.

Parents who are habitually late will be advised in writing that any further infringement of this rule may mean cancellation of the childcare place and report to Department of Child protection.

Abandoned/Uncollected Children

In the event a child/ren is left in an educator's care beyond the "booked hours" of care and the parent / guardian fails to arrive or notify within a reasonable period of time (educators are to use their own discretion regarding the time limit), follow the procedure as outlined below:

- Attempt to contact the parent/guardian
- Attempt to contact all people nominated as emergency contacts
- If there is no response from steps 1 or 2 above, contact the Centre Director and or Senior Management.
- Ensure the child/ren remain in the care of the educator
- Where required, alternate care will be arranged by the Centre Director/Senior Management.
- Two adults will always remain on the premises with the child.

The responsible person will:

- Call the Police and request them to visit the parent / guardian's house
- Notify Child Protection Services on 131 278
- Follow advice provided by Child Protection Staff
- Complete and submit an incident report
- Advise COO as soon as practicable

Centre Tours

We encourage centre tours to be conducted outside of 9am -3pm. Inside this time, tours will be conducted with families using the viewing windows to the classrooms, this supports engaged learning by the children and uninterrupted interactions with the teachers.

Further reading

Education and Care Services national Regulations 2012

National Quality Standard

Australian Children's Education & Care Quality Authority (ACECQA). 20201. Policy and Procedure Guidelines. Delivery to, and Collection from Education and Care Services.

<https://www.kidsafewa.com.au/road-safety/child-car-restraints-guidelines/>

Document Control

Version	Action	Date
1.0	Implementation	June 2020
2.0	NQS	September 2021
2.1	Review with the rhythm of the day and collection times	November 2021
3.0	Changes in line with ACECQA guidelines and Covid	February 2022
3.1	Child restraints	March 2022
3.2	ACECQA'S recommendations and comply with the legislation under Regulation 168.	April 2022
3.3	Changes focused on foyer drop off and collection Formatting changes Safety and wellbeing added	October 2022
4	Additional info added – section 165 a Entire law definition added	August 2024
5	Removal of Covid provisions Update of court orders to remove legal guardians from enrolment forms and collection No photos to be taken in the foyer at delivery and collection Code of conduct needs to be met	August 2025

Excursions Policy

Aim

Excursions can form a vital part of a child's early education. They expose a child to a range of different experiences and enable them to gain a sense of the world in which they find themselves. Excursions encourage a child to embrace the unfamiliar and often every sense is employed in observing and understanding what they are experiencing. Excursions must be conducted in a way that:

- ensures the safety, health and wellbeing of the children being educated and cared for by the service; and
- meets the educational and developmental needs of the children being educated and cared for by the centre.

National Quality Standards ("NQS")

Area	Description
1.1	The educational program enhances each child's learning and development
1.2	Educators facilitate and extend each child's learning and development
2.2	Each child is protected
2.2.1	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
4.1	Staffing arrangements enhance children's learning and development
5.1	Respectful and equitable relationships are maintained with each child
5.2	Each child is supported to build and maintain sensitive and responsive relationships
6.1	Respectful relationships with families are developed and maintained and families are supported in their parenting role
6.2	Collaborative partnerships enhance children's inclusion, learning and wellbeing
7.1	Governance supports the operation of a quality service
7.1.2	Systems are in place to manage risk and enable the effective management and operation of a quality service

7.1.3	Roles and responsibilities are clearly defined, and understood, and support effective decision making and operation of the service
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National Regulations

Reg	Description
73	Educational programs
86	Notification to parents of incident injury trauma and illness
89	First aid kits
93	Administration of medication
97	Emergency and evacuation procedures
98	Telephones or other communication equipment
99	Children leaving the education and care service premises
100	Risk assessment must be conducted before excursion
101	Conduct risk assessment for excursion
102	Authorisations for excursions
117B	Minimum requirements for a person in day to day charge
122	Educators must be working directly with children to be included in ratios
136	First aid Qualifications
158	Children's attendance record to be kept by approved provider
161	Authorisations to be kept in enrolment form
162	Health information

EYLF

Sense of identity and wellbeing.

Connection and contribution to their local and wider community.

Growth as confident and involved learners.

Implementation

In addition to the specific requirements of the National Regulations for taking children on excursions, important requirements of the National Law must always be met. The National Law requires the approved provider of an education and care service to ensure that:

- all children being educated and cared for by the service are always adequately supervised that the children are in the care of the service
- every reasonable precaution is taken to protect children being educated and cared for by the service from any harm or hazard likely to cause injury
- relevant number of educators educating and caring for the children is no less than the number prescribed for this purpose
- maximum number of approved places for children who can be educated and cared for by the service at any one time must not be exceeded. This means that the service will need to consider all the children being educated and cared for by the service at any one time, including the children at the education and care premises and those on the excursion.

Authorisation for excursions

All excursions must be planned for in advance and approval by the COO must be given prior to the communication to families. Planning should be in advance allowing time for approval, communication to families and time to meet all requirements.

Documentation that must be completed by the centre and submitted to the COO:

- Excursion planner outlining the purpose and outcomes, full cost of the excursion including staffing, resources required to facilitate excursion.
- Appoint a Responsible Person in charge for each excursion/incursion. The Responsible Person must meet all requirements of Regulation 117B.
- Risk assessment
- Draft letter of communication to families.
- Authorisation form for families to complete.

The COO will seek approval from Sagewood's insurer to ensure that the excursion meets the policy allowing for public liability and workers compensation insurance cover.

Once the documentation and the insurance are approved the COO will advise the centre for the centre to communicate with the families.

A child must not be taken outside of a Sagewood Centre unless written authorisation is given by the child's parent or other person named in the child's enrolment record as having authority to authorise the taking of the child outside the centre.

Authorisation for an excursion that is a regular outing

If an excursion is a regular outing, the authorisation is required to be obtained once in every 12-month period, however obtaining authorisation in these circumstances more regularly would be advisable.

Authorisations for excursions must be kept in the enrolment record for each child enrolled at an education and care service.

Conducting a risk assessment for an excursion that is a regular outing.

A risk assessment is not required for a regular outing if a risk assessment has been conducted not more than 12 months before the excursion is to occur. Consideration should also be given to whether circumstances of the regular outing have changed since this risk assessment was completed.

Evaluating risks

Once risks have been identified, the Centre Director should categorise the risks as high, medium, or low and then decide how the identified risks should be managed. Some risks may be able to be removed or strategies put in place to reduce children's exposure to the risk.

Many potential risks can be managed by increasing the number of educators and/or adults accompanying and supervising children during the excursion.

It is important to make a final check for risks before departing on a regular outing or excursion. Extreme weather or other unexpected events may increase the level of risk and may make it necessary to reconsider whether to proceed with the excursion.

Adequate supervision

All excursions must be conducted in a way that ensures the health, safety, and wellbeing of children. This means that an adequate number of educators and where necessary, other responsible adults, accompany the children.

Generally, educator to child ratios will need to be higher than the prescribed ratios to ensure adequate supervision during an excursion. Depending on the supervision requirements for the excursion, educators will usually have other staff members and/or other responsible adults with them to ensure that adequate supervision of children is always maintained.

Supervision is not confined to children. It also includes the supervision of responsible adults that assist with the excursion. The number of educators must be adequate to supervise any responsible adults who volunteer to assist with the excursion.

Volunteers, students, and parents assisting with supervision must never be left alone with a child or a group of children including their own on an excursion.

Staffing arrangements

Educator to child ratios must be met whenever children are being educated and cared for by the centre. This means maintaining educator to child ratios for the total number of children being educated and cared for by the centre. To be included in the educator to child ratios, educators must be working directly with children. In addition, the qualification requirements for educators must be met.

Consideration must be given to the number of educators who have the required first aid qualifications and to the number of educators required to educate and care for children who remain at the service.

Where a group of children are taken on an excursion while a number of children remain at the service, at least one educator who holds the following qualifications must be in attendance at both the excursion and at the service where children are being educated and cared for, and must be immediately available in an emergency. At least:

- staff member or one nominated supervisor of the service who holds a current approved first aid qualification
- staff member or one nominated supervisor of the service who has undertaken current approved anaphylaxis management training

- staff member or one nominated supervisor of the service who has undertaken approved emergency asthma management training

It is also important that any educators or responsible adults attending the excursion are aware of the service's policy and procedures that set out the instructions for what must be done in the event of an emergency and are aware of the risk assessment for the excursion.

Educational program

When planning an excursion, the educator must consider how the excursion supports the educational program and contributes to the outcomes outlined for each child. For children that are not authorised to attend the excursion, the centre needs to consider how this will affect the operation of the centre, the excursion and the overall benefit of the excursion going ahead.

Travel Arrangements

Travel arrangements are made based on individual excursion requirements. Every reasonable precaution will be taken to protect children from harm and any hazard likely to cause injury. For most excursions, walking will be the preferred option for all excursions. Centres located on train stations will consider public transport in their planning.

Items to take on an excursion

When children are on an excursion, the following items must be taken with educators, as well as any additional item that are required through risk assessment and planning:

- appropriate number of suitably equipped first aid kits
- operating mobile telephone with an appropriate telephone network
- contact information of any person who is to be notified of any incident, injury, trauma, or illness involving the child and the child's registered medical practitioner or medical service
- items specific to the excursion circumstances, such as sunscreen and hats
- meeting children's medical needs - Children's medical needs must be addressed during an excursion.

This may include the requirements for the administration of medication. Where a child attending the excursion has a specific health care need, allergy or relevant medical condition, the risk assessment should consider the management of the child's medical needs.

Further reading

Education and Care Services National Regulations 2012

National Quality Standard

Early Years Learning Framework

Regulation 4 of The Education and Care Services National Law Act 2010 (National Law).

Children and Community Services Act 2004

Privacy Act 1988

Occupational Safety and Health Act 1984 and the Occupational Safety and Health Regulations 1996.

WA Department of Health.

Kidsafe WA - Water Safety Fact Sheet – 2018

Western Australian, Road Traffic Act 1974 and Road Traffic Code 2000

Document Control

Version	Action	Date
1.0	Implementation	June 2020

CHILD SAFE ENVIRONMENT POLICY

The United Nations Convention on the Rights of the Child (UNCRC) outline that children and young people have a right to be safe and cared for, no matter where they are or who they are with. Children have the right to be protected from violence, abuse or neglect. When working with children and young people, it is important to understand children's rights and needs.

We are advocates for children and have a strong commitment to child safety and establishing and maintaining a child safe environment. Children's safety and wellbeing are paramount at our Service. Our Service embeds the National Principles for Child Safe Organisations and promotes a culture of safety and wellbeing to minimise the risk of child abuse or harm to children whilst promoting children's sense of security and belonging. [NQF October 2023]

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
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.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
2.2.3	Child protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.
QUALITY AREA 5: RELATIONSHIPS WITH CHILDREN		
5.1.1	Positive educator to child interactions	Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included.

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS	
S.162A	Child protection training
S.165	Offence to inadequately supervise children
S.165A	Offence relating to children leaving the education and care service premises unauthorised
S.166	Offence to use inappropriate discipline
S.167	Offence relating to protection of children from harm and hazards



82	Tobacco, drug and alcohol-free environment
83	Staff members and family day care educators not to be affected by alcohol or drugs
84	Awareness of child protection law
99	Children leaving the education and care service premises
102AAB	Safe arrival of children policies and procedures
102AAC	Risk assessment for the purposes of safe arrival of children policies and procedures
102B	Transport risk assessment must be conducted before service transports child
102C	Conduct of risk assessment for transporting of children by the education and care service
102D	Authorisation for service to transport children
102E	Children embarking a means of transport—centre-based service
102F	Children disembarking a means of transport—centre-based service
103	Premises, furniture and equipment to be safe, clean and in good repair
104	Fencing
105	Furniture, materials and equipment
106	Laundry and hygiene facilities
109	Toilet and hygiene facilities
115	Premises designed to facilitate supervision
122	Educators must be working directly with children to be included in ratios
123	Educator to child ratios- centre based services
136	First aid qualifications
145	Staff record
149	Volunteers and students
155	Interactions with children
162	Health information to be kept in enrolment record
167	Record of service's compliance
168 (2)(h)	Education and care services must have policies- Providing a child safe environment
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
175	Prescribed information to be notified to regulatory authority

RELATED POLICIES

Adventurous (Risky and Nature) Play Policy	Photograph Policy
Behaviour Guidance: Bullying Policy	Physical Environment Policy
Child Protection Policy	Privacy and Confidentiality Policy
Code of Conduct Policy	Probation Induction and Orientation Policy
Cyber Safety Policy	Recruitment Policy
Dealing with Complaints Policy	Safe Arrival of Children Policy
Delivery of Children to, and Collection from	Safe Storage of Hazardous Chemicals Policy
Education and Care Service Premise Policy	Safe Transportation of Children Policy
Emergency and Evacuation Policy	Sleep and Rest Policy
Excursion/Incursion Policy	Staffing Arrangements Policy
Furniture and Equipment Safety Policy	Student, Volunteer and Visitors Policy
Injury, Incident, Trauma and Illness Policy	Sun Safe Policy
Interactions with Children, Families and Staff	Supervision Policy
Policy	Technology Policy
Managing an Unidentified Dog Policy	Tobacco Drug Alcohol Free Policy
Medical Conditions Policy	Water Safety Policy
Nutrition and Food Safety Policy	Work Health and Safety Policy

PURPOSE

Our Service has a legal and ethical responsibility to provide a safe and friendly environment where all children are respected, valued and encouraged to reach their full potential. Children's safety and wellbeing is paramount, and we aim to take all practical steps to protect children and young people from harm or risk of harm, ensuring a healthy and safe environment. Our Service provides children and staff with an environment free from the use of tobacco/ vapes, alcohol and illicit drugs.

SCOPE

This policy applies to children, families, staff, educators, management, approved provider, nominated supervisor, students, volunteers and visitors of the Service.

IMPLEMENTATION

Under the Education and Care Services National Regulations the approved provider must ensure that policies and procedures are in place for providing a child safe environment and take reasonable steps to ensure those policies and procedures are followed. (Reg. 168, Reg.170). The National Law requires management to ensure all children being educated and cared for are adequately supervised and every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury. Our focus is to build a child safe environment which is reflected in our Service policies and

procedures and understood and practiced by all children, young people, educators, staff, families, visitors, volunteers and students.

'Child safety is everyone's responsibility.' (A guide to the Child Safe Standards. p.26. 2020)

KEY TERMS-DEFINITIONS

Code of Conduct	Together with a code of ethics, the code of conduct helps guide interactions between management, educators and staff, as well as informing the service decision-making processes relating to professional standards
Disclosure	The process where a child or young person conveys or attempts to convey that they are being or have been abused.
Information sharing	Refers to sharing or exchanging information, including personal information about or related to, abuse in organisational contexts. The terms refer to sharing information between (or within) organisations, as well as sharing information with professionals who provide key services for children.
Mandatory reporter	A person who is required to report known and suspected cases of child abuse and neglect to a nominated government department or agency.
Mandatory reporting	The legislative requirement for selected classes of people to report suspected cases of child abuse and neglect.
National Principles for Child Safe Organisations	Reflect ten child safe standards recommended by the Royal Commission into Institutional Responses to Child Sexual Abuse and are the vehicle for giving recommendations relating to the standards.
Reportable conduct	Certain organisations or entities have legal obligations under Reportable Conduct Schemes to notify and investigate certain allegations of abuse involving a child, when the allegation is against someone they employ, engage or contract in circumstances outlined in the legislation.
Rights of the Child	Human rights belonging to all children, as specified in the United Nations Convention of the Rights of the Child.
Wellbeing	Sound wellbeing results from the satisfaction of basic needs. It includes happiness and satisfaction, effective social functioning and the dispositions of optimism, openness, curiosity, and resilience.
Working with Children / working with vulnerable people check (WWCC/WWVP)	A notice, certificate or other document granted to, or with respect to a person under a working with children law. The person has been assessed as suitable to work with children; there has been no information that if the

person worked with children the person would pose a risk to the children; or
the person is not prohibited from attempting to obtain, undertake or remain
in child-related employment.

Definitions sourced from

ACECQA. (2023). Policy and procedure guidelines. *Providing a Child Safe Environment*.

COMMITMENT TO THE SAFETY OF CHILDREN AND YOUNG PEOPLE (National Principles 1-10)

Our Service is committed to being a child safe organisation and embeds the National Principles for Child Safe Organisations, placing the protection of children as a priority of our responsibilities and obligations. The Child Safe Standards recommended by the Royal Commission provide guidance for our Service to ensure our policies and procedures, strategies and attitudes, ensure children's safety is paramount and that we continue to improve our child safe culture and practices.

Our Service has a zero tolerance to child abuse, and we are committed to the safety, participation and empowerment of all children. We ensure all staff, educators, volunteers and students have undertaken current child protection training and understand their obligations as mandatory reporters. We promote diversity and tolerance and aim to form equitable and positive relationships with children. We ensure children and young people participate in decisions affecting them and listen and respect their suggestions and ideas. We respond to any concerns, disclosures, allegations or suspicions of harm by reporting to the relevant authorities.

Our Service has referenced the [National Model Code and Guidelines](#) and implement child safe practices regarding the use of electronic devices for taking images or video of children whilst providing education and care.

We are committed to diversity and welcome all children and young people regardless of their abilities, sex, gender or social economic or cultural background.

Our Service will not tolerate bullying or harassment and our *Behaviour Guidance - Bullying Policy* and procedure outlines the preventative strategies and supervision implemented by our Service to deal with bullying and help protect children. Our priority is to ensure the safety and wellbeing of children and young people and encourage positive relationships.

[Primary policies – Behaviour Guidance - Bullying; Code of Conduct; Interactions with Children, Families and Staff; Photograph]

COMMUNICATION (National Principles 2 and 3)

We aim to build and maintain positive and respectful relationships with children, families, staff and educators of our Service and prioritise a child safe environment. We communicate regularly and clearly with all stakeholders and ensure our policies and procedures are available to staff, educators, employees, students, volunteers, families and children and young people. (Reg. 170). Our policy folder is available at the Service located in the foyer with regulation 168 Policies available on Storypark and the website for families. We welcome and encourage children, young people and families to share feedback and evaluation of our policies and procedures through surveys, feedback or discussions with management.

[Primary policies –Child Protection; Code of Conduct; Interactions with Children, Families and Staff]

PARTICIPATION OF FAMILIES, CHILDREN AND YOUNG PEOPLE (National Principle 2)

Our Service ensures families are always welcome and feel comfortable asking questions on how we prioritise child safety. We provide a range of opportunities for consultation and collaboration about decisions about their child's safety whilst at our Service including:

- policy and procedure review
- child protection
- allegations/grievance procedures
- sun safety
- written authorisations- parenting orders
- code of conduct
- inclusivity and supporting children and young people with diverse needs

We promote a respectful, child safe culture where children and young people concerns are always responded to, and children and young people feel empowered to participate in decisions and provide feedback to educators and staff.

Our Service provides opportunities for conversations with children and young people about their rights and encourages children and young people speak up if they are feeling unsafe or worried. We provide multiple channels for children and young people to lodge complaints, tailoring these options to their communication preferences based on their feedback. We work individually with children and young people about the type of support they may require participating in the complaints procedure.

[Primary policies –Dealing with Complaints; Interactions with Children Families and Staff]

CODE OF CONDUCT (National Principles 4 and 6)

Management, educators, staff, volunteers and students will adhere to our Service's *Code of Conduct Policy*. Our *Code of Conduct Policy* clearly outlines expectations regarding behaviour and describes the principles, values, and ethical guidelines that guide our staff and stakeholders in their interactions and activities. All educators and staff members are made fully aware that following breaches of the Code of Conduct and role responsibilities may result in disciplinary action which may lead to termination of employment. Individuals can report any concerns they may have about inappropriate actions of any educator, staff, student or volunteer that involves children or young people to management, ensuring a prompt and thorough response to maintain a safe and secure environment for all.

We will:

- promote a culture of child safety and wellbeing in all aspects of our Service's operations
- adhere to our *Child Safe Environment Policy* and *Child Protection Policy* at all times
- ensure all staff, educators, volunteers and students have undertaken current child protection legislation training
- provide adequate and effective supervision of children at all times
- ensure the safe use of online environments
- take reasonable action to protect children and young people for risk of harm
- ensure the Service premise is free from the use of tobacco/ vape, illicit drugs and alcohol
- be responsible for their own, and others health and safety
- adhere to our *Privacy and Confidentiality Policy*
- be a positive role model to children and young people
- respect children and young people's privacy and dignity at all times
- listen and respond appropriately to the views and concerns of children and young people
- report any allegations of child abuse to the approved provider or to relevant authorities
- notify the approved provider and/or the regulatory authority within 24 hours of any serious incident or complaint as per the National Regulations
- encourage children and young people to 'have a say' on issues that are important to them.

Staff, educators, students and volunteers must:

- not discriminate against any child, because of age, gender, cultural background, race, ethnicity or disability
- not put children or a young person at risk of abuse- refusing food/play, making threats, exposing children to inappropriate language or material (movies, internet, photos)

- not develop any 'special' relationships with children or young people that could be seen as favouritism such as the offering of gifts or special treatment
- not be under the influence of drugs or alcohol while working; bring alcohol or drugs onto the premises
- not smoke or vape in or on surrounding areas of the Service.

[Primary policies – Code of Conduct; Privacy and Confidentiality; Probation Induction and Orientation- Technology; Tobacco, Drug and Alcohol-Free Policy]

RECRUITMENT (National Principle 5)

Our Service maintains a rigorous and consistent recruitment, screening and selection process to ensure the best staff members and educators are employed based on skills, qualifications, experience and suitability for the position available. All staff and educators participate in robust interviews and have reference checks completed to ensure the applicant's suitability to the role, previous experiences and their commitment to child safe values and practices. All prospective applicants must declare that they do not hold any prohibition notices preventing them from working with children (Reg 188). The approved provider will verify prohibition notices using the [NQA ITS](#) 'register search' tool. Candidates applying for roles such as nominated supervisor or responsible person must also complete a Compliance History notice. Existing employees are encouraged to disclose any enforcement actions taken against them.

All staff and educators are provided with a comprehensive induction process which outlines our Code of Conduct, identifying and responding to child abuse, grievance processes, and work health and safety. New employees (including the nominated supervisor and staff members), students and volunteers are to familiarise themselves with the Child Protection Policy to understand the Child Protection Law and their obligations and mandatory reporting duties to ensure the safety and well-being of children at the service.

[Primary policies - Probation Induction and Orientation; Recruitment]

WORKING WITH CHILDREN CHECK- POLICE CHECKS (National Principle 5)

Working in conjunction with the Child Protection Act and National Regulations, the safety, welfare and wellbeing of children is paramount within our Service and community. A Working with Children Check (WWCC) is a requirement for people who work in child-related work. It involves a national criminal history check and a review of findings of workplace misconduct. The result of a Working with Children Check is either a clearance to work with children and is valid for 3 years, or a bar against

working with children. Cleared applicants are subject to ongoing monitoring and relevant new records may lead to the clearance being revoked.

Management is responsible for the periodic review and maintenance of up-to-date records of employees' Working with Children Check, including the Working with Children Check number and the date on which each clearance expires. This check is to be conducted every 6 months.

Once an employee provides their WWCC clearance, management will verify the clearance to ensure that it is valid and current. The WWCC will be placed in the individual's file and continue to be updated as required. Management will verify all student and volunteer WWCCs prior to placement. Any visitor who has direct contact with children will be required to provide a WWCC for verification prior to coming into contact with children (*best practice*).

The approved provider will keep a record for each day a student or volunteer participates in the Service including date and hours of participation.

[Primary policy – Child Protection, Recruitment, Staffing Arrangements, Student, Volunteer and Visitor]

CHILD PROTECTION- REPORTABLE CONDUCT SCHEME (National Principle 6)

Children and young people always have a right to be safe and protected. To comply with legislation and ensure a child safe environment, all educators, staff, volunteers and students are advised of current child protection law and understand any obligations under the law. Supervision is effective to ensure they understand that *child safety is everyone's responsibility*.

All management (with direct contact of children or young person), educators and staff are mandatory reporters and have a legal obligation to make reports if they suspect on reasonable grounds, a child is at risk of significant harm. Neglecting these obligations could potentially be deemed a criminal offence. All staff are provided with up-to-date training about child protection law and their obligations under this law and to ensure they are confident in following the reporting guidelines within WA and adhere to our *Child Protection Policy*. (Reg. 84). Management will ensure training and development are provided for all educators, staff, and volunteers in child protection and mandatory reporting on an annual basis.

Through continual education and training, educators and staff are equipped with the knowledge, skills and awareness to keep children safe. Training gives educators and staff confidence to identify,

respond and report child abuse. Nominated supervisors and persons in day-to-day charge must complete a course in child protection and Mandatory reporting approved by the regulatory authority on an annual basis.

To protect children and young people and ensure their safety, welfare and wellbeing, management is legally required to report allegations or convictions of harm or risk of harm to a child or young person and child related misconduct by any staff member, educator, volunteer or contractor to the Reportable conduct ombudsman.

Our Service is committed to providing support to children, young people, families, educators or staff who have made a report regarding child protection, with a focus on upholding strict confidentiality throughout the process. Our primary concern is the well-being and safety of the child or young person, and we will work closely with relevant authorities, professionals, and support networks to ensure that the child or young person's best interests are met throughout the process. Our dedicated support system will assist educators and staff in navigating this challenging process while safeguarding their privacy and professional well-being.

[Primary policy – Child Protection]

CHILD PROTECTION- Allegations Against Employees (National Principle 5)

To protect children and ensure their safety, welfare and wellbeing, management is responsive to report allegations or convictions of child abuse and child related misconduct by any staff member or volunteer or contractor to the Reportable conduct Ombudsman as part of the *Reportable Conduct Scheme*.

Our Service will ensure an appropriate level of confidentiality of information relating to the reportable allegations as per the Children's Guardian Act 2019

We take our legislative responsibilities as part of the Reportable Conduct Scheme seriously and will respond to any reportable allegation or conviction against employees or volunteers that may arise.

REPORTING AND RESPONDING TO GENERAL COMPLAINTS (National Principle 6)

Feedback from children, families, educators, staff and the wider community is fundamental in creating an evolving childcare service working towards the highest standard of care and education. We ensure educators, staff, volunteers and students are well informed about the different ways

children may express concerns, distress and disclose harm as well as the process for responding to disclosures from children- including a complaint that alleges a child is exhibiting sexual behaviours that may be harmful to the child or another child. (ACECQA, 2023.)

We aim to investigate all complaints and grievances with a high standard of equity and fairness. Our Service believes in procedural fairness and natural justice that govern the strategies and practices, which include:

- The right to be heard fairly
- The right to an unbiased decision made by an objective decision maker
- The right to have the decision based on relevant evidence.

The approved provider will place a prominently displayed notice in the foyer area of our Service, providing contact information, including the name and telephone number for lodging complaints. Educators and staff will receive guidance on the complaint/ grievance policy and procedure and the process for reporting complaints during their service induction. Families, children and young people will be advised of the complaint/ grievance policy and procedure and how to report complaints during orientation of enrolment. All grievances and complaints will be treated seriously and as a priority, in accordance with the *Dealing with Complaints Policy* and procedure.

Any complaints that allege a breach of the National Law and Regulations or alleges that the health, safety and wellbeing of a child or young person at the Service may have been compromised will be documented and reported to the Regulatory Authority within 24 hours. In the event that the child, young person or family is dissatisfied with the complaints process, they are advised they have the option to reach out to the regulatory authority for further assistance.

[Primary policy – Dealing with Complaints]

PHYSICAL ENVIRONMENT – SUPERVISION AND SAFETY CHECKLISTS (National Principles 5 and 7)

Children's safety is embedded in our day-to-day practices. We ensure effective and adequate supervision is provided to children at all times, whilst ensuring educator to child ratios are met at all times. Educators will employ 'active supervision' strategies within the service environment and when participating in excursions or transporting children. Consideration will be made for the different ages and abilities of children and the activities that may require different levels of supervision.

Sleeping infants and toddlers will be closely monitored at regular intervals and will always be within

sight and hearing distance of educators so a child's breathing and the colour of their skin can be monitored. Consideration will be provided when older children are using the toilet and bathroom areas, including monitoring and supervision across all areas that children access.

Through conducting risk assessments, we assess and manage risks in the physical environment collaborating with children to develop behaviour guidelines for play including adventurous play to ensure their safety. Educators have a sound understanding of their duty of care and responsibilities in ensuring a child safe environment.

Educators conduct regular safety checks to maintain basic standards of safety within our Service. We believe that child safety is a shared responsibility at all levels within our Service. Children are encouraged to speak up about their safety and the safety of their friends by telling an educator if they feel unsafe in a particular situation or environment.

Educators will complete the following daily checklists to assist and record inspections of the physical environment where foreseeable risks may be evident and cause harm or injury to a child:

Open and close checklist

Playground checklist

Temperature check

Audits as applicable located in 1place and notified to educators.

Any findings that require attention will be either dealt with immediately or submitted into the maintenance list/ ticket created on 1place depending on priority. Anything that would result in a child being able to exit the centre will require the RP to contact the COO immediately for example a fence blown down or a door not able to be closed.

[Primary policies – Code of Conduct; Supervision; Sleep and Rest; Nappy Change and Toileting; Health and Safety, Staffing Arrangement, Supervision]

RISK ASSESSMENT AND RISK ASSESSMENT TOOL (National Principle 8)

It is a legislative requirement that management, staff and educators implement a risk management system where they identify and manage hazards and risks within the workplace to ensure a child safe environment. Strategies are in place to make sure child safety is embedded across our Service through compliance with the *Education and Care National Regulations* are the National Principles for Child Safety – Child Safe Standards.

The key principles of risk management include:

1. Identifying all hazards or potential hazards in the Service
2. Assess the risk of harm or potential harm for each hazard
3. Control or manage the risk – Risk Rating Matrix
4. Monitor and improve safety – Risk Assessment Action Plan
5. Evaluate and Review

It is the responsibility of all staff and educators at the Service to complete a risk assessment where children's safety may be jeopardised and when organising an excursion/incursion or any transportation of children. Children's safety must be incorporated into everyday practice within the Service. Common hazards within the Service which may require a risk assessment include:

- cross-infection and infectious disease
- administration of medication
- anaphylaxis procedures and management
- building and equipment (including storage)
- inadequate space for conducting activities and experiences
- hazardous chemicals
- electrical appliances
- food preparation and storage
- environmental influences such as shade, noise etc
- sun safety
- children's behaviours
- water safety
- fire equipment
- pets and/or animals
- inadequate supervision of children
- children's activities and experiences
- Work Health and Safety such as manual handling (e.g., safe lifting children from cots and highchairs)
- non-compliance risk
- hot drinks
- transportation of children (regular outing and regular transportation)
- excursions
- potential emergencies
- natural disasters
- safe arrival of children

- sleep and rest
- organisation culture (child-safe culture)
- physical contact
- training
- online activities
- electrical devices (photographs/videos)
- privacy and confidentiality

To maintain a child safe environment, all staff and educators will adhere to Service policies and procedures and conduct the following checklist and audits:

As per the audit and notification requirements in 1place

[Primary policies – Administration of First Aid; Behaviour Guidance; Child Protection; Code of Conduct; Emergency and Evacuation; Incident, Injury, Photograph; Trauma and Illness; Safe Arrival of Children; Safe Transportation of Children; Sun Safety; Medical Conditions]

EMERGENCY AND EVACUATION PROCEDURES (National Principle 8)

Management will ensure that copies of the emergency and evacuation floor plan is displayed in prominent positions near each exit of the service premises, including indoor and outdoor learning areas. All staff and educators are familiar with emergency evacuation procedures and regulatory requirements. Rehearsals for emergency and evacuation procedures, including lock downs, are conducted at least once every 3 months. Records will be kept for all rehearsals both printed in a file and located on 1place. Our evacuations and actual emergency's will be shared with families through Storypark.

[Primary policy- Emergency Evacuation Policy]

ARRIVAL AND DEPARTURE AUTHORISATION (National Principle 1 and 8)

Our Service prioritises children's safety at all times. Staff and educators will only release children to an authorised person as named on the child's enrolment form. Management will request families provide current court orders, and parenting plans to ensure our records are up to date. Guardians can only be removed from enrolment forms based on court orders and parenting plan updates provided by the family court of Australia.

National Regulations require our Service to keep a record of children and visitor's arrival and departures, with the signatures of the person responsible for verifying the accuracy of the record and the identity of the person collecting the child or young person.

Educators will work in collaboration with our *Delivery of children to and Collection from Education and Care Premises Policy, Safe Arrival of Children Policy* and *Student, Volunteer and Visitors Policy* to promote a culture of child safety and wellbeing in the Service.

To ensure children's safety, staff and educators have a clear understanding of their legal obligation to check identification when a person is collecting a child. To maintain compliance, parents and educators will complete an [alternate collection form/ or put in writing] if they authorise a person who is not on their emergency contact form to pick up their child.

[Primary policies - Delivery of Children to, and Collection from Education and Care Premises; Safe Arrival of Children; Student, Volunteer and Visitors]

ONLINE SAFETY (National Principle 8)

Our Service is committed to create and maintain a safe online environment with support and collaboration with children, educators, staff, families and community. Management ensures anti-virus and internet security systems are installed to block access to unsuitable web sites, newsgroups and chat rooms.

Our Service ensures backups of important and confidential data is made regularly and either stored securely offline, or online. Software and devices are updated regularly to avoid any breach of confidential information.

Families are provided with information about our software program Storypark which is password protected and used to share observations, photos, videos, daily reports and portfolios. Passwords are not to be shared with others as per our written agreement.

Written authorisation is requested as part of the enrolment process for children to use computers/tablets; have their photo taken and published as part of promotional marketing facebook and instagram or on the Storypark app program used by the Service. The identity/ name of a child is not published on any platform.

Personal mobile phones or any personal electronic device are not used to take photos or video of children at the Service. Only Service issued electronic devices are used and strict controls are in place to ensure the appropriate storage and retention of images and video of children.

Only educational software programs and apps that have appropriate content and have been examined prior to allowing their use are used in the Service. Children are always supervised using any technology.

[Primary policies – Cyber Safety; Technology; Photograph; Privacy and Confidentiality, Code of Conduct]

STORAGE OF HAZARDOUS SUBSTANCES (National Principle 8)

We reduce the risk of harm to children and educators by using the least toxic chemical products that we can. Our Service will endeavour to provide a safe environment where necessary chemical and hazardous equipment are safely stored away from children and handled appropriately.

Management, staff and educators will keep a register of hazardous chemicals used at the Service, including relevant Safety Data Sheets (SDS).

To maintain a safe environment for children, the following audits and checklists are conducted: Safe Storage of Hazardous Chemicals audit, Poison audit, Medication storage audit, additional audits as identified in 1place]

[Primary policies – Safe Storage of Hazardous Chemicals, Administration of Medication]

EQUIPMENT, FURNITURE AND MAINTENANCE RECORD (National Principle 8)

There are several factors that can contribute to a hazard, such as a deprived program, insufficient supervision and dilapidated equipment. To ensure a child safe environment free from hazards, our Service has implemented practices and continue to monitor Service policies and procedures that uphold Australian Safety Standards.

The premises and all equipment and furniture used within the Service are audited to ensure all aspects are safe, clean and in good repair. We understand that hazards are specific to developmental stages; educators are aware that toys and equipment need to be checked to ensure they are safe and developmentally appropriate for children. Regular checks occur within the Service to ensure that all toys, furniture and equipment are in good condition and working order.

These checks include:

Audits as located in 1place

[Primary policy – Furniture and Equipment Safety]

CONTINUOUS REVIEW (National Principle 9)

To ensure we maintain a culture of continuous improvement, we will ensure our child safe practices are regularly reviewed, evaluated and improved. We aim to ensure all educators, staff, students and volunteers understand and effectively implement our policies and procedures to provide a child safe environment at our Service.

We will regularly review and monitor the effectiveness of our child safe policies and procedures and invite children, staff members, families and communities to contribute to their development.

Any updates or revisions will be communicated to all stakeholders. Our *Child Safe Environment Policy* will be reviewed on an annual basis

CHILD SAFE STANDARDS LEGISLATION/RESOURCES

WESTERN AUSTRALIA

The commencement for legislation around the implementation of the National Principles is led by the Commissioner for Children and Young People (CCYP). Education and care services are encouraged to implement the National Principles for Child Safe Organisations. Effective 1 November 2024, early childhood workers are mandatory reporters of child sexual abuse.

[Department of Communities- child safe organisations](#)

[Mandatory Reporting of Child Sexual Abuse in WA](#)

[WA Commissioner for Children and Young People \(CCYP\)](#)

RELATED RESOURCES

Child Safe Environment Commitment Statement Child Safe Environment Procedure	Child Safe Standards Checklist Child Safe Risk Assessment
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SOURCES

Australian Children's Education & Care Quality Authority. (2023). Policy and procedure guidelines. [Providing a Child Safe Environment](#).

Australian Children's Education & Care Quality Authority. (2023). [Embedding the National Child Safe Principles](#).

Australian Children's Education & Care Quality Authority. (2024). [Guide to the National Quality Framework](#)

Australian Children's Education & Care Quality Authority. (2024). [National Model Code for Early Childhood Education and Care](#).

Australian Government. Department of Skills. (2022). [Belonging, Being and Becoming: The Early Years Learning Framework for Australia](#). V2.0, 2022

Australian Human Rights Commission (2020). *Child Safe Organisations*. <https://chidsafe.humanrights.gov.au/>

Child Protection (Working with Children) Act 2012

Children's Health and Safety – An analysis of Quality Area 2 of the National Quality Standard

Department of Education NSW Providing a child safe environment

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations](#). (Amended 2023).

NSW Department of Education (2021). [Guide to the Child Safe Standards for early childhood education and care and outside schools hours care services](#)

NSW Government Office of the Children's Guardian *A guide to the Child Safe Standards*. (2020).

United Nations Convention of Rights of the Child, (1989). (UNCRC)

[Western Australian Legislation Education and Care Services National Law \(WA\) Act 2012](#)

[Western Australian Legislation Education and Care Services National Regulations \(WA\) Act 2012](#)

Work Health and Safety Act (2011).

REVIEW

POLICY REVIEWED	NOVEMBER 2024	NEXT REVIEW DATE	NOVEMBER 2025
July 2025	• additional information about 1place added into the policy • court order removal of guardians on the enrolment form •		
MODIFICATIONS	• annual policy maintenance • added information re: National Model Code and Guidelines • checking prohibition notices on NQA ITS added • updated Child Safe Standard implementation for ACT/WA/TAS • minor edits within policy • sources checked for currency and updated as required		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
NOVEMBER 2023	• annual policy maintenance • deleted Child Safe Standard definition to National Principles of Child Safe Organisations • updated definition of Code of Conduct (ACEQCA) • updated content to reflect NQF review and legislation changes re: embedding the National child safe principles; child protection law, code of conduct • additional related policies added • sources updated as required		NOVEMBER 2024

NOVEMBER 2021	• Additional law/regulations added- ACECQA Guidelines to Policy and Procedure document (June 2021) • additional information re: supervision and rosters • sources checked for currency	NOVEMBER 2022
NOVEMBER 2020	• Rewrite of policy to include National Principles for Child Safe Organisations • Relevant sections added to reflect Child Safe Standards and refer to guiding policies • additional sources added	NOVEMBER 2021
NOVEMBER 2019	• Addition of related policies • Child protection updates • Sources updated • Content rearranged for better flow	NOVEMBER 2020

STAFFING ARRANGEMENTS POLICY

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

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 4: STAFFING ARRANGEMENTS		
4.1	Staffing arrangements	Staffing arrangements enhance children's learning and development.
4.1.1	Organisation of Educators	The organisation of Educators across the Service supports children's learning and development.
4.1.2	Continuity of staff	Every effort is made for children to experience continuity of Educators at the Service.
4.2	Professionalism	Management, Educators and staff are collaborative, respectful and ethical.
4.2.1	Professional collaboration	Management, Educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills.
4.2.2	Professional Standards	Professional standards guide practice, interactions and relationships.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
4 (1)	Definitions
10	Meaning of <i>actively working towards</i> a qualification
11	Meaning of <i>in attendance</i> at a centre-based service
35	Notice of addition of new nominated supervisor
84	Awareness of child protection law
117A	Placing a person in day-to-day charge
117B	Minimum requirements for a person in day-to-day charge
117C	Minimum requirements for a nominated supervisor
120	Educators who are under 18 to be supervised
122	Educators must be working directly with children to be included in ratios

123	Educator to child ratios – centre based services
126	Centre-based services – general educator qualifications
126A	Illness or absence of a qualified educator who is required to meet the relevant educator to child ratio
130	Requirement for early childhood teachers – centre based services – fewer than 25 approved places
131	Requirement for early childhood teacher—centre-based services—25 or more approved places but fewer than 25 children
132	Requirement for early childhood teacher—centre-based services—25 to 59 children
133	Requirement for early childhood teacher—centre-based services—60 to 80 children
134	Requirement for early childhood teacher—centre-based services—more than 80 children
135	Early childhood teacher illness or absence
136	First Aid qualifications
145	Staff Record
146	Nominated Supervisor
147	Staff Members
148	Educational Leader
149	Volunteers and Students
150	Responsible Person
151	Record of Educators working directly with children
152	Record of access to early childhood teachers
152A	Record of replacement of educator
152B	Record of replacement of early childhood teacher or suitably qualified person
168	Education and care services must have policies and procedures
170	Policies and procedures to be followed
173	Prescribed information to be displayed
174	Time to notify certain circumstances to Regulatory Authority
240	Centre based services in remote and very remote areas – qualifications for educators
241	Persons taken to hold an approved early childhood teaching qualification
242	Persons taken to be early childhood teachers (exc. Vic)
243	Persons taken to hold an approved diploma level education and care qualification
244	Persons taken to hold an approved certificate III level education and care qualification
272	Early childhood teachers- children preschool age or under (NSW)
372	Educator to child ratio—pre-kindergarten program or kindergarten program provided by a school
373	Early childhood teachers—pre-kindergarten program or kindergarten program provided by a school
379	Educators required to be early childhood teachers

RELATED POLICIES

CCS Personnel Policy	Performance Management Policy
Code of Conduct Policy	Privacy and Confidentiality Policy
Child Protection Policy	Professional Development Policy
Child Safe Environment Policy	Responsible Person Policy
Dealing with Complaints Policy	Recruitment Policy
Emergency and Evacuation Policy	Safe Transportation Policy
Excursion/Incursion Policy	Sleep and Rest Policy
Governance Policy	Supervision Policy
Incident, Injury, Trauma and Illness Policy	Student and Volunteer Policy

PURPOSE

Under the Education and Care Services National Regulations, the approved provider must ensure that policies and procedures are in place in relation to staffing arrangements (regulation 168) and take reasonable steps to ensure those policies and procedures are followed. (ACEQA 2021).

SCOPE

This policy applies to staff, educators, approved provider, nominated supervisor, management, students, and volunteers at the Service.

IMPLEMENTATION

Our Service will comply with the required educators to child ratios, taking into consideration qualification requirements and experience, implement the required staffing requirements and ensure all staff adhere to our Code of Conduct.

Our Service will comply with the National Quality Framework and ensure 50 percent of educators meet the relevant Diploma qualification requirement or be actively working towards an approved diploma level education and care qualification. All other educators are '*suitably qualified persons*' who are required to have at least an approved certificate III level education and care qualification or be actively working towards their qualification.

'SUITABLY QUALIFIED PERSON' DEFINITION:

ACECQA determines the following qualifications as requirements for a 'suitably qualified person':

- an individual who is '*actively working towards*' an approved early childhood teaching qualification AND has completed at least 50 per cent of the qualification or holds an approved early childhood education and care diploma OR

- an individual who is registered (accredited in New South Wales) as a primary or secondary school teacher in Australia AND holds an ACECQA approved early childhood education and care diploma (or higher approved qualification)

ACTIVELY WORKING TOWARDS DEFINITION:

An educator who is enrolled in a course for an approved Early Childhood qualification.

- The educator is required to provide documentary evidence of their course, training plan and progress towards completion of the course.
- Individuals actively working towards an approved qualification may be counted towards qualification requirements as 'suitably qualified persons.'
- Our Service will communicate with the educator's RTO to ensure the educator successfully completes their qualification.
- We will support the educator in completing their qualification through mentoring and assistance.
- Our Service will ensure records are kept detailing staff who are actively working towards an early childhood qualification, including evidence of satisfactory progress. (See: Record-Actively working towards qualification)

EARLY CHILDHOOD TEACHER

An Early Childhood Teacher (ECT) is a person with an approved early childhood teaching qualification in accordance with ACECQA's qualification list. A record must be kept containing the period the early childhood teacher is working directly with children.

- Our Service will comply and will engage and have access to an ECT based on the number and age of children attending the Service (depending on state requirements).
- Our Service (if educating and caring for fewer than 25 children per day) will ensure access to an ECT for at least 20 per cent of the time the service provides education and care (this access can be remote via information communication technology)
- Our Service will employ a second ECT or alternatively a 'suitably qualified person' when 60 or more children preschool age or under on a given day, are being educated and cared for.
- If an ECT is absent due to short term illness, leave or resignation, the following persons can be taken to be the Early Childhood Teacher:
 - a person who holds a primary teaching qualification
 - a person who holds an approved diploma level qualification
 (This applied for up to 60 days in a 12-month period only)

- Our Service will keep a record when an Early Childhood Teacher is replaced by a person who holds an approved diploma level or primary teaching qualification, including details as outlined with regulation 152B (from July 1 2023)
- Our service will keep records regarding the period that an Early Childhood Teacher is in attendance at the service. (For services with fewer than 25 children records will document the period that an Early Childhood Teacher is working with service, working directly with children and not working directly with children (Reg. 152)

EDUCATIONAL LEADER

The Educational Leader has an influential role in inspiring, motivating, affirming, and challenging or extending the practice and pedagogy of educators. It is a joint endeavour involving inquiry and reflection, which can significantly impact on the important work educators do with children and families.

- The Approved Provider will nominate a qualified and experienced educator to take on the Educational Leader role and responsibilities.
- The Educational Leader will keep a record about how they mentor and guide educators of the Service to ensure continuous improvement.
- The Educational Leader will guide educators to provide a compliant and rich program.
- The Educational Leader will accept the position, in writing.

NOMINATED SUPERVISOR

The Nominated Supervisor is a suitable person appointed by the Approved Provider who is placed in day-to-day charge of an approved Service. The Approved Provider must provide sufficient evidence and information to demonstrate compliance to the regulatory authority of the suitability of this person.

Nominated Supervisors have a range of responsibilities under the National Law and Regulations including programming, supervision and safety of children, entry to and exit from the premises, food and beverage, administration of medication, excursions, staffing, sleep, and rest.

The Approved Provider will display the name of the Nominated Supervisor in a place that is clearly visible to staff, educators, families and visitors.

The Approved Provider will notify the regulatory authority at least seven days prior to the Nominated Supervisor starting or as soon as practicable (not more than 14 days)

- The Nominated Supervisor must be 18 years of older

- The Nominated Supervisor must have successfully completed Child Protection training
- The Nominated Supervisor must have a history of compliance with Education and Care National Law and other relevant law (e.g., Family Law).
- The Nominated Supervisor is responsible for the day-to-day management of the Service, ensuring compliance with the National Law, National Regulations, National Quality Standards and Family Assistance Law.
- The Nominated Supervisor will accept the role in writing, to ensure they have a clear understanding about their role and responsibilities
- The Nominated Supervisor will ensure the Service program is reflective of the approved learning framework, incorporate the children's developmental needs, interests, and experiences, and consider the individual differences and needs of each child
- The Nominated Supervisor will adhere to Service policies ensuring a safe and healthy environment is provided.

RESPONSIBLE PERSON

A Responsible Person is required to be physically present at the Service at all times that children are being educated and cared for. The Responsible Person can be the Approved Provider, or a person with management or control placed in day-to-day charge of the Service. The Responsible Person must be at least 18 years old and have adequate knowledge and understanding of the provision of education and care to children.

- Our Service will ensure there is always a Nominated Supervisor or Responsible Person on the premises when children are being educated and cared for
- Our Service will clearly communicate the Responsible Person on duty with families, educators, staff and visitors by displaying this information in the foyer or reception area
- The Responsible Person will adhere to Service policies and procedures and maintain a safe and healthy environment for children
- The Responsible Person will always act with professionalism when dealing with children, educators, visitors, and families
- All Responsible Persons will accept the role in writing, to ensure they have a clear understanding about their role and responsibilities
- The Responsible Person must have a history of compliance with Education and Care National Law and other relevant law (e.g., Family Law).

APPROVED FIRST AID QUALIFICATIONS

- The Approved Provider is required to ensure at least one staff member, or one Nominated Supervisor holds current qualifications for first aid, anaphylaxis management and emergency asthma management training
- The Approved Provider must ensure at least one staff member, or one Nominated Supervisor be in attendance at any place children are being educated and cared for by the Service and be immediately available in an emergency and hold the mandatory qualifications for:
 - an ACECQA approved first aid qualification and
 - anaphylaxis management and
 - emergency asthma management training.

(Approved qualifications are published on the ACECQA website)
- Services must have staff with current approved qualifications on duty at all times and be immediately available in an emergency
- It is the staff and educator's responsibility to ensure they maintain current First Aid, Asthma, and Anaphylaxis Training certificates and provide the Service with a copy of the certificate. Staff and educators must ensure they participate in training prior to the expiration date on their certificates.

WORKING WITH CHILDREN CLEARANCE/CHECK

A Working With Children Check (WWCC) is a requirement for people who work or volunteer in child-related work. It involves a national criminal history check and a review of findings of workplace misconduct. The result of a WWCC is either a clearance to work with children for **3 years** or a bar against working with children. Cleared applicants are subject to ongoing monitoring and relevant new records may lead to the clearance being revoked.

- To comply with National Regulations for those undertaking paid or voluntary child-related work all employees of the Service will acquire a Working with Children Check
- Management will keep a record of the expiry date of the Working With Children Check for all staff, volunteers and students
- Management will ensure the Working With Children Checks are verified before educators, staff, students and volunteers are engaged at the Service
- Management will ensure any notifications or concerns regarding a person's Working With Children Check/Clearance are recorded and steps taken immediately to ensure the person is not working directly with children in accordance with directions from the WWCC authority.

STAFF RECORD

Approved Services must keep information about the Nominated Supervisor, Responsible Person, Educational Leader, staff, volunteers, and students at the Service including name, address, date of birth, evidence of qualifications (including evidence of working towards qualifications), evidence of approved training (including Child Protection).

- Details must include evidence of staff and educators working directly with children, their qualifications and training information and Working with Children Check verification number and expiry date
- Details regarding staff PRODA registrations will be kept in each staff record, including RA number and evidence of fit and proper checks
- All staff, educators, students, volunteers, and visitors are required to sign in and out each day
- Immunisation status may be recorded as part of the staff record
- Details of Teacher registration (if applicable)
- Details of the Educational Leader
- Details of Responsible Person
- Details of Nominated Supervisor
- Details of staff who are actively working towards a qualification, including evidence of satisfactory progress (from July 1 2023)
- Details of an educator who has been replaced by a person who holds a primary teaching qualification (from July 1 2023)

SHORT-TERM RELIEF REPLACEMENT

From 1 July 2023, educators and Early Childhood Teachers are able to be replaced when absent for a short period of time due to short-term illness, leave, resignation, or because they are attending supervised professional experience placements for an approved qualification. Educator and Diploma qualified staff may be replaced for a maximum of 30 days in a 12-month period while the service continues to meet regulation 126. Early Childhood Teachers may be replaced for a maximum of 60 days in a 12-month period while the service continues to meet regulations 132, 133, 134.

A record must be kept documenting the following:

- The name of the educator or ECT being replaced
- The qualifications of the educator or ECT being replaced
- The qualifications of the person replacing the educator or ECT
- The date when the educator or ECT was replaced

- The reason for the educator or ECTs absence

ADEQUATE SUPERVISION

Adequate supervision is a consideration for any part of the Service premises where children are educated and cared for and is part of every educator's Duty of Care. Educators are required to ensure that children are in sight and/or hearing at all times, demonstrating that the best interest of children is being provided for. This includes toileting, sleep, rest, nappy changing, transition routines and whenever the service provides or arranges transport for children as part of the service.

- Our Service will comply with educator to child ratios outlined in National Legislation and National Quality Framework
- Educators are required to adhere to the Service's *Supervision Policy* and floor plan to maintain effective supervision
- Educators will always be able to observe each child, respond to individual needs and attend to children as necessary
- Educators will adjust their level of supervision depending on the area of the Service and the skills, age, dynamics, and size of the group of children being supervised
- When supervising outdoors, educators will position themselves so as to be able to see as much of the play area as possible
- Where there are water activities or high-risk experiences, educators will ensure close supervision is maintained
- Infants and toddlers who are sleeping in cot rooms will be closely monitored and checked/inspected every 10 minutes to assess their breathing and the colour of their skin
- Older children will be adequately supervised whilst sleeping or resting
- Children will be supervised when hand washing and during toileting/nappy change times
- Educators will communicate with other staff and educators about their supervision points, offer advice and support to ensure children's safety is of the highest priority at all times.
- Supervising educators will give their complete attention to the children and not perform other duties or tasks
- Unless briefly discussing child or Service concerns, educators will not congregate together either inside or outside
- Educators will interact with children where pedagogically appropriate whilst supervising.

WORKING DIRECTLY WITH CHILDREN

National Regulations state that an educator cannot be included in calculating the educator to child ratio of a centre-based Service unless the educator is working directly with children. A record must be kept of educators working directly with children which includes the name of each educator and the hours each educator works directly with children being educated and cared for by the Service.

- To ensure compliance with regulations, we will only include educators in the educator to child ratio who are working directly with the children and ensure a current roster and a sign on/sign off record are available to verify this
- The approved provider must ensure that a record is kept indicating the period of time an early childhood teacher and each suitably qualified person is working directly with children.

ROSTERS

- Our Service will ensure the roster and routine provides adequate supervision of children at all times
- Rosters will be created to provide children with continuity of care to support children's development of secure relationships and contribute to their wellbeing
- Where possible, casual staff will be chosen from a pool of regular educators with whom the children are familiar to provide continuity of care.
- Rosters will be published at least 6 weeks in advance at all times.

VOLUNTEERS AND STUDENTS

- The Approved Provider will ensure that volunteers and students meet any requirements for Working With Children Checks/Clearance
- At no time will volunteers and/or students be left alone with a child or group of children or be included in the educator to child ratio
- The *Student and Volunteer Application form* will document the name, address and date of birth of volunteers and students
- The *Student and Volunteer Application form* and *Visitor Sign In/Out Record* will document the date and hours the student/volunteer attended the service
- All volunteers and students will be inducted into the Service to ensure they adhere to the Service's policies and procedures, Statement of Philosophy and Code of Conduct

- induction will ensure volunteers and students are aware of how to manage medical conditions and to respond to a child in case of illness, injury or suffers trauma, awareness of privacy laws (including social media, photography) and behaviour guidance procedures.

PRIVACY

- Educators will adhere to the Service's *Privacy and Confidentiality Policy* and Privacy Law in relation to children and their families, or matters relating to the Service and will at no time take part in inappropriate or unlawful conversations or discussions
- The Nominated Supervisor will ensure that students and volunteers are made aware of the Service's *Privacy and Confidentiality Policy* and Privacy Law during their initial induction
- All staff, educators, volunteers and students are provided with information about the ECA Code of Ethics
- All staff and educators will be made aware of Child Information Sharing Schemes (CISS) and Family Violence Information Sharing Schemes (FVSS)

STAFF EMPLOYED UNDER 18 YEARS OF AGE

Our Service will ensure any staff member under 18 years of age does not work at the service alone and is adequately supervised at all times by an educator who is over 18 years of age.

STAFF RECRUITMENT

Our Service will ensure a rigorous recruitment process is followed to select the best staff possible based on skills, qualifications, experience and suitability for the position available. Each role will refer to the appropriate position description during recruitment and the probation period to ensure applicants are suitable for the role and position.

All potential staff will participate in robust interviews and have reference checks completed before an offer of employment is presented. Reference checks will take into consideration the suitability of the applicant for the role, previous experience and their commitment to child safe practices.

All potential staff are subject to maintenance of a valid Working With Children Card (WWCC) and appropriate qualifications. Valid first aid, asthma and anaphylaxis management, immunisation status or food safety qualification may also be required.

All new staff will undergo a probation period of 6 months, during this time they will participate in an induction and orientation program and hold regular discussions regarding their performance with an appointed mentor.

Staff induction includes provision of the Service's policies and procedures, code of conduct, Child Safe Standards, child protection, Work Health and Safety guidelines, behaviour guidance, service routines, human resource documentation, physical environment, communication with family's processes, Family Assistance Law, administration of Child Care Subsidy, Child Information Sharing Schemes and introduction to senior staff members and/or mentor.

POLICIES AND PROCEDURES

Our Service will ensure a copy of the Policies and Procedures are available to all staff at all times, either electronically or in hard copy. The Approved Provider will ensure steps are taken to ensure staff follow policies and procedures through the following practices:

- new staff members are to read key policies and procedures during the induction process
- policy review is to be conducted during staff meetings to support staff understanding and adherence
- staff meeting minutes will record evidence of policies and procedures reviewed with staff
- policy review will be systematic and occur on a regular basis to support regular review and maintenance of policies and procedures
- staff are requested to provide feedback following policy reviews
- policy review will be conducted following updates to legislation or regulation amendments or following an incident or complaint
- the *Staff Policy Acknowledgement Form* is completed for each staff member
- performance reviews and improvements plans will be linked to policies and procedures
- checklists and audits will be used to identify any practices inconsistent with policies and procedures
- the *Performance Management Policy* outlines procedures for dealing with non-compliance of policies
- Performance improvement plans reflect expectations of behaviours required from staff linked to policies and procedures

EDUCATOR TO CHILD RATIOS

Our Service will meet the minimum child ratio requirements as stated below:

State	Age of children	Educator to child ratio
WA	Birth to 24 months	1: 4

	Over 24 months and less than 36 months	1: 5
	Over 36 months of age or over (not including children over pre-school age)	1: 10

CONTINUOUS IMPROVEMENT

Our *Staffing Arrangements Policy* will be updated and reviewed annually in consultation with families, staff, educators and management.

CHILD CARE CENTRE DESKTOP- RELATED RESOURCES

Code of Conduct Staff Acknowledgement Nominated Supervisor Offer and Acceptance Form Policy Acknowledgement Form Responsible Person Offer and Acceptance Form	Record 'actively working towards' qualification Form Record of Access to an ECT Record of Short-Term Relief Student and Volunteer Application Form Visitor sign in/out Record
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SOURCE

Australian Children's Education & Care Quality Authority. (2014).

ACECQA. (2021). Policy and procedure guidelines. *Staffing Guidelines*.

Department of the Officer of the Privacy Commissioner: www.privacy.gov.au

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).

Education and Care Services National Regulations. (2011). (Amended 2023)

Guide to the National Quality Framework. (2017). (Amended 2023).

Office of the Children's Guardian: <https://ocg.nsw.gov.au/working-children-check>

QLD Government. Department of Education. Early Childhood Education and Care. Ensuring staff follow policies and procedures <https://earlychildhood.qld.gov.au/legislation-and-guidelines/policy-and-procedure-guidance/ensuring-staff-follow-policies-and-procedures>

Revised National Quality Standard. (2018).

[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED	JUNE 2023	NEXT REVIEW DATE	FEBRUARY 2024
MODIFICATIONS	- Amendments to the National Regulations included in policy - New regulations 126A, 152A and 152B included into policy - Additional Childcare Centre Desktop resources added to Resource Box - Additional section regarding Short-Term Relief Replacement added		

POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
FEBRUARY 2023	• minor formatting edits within text • Policy and Procedures section added • removal of mandatory COVID-19 vaccination requirement • hyperlinks checked and repaired as required • Continuous Improvement section added • Childcare Centre Desktop Resource section added • link to Western Australian Education and Care Services National Regulations added in 'Sources'	FEBRUARY 2024
OCTOBER 2021/FEBRUARY 2022	• Additional law/regulations added- ACECQA Guidelines to Policy and Procedures document-(August 2021) • Additional information re: COVID-19 vaccination requirements for each state/territory. Services to delete information that is not relevant to their service. • Checked and updated links used within policy • Updated Related Policies	FEBRUARY 2023
FEBRUARY 2021	• Minor edits • addition to reference of Child Safe Standards • Probation period amended to 3 months to align with Recruitment Policy	FEBRUARY 2022
OCTOBER 2020	• adequate supervision for transportation added • additional section on recruitment and probation periods • educator to child ratios amended	FEBRUARY 2021
FEBRUARY 2020	• Amendments to the National Regulations included in policy • Amendments and additions to Regulations for NSW added • Definition of 'suitably qualified persons' added • additions to content re: Nominated Supervisor • Educator to children ratios amended • Information about supervision condensed to avoid repetition • Revision of approved first aid qualifications	FEBRUARY 2021
FEBRUARY 2019	• Grammar, punctuation and spelling edited. • Wording 'corrected'. • Additional information added to points. • Sources checked for currency. • Sources/references corrected, updated, and alphabetised	FEBRUARY 2020

CODE OF CONDUCT POLICY

We believe in maintaining an inclusive and welcoming environment and workplace that motivates and facilitates personal growth and development for staff and educators. The values that underpin our work ethic include equality, respect, integrity, and responsibility. Our Service is committed to adhere to the ECA Code of Ethics (2016) which is based on the principles of the United Nations Convention on the Rights of the Child (1991) and provides a framework for the reflection about the ethical responsibilities of early childhood professionals.

Our Service is committed to creating and maintaining an environment that promotes the safety of all children and embeds the National Principles for Child Safe Organisations. All staff and volunteers are responsible for promoting a culture of safety and wellbeing to minimise the risk of child abuse or harm to children whilst promoting children's sense of security and belonging.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 4: STAFFING ARRANGEMENTS		
4.1	Staffing arrangements	Staffing arrangements enhance children's learning and development.
4.1.2	Continuity of staff	Every effort is made for children to experience continuity of educators at the service.
4.2	Professionalism	Management, educators and staff are collaborative, respectful and ethical.
4.2.1	Professional collaboration	Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills.
4.2.2	Professional Standards	Professional standards guide practice, interactions and relationships.

QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1.1	Service philosophy and purpose	A statement of philosophy guides all aspects of the service's operations.
7.1.3	Roles and responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
82	Tobacco, drug and alcohol-free environment
84	Awareness of child protection law
155	Interactions with children
168	Education and care services must have policies and procedures

RELATED POLICIES

Child Protection Policy Child Safe Environment Policy Wellbeing Policy Dealing with Complaints Policy Interactions with Children, Family and Staff Policy Out of hours babysitting Policy Photograph Policy Privacy and Confidentiality Policy	Professional Development Policy Record Keeping and Retention Policy Recruitment Policy Respect for Children Policy Responsible Person Policy Staffing Arrangements Policy Social Media Policy Tobacco, Drug and Alcohol-Free Policy Work Health and Safety Policy
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PURPOSE

We aim to establish a common understanding of workplace standards and ethics expected of all employees of the Service. We aim to ensure positive working relationships are formed between all educators and management, promoting dignity and respect by avoiding behaviour which is or may be perceived as harassing, bullying or intimidating. Educators and management will at all times conduct themselves in an ethical manner and strive to ensure that all interactions are positive and respectful and are in accordance with the Service's philosophy.

Our Service takes every reasonable effort to accommodate the diversity of all children in implementing the Child Safe Standards. We are committed to the safety and wellbeing of children and young people. We recognise the importance of and responsibility for, ensuring our Service provides a safe and supportive environment which respects and fosters the rights and wellbeing of children in our care. We are dedicated in promoting cultural safety for Aboriginal children, cultural safety for children from culturally and/or linguistically diverse backgrounds and to providing a safe environment for children with a disability.

SCOPE

This policy applies to staff, management, the approved provider, nominated supervisor, students,

families, children and visitors (including contractors) of the Service.

IMPLEMENTATION

The Approved Provider, Nominated Supervisor, educators and staff, volunteers, and students will adhere to the Early Childhood Australian Code of Ethics, Education and Care Services National Regulations and National Quality Standard, Child Safe Standards and Service policies and procedures at all times, promoting positive interactions both within the Service and the local community.

Respect for People and the Service

- Employees and management are committed to the Service philosophy and values, inclusive of best practice in early childhood education and building positive partnership with children, families and staff
- Our Service *will develop a Statement of Commitment to Child Safety and Wellbeing* to demonstrate a strong culture of child safety within the Service
- Employees and management adhere to our Child safe policies including *Child Safe Environment Policy, Child Protection Policy*, at all times and take all reasonable steps to protect children from abuse and harm
- Employees and management understand that *child safety is everyone's responsibility*
- Employees are committed to valuing and promoting the safety, health, and wellbeing of employees, volunteers, children, and families
- Employees and management promote the cultural safety, participation and empowerment of Aboriginal and Torres Strait islander children to express their culture and enjoy their cultural rights
- Employees and management promote the safety, participation and empowerment of children with culturally and/or linguistically diverse backgrounds to support children to express their culture and enjoy their cultural rights
- Employees and management promote the safety, participation and empowerment of children with a disability
- Effective, open, and respectful reciprocal communication and feedback between employees, children, families, and management is conveyed
- It is important to treat colleagues, children, and families with respect. Bullying or insulting behaviour, including verbal and non-verbal aggression, abusive, threatening, or derogatory language or intimidation towards other employees, children, visitors, or families is unacceptable and will not be tolerated

- Employees are committed to an Equal Opportunity workplace and culture which values the knowledge, experience, and professionalism of all employees, team members, and managers, and the diverse heritage of our families and children
- Employees and management respect the privacy of children and their families by keeping all information about child protection concerns confidential and only share information to promote child wellbeing or safety and /or manage risk of family violence with other Information Sharing Entities (IES) as per state/territory legislation.
- Our Service will conduct a comprehensive probation and induction orientation program for all new employees, volunteers and students to include awareness of their roles and responsibilities in relation to Child Safe practices
- It is important employees and management listen and respond to the views and concerns of children particularly if they are telling you that they or another child has been abused or they are worried about their safety or the safety of another.

Expectations of Employees

EMPLOYEES WILL:

- ensure their work is carried out proficiently, harmoniously, and effectively
- act in a professional and respectful manner at all times whilst at work, giving their full attention to their responsibilities and adhering to all Service policies, procedures, Child Safe Standards, Education and Care Services National Law and National Regulations, and the National Quality Standard
- act honestly and exercise attentiveness in all Service operations.
- carry out all lawful directions, retaining the right to question any direction which they consider to be unethical. If uncertain they can seek advice from the Nominated Supervisor, Approved Provider or the Ombudsman
- uphold the rights of children and always prioritise their needs
- treat all children and young people with respect
- promote the wellbeing and safety of children and take all reasonable steps to protect children from abuse
- provide adequate supervision of children at all times
- understand their legislative responsibility as mandatory reporters to report any allegation of child abuse, neglect or possible risk of harm to management or Child Protection authority
- understand their legislative responsibility to report any inappropriate action of any other employee that involves children or young people to management as part of the *Reportable Conduct Scheme*
- participate in all compulsory training, including update of Child Protection training every 12-months

- report any instances of suspected corrupt conduct, mismanagement of government funds or other serious allegation to the appropriate agency (tipoffline@dese.gov.au)
- follow and comply with the *Dealing with Complaints Policy* when matters are raised regarding Child Safety and Wellbeing
- have a solid understanding of the Service's policies and procedures, Child Safe Standards and the ECA Code of Ethics. If uncertain about the content of any policy or procedure with which they must comply, employees should seek clarification from the Nominated Supervisor or Approved Provider
- be courteous and responsive when dealing with colleagues, students, visitors, children and families
- work collaboratively with colleagues and recognise and value diversity
- be mindful of their duty of care towards themselves and others
- be positive role models for children at all times
- ensure compliance with a zero tolerance of racism within the Service
- adhere to the *Tobacco, Drugs and Alcohol-Free Policy*
- respect the confidential nature of information gained about each child enrolled in our Service
- engage in critical reflection to inform individual and collective decision making and ensure continual improvement, including a review of Child Safe policies and procedures.

Employees will NOT:

- use abusive, derogatory or offensive language
- engage in conduct that is detrimental to the professional standing of our Service, is improper or unethical, is an abuse of power, or harasses, discriminates against, victimises, humiliates, intimidates, or threatens other educators, staff members, volunteers, or visitors at the Service, either directly or indirectly via information technology such as email, text or social media. Additionally, they will not support those who do this
- condone or participate in illegal, unsafe or abusive behaviour towards children, including physical, sexual or psychological abuse, ill-treatment, neglect or grooming
- exaggerate or trivialise child abuse issues
- fail to report information to the approved provider if they know a child has been abused
- engage in unwarranted and inappropriate touching involving a child
- persistently criticise and/or denigrate a child
- verbally assault a child or create a climate of fear
- encourage a child to communicate with me in a private setting
- share details of sexual experiences with a child
- use sexual language or gestures in the presence of children

- discriminate against any child, because of culture, race, ethnicity or disability
- put children at risk of abuse- refusing food/play, making threats, exposing children to inappropriate language or material (movies, internet, photos)
- show preferential behaviour towards any child
- accept an offer of money, regardless of the amount
- seek or accept a bribe
- acquire personal profit or advantage because of their position (e.g., through the use of Service information)
- exchange any property of the Service for own use unless properly authorised
- approach other employees, managers or visitors directly on individual matters that are irrelevant to them
- engage in any action in breach of our *Privacy and Confidentiality Policy*, including but not limited to disclosure of confidential Service or customer information, or the improper or illegal use of that confidential information. Authorised persons will only access confidential information for the purpose intended.
- engage in or support any action in breach of Service policies and/or procedures.

Expectations of Leaders and Management

In addition to the above responsibilities, leaders and management are expected to:

- promote a collaborative and interconnected workplace by developing a positive working environment where all employees can contribute to the ongoing continuous improvement of the Service
- promote leadership by working with employees and providing opportunities for professional development and growth
- provide flexible opportunities to ensure all employees can participate in staff meetings and professional development
- provide ongoing support and feedback to employees
- keep employees informed about essential information and any relevant changes and make all documents readily accessible to them
- ensure copies of the ECA Code of Ethics and Child Safe Standards are available to staff and families
- model professional behaviour at all times whilst at the Service
- implement supportive and effective communication systems, consulting employees in appropriate decision making
- take appropriate action if a breach of the code of conduct occurs

- share skills and knowledge with employees
- give encouragement and constructive feedback to employees, respecting the value of different professional approaches
- follow recruitment policies and procedures to ensure all potential candidates undergo appropriate background checks, including Working With Children Checks
- model and provide guidance to educators and staff to ensure compliance with a zero tolerance of racism within the Service.

Reporting a breach of the Code of Conduct

- all employees are required by law to undergo a Working with Children Check (WWCC) which is verified by the employer to ensure it is valid and current
- if employees become aware of a serious crime committed by another employee, they are required to report it to management as per the *Reportable Conduct Scheme*
- as mandatory reporters, all employees must report possible risk of harm to children or young persons to management and/or Child Protection authority
- employees will report any concerns they may have about inappropriate actions of any other employee that involves children or young people to management as per the *Reportable Conduct Scheme*
- management will report any allegations or child related misconduct as per their legislative requirements (this may include reporting the matter to the Police, Department of Communities

Managing conflict in the workplace

MANAGEMENT WILL:

- remain objective and impartial when managing conflict in the workplace
- be responsive and address a possible breach of the code of conduct by any employee as soon as they are aware of the breach
- investigate all allegations which may result in remedial action, or disciplinary action ranging from a caution to dismissal
- consider all relevant facts and make decisions or take actions fairly, ethically, consistently, and with transparency. If they are uncertain about the appropriateness of a decision or action they will consider:
 - whether the decision or conduct is lawful
 - whether the decision or conduct is consistent with Service policies and objectives

- whether there will be an actual, potential, or perceived conflict of interest involving obligations that could influence the business relationship or conflict with business duties.

Adhering to Service confidentiality

- Unless authorised to do so by legislation, employees must not disclose or use any confidential information without appropriate approval
- Lawful sharing of information with other parties must be to promote the wellbeing or safety of children and adhere to guidelines under Child and Family Information Sharing Schemes
- All employees are to ensure that confidential information is not accessed by unauthorised people
- Employees will adhere to the Service's *Privacy and Confidentiality Policy*.

Babysitting

- We do not provide babysitting services outside normal operating hours
- Should employees undertake private babysitting arrangements with families, our Service takes no responsibility for any private arrangements between staff members and the family. However, we do expect staff to inform the Service if they are babysitting or caring for a child that attends the Service.
- Should employees undertake private babysitting arrangements we require employees and families to sign a copy of the Code of Conduct and complete a 'Out of Hours Babysitting Agreement Waiver' which will we keep in the child and staff member's file (see *Out of Hours Babysitting Policy*)
- All staff are bound by contract to the Service's *Privacy and Confidentiality Policy*, where they are unable to discuss any issues regarding the Service, other staff members, parents/families, or other children.

Record keeping

- Employees and Management will maintain full, accurate, and honest records as required by the Education and Care Services National regulations
- Managers have a responsibility to ensure that employees comply with their record keeping obligation outlined in the *Record Keeping and Retention Policy*
- Employees must not destroy records without permission from management
- Records must be retained and stored securely as per our *Record Keeping and Retention Policy*

Duty of care

- Management and employees have a responsibility to take reasonable care for the health and safety of themselves and others at the workplace to enable compliance with the work health and safety legislation outlined in the *Work Health and Safety Policy*
- Duty of Care relates to both physical and psychological wellbeing of individuals
- Management and employees must provide adequate supervision of children at all times and ensure the health, safety and welfare of children and young people in their care. This includes taking all reasonable action to protect children and young people from risk of harm that can be reasonably predicted.

Appropriate use of electronic communication and social networking sites

Social media

- As a Child Safe Organisation, our Service has the responsibility to ensure children and educators are protected from harm when they engage in with digital technology including social media
- Strict guidelines for the use of social media are outlined in our *Social Media Policy*
- The Service offers its current enrolled families and staff members a Facebook page as a communication tool.
- The Administrator controls the content on the page and ensures that the postings are relevant and respectful of the Service, the children, the staff, families, and greater community.
- Staff members who have a personal Facebook account are not permitted to post any negative comments relating to the Service, children, colleagues, or families.
- Staff members are to use their own personal discretion when adding a family of the Service as a 'friend' on Facebook. The Service does not recommend staff to add families of the Service as they will be seen still as a representative of the Service and held to the Service's Code of Conduct on all posts on their private 'wall' if families have access.
- Families are asked in our *Social Media Policy* to respect that staff may have a personal policy on adding families due to their professional philosophy and that the Service does not recommend staff to have families as friends on their private account.
- Staff members are not permitted to request the 'friendship' of families from the Service.

Personal phone calls/mobile phones/smart watches

We are mindful that educators have a duty of care to ensure children are protected from potential risk of harm. It is imperative that all employees of the Service provide children with their full attention, ensuring supervision is maintained and remains on the children at all times.

- employees are not authorised to use the Service's phones for personal reasons unless in the case of an emergency or with permission from management
- no personal mobile phones are to be used, checked or brought on the floor during working hours
- mobile phones are to be kept inside employee's bags which will be placed in a designated, secure location for safe keeping
- employees are not permitted to use smartwatches to access emails and social media during working hours. Smart watches are only to be used for viewing the time.
- if it becomes apparent that educators are using their Smart watches to check and respond to messages during shifts, they will be asked to either leave them at home or place in a designated locker / secure location until the end of their shift.
- personal mobile phones and Smart watches may be used during shift breaks when employees are free from work and supervision duties. They are not to be used in general sight of children, unless a situation arises where there is an emergency.
- personal mobile phones are not to be used to take photos of children as this is a breach of children's privacy. (Service mobile phones or iPads may be used if it's for the purposes of 'observations' etc.)
- children are at no time to be given access to staff mobile phones
- no personal mail or deliveries should be directed to the Service unless prior approval has been granted by the Nominated Supervisor/management
- educators and staff are not to contact families or children of the Service for personal reasons
- if, for personal reasons a staff member needs to remain contactable from someone outside the Service they should ensure that the situation is explained to management and that the service's primary contact details are passed on to the persons/family outside the Service.

Service email

- Email is to be used only for company usage, not for private communications
- Passwords and access privileges are strictly confidential and to be used only by the educator issued with that access, or persons delegated to know and use that access in the normal course of operation
- It is the responsibility of the authorised user to take fair and reasonable steps to ensure the passwords and other forms of access are held safe

- Employees are to be aware that their Service email account may be accessed by Management at any time.

Use of alcohol, drugs and tobacco

- Smoking is NOT permitted in or on surrounding areas of the Service
- It is expected that the odour of cigarette smoke will not be detected on an employee's clothing. If an employee is found smoking on the premises, that employee's employment may be terminated. Our Service supports the [Smoke Free Environment Act 2000](#). The company and its employees will follow all conditions outlined in this act.
- Our Service is bound by the Education and Care Services National Regulations. Alcohol, drugs, or other substance abuse by employees can have serious adverse effects on their own health and the safety of others. As such, all employees must not:
 - consume alcohol nor be under the influence of alcohol while working
 - use or possess illegal drugs at any workplace
 - drive a vehicle, having consumed alcohol or suffering from the effects of illegal substances, or
 - bring alcohol or any illegal drugs onto the premises.
- If a co-worker suspects a colleague to be affected by drugs or alcohol, they must inform the Nominated Supervisor immediately. No employee will be allowed to work under the influence of drugs or alcohol. (See: *Tobacco, Drugs and Alcohol-Free Policy*)
- Employees undergoing prescribed medical treatment with a controlled substance that may affect the safe performance of their duties are required to report this to the Nominated Supervisor.
- All issues pertaining to these matters shall be kept strictly confidential. A breach of this policy may initiate appropriate action including the termination of employment.

Dress code

- All employees must adhere to our uniform/dress code supplied during induction including the display of their name badge whilst on shift.
- Enclosed shoes must be worn at all times (strictly no high heels, thongs, or wedges).
- Clothes must be suitable for free movement, active play, and messy play.
- No logos or political statements are to be displayed on clothing.
- Jewellery – minimal

Personal Hygiene

All employees are to adhere to the following standards:

- long hair is to be clean and neatly tied back. Ensure hair does not hang in your eyes
- makeup is to be light and natural
- fingernails are to be clean and well groomed
- nail polish (if worn) cannot be chipped
- employees will follow appropriate oral hygiene practices
- an appropriate deodorant/antiperspirant will be worn
- strong perfumes will not be worn as they may cause allergic reactions in children.

Breach of the Code of Conduct

All staff members are made fully aware that the following breaches of the Code of Conduct and role responsibilities may result in disciplinary action which may lead to termination of employment:

- reporting to work under the influence of alcohol or drugs
- refusal to complete mandated professional training
- possessing or selling drugs at the Service
- immoral, immature, or indecent conduct while at the Service
- inappropriate use of company equipment and/or resources
- refusing to work as reasonable directed
- possessing a dangerous weapon whilst at the Service
- bringing disrepute to the Service
- causing disruption or discontent in the relationship between a family and the Service
- disclosure of confidential information
- falsifying documentation
- associating with families without disclosing this information with management
- stealing, abusing, defacing, or destroying company property
- interfering with work schedules
- falsification of reports, documents, or wages information
- failure to report for work without notice
- walking off the job
- failure to follow policies and procedures
- vulgarity or disrespectful conduct to families, management or colleagues

- making or publishing false, vicious, or malicious statements about any employee of the Service, or the Service itself
- failure to hand in lost property (this is regarded as stealing): Lost property is to be handed to the Nominated Supervisor
- unable to maintain or hold a current Working With Children Check/Clearance

Disciplinary Action

All staff members are made fully aware that continued abuse of the following may result in disciplinary action. These include, but are not limited to the following:

- unauthorised absence
- having personal visitors whilst on shift
- continued personal phone calls
- unauthorised solicitation or distribution of money or materials
- poor work standard
- carelessness
- low level of enthusiasm
- lack of personal cleanliness
- taking excessive breaks
- failure to report health, fire or safety hazards
- repeated tardiness

Evaluation/ Continuous Improvement

The Code of Conduct Policy will be evaluated and reviewed on an annual basis in conjunction with children, families, educators and staff.

SOURCE

Anti-Discrimination Act: See <https://raisingchildren.net.au/disability/disability-rights-the-law/law/anti-discrimination-laws-for-acts-for-specific-australian-states-and-territories>.

Australian Children's Education & Care Quality Authority. (2014).

Australian Human Rights Commission <https://www.humanrights.gov.au/our-work/childrens-rights>

Early Childhood Australia Code of Ethics. (2016).

Fair Work Act 2009 (Cth).

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).

Guide to the National Quality Framework. (2017) (Amended 2020).

NSW Government Office of the Children's Guardian *Code of Conduct- a guide to developing child safe Codes of Conduct*. (2020).

Ombudsman Act 2001 (Cth).

Privacy and Personal Information Protection Act 1998 (Cth).

Revised National Quality Standard. (2018).

Victoria State Government. (2021). Family Violence Multi-Agency Risk Assessment and Management Framework.

Victoria State Government. (2022). Families, Fairness and Housing. Resources for Child Safe Standards

[Western Australian Education and Care Services National Regulations](#)

Work Health and Safety Act 2011 (Cth).

Workplace Relations Act 1996 (Cth).

Work Place Law <https://www.workplacelaw.com.au/getting-your-mobile-phone-policies-right/>

REVIEW

POLICY REVIEWED	JULY 2022	NEXT REVIEW DATE	DECEMBER 2023
MODIFICATIONS	• Policy reviewed following updates to Victorian Child Safe Standards in July 2022 • Sources checked for currency • Minor edits throughout policy • Additional text included in policy in line with Code of Conduct (staff acknowledgement) • Additional section added for Continuous Improvement • link to Western Australian Education and Care Services National Regulations added in 'Sources'		

RESPONSIBLE PERSON POLICY

As per *Education and Care Services National Law and Regulations*, a responsible person must be physically in attendance at all times that the Service is educating and caring for children.

Approved providers are responsible for appointing a responsible person who is aged 18 years or older, has adequate knowledge and understanding of the provision of education and care to children, and have the ability to effectively supervise and manage an education and care service (ACECQA, 2017).

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 4: STAFFING ARRANGEMENTS		
4.1	Staffing Arrangements	Staffing arrangements enhance children's learning and development
4.1.1	Organisation of educators	The organisation of educators across the service supports children's learning and development
4.1.2	Continuity of staff	Every effort is made for children to experience continuity of educators at the service
4.2	Professionalism	Management, educators and staff are collaborative, respectful and ethical.
4.2.1	Professional collaboration	Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills
4.2.2	Professional standards	Professional standards guide practice, interactions and relationships.
QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1	Governance	Governance supports the operation of a quality service
7.1.3	Roles and responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision making and operation of the service.

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS	
S. 162	Offence to operate education and care service unless responsible person is present
S.162A	Persons in day-to-day charge and nominated supervisors to have child protection training
S. 169	Offence relating to staffing arrangements
S. 173	Offence to fail to notify certain circumstances to Regulatory Authority

117A	Placing a person in day-to-day charge
117B	Minimum requirements for a person in day-to-day charge
117C	Minimum requirements for a nominated supervisor
150	Responsible Person
168	Policies and Procedures
173	Prescribed information to be displayed
174	Time to notify certain circumstances to Regulatory Authority
177	Prescribed enrolment and other documents to be kept by approved provider

RELATED POLICIES

Code of Conduct Policy Health and Safety Policy Interactions with Children, Family and Staff Policy Privacy and Confidentiality Policy	Respect for Children Policy Staffing Arrangements Policy Supervision Policy Work Health and Safety Policy
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PURPOSE

Our Service is committed to meeting our duty of care obligations under the Education and Care Services National Law and National Regulations to ensure a responsible person is physically on the premises at all times to ensure the health, safety, wellbeing, learning, and development of all children at the service is maintained at all times.

SCOPE

This policy applies to children, families, staff, educators, management, approved provider, nominated supervisor, students, volunteers and visitors of the Service.

DEFINITIONS OF RESPONSIBLE PERSON

NAME	DEFINITION
Approved provider	A person who holds a provider approval and has primary legal responsibility under the National Law and National Regulations to ensure good governance and management of the service.

Nominated supervisor	A person with responsibility for the day-to-day management of an approved service. The nominated supervisor has a range of responsibilities under the Law and Regulations that govern the operation of education and care services.
Person in day-to-day charge (PIDTDC)	A person who is physically at the service and has the role of nominated supervisor or duly appointed person. The responsible person has consented to be placed in day-to-day charge of the service but does not take on the responsibilities of the nominated supervisor rather, they ensure the consistency and continuity in practices.

IMPLEMENTATION

Our Service will ensure a responsible person will be on the premises at all times, and the details of the responsible person will be clearly visible to families and visitors at the main entry of the Service. A record of the responsible person will be documented each day via the *Responsible Person Register*.

If the responsible person leaves the premises, they will 'hand over' obligations for the role to another duly appointed person at the Service. It is vital that all handovers to a designated responsible person are documented when commencing this position throughout the day via the responsible person record. The process for determining the responsible person will be clear to all educators and staff, and procedures will be followed at all times. Both the outgoing and incoming responsible persons will ensure the displayed name of the current responsible person at the Service correctly reflects who presently holds the position.

Our Service will have one responsible person present at all times when caring for and educating children. A responsible person can be:

- the approved provider or a person with management or control
- a nominated supervisor *or*
- a person in day-to-day charge of the service (PIDTDC)

THE APPROVED PROVIDER/MANAGEMENT WILL ENSURE A RESPONSIBLE PERSON:

- is appointed and physically on the premise at all times children are being educated and cared for
- is over the age of 18 years
- meets the minimum requirements for qualifications, experiences and management capabilities
- holds a valid and current Working with Children Check
- has completed approved child protection training and is aware of the reportable conduct scheme

- has knowledge and a commitment to the National Principles for Child Safe Organisations
- has adequate knowledge and understanding of the provision of education and care to children, the Education and Care National Law and Regulations and National Quality Standard, the approved learning framework (EYLF), Family Assistance Law and administration of Child Care Subsidy
- has the ability to effectively supervise and manage an education and care service
- is a fit and proper person (as per regulatory authority conditions)
- has evidence of completing an approved diploma level education and care qualification or higher is considered as a requirement or 'actively working towards' an ACECQA approved qualification
- provides references including their current and previous employers. These will be checked, and records kept on file
- provides written consent for the position of responsible person and this is filed in staff records (not required if the approved provider is the responsible person)
- is removed from the position, if the approved provider deems the individual is no longer considered to meet the fit and proper requirements.

THE APPROVED PROVIDER/NOMINATED SUPERVISOR/MANAGEMENT WILL ENSURE:

- educators, staff, students, visitors and volunteers have knowledge of and adhere to this policy
- families are aware of this *Responsible Person Policy*
- the regulatory authority is notified 7 days prior to a **nominated supervisor** starting at the Service or within 14 days after the person has commenced the role through NQA IT System
- the regulatory authority is notified if the **nominated supervisor** changes their name or contact details; is no longer employed by the Service, has been removed from the role or withdraws their nomination
- the regulatory authority is notified of the suspension or cancellation of a Working with Children Card or other disciplinary proceedings held against them under an education law of a participating jurisdiction action of a nominated supervisor
- responsible person will be removed from the position should management become aware of a matter or incident which affects the ability of the person to meet the minimum requirements of the position
- the staff register has the name of the responsible person at the Service for each time children are being educated and cared for by the Service
- a responsible person is on duty from the time the Service opens each day until the time the Service closes

- ensure that the identity of the responsible person on duty is displayed in the main entrance of the Service and is easily visible for families and visitors
- the PIDTDC interchanges with the nominated supervisor in their absence
- the individual's compliance history is taken into account prior to appointing the nominated supervisor or responsible person including compliance with:
 - the National Law
 - a former education and care services law
 - a children's services law
 - an education law
- they consider any decision under the National Law, or any other children's services or education law, to refuse, refuse to renew, suspend, or cancel a licence, approval, registration, certification or other authorisation granted to the person prior to appointing a nominated supervisor
- documentation is recorded that demonstrates the individual's capacity to supervise and manage the service, this may include:
 - a Supervisor Certificate (including any conditions of the certificate),
 - resume detailing work history,
 - reference from previous employer, or
 - transcripts of courses or unit relating to staff management or administration of an education and care service
- responsible persons are aware that they have to sign off when they have finished their duty and will ensure the nominated supervisor or appointed responsible person (PIDTIC) will sign on and take on the role
- a staff record is kept recording
 - the full name, address and date of birth of the responsible person/nominated supervisor
 - evidence of relevant qualifications
 - if applicable, evidence that the responsible person/nominated supervisor is actively working towards that qualification
 - evidence of any approved training (including first aid training and child protection training)
 - verification of a Working with Children Check – identifying number and expiry date
 - written consent for the position of responsible person.

A NOMINATED SUPERVISOR/APPOINTED RESPONSIBLE PERSON WILL:

- provide written consent to accept the role of responsible person/nominated supervisor
- sign their name and hours of responsibility on the *Responsible Person Register*

- ensure that the identity of the responsible person on duty is displayed in the main entrance of the Service and is easily visible for families and visitors
- inform management (approved provider/nominated supervisor) in a timely manner in the event of absence from the Service due to leave or illness so they can be replaced by another responsible person
- ensure they have a sound understanding of the role of responsible person
- abide by any conditions placed on the responsible person
- understand that a responsible person placed in day-to-day charge (PIDTIC) of the Service does not have the same responsibilities under the National Law as the nominated supervisor
- in the case of nominated supervisor, notify the regulatory authority within 7 days of any changes to their personal situation, including a change in mailing address, circumstances that affect their status as fit and proper (such as the suspension or cancellation of a Working with Children Check card or teacher registration), or if they are subject to disciplinary proceedings.
- notify management at the Service in writing, if they wish to withdraw their consent to be a responsible person
- responsible person appointments will be recorded on the staff roster, so all educators and staff are aware of who is appointed responsible person at all times the service is open
- the nominated supervisor will advise educators and staff the educators who have been appointed as a responsible person.

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Responsible Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

RELATED RESOURCES

Responsible Person Procedure Responsible Person Offer and Acceptance	Responsible Person Register Routine Checklist - Responsible Person
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SOURCES

Australian Children's Education & Care Authority. (2017). [Responsible Person Requirements for Approved Providers](#)
 Australian Children's Education & Care Authority. (2018). [Nominated Supervisors](#).
 Australian Children's Education & Care Quality Authority. (2024). [Guide to the National Quality Framework](#).
 Education and Care Services National Law Act 2010. (Amended 2023).
[Education and Care Services National Regulations](#). (Amended 2023).
[Western Australian Legislation Education and Care Services National Law \(WA\) Act 2012](#)
[Western Australian Legislation Education and Care Services National Regulations \(WA\) Act 2012](#)

REVIEW

POLICY REVIEWED	OCTOBER 2024	NEXT REVIEW DATE	OCTOBER 2025
MODIFICATIONS	• annual policy review • minor edits- use of lower case for approved provider/nominated supervisor/responsible person • sources updated as required		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
OCTOBER 2023	• additional information added under Approved Provider section • Childcare Centre Desktop resources added • sources checked for currency and updated as required • responsible person register removed from Appendix of this policy		OCTOBER 2024

STUDENT, VOLUNTEER AND VISITORS POLICY

Our Service values the participation of students and volunteers. Having students and voluntary workers within the Service helps to inform the community about our program and the value of the work we do. Students, voluntary workers and visitors are welcome at the Service; however, the children's care and safety are our first priority.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1	Governance	Governance supports the operation of a quality service.
7.1.1	Service philosophy and purposes	A statement of philosophy guides all aspects of the service's operations.
7.1.2	Management Systems	Systems are in place to manage risk and enable the effective management and operation of a quality service.
7.1.3	Roles and Responsibilities	Roles and responsibilities are clearly defined and understood and support effective decision-making and operation of the service.
7.2	Leadership	Effective leadership builds and promotes a positive organisational culture and professional learning community.
7.2.2	Educational leadership	The educational leader is supported and leads the development and implementation of the educational program and assessment and planning cycle.
7.2.3	Development of professionals	Educators, co-ordinations and staff members' performance is regularly evaluated and individual plans are in place to support learning and development.

EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS	
S. 170	Offence relating to unauthorised persons on education and care service premises
S. 175	Offence relating to requirement to keep enrolment and other documents
83	Staff members and family day care educators not to be affected by alcohol or drugs
84	Awareness of child protection law
120	Educators who are under the age of 18 to be supervised
145	Staff Records
149	Volunteers and Students

168	Policies and Procedures
170	Policies and procedures to be followed
172	Notification of change to policies or procedures

RELATED POLICIES

Bullying, Discrimination and Harassment Policy Child Protection Policy Child Safe Environment Policy Code of Conduct Policy Dealing with Complaints Policy Family Communication Policy Interactions with Children, Families and Staff Policy	Photograph Policy Privacy and Confidentiality Policy Respect for Children Policy Staffing Arrangements Policy Supervision Policy Work, Health and Safety Policy
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PURPOSE

Our Service supports participation of work placement students (including work experience students) and volunteers wanting to develop professional skills and knowledge in their effort to become Early Childhood Professionals. Our Service aims to ensure the safety and wellbeing of all children enrolled at the Service by having a process in place to accurately and securely record information about visitors, students and volunteers. To ensure a professional and pleasurable learning experience, students and volunteers will be encouraged to participate in the centre's daily routine and assist in accordance with their qualification level to work with children under the National Quality Framework requirements. Our Service will ensure no child or children are left alone with a visitor, student or volunteer

SCOPE

This policy applies to children, families, educators, staff, management, approved provider, nominated supervisor, students, volunteers and visitors of the Service.

IMPLEMENTATION

We have a strong commitment to provide a range of opportunities for volunteers, students and visitors to participate in programs and activities while adhering to clear guidelines regarding appropriate interactions and communication with staff, and other adults and children at the Service. As a child safe organisation, we embed the National Principles for Child Safe Organisations and implement child safe policies and procedures to ensure child safety is paramount. In addition, our Service references the

National Model Code and Guidelines for taking images or videos of children which applies to volunteers, students and visitors

A visitor may include, but is not limited to:

- Families looking to enrol their child/ren and are provided with an opportunity to view the Service
- Inclusion support workers/ Allied Health Workers
- Trades person (plumber, carpenter, electrician)
- Community members contributing to the educational program such as through story or music
- Authorised Officer (Department of Education, regulatory authority, SafeWork, Police)
- Students or Volunteers
- Educators visiting from another service
- TAFE/Uni/RTO Teachers
- Performers/ Entertainers/ Presenters

THE APPROVED PROVIDER/MANAGEMENT/NOMINATED SUPERVISOR WILL:

- ensure all educators, staff, students, volunteers and visitors have knowledge of and adhere to this policy
- ensure all volunteers, students and visitors are aware of guidelines adopted by the Service around the use of personal electronic devices whilst education and care are provided for children
- request visitors who are supporting children at the Service (NDIS funded support professionals, Inclusion Support professionals) gain written consent from the approved provider to capture images or video of a child for observation/documentation purposes only
- ensure the student or volunteer completes a *Student and Volunteer Application Form* prior to commencement of work placement, recording their full name, address, and date of birth
- ensure a *Visitor Register* is maintained, including
 - date
 - reason for visit
 - full name
 - time of arrival and departure
 - company (if applicable)
 - Working With Children Check (where applicable, best practice)
- ensure the *Visitor Register* is kept in a safe and secure location
- ensure visitors provide ID if required

- conduct a visitor induction program to provide information about the Service's policies and procedures and use of personal devices [National Model Code]
- ensure all visitors complete and sign the *Visitor log*
- ensure students, volunteers and/or visitors are under the direct supervision of the approved provider, nominated supervisor, responsible person or educator at all times whilst at the Service
- ensure students, volunteers and/or visitors are never left alone with a child whilst at the Service under any circumstance
- provide the student/volunteer with information about Child Protection Law and mandatory reporting obligations
- ensure visitors who may come into direct contact with children submit their Working with Children Check to be verified by the nominated supervisor.
- appoint an educator to be the Student Supervisor/mentor for the duration of the placement
- conduct an orientation for the student, volunteer or visitor, including taking the student, volunteer or visitor on a tour of the Service, showing emergency exits, staff room and bathroom facilities
- complete the *Student and Volunteer Induction Checklist* with the student or volunteer
- provide the student/volunteer with a *Student and Volunteer Handbook*
- negotiate with the student or volunteer the times/hours to be worked, and dates of the placement.
- advise students or volunteer to bring in a poster with a photo introducing themselves and outlining the reason for their placement
- inform families, children, and educators when work experience students and volunteers are present at the Service, including their role and hours they will be attending the Service
- ensure work placement students or volunteers are never included in the ratio of adult to children
- ensure students and volunteers are aware that they must not discuss concerns, issues or complaints with parents, guardians and/or visitors
- introduce the student or volunteer to educators and the Lead Educator/ Supervisor
- show the student, volunteer or visitor where they can access the Service policies
- ensure the student or volunteer has signed a confidentiality agreement prior to commencing their placement
- discuss any relevant important information about specific children to the student or volunteer (i.e. court orders, additional needs, dietary needs) so that the student or volunteer is aware of potential issues
- liaise with learning institutions and accept suitable student placements under the institution's supervision
- assist learning institutions to place suitable students with individual educators

- ensure student's paperwork and insurances are current
- ensure each student or volunteer holds a current Working with Children Check prior to commencing their placement
- record and verify each student, volunteer or visitors Working with Children Check where required
- ensure that no student, volunteer or visitor is affected by or under the influence of drugs or alcohol while on the Service premises when children are being educated and cared for
- refer to the service *Managing an Aggressive Person or Visitor Policy* for guidance if a visitor becomes hostile or aggressive.

EDUCATORS WILL:

- maintain open communication with work experience students and volunteers along with their practicum teachers about their performance
- support all student's and volunteer's practicum requirements to the best of their ability during the placement
- work as a team sharing appropriate skills and knowledge with each student and volunteer
- ensure all colleagues are provided with relevant information about tasks the student is required to complete in the service as part of their practicum
- be aware of student and volunteer expectations
- have the time and proficiencies to support each student and volunteer in their placement
- encourage students to seek help and advice as required
- be positive role model, showing appropriate behaviour and conduct themselves in a professional manner
- guide the students or volunteer throughout the day
- make the student or volunteer feel welcome and a valued member of the team
- ensure all visitors complete and sign the *Visitor Register*
- ensure the student, volunteer or visitor is not left alone with a child or children whilst at the Service under any circumstance
- ensure students, volunteers and/or visitors are under the direct supervision of the approved provider, nominated supervisor, responsible person or educator at all times whilst at the Service
- refer to the Service's *Managing an Aggressive Person or Visitor Policy* for guidance if a visitor becomes hostile or aggressive.

THE LEAD EDUCATOR/ Supervisor WILL:

- discuss the progress of written work and performance with the student or volunteer

- discuss any concerns raised by the student with the Student Supervisor
- ensure students or volunteers are directly supervised at all times during children's nappy change times
- encourage students and volunteers to use their initiative
- ensure the student or volunteer remains up to date with their assessments/tasks to be completed
- discuss concerns with student or volunteer with management
- never leave the student or volunteer alone with a child or children
- provide honest and accurate feedback to the student's training institution supervisor as required

WORK EXPERIENCE STUDENTS AND VOLUNTEERS WILL:

- complete the *Student and Volunteer Application Form* prior to the commencement of work placement
- provide Working with Children Check details prior to placement
- not be in possession of personal electronic devices that can take images or videos while providing education and working directly with children
- learn about the children through interaction and practical experience
- develop the skills and knowledge needed to care for and educate children
- learn about the importance of working as part of a team in the Early Childhood profession
- learn strategies for working in a team environment
- learn and accommodate the expectations of qualified educators in the Service
- inform their room leader in writing of what will be expected of them by their training body, University or School, or any other training organisation, and provide time sheets and evaluation forms
- keep up to date with all written work requirements
- work a variety of shifts to gain knowledge of different aspects of Service operations
- bring in a poster introducing themselves that will include:
 - Name
 - Photo
 - Course they are studying
 - RTO/university/school they are studying with
 - Dates and times they will be at the Service
 - The focus of their study.
- discuss any problems the student may be experiencing with their room leader.
- adhere to all Service policies and procedures

- never remove a child from direct staff supervision
- participate in the induction process and assist to complete the *Student and Volunteer Induction Checklist*

PROBITY CHECKS

- All students, volunteers and visitors will supply identity details to the nominated supervisor
- All students, volunteers and visitors will complete and provide to the Service a Working with Children Check
- All students and volunteers will have a meeting with the nominated supervisor to receive information regarding the following Service policies:
 - Child Protection
 - Child Safe Environment
 - Privacy and Confidentiality
 - Dealing with Complaints
 - Work, Health and Safety
 - Code of Conduct
 - Safe Transportation
 - Photograph
 - Social Media
 - Behaviour management
 - Supervision
 - Mandatory reporting

STUDENTS AT RISK

If educators feel that the student is at risk of failing their practicum, the following steps will be taken:

1. the Lead Educator will alert the student's training institution Supervisor of any concerns regarding the student.
2. both the Student Supervisor and the Lead Educator will discuss concerns with the student.
3. the Lead Educator will arrange for the student's supervisor/assessor to visit the Service and discuss concerns that have ascended.
4. the student's educational institution and nominated supervisor will govern the outcome of the practicum.

TERMINATION OF STUDENT PRACTICUM OR VOLUNTEER PLACEMENT

Termination of a student's or volunteer's placement will occur if the student or volunteer

- harms or is at risk of harming a child in their care
- is under the influence of drugs or alcohol
- fails to notify the Service if they will not be attending the Service
- does not adhere to starting times or break times
- is observed using repeated inappropriate behaviour at the Service
- does not comply with all policies and procedures addressed in the student package
- does not provide the photo with an introduction on commencement
- does not keep up to date with their work placement tasks
- removes any child or children from the direct supervision of an educator
- is unable to maintain or hold a current Working with Children Check

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Student, Volunteer and Visitor Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

RELATED RESOURCES

Childcare Centre Desktop- Human Resources	Student and Volunteer Register
Student and Volunteer Handbook	Visitor Induction Procedure
Student and Volunteer Application Form	Visitor Register
Student and Volunteer Induction Checklist	

SOURCES

Australian Children's Education & Care Quality Authority. (2024). [Guide to the National Quality Framework](#).
 Australian Government Department of Education. [Belonging, Being and Becoming: The Early Years Learning Framework for Australia](#). V2.0, 2022
 Australian Children's Education & Care Quality Authority. (2024). [Taking Images or Videos of Children While Providing Early Childhood Education and Care. Guidelines for the National Model Code](#).
 Education and Care Services National Law Act 2010. (Amended 2023).
 Education and Care Services National Regulations. (Amended 2023).
 Fair Work Act 2009 (Cth).
 Fair Work Commission: Anti-bullying jurisdiction.
 Safe Work Australia. (2016). [Guide for preventing and responding to workplace bullying](#)
 TAFE NSW [Student responsibilities in work placement](#)
 Work Health and Safety Act, 2011.
[Western Australian Legislation Education and Care Services National Law \(WA\) Act 2012](#)
[Western Australian Legislation Education and Care Services National Regulations \(WA\) Act 2012](#)

REVIEW

POLICY REVIEWED	OCTOBER 2024	NEXT REVIEW DATE	OCTOBER 2025
MODIFICATIONS	• annual policy maintenance • inclusion of National Model Code and Guidelines (optional) • minor edits within policy • sources checked for currency and updated as required • additional discussions on supervision, behaviour management and mandatory reporting		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
OCTOBER 2023	• title of policy changed to <i>Students, Volunteers and Visitors Policy</i> • legislation re: child protection law (Reg. 84) added • information included relating to visitors entering the service • removal of Appendix 1: Student and Volunteer Checklist of policy • annual policy maintenance • minor formatting edits within text • hyperlinks checked and repaired as required		OCTOBER 2024

Interactions with Children Families and Staff Policy

Aim

This policy provides guidelines to ensure: the development of positive and respectful relationships with each child at the service; each child is supported to learn and develop in a nurturing, loving and inspired environment. The Early Years Learning Framework (EYLF) identifies secure, respectful, and reciprocal relationships with children as one of the principles that underpin practice. Within an early childhood community many different relationships are negotiated with and between children, educators, and families. The way in which these relationships are established and maintained, and the way in which they remain visible impacts on how the early childhood community functions. Relationships directly affect how children form their own identity, whether they feel safe and supported, and ultimately, their sense of belonging.

National Quality Standards ("NQS")

Area	Description
4.1.1	Organisation of Educators – the organisation of educators across the service supports children's learning and development
5.1	Respectful and equitable relationships are maintained with each child.
5.1.1	Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident, and included.
5.1.2	The dignity and rights of every child are maintained.
5.2	Each child is supported to build and maintain sensitive and responsive relationships
5.2.1	Children are supported to collaborate, learn from, and help each other
5.2.2	Each child is supported to regulate their own behaviour, respond appropriately to the behaviour of others, and communicate effectively to resolve conflicts.
6.1	Respectful relationships with families are developed and maintained and families are supported in their parenting role.
6.1.1	Families are supported from enrolment to be involved in the service and contribute to service decisions.
6.1.2	The expertise, culture, values and beliefs of families are respected, and families share decision-making about their child's learning and wellbeing.

6.1.3	Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing.
7.1.1	a statement of philosophy guides all aspects of the services operation

National Regulations

Reg	Description
155	Relationships with children
156	Relationships in groups
157	Access for parents
170	Policies and procedures to be followed

EYLF

LO1 Children feel safe, secure, and supported.

Children develop their emerging autonomy, inter-dependence, resilience, and sense of agency.

Children develop knowledgeable and confident self-identities.

Children learn to interact in relation to others with care, empathy, and respect.

LO2 Children develop a sense of belonging to groups and communities and an understanding of the reciprocal rights and responsibilities necessary for active community participation.

Children respond to diversity with respect.

Children become aware of fairness.

Children become socially responsible and show respect for the environment.

RELATED POLICIES

Arrival and Departure Policy	Orientation of New Families Policy
Behaviour Guidance Policy	Privacy and Confidentiality Policy
Code of Conduct Policy	Relief Staff Policy
Educational Program Policy	Respect for Children Policy
Enrolment Policy	Staff grievance Policy
Facebook Policy	Student and Volunteer Policy
Family Communication Policy	Supervision Policy
Management Committee Policy	Transition to School Policy
Open Door Policy	

Implementation

Sagewood will promote relationships with children that are responsive, respectful and promote children's sense of security and belonging. Relationships of this kind free children to explore the environment and engage in play and learning.

Everyone at the centre needs to be aware of Sagewood's expectations regarding positive, respectful, and appropriate behaviour, and acceptable responses and interactions when working with children and families.

Educational programs must be delivered in accordance with the Early Years Learning Framework, Sagewood's philosophy and curriculum guidelines, be based on the developmental needs, interests, and experiences of each child, and take into account the individual differences of each child. The centre should provide care and education to children in a way that:

- encourages children to express themselves and their opinions.
- allows children to undertake experiences that develop self-reliance and self-esteem.
- Always maintains the dignity and the rights of each child.
- offers positive guidance and encouragement towards acceptable behaviour.
- has regard to the cultural and family values, age, and the physical and intellectual development and abilities of each child being educated and cared for.

The United Nations Convention on the Rights of the Child is founded on respect for the dignity and worth of everyone, regardless of race, colour, gender, language, religion, opinions, wealth, birth status or ability. Developing responsive, warm, trusting, and respectful relationships with children promotes their wellbeing, self-esteem, and sense of security. Positive interactions between educators/adults and children can empower children to feel valued, competent, and capable.

Actively engaging in children's learning and decision-making during play, daily routines and ongoing activities can stimulate children's thinking, enrich their learning and encourage them to explore and manage their feelings and behaviour.

"Having supportive relationships with the Nominated Supervisor/ Centre Director, educators, and staff members enables children to develop confidence in their ability to express themselves, work through differences, learn new things and take calculated risks"

Sagewood will take reasonable steps to ensure that the centre provides care and education to children in a way that encourages them to express themselves, and develop self-reliance and self-esteem, maintains their dignity and rights, provides positive guidance and encouragement towards acceptable behaviour, and respects their cultural and family values.

Sagewood will ensure that the centre provides children with opportunities to interact and develop positive relationships with each other, and with the staff and volunteers at the service. Sagewood considers the size and composition of the groups in which the children are educated and cared for by allowing barn doors to integrate rooms and playgrounds that allow for role modelling and peer teaching.

The Nominated Supervisor and Educational Leader will:

- Support and guide professional development and practice to promote positive and respectful interactions with children.
- Establish practice guidelines that ensure interactions with children are given priority and those interactions are authentic, just, and respectful of difference.

Educators and Staff will:

- Respond to children's communication and actions in a just and consistent manner.
- Respond to children sensitively in their attempts to initiate conversations and interactions with others.
- Initiate and sustain one to one meaningful interactions and conversations with children.
- Support and encourage children's efforts in all areas – assisting if necessary.

- Support and nurture children's sense of secure attachment through consistently warm and nurturing relationships.
- Support and encourage children to express their thoughts and feelings.
- Express interest in the actions and interests of the children and become positively involved in play, investigations, and explorations.
- Support and encourage children to make positive choices and decisions.
- Recognise and acknowledge children complex relationships and interactions. It is the role of the educator to support children to see and understand different points of view, perspectives, and inclusion for all. (EYLF p.12)
- Positively acknowledge each child as unique.
- Respect the cultural differences in communication and support positive strategies.
- Ensure their interactions with children are not compromised or interrupted by other tasks. (Please be conscious of how documenting can be a distraction from the interaction).

Parents and families will:

- Communicate collaboratively with the centre about their child
- Set goals and provide feedback to the centre through Storypark, parent workshops and parent teacher meetings
- Provide the centre with any additional information or strategies that are being used at home by medical and health professionals

Unacceptable interactions with children are listed below but not limited to:

- Under any circumstances in any form enter, demonstrate and or encourage any type of 'sexual behaviour' to occur between, with, or in the presence of, children or young person participating in any service or program. Engaging in sexual behaviour is prohibited even if the young persons involved may be above the legal age of consent. 'Sexual behaviour' can be described as, the entire range of actions that would reasonably be considered to be sexual in nature, including but not limited to: - 'contact behaviour', such as sexual intercourse, kissing, fondling, sexual penetration or exploiting a child through prostitution - 'non-contact behaviour', such as flirting, sexual innuendo, inappropriate text messaging, inappropriate photography or exposure to pornography or nudity.

- Make negative, violent, or threatening comments to a child or young person. Speak to other adults including staff and families in the same way where children can hear.
- Take a child or young person to your home (or equivalent) or encourage meetings outside the program activity. This includes in scenarios when the child or young person may request this to occur.
- Staff are not to use their own or another private vehicle for transporting children. The only circumstances a private vehicle may be used is in an emergency (such as immediate evacuation due to potential life-threatening circumstances – such as bushfire). During transportation of children a minimum of two paid staff always (inclusive of the driver). At least one of the staff members must be first aid qualified and will always remain within sight and hearing of each other.
- Mobile phone text or email information directly to a child's mobile or email address unless it is a generic bulk communicative gesture relating to the program or business. All other communication made should be directed to the parents/guardians.
- Physical corporal punishment to children, whereby a staff member could be dragging a child by their arms. If taking a child somewhere the child should be not held against their will. Holding a child's hand should be hand in hand not adult/ staff hand on a child's wrist or arm.
- Smacking/ biting a child even if directed by a parent or guardian for discipline.
- Withholding food or basic care needs as a form of punishment
- Threatening children with rest/sleep should their behaviours not follow the rest of the group.

Policy Reference and clarification

Adequate supervision:

(In relation to this policy) supervision entails all children (individuals and groups) in all areas of the centre, being in sight and/or hearing of an educator always including during toileting, sleep, rest, and transition routines. Sagewood centres are always required to comply with the legislative requirements for educator-to-child ratios. Supervision contributes to protecting children from hazards that may emerge in play, including hazards created by the equipment used. Adequate supervision refers to constant, active, and diligent supervision of every child at the service. Adequate supervision requires that educators be always able to observe each child, respond to individual needs and immediately intervene if necessary.

Variables affecting supervision levels include: number, age and abilities of children; number and positioning of educators current activity of each child areas in which the children are engaged in an activity (visibility and accessibility); developmental profile of each child and of the group of children; experience, knowledge and



skill of each educator and the need for educators to move between areas (effective communication strategies).

Behaviour guidance:

A means of assisting children to self-manage their behaviour. It differs from traditional 'behaviour management' or 'discipline' which generally implies that an adult is 'managing' children's behaviour or using punishment to control children. Behaviour guidance applies to all forms of behaviour, not just behaviours labelled as 'negative'.

Behaviour guidance plan:

A plan that documents strategies to assist an educator in guiding a child with diagnosed behavioural difficulties to self-manage his/her behaviour. The plan is developed in consultation with the Centre Director, educators, parents and families, and other professional support agencies as applicable.

Challenging behaviour:

Behaviour that: disrupts others or causes disputes between children, but which is part of normal social development infringes on the rights of others causes harm or risk to the child, other children, adults or living things is destructive to the environment and/or equipment inhibits the child's learning and relationship with others is inappropriate relative to the child's developmental age and background.

Inclusion and Professional Support Program:

Funded by the Commonwealth Government to promote and maintain high quality, inclusive education, and care, for all children, including those with ongoing high support needs, in eligible early childhood education and care settings. This is achieved by increasing the knowledge and skills of educators, and the capacity of education and care services, through providing professional development, advice, and access to additional resources as well as inclusion support. Details are available at: <http://education.gov.au/inclusion-and-professional-supportprogram>

Families will be consulted should the centre and COO feel the child can be supported with inclusion support. Should a family not work collaboratively with the Centre on the consent and process, the child's care maybe cancelled or suspended to ensure the safety and wellbeing of all involved.

Children's Rights, Family and Cultural Values

Interactions with children at Sagewood are greatly enhanced when the rights of children, family and cultural values are respectfully considered. Administration procedures, conversations, documentation and ongoing communication with children and families form the reference point for authentic and meaningful interactions with both children and families.

Interactions with Families

Effective communication is key to developing and maintaining positive interactions and relationships with others and helps to build trusting and respectful partnerships with families. Educators use positive and open communication with families and siblings to create a responsive and inclusive environment for children, staff and families. Interactions with families help to inform educators' knowledge of each child's distinctive interests, skills cultures and abilities. This helps to build a positive experience and a safe learning environment that encourages children to expand their knowledge and understandings. Programming and Reflection

Effective and respectful interactions with children can form a basis for observation, reflection, and ongoing planning. Communication and shared information with families provide another aspect to draw upon. Further planning should reflect the role of the educator, teaching strategies and learning environment.

To support Language and communication barriers, google translate will be used to support communication where applicable.

Families are accountable to follow the Code of Conduct for Sagewood. Should the Code of Conduct not be adhered too, at centre level this will be escalated to the COO and the family's care can be cancelled.

Role Modelling

Educators and staff model positive interactions when they:

- Show care, empathy and respect for children, families, fellow colleagues, and visitors.
- Develop and use effective and varied communication strategies.

Educators are responsive to and involved with the children.

This means that Educators pay attention to the children's interests, activities, needs, concerns, or requests and provide them with what is needed. Children need educators to interact with them for many reasons - for example, they may need someone to help them, to share in what they are doing, or to provide affection,

comfort, or information. Staff can meet the children's needs for interaction either verbally or non-verbally using active listening skills (at the child's level), warm gestures and affection. Responding in a warm, supportive manner means that the staff answers the children's needs in a way that is satisfying to the child. Such responses, as mentioned in the policy above, helps children to have good feelings about themselves - they feel safe, competent, and valuable. A warm, supportive response shows that the staff share the children's interests, consider the children's needs to be important, and act to meet them. For example:

- Answering a child's question
- Listening to a child when she/he wants to say something
- Comforting a child who is hurt or crying
- Paying attention when a child shows what he/she has created
- Showing concern and following through when a child says he/she is feeling sick
- Ending a group activity when it is clear that children are not interested
- Intervening when children fight and cooperating with them to solve the problem
- Providing what children need when they are tired, hungry, or need to use the toilet
- Helping a child deal with fears, anger, or disappointment
- Comforting a child who is upset or embarrassed
- Giving a child physical affection when needed.

Educators offer children love

Staff pay close attention for children who may need reassurance or support and are quick to offer a hand to hold, a lap to curl up in or just their calm presence nearby. Appropriate physical contact is always pleasant and not intrusive to the child. Such contact can be identified by watching the child's response - if the contact is perceived as being positive, the child will not pull away or show a facial expression of dislike or discomfort. Some examples of nurturing, appropriate contact is when a educator enthusiastically hugs or cuddles with a child, or less obvious actions such as smoothing hair, touching a hand or shoulder, sitting close enough to touch, holding hands, or gently touching while guiding or controlling a child. Such touches let children know the educator is present and supportive. It is important for staff to ensure that the amount of positive attention they provide is evenly divided among all children, with no one child receiving attention than another.

Educators show respect for children.

Staff will interact with all the children in a way that lets them know they are valuable human beings. Staff will treat children with no less politeness and concern than they would give to their own friends. Staff will also treat children as they themselves would prefer to be treated by others.

For example: Educators respond to children's feelings in a way that shows acceptance

- Consider children's ideas
- Use polite words and actions with children
- Guide, rather than "boss" children
- Share with the



children • Show patience and support • Appreciate each child for who he/she is, without comparing to others or emphasising the negative. It is very important that staff model respect for the children by treating all people, both adults and children, as if they were good friends. They are polite and acceptant, solve disagreements without anger, do not discriminate or show prejudice in any way, and always try to give attention and consideration to the point of view of others.

Educators will respond sympathetically to children.

Staff will pay attention to and validate a child's feelings, even if the child is showing emotions that are often considered unacceptable, such as anger or whining. Often, when a child's feelings are validated through a sympathetic response by staff, the problem a child is having is vastly reduced, and the problem can be solved more easily than if the staff responded with anger or impatience. A negative response by staff only lets the child know that he/she is not understood and that no one cares.

Educators participate in children's play.

Staff will look for natural openings in children's play and then join the child or children at their physical level. Once near a child who is playing, adults often imitate what the child is doing. This shows the child that his/her activities are valued and supported by the adult. At children's invitation, adults often play as partners with children. Adults may suggest new ideas to challenge children within an ongoing play situation, but in so doing adults continue to follow children's cues and stay within the play theme the children have chosen.

Educators converse as partners with children.

Staff will look for opportunities for open-ended conversations with children about the activity's children are engaged in. Open-ended questions asked sparingly and responsively, out of genuine interest for what the children are doing, give children the opportunity to take the lead in these conversations. It is important to make comments that allow the conversation to continue without pressuring the child for a response. Avoid quizzing on facts or concepts and avoid making judgmental comments. Make only objective, specific comments that encourage children to expand their descriptive language and think about what they are doing.

Educators encourage children's problem solving.



nurture
love
inspire

Whenever possible, staff encourages problem solving skills by demonstrating active listening, asking questions, and offering choices, if needed. Problem solving strategies help to reduce conflicts and help to develop self-control and a sense of responsibility and recognition of the needs of other children.

Evaluation

Interactions with children are meaningful and genuine where children feel valued and supported in the learning environment. Respect, fairness, acceptance, cooperation, and empathy are evident in conversations and interactions and support the skills for positive interactions with others.

Further reading

Education and Care Services National Regulations 2012

National Quality Standard

Early Years Learning Framework

UN Rights of the Child

Child Australia Cultural Connections Booklet. (2017).

Early Childhood Australia Code of Ethics. (2016).

Document Control

Version	Action	Date
1.0	Implementation	June 2020

ENROLMENT POLICY

Enrolment and orientation are an exciting and emotional time for children and families. It is important to manage this time with sensitivity and support, building partnerships between families and the Service. Such partnerships enable the Service and families to work toward the common goal of promoting consistent quality outcomes for individual children and the Service.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is protected.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
QUALITY AREA 6: COLLABORATIVE PARTNERSHIPS		
6.1	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role.
6.1.1	Engagement with the service	Families are supported from enrolment to be involved in their service and contribute to service decisions.
6.1.2	Parent views are respected	The expertise, culture, values and beliefs of families are respected, and families share in decision-making about their child's learning and wellbeing.
6.1.3	Families are supported	Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing.
6.2	Collaborative partnerships	Collaborative partnerships enhance children's inclusion, learning and wellbeing.
6.2.3	Community and engagement	The service builds relationships and engages with its community.
QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1	Governance	Governance supports the operation of a quality service.

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS	
S. 165A	Offence relating to children leaving the education and care service premises unauthorised
S. 175	Offence relating to requirement to keep enrolment and other documents
77	Health, hygiene and safe food practices
78	Food and beverages

85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
88	Infectious diseases
90	Medical conditions policy
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
96	Self-administration of medication
97	Emergency and evacuation procedures
99	Children leaving the education and care service premises
100	Risk assessment must be conducted before excursion
101	Conduct of risk assessment for excursion
102	Authorisation for excursions
102D	Authorisation for service to transport children
155	Interaction with children
157	Access for parents
160	Child enrolment records to be kept by approved provider and family day care educator
161	Authorisations to be kept in enrolment record
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
177	Prescribed enrolment and other documents to be kept by approved provider
181	Confidentiality of records kept by approved provider
183	Storage of records and other documents

RELATED LEGISLATION

Child Care Subsidy Secretary's Rules 2017	Family Law Act 1975
Disability Discrimination Act 1992	A New Tax System (Family Assistance) Act 1999
Child Care Subsidy Minister's Rules 2017	

Family Assistance Law – Incorporating all related legislation as identified within the Child Care Provider Handbook in <https://www.education.gov.au/early-childhood/resources/child-care-provider-handbook>

RELATED POLICIES

Acceptance and Refusal Authorisation Policy	Governance Policy
Additional Needs Policy	Immunisation Policy Incident, Injury, Trauma and Illness Policy
Behaviour Guidance Policy	Interactions with Children, Families and Staff Policy
CCS Governance Policy	Medical Conditions Policy
Children’s Belongings Policy	Orientation of New Families Policy
Children in Workplace Policy	Payment of Fees Policy
Code of Conduct Policy	Privacy and Confidentiality Policy
Dealing with Infectious Disease Policy	Record Keeping and Retention Policy
Dealing with Complaints Policy	Safe Transportation Policy
Delivery of children to and collection from	Sun Safe Policy
Education and Care Service Premises Policy	Work, Health and Safety Policy
Excursion/Incursion Policy	
Family Communication Policy	

PURPOSE

We aim to ensure children and families receive a positive and informative enrolment and orientation process that meets their individual needs. We strive to establish respectful and supportive relationships between families and the Service to promote positive outcomes for children whilst adhering to legislative requirements.

SCOPE

This policy applies to children, families, staff, educators, management, approved provider, nominated supervisor, students, volunteers and visitors of the Service.

ENROLMENT

According to the Child Care Provider Handbook (May 2023) ‘*enrolling children is a requirement under Family Assistance Law for all children who attend childcare (or have an arrangement for care) regardless of their parent’s or guardian’s eligibility for Child Care Subsidy... An enrolment links the child, the individual claiming the subsidy and the childcare service.*’ An enrolment notice is required for each child attending the Service. This reflects the type of arrangement that is in place between the provider and the family/individual or organisation.

IMPLEMENTATION

The *Education and Care Services National Regulations* requires approved providers to ensure their Services have policies and procedures in place for enrolment and orientation (Reg. 168) and take reasonable steps to ensure those policies and procedures are followed (Reg. 170).

Our Service accepts enrolments of children aged between 6 weeks- 6 years of age.

Enrolments will be accepted providing:

- a) the maximum daily attendance does not exceed the licensed capacity of the Service
- b) a vacancy is available for the booking required
- c) the adult to child ratio is maintained in each room

PRIORITY OF ACCESS

Our Service aims to assist families who are most in need and may prioritise filling vacancies with children who are:

- o at risk of serious abuse or neglect
- o a child of a sole parent who satisfies, or parents who both satisfy, the activity test through paid employment.

Providers are asked to (but are not legally obliged to prioritise children). [CCS Handbook p.35]

ENROLMENT

To secure a child's position families are required to pay an enrolment fee. All fees are to be 2 weeks in advance. When 2 weeks' notice of withdrawal is given, the bookings are ended and any credit in advance will be refunded 8 weeks after the care has ended.

When a family has indicated their interest in enrolling their child in our Service, we will organise a tour to share information and build relationships.

- Families will be provided with a range of information about the Service which may include:
 - o the Service philosophy, inclusion, programming methods, menu, incursions, excursions, fees, Child Care Subsidy, policies, procedures, SunSmart requirements, regulations and the licensing and assessment process, Early Years Learning Framework (EYLF V2.0), the National Quality Framework, signing in and out procedure, room routines, educator qualifications, introduction of educator in the room the child will be starting in, and educator and parent communication strategies.
- Families will be invited to ask questions and seek any further information they may require

- Families will be provided with possible vacancies and start date
- Families will be invited to bring their child into the Service at a time that is mutually convenient to familiarise themselves with the environment and educators as part of the enrolment process. A family cannot be offered a place to start without touring with their child.
- Any matters that are of a sensitive nature, such as discussing a child's medical needs, court orders, parenting plans or parenting orders, will be discussed privately with management. Families will be required to bring any documents required in relation to court orders, medical needs or plans on tour.
- Families will complete the enrolment form informing management of their child's interests, strengths and individual needs after the enrolment/ registration fee is paid
- If a family or child uses English as a second language or speak another language at home, we request that families provide us with some key words in the language/s the child speaks so that educators can learn these words. Educators may use visuals to assist the child's understanding and be able to communicate with others
- Families who wish to receive CCS as reduced fees must apply for CCS through the myGov website/app, this includes completing the Child Care Subsidy activity test and provide the service with the CRN and DOB of the customer and child.
- Information about gap fees and absences will be discussed
- It is a legal requirement that prior to the child starting at the Service we have all required documents including
 - the completed enrolment form
 - medical management plans (if relevant) completed by the child's general practitioner
 - a current Immunisation History Statement from the Australian Immunisation Register (AIR) showing the child is up to date with immunisations for their age printed within the last 2 months *and*
 - details of any court orders, parenting orders or parenting plans
 - birth certificate
- It is a requirement of Family Assistance Law that immunisation information held by the Service is kept current. Parents are reminded mid-way through the year to provide any immunisation updates to the Service in order to continue receiving childcare subsidy
- Children must meet the immunisation requirements to be eligible for Family Tax Benefit (FTB) Part A and Child Care Subsidy (CCS). Some exemptions apply; however, families are advised that vaccination conscientious objection is not a valid exemption
- Parents must notify the Service if their child is not up to date with their immunisations for their age via email and attach the required documentation on their *AIR immunisation History Statement*

- National and state legislation in relation to immunisation for childcare
- (WA Services) Effective 22 July 2019, only children who have an AIR immunisation history statement no more than two months old, or a valid immunisation certificate issued or declared by the Chief Health Officer can be enrolled in a child care Service, community kindergarten or school. [[read more here](#)]
- Unborn children may be placed on the waiting list. If an unborn child is placed on the waiting list, the family must advise the Service of the expected birth date. It is the responsibility of the parent to inform management of the name and date of birth of the child within three months after the expected birth date. If this information is not provided, then the child and family details will be removed from the list
- It is the family's responsibility to keep the Service informed of any changes to the information recorded on the application form

FAMILIES WILL BE ASKED TO PROVIDE THE FOLLOWING INFORMATION:

1. Full name/s of parent/s (or the person legally responsible for the care of the child) residential address, place of employment and contact telephone number
2. The full name, residential address and contact telephone number of a person or persons, authorised by the parent who may be contacted in case of an emergency concerning the child if a parent is unable to be contacted (authorised nominee)
3. The full name, address and contact telephone number of any person authorised by the parent to collect the child from the Service (authorised nominee)
4. Full name of the child
5. Child's date of birth
6. Child's birth certificate or passport
7. Child's residency status
8. Child's address
9. Gender of the child
10. Cultural background of the child
11. Provision of care – if care will be a routine and/or casual etc.
12. Session start and end times
13. Complying Written Agreement including fee information
14. Immunisation History Statement- failure to provide updated immunisation may result in care being suspended or terminated.
15. Any court orders or parenting agreements regarding the child

16. The primary language spoken by the child; if the child has not learnt to speak, the child's family's language
17. Any special requirements of the family, including for example cultural or religious requirements
18. The individual needs of a child with a disability or with other additional needs
19. A statement/authorisation indicating the name and address and contact details of any person who is authorised to consent to the administration of medication to the child
20. Authorisation and signature by parent/authorised person for the approved provider, nominated supervisor or educator to seek:
 - o medical treatment for the child from a registered practitioner, hospital or ambulance Service
 - o transportation of the child by an ambulance Service
21. Child's Medicare number (if available)
22. Specific healthcare needs of the child, including allergies and intolerances
23. Any medical management plan for a specific severe healthcare need, medical condition, or allergy, such as an ASCIA Action Plan
24. Details of any dietary restrictions for the child
25. The name, address and telephone number of the child's doctor
26. Authorisation for regular occurring transportation and regular outings/excursions
27. CRN for child and claimant

ORIENTATION OF THE SERVICE

During the orientation of the Service, families will:

- be provided with the enrolment form to be completed or shown how to complete this through an online platform
- have Child Care Subsidy explained to families and assistance may be offered to assist with the application process
- be provided with an outline of the Service policies which will include key policies such as: *Payment of fees, Sun Safe, Incident, Injury, Trauma and Illness, Dealing with Infectious Diseases, and Administration of Medication*
- be shown the signing in/out process for attendance
- be advised of appropriate clothing for children to wear to the Service, including shoes, hats and sunscreen
- be informed about policies regarding children bringing in toys from home
- be introduced to their child's educators
- be taken on a tour around the Service

- be invited to visit the Service at different times during the day
- be provided with suggestions for developing and maintaining a routine for saying goodbye to their child
- be asked to share information on any medical management plan or specific healthcare needs of their child (if applicable)
- be informed of the daily journal and how parents can view this or informed about the online platform/App the Service may use
- be introduced to the room rhythm of the day and Service program, including portfolios and the observation cycle
- be informed about Service communication strategies including meetings, interviews, newsletters, emails, etc.
- be given the opportunity to set goals for their child
- confirm preferred method of communication
- be provided with information and procedures about casual days and shown how to down load the Childcare now app.
- be advised that it is their responsibility to notify the Service of any changes to their current details on enrolment forms (e.g.: new phone numbers).

ENROLMENT PACK

Once the enrolment fee and bond has been paid, families will be provided with an enrolment pack which consists of:

- Handbook
- Enrolment form
- Information on our Red bowl program
- First day checklist
- Immunisation
- Infection control
- Medical conditions
- Centre Specific information – Lunch box ideas for Joondalup
- Bedding pack relevant to the age of the child and a wet bag
- Email information on ELMA and Safe4kids.

THE APPROVED PROVIDER/ NOMINATED SUPERVISOR/ MANAGEMENT WILL ENSURE:

- that obligations under the Education and Care Services National Law, National Regulations and Family Assistance Law are met
- educators, staff, students and volunteers have knowledge of and adhere to this policy and associated procedure
- families are aware of this *Enrolment Policy*
- the enrolment form is completed accurately and, in its entirety
- document evidence such as birth certificate or passport is sighted to verify that the child's enrolment details are true and correct
- authorisations are signed by both parents/guardians
- our Service complies with the *Disability Discrimination Act* and our enrolment policy and practices do not discriminate against children or others with disability
- barriers to access and participation for children with disability are identified and reasonable adjustments to the program and environment is made to allow access and participation in the Service [See: *Additional Needs Policy*]
- a child with medical needs does not begin at the Service unless a medical management plan is received and medication is brought to the Service each day
- the child's medical management plan is recorded, and this information is shared/distributed to educators
- ASCIA Action Plans are completed in full (if relevant)
- *Administration of Medication* forms are completed (if relevant)
- the *Medical Conditions Policy* is provided to families for children with a specific health care need, allergy or other relevant medical condition before the child begins education and care at the Service
- risk minimisation plans and communication plans are requested/completed with parents/guardians for children with medical needs before the child begins education and care at the Service
- the appropriate room leader is informed of the new child including any medical conditions, interests, developmental needs, and strengths.
- immunisation history statement and birth certificate have been sighted and photocopied
- the child is added to the observation cycle
- the enrolment is lodged through Kidsoft or PEP with Department of Education
- the enrolment notice is lodged within 7 days
 - from the end of the week in which the provider and family made an arrangement
 - the provider or Service being approved or

- the end of a suspension
- enrolment notices must include details as outlined with the Childcare Providers Handbook, p. 30
- enrolment notices and arrangements are updated within 7 days if details have changed or if the enrolment ends
- a file for the Child's information is created
- families are provided with an orientation survey to complete within the first 6 weeks of starting to gain feedback about the orientation and enrolment process

FAMILIES WILL:

- complete all documentation required by the Service for enrolment
- book at least 1 permanent day per week
- provide required authorisations as indicated on enrolment form
- confirm enrolment notices and sign CWAs
- notify the Service of any specific health care needs of the child, including medical conditions and allergies and provide a medical management plan for child if applicable
- ensure all information about the child and family is kept up to date
- be aware of our Service's *Family Conduct Guidelines*

CHILD CARE SUBSIDY

[Child Care Subsidy](#) (CCS) offers assistance to families to help with the cost of childcare for children aged 0-13 years. There are three factors that determine a family's level of CCS. These are:

- [Combined annual family income](#)
- [Activity test](#) – the activity level of both parents
- [Service type](#) – type of child care Service and whether the child attends school
- Documentation may be required such as Australian driver licence, Australian passport, foreign passport, Australian birth certificate, Australian marriage certificate, Australian citizenship certificate
- Families are provided with a Customer Reference Number (CRN)
- Child Care Subsidy is paid directly to providers to be passed on to families as a fee reduction
- Families will contribute to their childcare fees and pay the Service the difference between the fee charged and the subsidy amount- generally called the 'gap fee'
- Families may also be eligible for [Additional Child Care Subsidy](#) depending upon their circumstance.

COMPLYING WRITTEN ARRANGEMENT

- The approved provider and parent must enter into an agreement regarding the planned arrangements for care of a child, this is called a *Complying Written Arrangement* (CWA) and is an agreement to provide care in return for fees
- The CWA must be recorded, and the parent must confirm the terms of the agreement either electronic or hard copy and this must be kept by the provider
- The CWA must include the following information:
 - the names and contact details of the provider and the individual(s)
 - the date the arrangement starts
 - the name and date of birth of the child (or children)
 - if care will be provided on a routine basis and if so, details about the days on which sessions of care will usually occur
 - the usual start and end times for these sessions of care
 - whether care will be on a casual or flexible basis (in addition to, or instead of, a routine basis)
 - details of fees charged under the arrangement (providers can reference a fee schedule or information available on their website), which the parties understand may vary from time to time
- Where there are certain changes (fees or booked days) to the individual Complying Written Arrangements (CWA) for care between the provider and an individual, the provider must update the arrangement in writing, and the families are required to confirm the changes by signing the updated CWA
- An enrolment notice must be submitted within 7 days following the signed CWA and enrolment acceptance
- Once the approved provider submits an enrolment notice, the family will be asked to confirm the enrolment through their myGov account.

ADDITIONAL CHILDCARE SUBSIDY PROCEDURE

Our Service will ensure all ACCS applications are managed in line with the [Guide to Additional Child Care Subsidy \(child wellbeing\)](#) and [CCS Handbook](#)

- Parents can apply for ACCS (grandparent), ACCS (temporary financial hardship) or ACCS (transition to work) through Centrelink directly
- The approved provider can apply for ACCS (child wellbeing) through the CCS software or PEP for children identified at risk of serious abuse or neglect

- Once a child has been identified as 'at risk' the Service will check the ACCS eligibility requirements from the Guide to the ACCS (Child Wellbeing)
- If the Service deems the child is eligible for ACCS the Service will submit an initial ACCS Certificate for a 6-week period
- The Service needs to provide a referral to an appropriate support agency in conjunction with the submission of an ACCS certificate
- If further ACCS (Child Wellbeing) is required following the initial 6-week certificate the Service may apply for a Determination for a period of up to 13 weeks
- Following an application for an ACCS 6-week certificate the provider will abide by the requirement to make an ACCS (child wellbeing) referral to an appropriate support agency
- Following an application for an ACCS 13-week determination the provider will abide by the requirement that the application must be accompanied by evidence, dated less than 6 months old, or a statutory declaration that supports the provider's view that the child continues to be 'at risk'
- If the child continues to be 'at risk; after the initial 13-week determination, then the provider needs to lodge a subsequent determination application.

ON THE CHILD'S FIRST DAY

Consideration will be made to each family regarding the initial settling in period and strategies may be offered to assist both parents and the child. Parents will be reassured that they are able to stay with their child for as long as they choose in the early days; speak to their child's educator at any time; contact the Service during the day to 'check' in on their child and request help with separation if this is a problem for their child.

On the first day, the child and their family will be welcomed by the nominated supervisor and shown where or how to sign their child in/out of the Service.

- They will be greeted by an educator and walked to their room
- The educator will discuss what is happening in the room, and show where the child's locker is located
- Information about collecting their child at the end of the day will be discussed
- Educators will ensure information about the child's first day is shared with parents through Storypark
- Management will ensure the orientation checklist has been completed and all required documents and information has been received from families.

ENDING AN ENROLMENT

- Families are required to provide management with two weeks written notice when withdrawing their child from the Service. The letter must state:
 - the date they are writing the withdrawal notice
 - the child's last day of attendance.
- Written withdrawal notification can be emailed or handed to management
- This letter will be placed into the child's file and archived once they have left the Service
- All records related to a child's enrolment must be kept securely until the end of 3 years after the last day of the child's attendance
- Management will add an end date into the Service software program to ensure compliance with the Family Assistance
- Fees will be charged up to the end of the two weeks from the date at which notice was received in writing, whether or not the child has attended the Service during those two weeks
- A final account is to be processed by administration and noted on the withdrawal form. The final account is to be issued immediately to the family advising of the balance (payment is due or no payment due as applicable)
- A copy of the final account and withdrawal form is to be kept in child's file
- Families must ensure the account is paid prior to final attendance
- If payment has not been received, the debt recovery process is to start immediately
- If the child does not attend during their two weeks of notice, Child Care Subsidy (CCS) may not be paid after their last day of attendance (including if the child does not attend on their last day) and full fees will be applicable (This is a policy of the Family Assistance Law in relation to Child Care Subsidy)
- At the end of the placement and if all criteria regarding fees and notice of withdrawal have been met, any monies are refunded to the family two weeks after the child's last day.
- If at any time during the child's enrolment it is felt that it is necessary to discuss the viability of the placement due to a concern regarding the duty of care to the child or other children in our care, the Service will immediately contact the parent/authorised person/s to discuss all options. This may include the termination of the child's position.

EMPLOYEES WITH CHILDREN AT THE SERVICE

Employees are welcome to enrol their child at the Service, however, if an employee is terminated from their position, the Service reserves the right to terminate the child's position due to conflict of interest.

(See *Children in the Workplace Policy*).

WITHDRAWAL PRIOR TO COMMENCEMENT OF CARE

- If a family has accepted the offer of a placement, then decides to withdraw from the Service before the agreed commencement date, the written notice period applies. If less than the written notice period is given prior to the agreed commencement date, full payment of the two week in advance and the registration fee is payable to the Service and is non-refundable.

14 WEEK RULE (CCS)

- An enrolment will end for Child Care Subsidy purposes, if a child does not attend a session of care at our Service for 14 continuous weeks. This is a rule set by CCS and the Department of Education. For further information see the CCS Handbook.

CONTINUING ENROLMENT FOR THE NEW YEAR

- Prior to the end of each year, families will be provided with a letter to confirm their child's continuing enrolment for the New Year.
- Failure to return this letter may result in their child not being considered for a future position.
- Families with children going to school the following year will be required to complete the Re-enrolment form confirming that their child will be going to school the following year, adding an end date to their child's care
- Families who require care in the New Year until the school year starts, will need to advise management in writing on the Re-enrolment form, stating their child's last date of attendance at the Service. Any extensions to the advised date will be assessed by management and subject to availability which will be confirmed in writing for families.
- The Complying Written Arrangement will be updated
- Families eligible for Child Care Subsidy are responsible for ensuring that all information requested by Centrelink is provided to them in order to ensure no interruption to CCS payments.

UPDATING AND ENDING ARRANGEMENTS AND ENROLMENTS

Enrolment notices must be updated in the following circumstances:

- The family disagrees with details of an enrolment and the Service agrees an update is required
- The care arrangement between the Service and family changes
- The Service notices information on the enrolment is incorrect

- The enrolment ends

Our Service will update the enrolment notice with our CCS Software Kidsoft(or PEP) with 7 days of any of the events above occurring.

ENROLMENT RECORD KEEPING

Our *Record Keeping and Retention Policy* outlines the information and authorisations that we will include in all child enrolment records.

TERMINATION OF CHILD'S ENROLMENT

Our Service has a range of policies and procedures to ensure the safety, welfare and wellbeing of children, staff, families and visitors of the Service. We reserve the right to terminate a child's enrolment if at any time a Service policy has been breached.

This may include:

- failure to comply with the enrolment contract including a permanent weekly booking
- disparaging, hurtful, or unsafe behaviour of a child that continues even with parent collaboration and/or support agency involvement in modifying the behaviour
- non-payment of childcare or late fees and/or recurring late payment of fees
- continuing to pick up the child past the required licensed time after consistent documented warnings
- inability to meet the child's individual needs without family support and commitment to ensure their child receives the best possible support within our Service
- deliberate impertinence towards the approved provider or staff- *Code of Conduct policy*
- if a parent knowingly brings their child ill to the Service
- consistent child-rearing style differences between the parent and provider
- false information given by a parent either verbally or in writing
- bullying and/or harassing educators, children or families enrolled at the Service- *Code of Conduct Policy*
- failure to provide AIR Immunisation History Statement or AIR Immunisation Medical Exemption form or AIR Immunisation History Form (catch up schedule).

Management or the nominated supervisor will advise families in writing that their child's enrolment will be terminated following all attempts to rectify any non-compliance.

- Two weeks' notice will be provided to families, unless the safety and wellbeing of other children, staff or families is at risk. In this case, an immediate termination of enrolment may apply.

- Any outstanding fees will be provided to families and remain due to be paid upon termination of enrolment.

BEHAVIOUR GUIDANCE

There are times when children's behaviour requires guidance, which will always be undertaken according to the Service's policies and procedures. Every effort will be made to deal with the behaviour using positive guidance and working closely with families to implement a plan in order to help rectify any unacceptable behaviour. If the child's behaviour continues to be disruptive and harmful and the safety of other children and staff is compromised, we reserve the right to ask you to withdraw your child from the Service.

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Enrolment Policy* will be updated and reviewed annually in consultation with families, staff, educators and management.

RELATED RESOURCES

Enrolment Checklist	Notification of Changes to Attendance
Enrolment Confirmation	Termination of Enrolment Procedure
Enrolment Form	Termination of Enrolment Form
Enrolment Information Update Form	Termination of Enrolment Letter
Enrolment Procedure	Waitlist Application Record
Family Conduct Guidelines	Waitlist Procedure
Family Exit Survey	

SOURCES

Australian Children's Education & Care Quality Authority. (2024). [Guide to the National Quality Framework](#).

Australian Children's Education & Care Quality Authority. (2021). Policy and procedure guidelines. *Enrolment and Orientation*.

Australian Children's Education & Care Quality Authority. (2022). The Disability Discrimination Act: [What do Children's Education and Care Services Need to Know?](#)

Australian Government Department of Education (2024). Child Care Provider handbook
<https://www.education.gov.au/early-childhood/resources/child-care-provider-handbook>

Australian Government Department of Education (2021). Guide to Additional Child Care Subsidy (child wellbeing)
<https://www.education.gov.au/child-care-package/resources/guide-accs-child-wellbeing>

Australian Government Services Australia
<https://www.servicesaustralia.gov.au/individuals/services/medicare/australian-immunisation-register/how-get-immunisation-history-statement>

Australian Government Guide to Social Policy Law. Family Assistance Guide Immunisation- approved exemptions (FTB). <https://guides.dss.gov.au/family-assistance-guide/2/1/3/40>

Department of Human Services (Centrelink):

<https://www.humanservices.gov.au/individuals/services/centrelink/child-care-subsidy>

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations](#). (Amended 2023).

Government of Western Australia. Department of Health. (2021). Western Australian Immunisation Requirements. Guidelines for persons in charge of child care services, community kindergartens and schools.

National Centre for Immunisation Research and Surveillance. (2021). No Jab No Play, No Jab No Pay

<https://www.ncirs.org.au/public/no-jab-no-play-no-jab-no-pay>

NSW Government Health. (2019). Questions and answers about vaccination requirements for child care:

https://www.health.nsw.gov.au/immunisation/Pages/childcare_qa.aspx

[Western Australian Legislation Education and Care Services National Law \(WA\) Act 2012](#)

[Western Australian Legislation Education and Care Services National Regulations \(WA\) Act 2012](#)

REVIEW

POLICY REVIEWED	SEPTEMBER 2024	NEXT REVIEW DATE	SEPTEMBER 2025
June 2025	Permanent bookings ammended		
April 2025	- Immunisation editing for cancelation of care - Registration fee not being refunded		
MODIFICATIONS	- annual policy maintenance - merged information from Withdrawal of Child Policy/Termination of Enrolment Policy and Make Up Day Policy into <i>Enrolment Policy</i> - hyperlinks checked and repaired as required - minor formatting edits within text		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
SEPTEMBER /MARCH 2023	SEP - Annual policy review - Update of related legislation MARCH - Additional statement added to role of AP and Management re: children with disability and compliance with Disability Discrimination Act 1992 - Legal requirement for families to provide birth certificate/passport deleted - Added that evidence such as birth certificate/passport will be sighted to verify child's enrolment details - Child Care Centre Desktop related resources added	SEPTEMBER 2024	

Orientation Policy

Aim

Enrolment and orientation to any Early Education and Care Service is an exciting and sometimes, an emotional time for children and families. We aim to ensure that each child and family receives an enrolment and orientation process that meets their needs, allowing the family and child to feel safe and secure in the level of care that we provide. Our orientation procedure aims to assist the child and family to transition to their child being in care or making the transition to a new room within the centre.

National Quality Standards ("NQS")

Area	Description
5.1	Relationships between educators and children – respectful and equitable relationships are maintained with each child
6.1.1	Engagement with the service – families are supported from enrolment to be involved in the service and contribute to service decisions
6.1	Supportive relationships with families – respectful relationships with families are developed and maintained and families are supported in their parenting role
6.1.2	The expertise, culture, values, and beliefs of families are respected, and families share in decision-making about their child's learning and wellbeing.
6.1.3	Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing.
6.2	Collaborative partnerships enhance children's inclusion, learning and wellbeing.
6.2.3	The service builds relationships and engages with its community.
7.1	Governance supports the operation of a quality service

National Regulations

Reg	Description
160	Child enrolment records to be kept by approved provider and family day care educator
161	Authorisations to be kept in enrolment record
162	Health information to be kept in enrolment record
177	Prescribed enrolment and other documents to be kept by approved provider

181	Confidentiality of records kept by approved provider
183	Storage of records and other documents

RELATED POLICIES

Arrival and Departure Policy	Enrolment Policy
Administration of Medication Policy	Incident, Injury, Trauma and Illness Policy
Anaphylaxis Management Policy	Payment of Fees Policy
Asthma Management Policy	Privacy and Confidentiality Policy
Child Safe Environment Policy	Photography policy
Code of Conduct Policy	

PURPOSE

We aim to ensure children and families are provided with an orientation procedure that allows the family to transition into the Service positively and well-informed, meeting the children and families' individual needs. We strive to establish respectful and supportive relationships between families and the Service to promote positive outcomes for children whilst adhering to legislative requirements.

SCOPE

This policy applies to children, families, staff, educators, management, approved provider, nominated supervisor and visitors of the Service.

Implementation

We believe orientation is an important process where educators can get important information about the new child's needs and those of the family. This process helps to make the transition from home to care as smooth as possible with the aim to maintain continuity between home and the service, which helps the child adjust to the new setting and or the new room.

Discussions are held between staff and families regarding availability of days, a start date and tailoring an orientation process to suit the needs of the family and child.

The centre encourages at least 2 orientation visits with the child. An orientation session must be for a minimum of 30 mins and then further time is discussed in collaboration with the Centre. Families must remain on premises for all orientation sessions. It is encouraged that all families spend a small amount of time in the classroom with their child and allow for time for the child to engage in their environment on their own. Always supporting children and their individual needs and we will tailor this to suit each family.

Orientation sessions must be booked so we can ensure that we have educators available to support the process and so we do not have multiple new children starting at the same time that can cause stress on all parties.

Orientation sessions may be adapted to suit the current environment but ensuring that all families and centre needs are met.

During the orientation session, the room leader will take a photo of the child and ensure that prior to their start date all room information is updated including:

- Locker tags
- Storypark
- Care needs
- Nappy change/ toileting where applicable
- Sleep and rest information
- Medical / allergy needs
- informed about how our Service embed the National Principles for Child Safe Organisations including the adoption of the [National Model Code and Guidelines](#)

Enrolments are secured upon payment of the registration fee without the payment availability may change.

Any matters that are sensitive of nature, such as discussing a child's medical needs, Court Orders, parenting plans, or parenting orders, will be discussed privately with the Centre Management during orientation. Risk assessments will be completed during this time and given to the relevant parties for consideration to further input and feedback.

We request that parents begin to fill out enrolment forms during orientation and discuss their child with us so we can accommodate their needs in the centre from the first day they start with us.

Should it be identified upon orientation and enrolment, that a child's care needs will require further support the enrolment start date may be extended so further support can be arranged to support the child. Families will be required to collaborate with the centre and Inclusion support in a timely manner to ensure that we can support the child, and the other children and staff in the centre. Should time limited funding be required to support the child the ongoing enrolment may be reviewed after 6 weeks.

Should a child use English as a second language, or speak another language at home, we request that families provide us with some key words in the languages the child speaks at this time so that educators can learn the words.

Families also need to contact the Family Assistance Office (Centrelink) to have their eligibility for Child Care Subsidy assessed. If these details are available, we will complete the child's formal enrolment to be able to give a gap fee charge for the payment of fees. Until a confirmed enrolment is received full fees will be charged.

Before the child begins their first day with us, the service must have all required documentation for the child which includes

- Enrolment form
- Birth certificate
- Immunisation record
- Copies of guardians ID
- Relevant medical documents including ASCIA forms and risk assessment.

The child will not be accepted into the service without this being completed.

On the child's first day:

The child and their family are welcomed into the centre for the first day. The child and family are encouraged to place the children's belongings at the locker space identified with their photo. Drink bottles are to be placed into the drink trolley and all other personal items including medication discussed with the educators.

The Centre Director and parents will ensure all enrolment details are finalised and complete and sign the Orientation feedback form.

Educators will also discuss how best to tailor the child's settling in period – with some parents choosing to gradually build up to a full day so the child is reassured that the parents will return to collect them. Educators will encourage parents to say goodbye when dropping off – and reassured that if the child remains distressed over a period, that educators will contact them. Parents are encouraged to make drop off as smooth as possible. Parents are welcome to call the centre to see how their child is going, however will receive regular

updates through Storypark of the daily routine/rhythm that their child has participated in. All children will be given a first day post and photo and if they choose to participate, a piece of artwork to take home.

Parents will be kept informed about how their child is settling in on collection and are welcome to discuss any aspects with the Room Leader and Centre Management at a convenient time.

ROOM TRANSITION- Moving up and moving on

When children transition to a new age group or room, our Centre ensures we provide information to parents and families and opportunities for the child to become orientated to their new educators, environments, and peers based on age and developmental capability including availability.

We encourage parents and families to ask questions to support their child's transition and overcome any potential anxiety.

- Children will be transitioned to the next room based on their developmental ability and or their chronological age.
- Room transitions will occur when there is a vacant position for the child.
- Management will consult with families when a child is transitioning to the next room, discussing their expectations and requirement to ensure the child settles into their new environment.
- Management and educators aim to ensure the transition between rooms is positive and smooth, communicating with families about how the transition is progressing.
- Management will invite families to parent teacher meetings to discuss room transitions at key times in the year.

Through the orientation and enrolment process, families must ensure that they always meet our code of conduct and act in a respectful manner. Should this not be met the Centre management has the right to cancel the enrolment.

All families should be provided with an orientation survey for feedback on the process.

Further reading

Australian Children's Education & Care Quality Authority. (2024). Guide to the National Quality Framework

Australian Children's Education & Care Quality Authority. (2024). Taking Images and Video of Children While Providing Early Childhood Education and Care. Guidelines For The National Model Code

Australian Government Department of Education. Belonging, Being and Becoming: The Early Years Learning Framework for Australia.V2.0, 2022

The Australian parenting website Raising children

<https://raisingchildren.net.au/preschoolers/play-learning/preschool/starting-preschool>

Western Australian Legislation Education and Care Services National Regulations (WA) Act 2012

Document Control

POLICY REVIEWED	NOVEMBER 2024	NEXT REVIEW DATE	NOVEMBER 2025
MODIFICATIONS	• annual policy maintenance • additional related policies added • inclusion of National Model Code and guidelines • sources checked for currency and updated as required		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
NOVEMBER 2023	• annual policy maintenance • updated sources as required		NOVEMBER 2024

GOVERNANCE POLICY

The Governance Policy provides the overall direction, effectiveness, supervision and accountability of a Service. The Approved Provider and management are responsible for guiding the direction of the service, ensuring that its goals and objectives are met in line with the philosophy, and all legal and regulatory requirements governing the operation of the service.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1	Governance	Governance supports the operation of a quality service.
7.1.2	Management Systems	Systems are in place to manage risk and enable the effective management and operation of a quality service.
7.1.3	Roles and Responsibilities	Roles and responsibilities are clearly defined and understood and support effective decision-making and operation of the service.
7.2	Leadership	Effective leadership builds and promotes a positive organisational culture and professional learning community.
7.2.1	Continuous improvement	There is an effective self-assessment and quality improvement process in place.
7.2.2	Educational leadership	The educational leader is supported and leads the development and implementation of the educational program and assessment and planning cycle.
7.2.3	Development of professionals	Educators, co-ordinations and staff members performance is regularly evaluated and individual plans are in place to support learning and development.

EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS	
Sec. 13	Matters to be taken into account in assessing whether fit and proper person
Sec. 14	Regulatory Authority may seek further information
Sec. 21	Reassessment of fitness and propriety
Sec. 51	Conditions on service approval
Sec. 162	Offence to operate education and care service unless responsible person is present
Sec.172	Offence to fail to display prescribed information
Sec. 173	Offence to fail to notify certain circumstances to Regulatory Authority

Sec. 174	Offence to fail to notify certain information to Regulatory Authority
Sec. 175	Offence relating to requirement to keep enrolment and other documents
Sec.188	Offence to engage person to whom prohibition notice applies
29	Condition on service approval-insurance
31	Condition on service approval-quality improvement plan
55	Quality improvement plan
56	Review and revision of quality improvement plans
73	Educational program
74	Record of child assessments or evaluations for delivery of educational program
84	Awareness of child protection law
85	Incident, injury, trauma and illness policies and procedures
117B	Minimum requirements for person in day-to-day charge
157	Access for parents
158	Children's attendance record to kept by approved provider
161	Authorisations to be kept in enrolment record
162	Health information to be kept in enrolment record
167	Record of service's compliance
168	Education and care services must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
172	Notification of change to policies and procedures
173	Prescribed information to be displayed
176	Time to notify certain information to Regulatory Authority
177	Prescribed enrolment and other documents to be kept by approved provider
180	Evidence of prescribed insurance
181	Confidentiality of records kept by approved provider
181-184	Confidentiality and storage of records
185	Law and regulations to be available

RELATED POLICIES

Acceptance and Refusal Authorisation Policy Administration of First Aid Policy	Medical Conditions Policy Nutrition Food Safety Policy
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CCS Governance Policy Code of Conduct Policy Child Protection Policy Child Safe Environment Policy Dealing with Infectious Diseases Policy Dealing with Complaints Policy Delivery of Children to, and collection from EEC Service Policy Emergency and Evacuation Policy Enrolment Policy Interactions with Children, Staff and Families Policy	Payment of Fees Policy Privacy and Confidentiality Policy Probation and Induction Orientation Policy Record Keeping and Retention Policy Safe Transportation Policy Sleep and Rest Policy Staffing Arrangements Policy Student and Volunteer Policy Sun Safety Policy Water Safety Policy
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RELATED LEGISLATION

Family Assistance Law — Incorporating all related legislation as identified within the Child Care Provider Handbook
<https://www.education.gov.au/early-childhood/resources/child-care-provider-handbook>

PURPOSE

Our Service aims to ensure all legal and financial requirements are implemented and recognised through appropriate governance practices, providing quality education and care, meeting the principles, practices and elements of the Early Years Learning Framework and the National Quality Standard.

SCOPE

This policy applies to children, families, staff, management, Approved Provider, Nominated Supervisor, and visitors of the Service.

IMPLEMENTATION

Under the Education and Care Services National Regulations, the approved provider must ensure that policies and procedures are in place in relation to the governance and management of the service (regulation 168) and that they take reasonable steps to ensure those policies and procedures are followed (regulation 170). ACECQA 2021

Governance is the process that directs and controls our Service, ensuring accountability, and supporting decision making. The Approved Provider and Nominated Supervisor of the Service accept the legal responsibilities associated with establishing, administering, and maintaining the Service. Management may include Persons with management or control of the service (PMC) as defined by ACECQA. Persons with management or control may *participate in executive or financial decision-making or have authority*

or responsibility for, or significant influence over, the planning, direction or control of the activities or the delivery of the education and care service (ACECQA 2023). Our Service has the following established positions:

Approved Provider
Nominated Supervisor
Educational Leader
Responsible Persons
Room Leaders

THE APPROVED PROVIDER IS LEGALLY RESPONSIBLE FOR:

- ensuring compliance with the Education and Care Services National Law and Education and Care Services National Regulations
- ensuring compliance by all employees and educators with the Education and Care Services National Law and Education and Care Services National Regulations
- complying with Family Assistance Law
- appointing a suitably qualified Nominated Supervisor, ~~an~~ Educational Leader and a Director/coordinator for the Service
- supporting the Nominated Supervisor and management in their role, providing adequate resources to ensure effective administration of the Service
- notifying the regulatory authority of any changes to the Nominated Supervisor at least 7 days prior to the appointment (or as soon as possible, but no more than 14 days after commencement)
- notifying the regulatory authority within 14 days of any changes to Persons with management or control
- displaying the prescribed information as listed in Regulation 173 including the current rating levels for each quality area stated in the National Quality Standard
- ensuring background checks, including criminal history and Working With Children Checks/ Clearance, are completed for all staff and educators
- determining whether or not a person working in the service is a 'fit and proper person' (as per National Quality Framework and Family Assistance Law requirements)
- provide information to the regulatory authority upon request in relation to being a 'fit and proper person'
- implementing a probation and induction orientation program to ensure employees are aware of their roles and responsibilities, understanding of the values and organisational culture of the Service, policies and procedures, child protection law and other legislation

- developing a clear and agreed philosophy, which guides business decisions and the work of management and staff
- acting honestly and with due diligence
- ensuring that families of enrolled children have access to enter the premises (regulation 157)
- ensuring there is a sound foundation of policies and procedures that complies with all legislative and regulatory requirements, and that enables the daily operation of the Service to be in line with the Service's philosophy and goals
- maintaining up to date and current policies and procedures for compliance by all educators
- ensuring the health, safety and wellbeing of children and taking every reasonable precaution to protect children from harm or hazard
- ensuring policies and procedures are followed in the event that a child is injured, becomes ill or suffers a trauma (Reg.85)
- confirming incident, injury, illness or trauma records are stored in a kept in a safe and secure place until the child is 25 years of age. In the event of a death of child while being cared for by the service or may have occurred as a result of an incident, the records must be kept until 7 (seven) years after the death
- being an employer, including all legal and ethical responsibilities that this entails
- appointing staff and monitoring their performance
- ensuring educator qualification requirements are current
- ensuring all educators and staff have a clear understanding of the hierarchy of management
- providing clear and direct written and verbal feedback and instruction that is suitable and appropriate to the task
- ensuring the Service remains financially viable and can meet its debts and other obligations as they fall due
- ensuring the Service holds a current insurance policy for public liability with a minimum cover of \$10, 000, 000 [or public liability provided by the Government of a State or Territory in respect for an education and care service]
- managing control and accountability systems
- reviewing the Service's budget and monitoring financial performance and management to ensure the Service is solvent at all times and has sound financial strength
- approving annual financial statements and providing required reports to government bodies and maintaining appropriate delegations and internal controls
- complying with funding agreements where appropriate
- reviewing the work process regularly

- completing a Quality Improvement Plan (QIP) for the Service and updating it at least annually
- ensuring the QIP is updated upon request by the regulatory authority and submitted to the regulatory authority upon request (Reg. 31, 56)
- developing coherent aims and goals that reflect the interests, values and beliefs of all stakeholders of the Service
- establishing clearly defined roles and responsibilities for the members of the Management Committee and staff, individually and as a collective, and clearly articulating the relationship between all stakeholders
- evaluating and improving the performance of the Management Committee.
- ensuring the educational program is based on an approved learning framework (EYLF) and contributes to each child's sense of identity and wellbeing
- complying with all other WA and Australian governments' legislation that impacts upon the management and operations of a Service
- ensuring all notification and reporting requirements are met regarding the National Quality Framework and other legislation
- ensuring a copy of the Education and Care Services National Regulations and National Law is available at all times at the service for use by educators, staff, families and visitors (Reg. 185)
- ensuring that requirements relating to the physical environment, space, equipment and facilities are met
- notifying the regulatory authority if transportation is provided by the service for the first time or if transportation ceases to be provided by the service (reg 175)
- notifying families at least 14 days before changes to policy or procedures that:
 - affect the fees charged or the way they are collected
 - significantly impact the service's education and care of children, or
 - significantly impact the family's ability to utilise the service.

THE NOMINATED SUPERVISOR IS RESPONSIBLE FOR:

- adhering to the Education and Care Services National Law and National Regulations
- developing ethical standards and a code of conduct which guide actions and decisions in a way that is consistent and reflective of the Service's expectations
- undertaking periodical planning and risk assessments and having appropriate risk management strategies in place to manage risks faced by the Service
- ensuring that actions taken, and decisions made are clear and consistent and will help build confidence in all stakeholders

- the day-to-day management of the Service
- ensuring all notification and reporting requirements are met regarding the National Quality Framework and other legislation
- the effectiveness of the Service's well-defined partnership between the Management Committee and the Nominated Supervisor. The partnership requires clear understanding of roles and responsibilities, and regular and open communication
- producing outcomes together with educators and staff. Educators must agree on their responsibilities and work according to current policies and procedures
- providing educators with training, resources and support
- identifying and reporting if something significant occurs (for example: Work Health and Safety; Fraud Prevention; Complaint handling)
- identifying work required for completion and delegate to the appropriate educator/staff
- ensuring educators and staff do not delegate responsibilities for which they are accountable for or have been delegated to them by Management
- delegate all tasks in writing with a clear due date
- ensuring educators are adhering to service policies and procedures.

SERVICE PHILOSOPHY

- The development and review of the philosophy and policies will be a continuous process on an annual basis or when required.
- The philosophy and associated statement of purpose will reinforce all other documentation and the practices of the Service. The philosophy will reflect the principles of the approved national framework *"Belonging, Being and Becoming: The Early Years Learning Framework for Australia"*
- There will be a collaborative and consultative process to support the development and maintenance of the philosophy that will include children, parents and educators.
- All documents will be dated and include nominated review dates.

CODE OF CONDUCT

The standards of behaviour outlined in our *Code of Conduct Policy* provide guidance for all staff to make personal and ethical decisions related to confidentiality, recruitment, duty of care, record keeping, professional relationships and appropriate use of resources within the Service.

CONFIDENTIALITY

All members of the Management Committee along with the Nominated Supervisor, Responsible Person,

educators, and staff who gain access to confidential information, whether in the course of their work or otherwise, shall not disclose information to anyone unless the disclosure of such information is required by law and will respect the confidentiality of all documents and meetings that occur. Child Information Sharing may be mandated to promote children's wellbeing and safety under state/territory legislation.

This also includes:

- using information acquired for their personal or financial benefit, or for the benefit of any other person.
- permitting any unauthorised person to inspect or have access to any confidential documents or other information.
- any information received or transmitted via mobile telephone (including text/SMS) or any other electronic device (e.g., email) shall be treated with the same confidentiality as any other written form of communication and must be stored confidentially.

This obligation, placed on a member of the Committee of Management, Nominated Supervisor, Responsible Person, educator, and staff shall continue even after the individual has completed their term and is no longer on the Management Committee or employed by the Service. The obligation to maintain confidentiality also applies to any person who is invited to any meetings of the Management Committee.

ETHICAL DECISION-MAKING

Our Service will make decisions which are consistent with our policies and procedures and that work in conjunction with the Education and Care Services National Law and National Regulations, our approved learning framework (EYLF), and the ethical standards within the ECA Code of Ethics.

REVIEW AND EVALUATION OF THE SERVICE

- Ongoing review and evaluation will support the continuing development of the Service. We will ensure that the evaluation involves all stakeholders.
- The development of a Quality Improvement Plan (QIP) will form part of the reflection procedure. Reflection on what works within the Service and what needs additional development will be included in the QIP.

MAINTENANCE OF RECORDS

- The Service will adhere to record keeping requirements outlined in the National Regulations (177)
- The Service will adhere to the storage of confidential records outlined in the National Regulations

(181-184)

- The Service has a responsibility to keep sufficient records about staff, families, and children in order to operate dependably and lawfully
- The Service will safeguard the interests of all children, their families, and the staff, using procedures to ensure appropriate privacy and confidentiality practices are upheld
- The Approved Provider assists in determining the process, storage location, and timeline for storage of records, using the National Regulations as a minimum standard
- The Service's orientation and induction processes will include the provision of significant information to managers, educators, children, and families to comply with National Regulations and Standards
- The Approved Provider will ensure that the record retention procedure meets the requirements of the following government departments and laws:
 - Australian Tax Office (ATO)
 - Family Assistance Office (FAO)
 - Family Assistance Law
 - National Law and Regulations

MANAGING CONFLICTS OF INTEREST

- Conflict of interest, whether actual, potential or perceived, must be declared by all members of the Management Committee, Persons with Management or Control, Nominated Supervisor, Senior Staff and managed effectively to ensure integrity.
- Every stakeholder that is in a position of management has a responsibility to ensure their transactions, external business interests and relationships will not cause potential conflicts and to make such disclosures in a timely manner as they arise.
- The following process will be followed to manage any conflicts of interest:
 1. Whenever there is a conflict of interest, the member concerned must notify the Approved Provider about the conflict.
 2. The member with a conflict of interest must not be present during the meeting of the Management Committee or Management meeting where the matter is being discussed, or participate in any decisions made on that matter. The member concerned must provide the committee / Licensee with any and all relevant information they possess on the particular matter.
 3. The minutes of the meeting must reflect that the conflict of interest was disclosed and appropriate processes followed to manage the conflict.

4. A Conflict of interest disclosure statement must be completed by each member of the Management Committee / Staff member upon his or her appointment and annually thereafter. If the information in this statement changes during the year, the member shall disclose the change to the Approved Provider/ and revise the disclosure statement accordingly.

SOURCES

Australian Children's Education & Care Quality Authority. (2014).
 ACECQA. (2021). Policy and procedure guidelines. *Governance and Management Guidelines*.
 Australian Government. Department of Education. *Child Care Provider Handbook*. (2022)
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 Early Childhood Australia Code of Ethics. (2016).
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 Education and Care Services National Law Act 2010. (Amended 2023).
[Education and Care Services National Regulations](#). (2011). (Amended 2023).
 Guide to the National Quality Framework. (2017). (Amended 2023).
 Revised National Quality Standard. (2018).
[Western Australian Education and Care Services National Regulations](#)
 Work Health and Safety Act 2011 (Cth).

REVIEW

POLICY REVIEWED	JUNE 2023	NEXT REVIEW DATE	NOVEMBER 2023
MODIFICATIONS	- Policy reviewed to included clearer definitions of Persons with Management or control - Added Family Assistance Law legislation		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
NOVEMBER 2022	- Annual policy maintenance - Additional information added regarding Regulation 31/56/185 - minor formatting edits within text - hyperlinks checked and repaired as required - continuous improvement/reflection section added - link to Western Australian Education and Care Services National Regulations added in 'Sources'		NOVEMBER 2023

NOVEMBER 2021	• Additional law/regulations added- ACECQA Guidelines to Policy and Procedure document (August 2021) • Related policies added • Further roles/responsibilities for Approved Provider included • Sources checked for currency	NOVEMBER 2022
NOVEMBER 2020	• fit and proper person checks added • record keeping information added • sources checked for currency	NOVEMBER 2021
NOVEMBER 2019	• Sources checked for currency • Additional roles for Approved Provider added • Code of conduct information included	NOVEMBER 2020

ACCEPTANCE AND REFUSAL AUTHORISATION POLICY

Under the Education and Care Services National Law and National Regulations, early childhood services are required to obtain written authorisation from parents or guardians for some circumstances, to ensure that the health, safety, wellbeing, and best interests of the child are met and upheld. An authorisation is given where a person who has legal responsibility for a child gives permission to another person to do something or to make a decision on that person's behalf. Authorisations are usually authenticated by a signature- either in written form or as an electronic signature. All authorisation and refusals are to be kept in the child's enrolment record.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
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.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
2.2.3	Child Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS	
Sec. 165	Offence to inadequately supervise children
Sec. 167	Offence relating to protection of children from harm and hazards
Sec. 175	Offence relating to requirement to keep enrolment and other documents
Sec. 167	Offence relating to protection of children from harm and hazards
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement- anaphylaxis or asthma emergency
99	Children leaving the education and care service

102	Authorisation for excursions
102C	Conduct a risk assessment for transporting children by the education and care service
102D	Authorisation for service to transport children
157	Access for parents
160	Child enrolment records to be kept by approved provider
161	Authorisation to be kept in enrolment record
168	Education and care services must have policies and procedures
170	Policies and procedures must be followed
171	Policies and procedures to be kept available
172	Notification of change to policies and procedures

RELATED POLICIES

Administration of First Aid Policy	Epilepsy Management Policy
Administration of Medication Policy	Excursion/Incursion Policy
Anaphylaxis Management Policy	Governance Policy
Asthma Management Policy	Incident, Injury, Trauma and Illness Policy
Child Protection Policy	Medical Conditions Policy
Child Safe Environment Policy	Nutrition Food Safety Policy
Cyber Safety Policy	Orientation of Families Policy
Delivery of Children to, and collection from	Record Keeping and Retention Policy
Education and Care Service Premises Policy	Safe Arrival of Children Policy
Diabetes Management Policy	Safe Transportation Policy
Emergency and Evacuation Policy	Sun Safety Policy
Enrolment Policy	Water Safety Policy

PURPOSE

Our priority is ensuring the health, safety and wellbeing of children. We aim to ensure that all educators, staff, students and volunteers are consistent in how authorisations are managed and understand what does or does not constitute a correct authorisation, which consequently may lead to a refusal. Our governance and quality management processes are effective and transparent and meet all regulatory requirements. Decisions around refusing an authorisation will be made on a case-by-case basis by the service in accordance with the nominated supervisor, Police, regulatory authority or other authorities.

SCOPE

This policy applies to children, families, staff, educators, management, approved provider, nominated supervisor, student, volunteers and visitors of the Service.

IMPLEMENTATION

Our Service will ensure we comply with the current *Education and Care Services National Regulations*, and have policies and procedures in place in relation to the acceptance and refusal of authorisations which require parent or guardian written authorisation to be provided in matters including:

- Administration of medication to children
- Administration of medical treatment, dental treatment, and general first aid treatment
- Emergency Ambulance transportation
- Transportation- including regular outings, regular transportation
- Safe arrival of children to the Service
- Excursions, including regular outings
- Incursion attendance
- Taking of photographs by people other than educators
- Water based activities
- Enrolment of children, including providing details of persons nominated to authorise consent for medical treatment, to collect children from the service, or to provide authority for the child to be taken outside the service
- Children leaving the premises in the care of someone other than a parent or guardian

THE APPROVED PROVIDER/ NOMINATED SUPERVISOR/ MANAGEMENT/ RESPONSIBLE PERSON WILL ENSURE:

- obligations under the *Education and Care Services National Law and National Regulations* are met
- the *Acceptance and Refusal Authorisation Policy* is reviewed and maintained by Service management and adhered to at all times by educators and staff
- policies and procedures are readily accessible to families, nominated supervisors, coordinators, educators, staff and students and available for inspection
- all educators and staff follow the policies and procedures of our Service
- parent/guardians are provided with a copy of relevant policies for our Service or are aware of how they can be accessed

- an enrolment record is kept for each child that includes all authorisations signed by a parent/guardian or a person authorised
 - to consent to seek medical treatment from a registered medical practitioner, hospital or ambulance service
 - transportation by an ambulance service
 - to authorise the education and care service to transport the child or arrange regular outings for the child
- documentation relating to authorisations contains:
 - the name of the child enrolled in the Service
 - date
 - signature of the child's parent/guardian and authorised nominee as named on the enrolment form
- all staff understand circumstances that may lead to refusal of an authorisation
- the right of refusal is exercised if written or verbal authorisations do not comply with National Regulations or Child Protection Legislation (see: Refusal of Authorisation below). If an authorisation is refused by the Service, it is best practice to document:
 - the details of the authorisation
 - why the authorisation was refused, and
 - actions taken by the service. For example: if the service refused an authorised nominee named in the child's enrolment record to collect the child from the service as they were under the influence of alcohol, the action taken to ensure that the child was collected (Refer to *Refusal of Authorisation Record*)
- all parents/guardians have completed the authorised person's section of their child's enrolment form including authorised nominees (refer to *Enrolment Policy*), and that the form is signed and dated before the child commences at the Service
- attendance records are maintained for all children attending the Service
- a written record of all visitors to the Service, including time of arrival and departure and reasons for visit is documented
- educators/staff do not administer medication without the written authorisation of parent/guardian or authorised nominee named in the enrolment record as authorised to consent to the medical treatment of the child, except in the case of an emergency, including an asthma or anaphylaxis emergency (refer to *Enrolment Form, Administration of Medication Policy, Incident, Injury, Accident and Trauma Policy, Emergency Evacuation Policy, Asthma Management Policy, Anaphylaxis Management Policy, Diabetes Management Policy, and Epilepsy Management Policy*)

- where a child requires medication to be administered by educators/staff, that an *Administration of Medication Record* is completed, and authorisation provided by the parent/guardian or authorised nominee and included within the child's record (Refer to *Administration of Medication Policy*)
- when a child requires emergency medical treatment for conditions such as anaphylaxis or asthma compliance for authorisation is waived. In accordance with National Regulations (R. 93) the Service can administer medication in these circumstances without authorisation. If these situations occur the approved provider/management will be required to contact the parent/guardian as soon as practicable after the medication has been administered and emergency services. Notification to the Regulatory Authority is required within 24 hours of a serious incident
- educators and staff only allow a child to participate in regular outings and regular transportation with the written authorisation of a parent/guardian or authorised nominee name in the child's enrolment record
- educators and staff allow a child to participate in excursions only with the written authorisation of a parent/guardian or authorised nominee named in the child's enrolment record is received and documented (refer to *Excursion Policy, Safe Transportation Policy and Safe Arrival of Children Policy*)
- educators/staff allow a child to depart the Service only:
 - with a person who is the parent/guardian or authorised nominee named in the child's enrolment record; or
 - with a person authorised by a parent or authorised nominee; or
 - in accordance with the written authorisation of the parent; or authorised nominee; or
 - on an excursion; or
 - in the case of a medical emergency or another emergency (Refer to *Delivery of Children to, and collection from Education and Care Service Premises Policy and Emergency Evacuation Policy*).
- there are procedures in place if an inappropriate person, or a person who does not appear to be fit to take care of the child attempts to collect the child from the Service or poses a risk to the safety of children or staff (refer to *Delivery of Children to, and collection from Education and Care Service Premises Policy*)
- notify families at least 14 days before changing the policy or procedures (Reg. 172).

EDUCATORS WILL:

- follow the policies and procedures of the Service
- ensure that written authorisation is provided by the parent/guardian or other person named in the child's enrolment record for a regular outing or regular transportation

- ensure that parents/guardians sign and date permission/authorisation forms for excursions prior to the excursion being implemented
- allow a child to participate in an excursion only with the written authorisation of a parent/guardian or authorised nominee
- check that parents/guardians or an authorised nominee sign the attendance record as their child arrives and departs from the Service
- administer medication only with the written authorisation of a parent/guardian or authorised nominee as per the *Administration of Medication Record*, except in the case of an emergency, including asthma or anaphylaxis emergency
- allow a child to depart from the Service only
 - a person who is the parent/guardian or authorised nominee named in the child's enrolment record; or
 - in accordance with the written authorisation of the parent; or authorised nominee; or
 - on an excursion; or
 - in the case of a medical emergency or another emergency (Refer to *Delivery of Children to, and collection from Education and Care Service Premises Policy* and *Emergency Evacuation Policy*).
- follow procedures if an inappropriate person attempts to collect a child from the Service and poses a risk to the safety of the children and staff (for example, an intoxicated person) (Reg.99)
- inform the approved provider when a written authorisation does not meet the requirements outlined in Service's policies.

FAMILIES WILL:

- read and comply with the policies and procedures of the Service
- complete and sign the authorised nominee section of their child's enrolment form before their child commences at the Service
- ensure that changes to nominated authorised persons are provided to the Service in a timely manner
- advise nominated authorised persons that they will require photo identification (such as a driver's licence) in order to collect their child from the Service
- sign and date permission/authorisation forms for regular transportation and regular outings
- sign and date permission/authorisation forms for excursions
- sign the attendance record as their child arrives and departs from the Service

- provide written authorisation on the *Administration of Medication Form* when their child requires medication to be administered by educators/staff, including signing and dating it for inclusion in the child's medication records
- provide completed medical management plans and/or ASCIA Action Plans where relevant for their child
- provide medical clearances for when their children are unwell either through advising the service or being sent home from the service.
- be familiar with circumstances where authorisations may be refused/not applicable.

REFUSAL OF AUTHORISATIONS

All authorisations which are incomplete or incorrectly recorded are to be returned to the parent or guardian for required adjustments. Written or verbal authorisation may be refused if the authorisation does not comply with National Regulations or Child Protection Legislation. The approved provider or nominated supervisor will inform the parent or guardian the reason why the written or verbal authorisation does not meet National Regulations or policy procedures.

The parent or guardian will be provided a copy of this *Acceptance and Refusal of Authorisation Policy* and procedure. Management will discuss an alternative arrangement with the family following the refusal of authorisation. If an authorisation is refused by the Service, it is best practice to document details surrounding the refusal (See *Refusal of Authorisation Record*).

Examples when an authorisation may be refused include:

- requests relating to dietary restrictions that are not related to medical reasons
- an authorised person collecting the child appears to be under the influence of drugs or alcohol
- the authorisation breaches a parenting order
- the authorisation breaches a service policy (person under the age of 18 collecting a child)
- medication to be provided to a child is not in original container or prescribed to the child or other breach of *Administration of Medication Policy*
- a breach of *Excursion/Incursion Policy* where the person providing consent for the excursion is not listed as a parent/guardian or authorised nominee on the enrolment form

AUTHORISATION REQUIREMENTS

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

Administration of Medication	• Name of the child • <i>Administration of Medication Record</i> is signed by a parent or a person named in the child's enrolment record as authorised to consent to administration of medication • Name of the medication to be administered • Clearly indicate time and date medication was last administered • Clearly indicate time and date the medication is to be administered • Dosage of the medication to be administered • Method of dosage (e.g.: oral or inhaled) • Period of authorisation (actual days and dates: from and to) • Parent/Carer name and signature • Date the authorisation is signed • Medication must be in its original container and bearing the correct child's name • Medication is not past its expiry or use-by date • Medication is administered in accordance with any instructions attached to the medication or provided by a registered medical practitioner. • A second person checks the signed <i>Administration of Medication Record</i>, checks the dosage of the medication, and witnesses its administration • The educator administering medication and the witness must write their full name and sign the medication record • Details of the administration must be recorded in the medication record
Medical treatment of the child including transportation by an ambulance service (Included and authorised initially as part of the child's enrolment record)	• Name of the child • Authorisation to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service • Authorisation for the transportation of the child by an ambulance service • Name, address and telephone number of the child's registered medical practitioner or medical service • Child's Medicare number • Name of the parent or guardian providing authorisation
Emergency Medical Treatment (included and authorised initially as part of the child's enrolment record or as updates during enrolment)	• The Service is able to seek emergency medical assistance for a child as required (i.e., medical practitioner, ambulance or hospital) without seeking further authorisation from a parent or guardian in the case of an emergency, including for emergencies relating to medical conditions noted on the enrolment form.

Collection of Children (included and authorised initially as part of the child's enrolment record or as updated during enrolment)	• Name of the child • Name of the parent or the guardian of the child or the authorised nominee on the enrolment form providing authorisation • Name of the person/s authorised by a parent or authorised nominee named in the child's enrolment record to collect the child from the premises • Signature of the person providing authorisation and date of authorisation
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Transportation (other than as part of an excursion)	If the transportation is 'regular transportation' the authorisation is only required to be obtained once in a 12-month period. The authorisation must state: • name of the child • the reason the child is to be transported • if the authorisation is for regular transportation, a description of when the child is to be transported and the date the child is to be transported • a description of the proposed pick-up location and destination • the means of transport • the period of time during which the child is to be transported • the anticipated number of children likely to be transported • the anticipated number of staff members and any other adults who will accompany and supervise the children during the transportation • any requirements for seatbelts or safety restraints under a law of each jurisdiction in which the children are being transported • that a risk assessment has been prepared and is available at the education and care service • that written policies and procedures for transporting children are available at the education and care service
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Excursions	The authorisation must state: • name of the child • date of the excursion • reason for the excursion • proposed destination for the excursion • method of transport to be used • route to be taken to and from the excursion • any requirements for seatbelts or safety restraints • period of time away from premise- include time leaving premise and time returning to premise • proposed activities to be undertaken by the child during the excursion • anticipated number of children likely to be attending the excursion • anticipated ratio of educators attending the excursion to the anticipated number of children attending the excursion • number of staff members and any other adults who will accompany and supervise the children on the excursion (including parents, students, volunteers) • statement that a risk assessment has been prepared and is available at the service • name of the parent or guardian-providing authorisation • relationship to the child • signature of the person providing authorisation and date of authorisation • details of any water hazards and risks associated with water-based activities (to be included in risk assessment) • items that should be taken on the excursion
Regular outing	A regular outing means a walk, drive or trip to and from a destination that the service visits regularly as part of its educational program and where the circumstances relevant to the risk assessment are the same on each outing. Written authorisation only needs to be given once in a specified 12-month period for a regular outing. (Reg. 102(5)). If the conditions of the regular outing change, a new authorisation is required. The written authorisation must include: • name of the child • a description of when the child is to be taken on the regular outings • a description of the proposed destination • method of transportation (including walking) • any requirements for seatbelts or safety restraints • proposed activities to be undertaken • proposed time the child will be away from the premises • anticipated ratio of educators to the anticipated number of children • that a risk assessment has been prepared and is available at the Service
Sunscreen and Insect Repellent application	• Name of child • Permission authorised for staff to apply SPF 30 or higher broad-spectrum, water-resistant sunscreen supplied by the service or • Permission authorised for staff to apply SPF 30 or higher broad-spectrum water-resistant sunscreen supplied by parent/guardian (for children who may have allergies)

(Permission to apply sunscreen is included on enrolment form)	• Parent signature and date • Safety Data Sheet required for all products • Permission authorised for staff to apply insect repellent supplied by the service • Note: the use of sunscreen on babies under 6 months is not recommended due to their sensitive skin.
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Confirmation of Authorisation	• All authorisation forms received (including the initial enrolment form) are to be checked for completion • All authorisations (excluding the initial enrolment form) are checked to ensure that the authoriser (name and signature) is the nominated parent or guardian a person named on the enrolment form as having authority to authorise • If incomplete or inappropriately signed, the authorisation form should be returned to the parent or guardian for correction • Children will be suspended from any activity requiring authorisation until the appropriate form has been correctly completed and signed
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CONTINUOUS IMPROVEMENT/REFLECTION

The *Acceptance and Refusal Authorisation Policy* will be reviewed on an annual basis in conjunction with children, families, staff, educators and management.

RELATED RESOURCES

Authorisation Form Alternative Authorisation Form Consent to Administer Enrolment Form	Enrolment Form Inclusions Refusal of Authorisation Procedure Refusal of Authorisation Register
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SOURCES

Australian Children's Education & Care Quality Authority. (2014).
 ACECQA. (2021). Policy and procedure guidelines. [Acceptance and refusal of authorisations](#).
 Australian Children's Education & Care Quality Authority. (2023). [Guide to the National Quality Framework](#).
 Cancer Council. Preventing cancer: Sun protections: <https://www.cancer.org.au/preventing-cancer/sun-protection/>
 Early Childhood Australia Code of Ethics. (2016).
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[Education and Care Services National Regulations](#). (2023).
 Revised National Quality Standard. (2018).
[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED	JANUARY 2024	NEXT REVIEW DATE	JANUARY 2025
MODIFICATIONS	• annual policy maintenance • additional related policies added • additional points added to authorisation inclusions • new section added- Refusal of Authorisations • sources updated and checked for currency		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
JANUARY 2023	• annual policy maintenance • section- Nominated Supervisor/Responsible person merged with Approved Provider/ Nominated Supervisor/Management will ensure section (double up of points) • hyperlinks checked and repaired as required • continuous improvement/reflection section added • link to Western Australian Education and Care Services National Regulations added in 'Sources'	JANUARY 2024	
JANUARY 2022	• Policy reviewed as part of review cycle • See below for edits (September 2021)	JANUARY 2023	
SEPTEMBER 2021	• Additional law/regulations added- ACECQA Guidelines to Policy and Procedures document-(June 2021) • Regular outing authorisation information added • insect repellent authorisation- optional and service specific	JANUARY 2022	
JANUARY 2021	• additional information added for Safe Transportation of children • written authorisation requirements for regular outings and regular transportation- new section added • sources checked for currency	JANUARY 2022	
JUNE 2020	• small edits to align with Arrival and Departure Policy • additional information for refusals of authorisation- Child Protection Legislation • addition of regulations regarding asthma and anaphylaxis and access for parents • additional related policies added	JANUARY 2021	
JANUARY 2020	• Small edits to wording as indicated • removal of 'excluding Paracetamol' from administration of medication	JANUARY 2021	

	• Permission for sunscreen and insect repellent guidance added • sources checked for currency	
JANUARY 2019	• Additional information added to points. • 'Related policies' added as per those referenced in the document. • Rearranged the order of points for better flow • Points added (Highlighted). • Sources/references corrected, updated, and alphabetised.	JANUARY 2020

PAYMENT OF FEES POLICY

Under the *Education and Care Services National Regulations*, an approved provider must ensure that policies and procedures are in place for the payment of fees and the provision of a statement of fees charged by the service and take reasonable steps to ensure policies and procedures are followed. (ACECQA, 2021).

Quality early education and care provides the foundation for children's development and social engagement whilst supporting workforce participation of parents and carers. Our Service is committed to providing quality education and care to all children at an affordable fee for families.

As an approved childcare service, Child Care Subsidy (CCS) is available to reduce fees to eligible families. Our fee structure is based on our ability to provide the requirements of the Education and Care National Law and National Regulations, Family Assistance Law, the Australian Taxation Office and guidelines contained in the Child Care Provider Handbook.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1	Governance	Governance supports the operation of a quality service
7.1.2	Management Systems	Systems are in place to manage risk and enable the effective management and operation of a quality service
7.1.3	Roles and Responsibilities	Roles and responsibilities are clearly defined, and understood and support effective decision making and operation of the service

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
168	Education and care services must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
172	Notification of change to policies and procedures

RELATED LEGISLATION

Child Care Subsidy Secretary's Rules 2017
A New Tax System (Family Assistance) Act 1999
Family Law Act 1975
Family Assistance Law – Incorporating all related legislation for Child Care Provider Handbook in Appendix G https://www.education.gov.au/early-childhood/resources/child-care-provider-handbook

RELATED POLICIES

CCS Accounts Policy	Enrolment Policy
Child Care Subsidy (CCS) Governance Policy	Fraud Prevention Policy
Dealing with Complaints Policy	Governance Policy
Delivery of Children to, and Collection from and Education and Care Service Premises	Orientation of Families Policy
	Privacy and Confidentiality Policy
	Termination of Enrolment Policy

PURPOSE

For parents to gain a clear understanding of the Service fee structure, payment requirements and Child Care Subsidy benefits prior to enrolment. This policy explains the process of fee payment and the necessity of ensuring children's fees are paid on time and consequences for failure to pay fees on time.

SCOPE

This policy applies to children, families, staff, management, approved provider, nominated supervisor and visitors of the Service.

IMPLEMENTATION

Our Service aims to ensure families understand the fee schedule and payment process required for education and care to be provided for their child. We are committed to meet our obligations to maintain financial integrity and comply with all Child Care Subsidy legislative requirements. We have effective compliance systems in place to ensure childcare funding is administered appropriately. Our Service ensures the confidentiality and privacy of all personal information provided to the Service about the enrolled child and family.

Our fee structure includes:

ENROLMENT FEE AND FEE PAYMENTS

- An enrolment fee of \$100 is charged upon confirmation of enrolment. This fee must be paid prior to commencement at the Service. This is a non-refundable fee. This will show individually on your statement to secure your place at the service. All other offer requirements must be met for your place to commence.
- 2 weeks in advance is required for all fee payments including if it is fortnightly or monthly. Every account must be 2 weeks in advance every Friday.

GENERAL FEES

- CCS is paid directly to the Service and this is used as a fee reduction (visible on a family's statement)
- Fees are charged for each session of care and vary depending on the age of the child in care
- CCS is paid directly to the Service and this is used as a fee reduction (visible on a family's statement)
- Families are required to pay the difference between the fee charged and the subsidy amount- the 'gap' amount
- 'Gap Fees' must be paid via Electronic Funds Transfer (EFT) (effective 02 July 2023)
- Fees must be kept 2 weeks in advance of a child's attendance at all times
- A dated receipt will be provided for each payment issued weekly when statements are issued on a Monday(Tuesday if a public holiday falls on a Monday)
- It is preferred that all Fees are to be paid weekly on a Monday or Tuesday through a direct debit system
- Fees are payable in advance for every session that a child is enrolled at the Service. This includes pupil free days, sick days, and family holidays but excludes periods when the Service is closed. The Service may be directed to close due to periods of local emergency such as bushfire or flood or a pandemic
- If a session of care falls on a public holiday, families are required to pay normal fees. CCS may be paid for sessions that fall on public holidays pending your absences.
- Fees are charged for full sessions only (regardless of the actual attendance hours any day)
- Families are requested to contact the Service if their child is unable to attend a particular session or notify through childcare now. Absences that are for illness will require exclusion/ Clearance to return.
- Casual days may be offered to families if available within the Service's license. Fees will be payable on that day to ensure that account is always two weeks in advance.
- Any overpayment of fees will be credited to the family account
- If, at the end of enrolment, the family account is in credit, any fees will be refunded to the family 8 weeks following the child's last day of attendance.

CHILD CARE SUBSIDY (CCS)

- Parents/guardians are required to register for CCS through their [myGov](#) account linked to Centrelink and provide documentation to support the CCS payment

- Basic requirements that must be satisfied for an individual to be eligible to receive Child Care Subsidy. The child must:
 - be a 'Family Tax Benefit child' or 'regular care child' and
 - be 13 or under and not attending secondary school and
 - meet immunisation requirements
- The person claiming the Child Care Subsidy, or their partner must:
 - meet residency requirements and
 - be liable to pay for care provided under a Complying Written Arrangement (their written agreement) with their childcare provider
- Childcare must be provided by an approved provider
- Families level of Child Care Subsidy will be determined by:
 - combined family income
 - activity test of parents
 - number of children in care
 - type of early learning and childcare Service
- Child Care Subsidy will be provided directly to the Service and this amount deducted from the parent/family account
- Families must regularly check their details are correct and report a change in circumstance to Centrelink (family income, activity levels, relationship changes or any other changes to their circumstances)
- Any disputes with CCS payments are the responsibility of the family. The family will be referred to contact Centrelink directly for any enquiries regarding CCS payments.
- Discounts will only be offered as outlined in the CCS Handbook.

PAYMENT OF FEES

- Families are required to pay fees using the Service's direct debit system. The family is required to provide banking details to facilitate set up of the direct debit account or credit card.
- Fees and charges associated with direct debit system are outlined upon enrolment
- A dishonour fee will apply for direct debit transactions where there are insufficient funds to cover the fees
- Families will be issued with a *Statement* on a weekly basis in accordance with the fee payment and Regulatory requirements
- The *Statement* will include details of the sessions of care provided and the resulting fee reduction amounts

- The *Statement of Entitlement* is generated using our CCS Software which meets all requirements as per Family Assistance Law legislation, including prescribed and non-prescribed recording obligations (effective from July 2025).
- Failure to maintain two weeks in advance with fee payments may result in care being cancelled or suspended.
- Failed payments will be deducted on the day of failure and should subsequent failures occur care may be cancelled.
- Additional days booked through Childcarenow, will have the payment taken on the day of booking and or/ taken in the next payment cycle. All fees will need to be up to date by COB Friday for the 2 weeks in advance.

ABSENCES FROM SERVICE

- Families are requested to contact the Service if their child is unable to attend a particular session or notify through Childcarenow
- Families are required to notify the service if their child is unwell.
- Families must still pay the 'gap' fee to the Service if their child is unable to attend
[Fee charging practices are commercial decisions made by each childcare service and are not a matter regulated by the Family Assistance Law. Source: Australian Government Department of Education,
- Under the Child Care Subsidy families are allowed 42 absence days per child, per financial year and may be entitled to additional absence days in certain circumstances. (See Child Care Subsidy Handbook)
- Allowable absences can be taken for any reason. Families do not have to provide evidence.
- Additional absences can be claimed for the specified reasons as defined by the Family Assistance Law
- Records and evidence will be kept by the Service for each additional absence, where required
- Families can view their absence count through their Centrelink online account via [myGov](#).
- In a period of local emergency, such as bushfire or pandemic, and our Service is temporarily shut down on public health advice, families *may* be provided with additional absence days as per Family Assistance Law legislation

FINANCIAL DIFFICULTIES

- If a family is experiencing financial difficulties, a suitable payment plan may be arranged with authorisation of the Approved Provider only. Requests are to be made in writing.

- Families can apply for Additional Child Care Subsidy (ACCS) through Centrelink for additional fee assistance if they are experiencing temporary financial hardship
- There are four different payments under Additional Child Care Subsidy:
 - **Additional Child Care Subsidy (child wellbeing)**—to help children who are at risk of serious abuse or neglect. The approved provider is involved in determining children who may require additional support who are at risk of harm
 - **Additional Child Care Subsidy (grandparent)**—to help grandparents on income support who are the principal caregiver of their grandchildren. Families are required to contact Centrelink directly regarding this payment
 - **Additional Child Care Subsidy (temporary financial hardship)**—to help families experiencing financial hardship. Families are required to contact Centrelink directly regarding this payment
 - **Additional Child Care Subsidy (transition to work)**—to help low-income families transitioning from income support to work. Families are required to contact Centrelink directly regarding this payment

DEBT RECOVERY PROCEDURE

- If a family fails to pay the required fees on time, a reminder call, and email will be issued based on the failed payment. The service will attempt to take any monies owing each week on a Friday. If after **one week** there is no fee payment or part payment and then again, after **two weeks** the fees are still outstanding care will be cancelled.
- At any time of the debt recovery process the family will be encouraged to enter a debt agreement with the service to repay outstanding fees. A written contract will be provided for the family to sign outlining repayment plan details. The repayment plan will provide information as to the duration and amount of the repayments as well as steps that will be taken if the repayment plan is not adhered to
- A child's position will be terminated if a payment has not been made after **two weeks**, for which the family will receive a final letter terminating the child's position. At this time the Service will initiate its debt collection process, following privacy and conditional requirements.

LATE FEES

- It is unacceptable to pick children up late from the Service. A late fee will apply where children are not picked up prior to closing time
- Currently, a fee of \$15.00 per 10 minutes block or part thereof will be incurred by the family
- A review of the child's enrolment will occur where families are consistently late with fee payment and the child and family will be notified to the Department of child protection.

CHANGE OF FEES

- Fees are subject to change at any time provided a minimum of 14 days written notice is given to all families
- CCS hourly rate caps may be increased by the CPI at the commencement of each financial year
- Any CCS hourly rate increases are governed by CCS and are automatically adjusted through our CCS Software.

TERMINATION OF ENROLMENT

- Parents are to provide **two weeks** written notice of their intention to withdraw a child from the centre
- If termination from the Service is required without notification, families may lose their Child Care Subsidy, resulting in the payment of requirement for full fees to be charged which may also get back dated by CCS.
- In some circumstances CCS may not be paid for sessions if the child has not physically started care
- Additionally, CCS may not be paid for absences submitted after a child's last physical day of care, unless conditions have been met as specified by Family Assistance Law.

RESPONSIBILITY OF MANAGEMENT

The Approved Provider and Nominated Supervisor are responsible for:

- ensuring all families are aware of our *Payment of Fees Policy*
- ensuring enrolments are submitted correctly with the appropriate enrolment information
- providing families with regular statement of fees payable
- notifying families of any overdue fees
- providing families with reminder letters as required
- terminating enrolment of children should fees not be paid
- discussing fee payment with families if required
- providing at least 14 days written notice to families of any fee increases or changes to the way fees are collected

[Please note: Reg. 172 states a minimum of at least 14 days notice regarding changes to policies must be provided to families]

RESPONSIBILITY OF FAMILIES

- provide the Service with the correct enrolment details to facilitate the CCS claim, if required, including:
 - Centrelink Reference Numbers for child and CCS claimant
 - Date of Birth for child and CCS claimant
- ensure payment of fees as per policy
- notify Centrelink of any changes that may affect their CCS entitlement
- confirm their child's enrolment through the parents myGov account.
- Ensure that you sign in and out for all attendances and acknowledge absences.
- Families must have a permanent booking every week.

THIRD PARTY PAYMENTS

Parents are generally liable to pay the co-contribution for childcare fees. Only state and territory governments (and their agencies) can contribute to the cost, in part or full, of childcare fees for families. Where an agreement has been made between an employer or charity to assist in the contribution of fees the fees must be reduced accordingly before CCS has been applied.

Our Service will record all documentation regarding any third party payments.

STAFF DISCOUNTS

Our Service offers educators and cooks a staff discount for children that attend our service, after CCS has been applied. The staff discount applies to employees who are employed, contracted or engaged to work with our services as an educator, early childhood teacher or cook.

Centre Directors are eligible to receive the staff discount if they hold an early childhood education and care qualification and are working at a service. The Staff discount is calculated at an agreed discount by the approved provider of full-service fees after CCS has been applied and does not affect CCS eligibility. (Department of Education – [Childcare discount for early childhood workforce](#)). *(Staff must continue to pay at least 5% of the gap fee).*

Staff will not be eligible for staff discount and a holiday discount when calculating their fees. Which ever is the greater discount will be applied.

Staff with no CCS eligibility will only be given a 50% discount for childcare fees.

Permanent staff will receive discount between 50-95% depending on role, days worked and service in the company.

Casual staff will need to work at least 1 shift per week to receive staff discount on their children's ongoing bookings. Should casual staff not be available for shifts offered then staff discount will only be applied to the days that the casual staff works and the children are in attendance.

Casual staff discount is 50% of the gap fee.

COMPLAINTS RELATING TO THE ADMINISTRATION OF CHILD CARE SUBSIDY

Families who wish to raise concerns regarding the management of Child Care Subsidy should speak with the Nominated Supervisor in the first instance. The Nominated Supervisor will follow the steps as outlined in this policy, including advising the Approved Provider of all grievances.

Families can raise concerns regarding management of the Child Care Subsidy to the dedicated Child Care Tip-Off Line either via phone or email:

Phone: 1800 664 231

Email: tipoffline@education.gov.au

DISCOUNTS

Families that are up to date with their fee payments including 2 weeks in advance can apply for a holiday discount towards their fees when their child is going to be absent due to holidays. Families need to provide a minimum of 2 weeks' notice and the full week of care needs to be absent. Accounts not up to date will not have the discount applied. Requests need to be emailed to the Centre Director for the discount to be applied. Public holidays can be included in the holiday discount as long as the other days of the week are not attended.

When Families are receiving a form of discount, another form of discount cannot be used. I.e incentives from Childcarenow and the holiday discount.

Closure

When the centre is closed, fees may still be payable or deducted from accounts pending account balances and payment cycles. Days closed as nominated by Sagewood will not be charged for. Public holiday gap fee will still be payable.

Resources and information for families

[Child Care Subsidy](#)

[Centrelink Customer Reference Number](#)

[Absences from childcare- Australian Government](#)

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Payment of Fees Policy* will be updated and reviewed annually in consultation with families, staff, educators and management.

RELATED RESOURCES

Fee Increase Letter – General Overdue Fee Payment Letter	Overdue Fee Payment Procedure Payment Plan Template Staff Discount Application
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SOURCE

Australian Children’s Education & Care Quality Authority. (2025). [Guide to the National Quality Framework](#)

Australian Children’s Education & Care Quality Authority. (2021). [Policy and procedure guidelines. Payment of Service Fees and Provision of a Statement of Fees Charged by the Service.](#)

Australian Government Department of Education [Child care discount for early childhood workforce](#)

Australian Government Department of Education. (2025). [Child Care Provider Handbook](#)

Australian Government Department of Education *Early Childhood and Care* <https://www.education.gov.au/early-childhood>

Australian Government Department of Education (2024). [Help in an emergency](#)

Education and Care Services National Law Act 2010. (Amended 2023). [Education and Care Services National Regulations](#). (Amended 2023).

[Western Australian Legislation Education and Care Services National Law \(WA\) Act 2012](#)

[Western Australian Legislation Education and Care Services National Regulations \(WA\) Act 2012](#)

REVIEW

POLICY REVIEWED	September 2024	NEXT REVIEW DATE	MAY 2025
April 2025	- Discount noted with Childcarenow - Fee payments clarified – casual payments on the day of notification - Absences and medical clearances		
September 2024	- Changes to staff discount - Changes to payments for absence days - Changes to payment days		

January 2023	• holiday discount added • payment of fees in closure period	
MODIFICATIONS	• policy maintenance • minor formatting edits within text • information added regarding staff discounts • Change in payment of Gap Fees by EFT (effective 1 July 2023) • Staff discount section added	
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
SEPTEMBER 2022	• Update of Department name from Department of Education, Skills, and Employment to Department of Education • minor formatting edits within text • hyperlinks checked and repaired as required • links within sources updated to education.gov.au • link to Western Australian Education and Care Services National Regulations added in 'Sources' • Continuous Improvement/Reflection section added • Childcare Centre Desktop Resource section added	MAY 2023
MAY 2022	• policy maintenance – related policy name change- Arrival and Departure Policy to Delivery of Children to and from EEC Service Policy • no major changes to policy • minor formatting edits within text • hyperlinks checked and repaired as required	MAY 2023
AUGUST 2021	• Update of Related Legislation • Policy revised to align with recommendations with ACECQA's policy guide (August 2021) • Updated Related Policies • Check of links used within policy	MAY 2022
MAY 2021	• Policy reviewed following updates in October 2020 as part of yearly review cycle • Policy content and sources current • Resource-<i>Overdue Fees Procedure</i> information added	MAY 2022
OCTOBER 2020	• Minor adjustments recorded • Additional information added- ACCS, absences, responsibility of families, CCS tip-off line and complaints.	MAY 2021

MARCH 2020	Policy statement added Implementation information added CCS section included Absences section added Responsibility for Management expanded Resources and information section added	MAY 2021
MAY 2019	Grammar, punctuation and spelling edited. Sources/references alphabetised. Minor formatting for consistency throughout policy. 'Related policies' alphabetised.	MAY 2020

DEALING WITH COMPLAINTS POLICY

Feedback from families, children, educators, staff and the wider community is fundamental in creating an evolving Education and Care Service working towards the highest standard of care and education.

It is foreseeable that feedback will include divergent views, which may result in concerns/ complaints.

This policy details our Service's procedures for receiving and managing informal and formal complaints.

Families, children, parents, visitors, students and members of the community can lodge a grievance or complaint with management in the understanding that it will be managed conscientiously and confidentially.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 6: COLLABORATIVE PARTNERSHIPS		
6.1	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role.
6.1.2	Parent views are respected	The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child's learning and wellbeing.
6.2	Collaborative partnerships	Collaborative partnerships enhance children's inclusion, learning and wellbeing.
QUALITY AREA 7: GOVERNANCE AND LEADERSHIPS		
7.1.2	Management Systems	Systems are in place to manage risk and enable the effective management and operation of a quality Service.
7.2.1	Continuous Improvement	There is an effective self-assessment and quality improvement process in place.

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS	
S. 172	Offence to fail to display prescribed information
S.174 (2)(b)	Offence to fail to notify certain information to Regulatory Authority
12	Meaning of serious incident
84	Awareness of child protection law
149	Volunteers and students
168(2)(o)	Education and care service must have policies and procedures... for dealing with complaints
170	Policies and procedures must be followed

171	Policies and procedures to be kept available
172	Notification of change to policies or procedures
173(2)(b)	Requires an approved provider to make the name and telephone number of the person to whom complaints may be addressed clearly visible at the service
173	Prescribed information to be displayed- education and care service
176	Time to notify certain information to Regulatory Authority
183	Storage of records and other documents

RELATED LEGISLATION

Child Care Subsidy Secretary's Rules 2017	Family Law Act 1975
A New Tax System (Family Assistance) Act 1999	Child Care Subsidy Minister's Rules 2017
Family Assistance Law – Incorporating all related legislation as identified within the Child Care Provider Handbook in https://www.education.gov.au/early-childhood/resources/child-care-provider-handbook	

RELATED POLICIES

CCS Accounts Policy	Governance Policy
CCS Governance Policy	Interactions with Children, Family and Staff Policy
Child Protection Policy	Payment of Fees Policy
Child Safe Environment Policy	Privacy and Confidentiality Policy
Code of Conduct Policy	Record Keeping and Retention Policy
Dealing with Complaints Policy (Staff)	Respect for Children Policy
Enrolment Policy	Responsible Person Policy
Family Communication Policy	Student, Volunteer and Visitor Policy

PURPOSE

The *Education and Care Services National Regulations* requires approved providers to ensure their services have policies and procedures in place for dealing with complaints (Reg. 168) and take reasonable steps to ensure those policies and procedures are followed (Reg. 170).

We aim to investigate all complaints and grievances with a high standard of equity and fairness. We will ensure that all persons making a complaint are guided by the following policy values:

- procedural fairness and natural justice
- code of ethics and conduct
- culture free from discrimination and harassment
- transparent policies and procedures

- opportunities for further investigation
- adhering to our Service philosophy

PROCEDURAL FAIRNESS AND NATURAL JUSTICE

Our Service believes in procedural fairness and natural justice that govern the strategies and practices, which include:

- The right to be heard fairly
- The right to an unbiased decision made by an objective decision maker
- The right to have the decision based on relevant evidence.

SCOPE

This policy applies to children, families, staff, educators, management, approved provider, nominated supervisor, students, volunteers and visitors of the Service.

IMPLEMENTATION

Grievances and complaints can transpire in any workplace. Addressing these appropriately and effectively is imperative for sustaining a safe, healthy, harmonious and productive service environment. Our *Dealing with Complaints Policy* ensures that all persons are presented with procedures that:

- value the opportunity to be heard
- promote conflict resolution
- encourage the development of harmonious partnerships
- ensure that conflicts and grievances are mediated fairly and are transparent and equitable
- appropriately handle children exhibiting harmful sexual behaviours
- promote children's rights, safety and wellbeing
- consider a child's age, cultural, developmental and additional needs

Our Service is committed to the National Principles for Child Safe Organisations and adopts a child safe approach to complaints involving a child or young person. As a child safe organisation, we will respond promptly and systematically to any concerns, disclosures, allegations or suspicions while fostering an environment where children feel confident that their safety and wellbeing are paramount.

DEFINITIONS

Complaint: Expression of dissatisfaction made to or about an organisation related to its products,

services, staff or the handling of a complaint where a response or resolution is explicitly or implicitly expected or legally required. [AS/NZS 10002:2014 Complaint Management Standard]

Complaints and Grievances Management Register: Records information about complaints and grievances received at the Service, along with the outcomes. These documents must be securely stored, accessible only to management and the regulatory authority. They can provide valuable information to the approved provider and nominated supervisor of the Service to ensure children and family's needs are being met.

Grievance: A grievance is a formal statement of complaint that cannot be addressed immediately and involves matters of a more serious nature. A *workplace grievance* is a complaint raised towards an employer by an employee due to a violation of legalities (workplace policies, employment contract, national standards).

Mediator: A person who attempts to assist and support people involved in a conflict to come to an agreement.

Mediation: An attempt to bring about a peaceful settlement or compromise between disputants through the objective intervention of a neutral party.

Notifiable complaint: A complaint that alleges a breach of the *Education and Care Services National Law and Regulations*, National Quality Standard or alleges that the health, safety or wellbeing of a child at the Service may have been compromised. Any complaint of this nature must be reported by the approved provider or nominated supervisor to the regulatory authority within 24 hours of the complaint being made – (S. 174[2] [b], Reg. 176[2][b]).

If the approved provider/ nominated supervisor are unsure whether the matter is a notifiable complaint, it is good practice to contact the [Regulatory Authority](#) for confirmation. Written reports must include:

- details of the event or incident
- the name of the person who initially made the complaint
- if appropriate, the name of the child concerned and the condition of the child, including a medical or incident report (where relevant)
- contact details of the nominated supervisor/approved provider
- any other relevant information.

Written notification of complaints must be submitted using the appropriate forms, which can be found on the ACECQA website: www.acecqa.gov.au and logged using [NQA ITS](#) (National Quality Agenda IT System).

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 (Reg. 12).

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 must be notified within 24 hours of a serious incident occurring at the Service (Reg. 176(2)(a)).

These records are required to be retained for the periods specified in Reg. 183.

The approved provider will notify the regulatory authority of any incident where there is a reasonable belief that physical and/or sexual abuse of a child has occurred or is occurring at the service, or any allegation that sexual or physical abuse of a child has occurred or is occurring at the Service.

PRIVACY AND CONFIDENTIALITY

Management and educators will adhere to our *Privacy and Confidentiality Policy* when dealing with grievances and complaints. However, if a grievance or complaint involves a staff member or child protection issues, a relevant government agency will need to be informed. (See: Reportable Conduct Scheme in our *Child Protection Policy*)

CONFLICT OF INTEREST

It is important for the complainant to feel confident in:

- being heard fairly
- an unbiased decision-making process

Should a conflict of interest arise during a grievance or complaint that involves the approved provider or nominated supervisor, other management will be nominated as an alternative mediator.

Our Service may also engage the resources of an Independent Conflict Resolution Service to assist with the mediation of a dispute. We will ensure that throughout the conflict resolution process the Services Code of Conduct is adhered to.

THE APPROVED PROVIDER/NOMINATED SUPERVISOR/RESPONSIBLE PERSON WILL:

- ensure that obligations under the *Education and Care Services National Law and Regulations* are met
- ensure educators, staff, students, visitors and volunteers have knowledge of and adhere to this policy and associated procedure
- ensure the name and telephone number of the person to whom complaints can be made is clearly visible at the service
- ensure information about our *Dealing with Complaints Policy* and *Dealing with Complaints Procedure* and all appropriate forms are easily accessible to all families, children, staff, educators, visitors and volunteers
- treat all grievances and complaints seriously and as a priority
- ensure grievances and complaints remain confidential
- ensure grievances and complaints reflect procedural fairness and natural justice
- ensure people feel safe or comfortable when making a complaint, including children
- ensure educators, staff, volunteers and students are well informed about the different ways children may express concerns, distress and disclose harm as well as the process for responding to disclosures from children- including a complaint that alleges a child is exhibiting sexual behaviours that may be harmful to the child or another child. (ACECQA 2023)
- ensure our complaint handling processes are child-focused providing support and guidance for children to know who to talk to if they are feeling unsafe
- conduct a review of policies and procedures, where required, following a complaint or grievance as part of our continuous improvement practices
- provide an induction program for new staff and educators that includes an overview of policies and procedures, including this *Dealing with Complaints Policy* and procedure
- ensure the approved provider is notified of all complaints and grievances
- acknowledge the complaint or grievance in writing within 2 working days of receipt
- discuss the issue with the complainant within 24 hours of receiving the verbal or written complaint
- investigate and document the grievance or complaint fairly and impartially
- provide details of an outcome following an investigation if required.

The investigation will consist of:

- reviewing the circumstances and facts of the complaint (or breach) and inviting all affected parties to provide information where appropriate and pertinent
- discussing the nature of the complaint (or breach) and giving the accused educator, staff member, volunteer or visitor an opportunity to respond

- permitting the accused person to have a support person present during the consultation (for example: Union Representative, HR Representative, lawyer, colleague, friend or family member. A support person may provide support by taking notes during the meeting, clarifying questions and allegations made, help formulate responses, engage in discussions and are more than a passive observer, aid in understanding processes, request breaks and be an emotional support. A support person cannot represent the employer, speak on their behalf or advocate for the organisation.
 - providing the employee with a clear written statement outlining the outcome of the investigation
- advise the complainant and all affected parties of the outcome within 7 working days of receiving the verbal or written complaint
 - management will provide a written response outlining the outcome and provide a copy to all parties involved
 - if a written agreement about the resolution of the complaint is prepared, all parties will ensure the outcomes accurately reflect the resolution
 - all written responses will need to cater for complainant to be able to understand such as spoken language and special needs regarding reading
- should management decide not to proceed with the investigation after initial enquiries, a written notification outlining the reasoning will be provided to the complainant
- keep appropriate records of the investigation and outcome and store these records in accordance with our *Privacy and Confidentiality Policy* and *Record Keeping and Retention Policy*
- monitor ongoing behaviour and provide support as required
- ensure the parties are protected from victimisation and bullying
- request feedback on the grievance or complaint process using a feedback form
- track complaints to identify recurring issues within the Service
- notify the regulatory authority within 24 hours if a complaint alleges the safety, health or wellbeing of a child is being compromised. Notification must include any incident where there is a reasonable belief that physical and/or sexual abuse of a child has occurred or is occurring at the service or any allegation that sexual or physical abuse of a child has occurred or is occurring at the Service.

EDUCATORS WILL:

- report all complaints received to the nominated supervisor, and/or approved provider within required timeframes
- listen to the complainant's view of what has happened
- clarify and confirm the grievance or complaint, documenting all the facts prior to the investigation

- encourage and support the complainant to seek a balanced understanding of the issue
- discuss possible resolutions available to the complainant. These would include external support options
- encourage and assist the complainant to determine a preferred way of solving the issue
- record the meeting, confirming the details with the complainant at the end of the meeting
- maintain confidentiality at all times
- refer complainant's (as necessary) to Service policies that may assist in resolving the grievance or complaint
- be informed about the different ways children can express concerns or distress and disclose harm as well as the process for responding to disclosures from children- including a complaint that alleges a child is exhibiting sexual behaviours that may be harmful to the child or another child
- be aware of child protection law and their individual responsibilities as mandatory reporters/notifiers
- ensure children know who to talk to if they are feeling unsafe and know the process that will happen to support them.

If the grievance cannot be resolved, it is to be referred to the nominated supervisor who will investigate further:

- if appropriate, collect relevant written evidence. This evidence will be treated in strict confidence and will be held in a secure place
- involve the approved provider or nominated supervisor in the conflict resolution as required
- should it be necessary to interview relevant people concerning the grievance, their involvement should be kept to the minimum necessary to establish the facts
- third parties providing evidence must also be made aware that the matter is to be kept confidential.

Should the grievance or complaint be lodged against another person(s), these persons, will be interviewed separately and impartially. Individuals must be given the opportunity to respond fully to the allegations and may have another person present, as a support person, if they wish. If after investigation, it is concluded that the grievance is substantiated:

- both parties will be told of the decision and the reason for it
- immediate and appropriate steps will be taken to prevent the grievance from recurring
- if after investigation, it is concluded that the grievance is not substantiated both parties will be notified of the decision and the reason
- the complainant will be informed that if they are not satisfied with any decision relating to the grievance procedure that they should consult with an external body for further advice such as the regulatory authority

- if the grievance or complaint is of a serious nature, or there is a reasonable belief the complaint is any allegation of sexual or physical abuse the approved provider is responsible to inform the regulatory authority within 24 hours.

COMPLAINANTS WILL:

- be informed of our duty of care to ensure that all persons are provided with a high level of equity and fairness in relation to the management of complaints. The complaints procedure ensures a fair opportunity for all stakeholders to be heard and promotes effective conflict resolution within our Service
- ensure children are able to express their concerns or allegations to either the management, educators, and/or families who are encouraged by management to complete the *Complaints Form* on the child's behalf
- attempt to discuss their complaints with the relevant educator associated with a particular child and/or family as the first step to resolving the issue, unless it is a reportable offence and notification to the regulatory authority is to be made with 24 hours of complaint
- communicate any concerns they may have in writing addressed to the approved provider or nominated supervisor [see: *Complaints/Grievance Form*]
- raise any unresolved concerns with the approved provider or nominated supervisor
- maintain confidentiality at all times
- be provided with details of external agencies to contact should they feel our Service has not resolved their concerns (e.g., regulatory authority)

COMPLAINTS RELATING TO THE ADMINISTRATION OF CHILD CARE SUBSIDY

Families who wish to raise concerns regarding the management of Child Care Subsidy should speak with the nominated supervisor in the first instance. The nominated supervisor will follow the steps as outlined in this policy, including advising the approved provider of all grievances.

Families can raise concerns regarding management of the Child Care Subsidy to the dedicated Child Care Tip-Off Line either via phone or email:

Phone: 1800 664 231

Email: tipoffline@education.gov.au

COMPLAINTS INVOLVING ALLEGATIONS OF A CHILD EXHIBITING SEXUAL BEHAVIOURS

'Providers and educators play an important role in making informed professional judgements regarding sexualised behaviours involving children. Not all sexual behaviour involving children poses a risk to their safety.' (ACEQA, 2024).

The approved provider will ensure:

- educators and staff respond to any complaint that alleges a child is exhibiting sexual behaviours that may be harmful to the child or another child
- educators and staff assess the need for urgent police and emergency services assistance and inform the approved provider/nominated supervisor
- the regulatory authority is notified within 24 hours of any complaint alleging that a serious incident has occurred whilst a child is educated and cared for or complaints alleging that the Law has been contravened (S. 174 (2)(b))
- educators and staff are aware of the process for responding to disclosures from children as per our *Child Protection Policy* (Reg.84)
- educators and staff are aware of their duty of care and mandatory reporting obligations to make a report to Department of Communities and reportable conduct ombudsman
- educators and staff have a sound understanding of developmentally appropriate sexual development in children and sexual behaviour that may be concerning and requires a response
- families are encouraged and supported to raise concerns in confidence
- educators and staff engage in professional learning to promote a consistent and appropriate approach to identifying and responding to sexual behaviours in children that may include:
 - age and developmental capacity of the child/children
 - reasons why a child may be behaving in sexually harmful ways
 - behavioural history of the child
 - how the behaviour impacts the behaviour of other children
 - risk the behaviour imposes on others
 - vulnerability of the child to be engaging in harmful sexual behaviour
- procedures for supporting all stakeholders during the complaint procedure are implemented including documenting discussions, ensuring confidentiality and providing information of the progress of the complaint and access to support agencies as required (See *Complaints / Grievance Procedure and Complaints / Grievance Investigation Guide and Form*)
- educators and staff follow guidance from the [Traffic Lights Framework](#) to manage the concern or complaint

- RED- signals sexual behaviours which indicate immediate intervention and action
- ORANGE- signals sexual behaviour which may be concerning and educators to take notice and gather information to assess appropriate action
- GREEN- signals sexual behaviours that are 'normal' and age appropriate

[Traffic Lights Framework-Age-appropriate Sexual Play and Behaviour in Children]

CONTINUOUS IMPROVEMENT/EVALUATION

Complaints provide our Service with opportunities for learning and improvement. We encourage regular and ongoing feedback from staff, children and families and the community. Our Service is committed to resolving complaints through prompt investigation, open communication, and transparent processes. Our *Dealing with Complaints Policy* will be updated and reviewed annually in consultation with families, children, staff, educators and management.

To ensure complaints and grievances are handled appropriately, the approved provider/ nominated supervisor will:

- evaluate each individual complaint and grievance as recorded in the *Complaints and Grievance Management Register* to assess that a satisfactory resolution that has been achieved
- review complaints and grievances as recorded in the *Complaints and Grievance Management Register* to ensure a pattern of similar grievances is not occurring
- review the effectiveness of the Service policy and procedures to ensure all complaints and grievances have been handled fairly and professionally
- consider feedback from staff, educators, families, children and community regarding the policy and procedure.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Complaints / Grievance Procedure Complaint / Grievance Investigation Guide and Form	Complaints / Grievance Form Complaints / Grievance Management Form Complaints / Grievance Register
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SOURCES

Australia Children's Education & Care Quality Authority. (2024). [Guide to the National Quality Framework](#)
 Australian Children's Education & Care Quality Authority. (2023). [Using Complaints to support continuous improvement.](#)
 Australian Children's Education & Care Quality Authority. (2023). [Sexualised behaviour involving children.](#)

Australian Government Department of Education. [Child Care Provider Handbook](#) (Amended 2023)
 Australian Human Rights Commission: <https://www.humanrights.gov.au>
 Child Speak. [Traffic Lights Framework. Age Appropriate Sexual Play and Behaviour in Children.](#)
 Education and Care Services National Law Act 2010. (Amended 2023).
[Education and Care Services National Regulations.](#) (Amended 2023).
 Fair Work Australia: <https://www.fairwork.gov.au/>
 Queensland Government- Guide for effective complaints management
<https://earlychildhood.qld.gov.au/legislationAndGuidelines/Documents/effective-complaints-management-guide.pdf>
[Western Australian Legislation Education and Care Services National Law \(WA\) Act 2012](#)
[Western Australian Legislation Education and Care Services National Regulations \(WA\) Act 2012](#)

REVIEW

POLICY REVIEWED	NOVEMBER/ AUGUST 2024	NEXT REVIEW DATE	AUGUST 2025
MODIFICATIONS	NOVEMBER - additional section added '<i>Complaints involving allegations of a child exhibiting sexual behaviours</i>' - additional sources added AUGUST - annual policy maintenance - no major changes to policy - additional information added- support person - hyperlinks checked and repaired as required - updated sources		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
NOVEMBER/ AUGUST/ APRIL 2023	NOVEMBER - added information to ensure our complaint handling system is child focused and addresses complaints that alleges a child is exhibiting sexual behaviours - checked consistency of stakeholders throughout policy (family/complainant) - sources checked and links repaired as required AUGUST - updated related legislation - NQF changes effective 1 Oct 2023 APRIL - merged Dealing with Complaints Policy (General) with Dealing with Complaints Policy (Family) for ease of management of policies - sources checked		AUGUST 2024