



# **CABONNE FAMILY DAY CARE PROCEDURES**

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# ACCEPTANCE AND APPROVAL OF AUTHORISATIONS

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

### Objective

Cabonne Family Day Care has comprehensive processes in place for managing authorisations that are sensitive to the needs of children and their families.

The Education and Care Services National Regulations require approved providers to ensure their services have policies and procedures in place in relation to the acceptance and refusal of authorisations. Written authorisations from parents or authorised persons help to ensure that the health, safety, and wellbeing of children are met. Through the authorisation process, parents are informed of the associated risks with a matter and can make informed decisions.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Guide to the National Quality Framework

### Regulations

- Regulation 92 – Medication record
- Regulation 93 – Administration of medication
- Regulation 99 – Children leaving the education and care service premises
- Regulation 102 – Authorisation for excursions
- Regulation 160 – Child enrolment records
- Regulation 161 – Authorisation to be kept in enrolment record
- Regulation 168 – Education and care service must have policies and procedures

### Procedure

To comply with the *Education and Care Services National Regulations*, our service requires written authorisation to be obtained in the below matters:

- Administration of medication
- Administration of medical treatment, dental treatment, general first aid and ambulance transportation

- Excursions and outings
- The capturing, and publishing, of photographs
- Water based activities
- Children leaving the premise in the car of someone other than the parent or guardian
- Enrolment of children including naming of persons authorised to consent to medical treatment and excursions outside the premise.

### **The Principal Office will:**

- Keep an enrolment record that includes the following information:
  - (a) the full name, date of birth and address of the child.
  - (b) the name, address, and contact details of:
    - (i) each known parent of the child; and
    - (ii) any person who is to be notified of an emergency involving the child if any parent of the child cannot be immediately contacted; and
    - (iii) any person who is an authorised nominee; and
    - (iv) any person who is authorised to consent to medical treatment of, or to authorise administration of medication to, the child; and
    - (v) any person who is authorised to authorise an educator to take the child outside the education and care service premises; and
    - (vi) any person who is authorised to authorise the education and care service to transport the child or arrange transportation of the child.
  - (c) Details of any court orders, parenting orders or parenting plans provided to the approved provider relating to powers, duties, responsibilities, or authorities of any person in relation to the child or access to the child.
  - (d) details of any other court orders provided to the approved provider relating to the child's residence or the child's contact with a parent or other person.
  - (e) the gender of the child.
  - (f) the language used in the child's home.
  - (g) the cultural background of the child and, if applicable, the child's parents.
  - (h) any special considerations for the child, for example any cultural, religious, or dietary requirements or additional needs.
  - (i) the relevant health information set out in Regulation 162.
- Keep the following authorisations in the enrolment record for each child educated and cared for:
  - (a) an authorisation, signed by a parent or a person named in the enrolment record as authorised to consent to the medical treatment of the child, for the family day care educator to seek:
    - (i) medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and

- (ii) transportation of the child by an ambulance service; and
  - (b) if relevant, an authorisation given under Regulation 102 for the family day care educator to take the child on regular outings; and
  - (c) if relevant, an authorisation given under Regulation 102D (4) for regular transportation of the child.
- Keep the following health information in the enrolment record for each child enrolled at the service:
  - (a) the name, address and telephone number of the child's registered medical practitioner or medical service; and
  - (b) if available, the child's Medicare number; and
  - (c) details of any—
    - (i) specific healthcare needs of the child, including any medical condition; and
    - (ii) allergies, including whether the child has been diagnosed as at risk of anaphylaxis; and
  - (d) any medical management plan, anaphylaxis medical management plan or risk minimisation plan to be followed with respect to a specific healthcare need, medical condition or allergy referred to in paragraph (c); and
  - (e) details of any dietary restrictions for the child; and
  - (f) the immunisation status of the child; and
  - (g) if the approved provider or a staff member or family day care educator has sighted a child health record for the child, a notation to that effect; and
  - (h) certificates for immunisation or exemption for the child, as required under section 87(1), (2) and (3) of the [Public Health Act 2010](#) of New South Wales
- Provide a medication authorisation form to educators (*Regulation 92*)
- Provide an excursion authorisation form to educators (*Regulation 99*)
- Provide an enrolment authorisation form to educator for new families to complete.
- Refuse to accept an authorisation if it does not comply with the National Regulations (for example, where a verbal authorisation was given but a written authorisation is required under the National Regulations).
- Exercise the right of refusal if written or verbal authorisations do not comply with National Regulations. If an authorisation is refused by the service, it is best practice to document:
  - Details of authorisation
  - Why the authorisation was refused
  - Actions taken by the service
- Waive compliance where a child requires emergency medical treatment for conditions such as anaphylaxis or asthma. The service can administer medication without

authorisation in these cases provided they contact the parent/guardian as soon as practicable after the medication has been administered.

- Ensure families are provided access to the policies and procedures.
- Ensure educators and staff follow policies and procedures.

### **Educators will:**

- Ensure they have **written** authorisation before:
  - (a) Administering medication
  - (b) Administering medical treatment, dental treatment, general first aid and ambulance transportation
  - (c) Taking the child from the premises for an excursion or outing
  - (d) Taking photos of the children
  - (e) Publishing photos of children
  - (f) Allowing a child to leave the premises with someone other than the parent or guardian
  - (g) Transporting the child
  - (h) Allowing someone other than the parent or guardian to consent to medical treatment and excursions outside the premises.
- Ensure all medication is administered with written authorisation, except for in an emergency where verbal authorisation is permitted by a parent, authorised person, medical practitioner, or an emergency service. (*Regulation 93*)
- In an asthma or anaphylaxis emergency, administer medication without verbal or written authorisation if needed. (*Regulation 94*)
- Complete a medication authorisation form each time medication is administered to a child being educated and cared for. (*Regulation 92*)
- Allow a child over pre-school age to self-administer medication in circumstances where there is written permission and a procedure related to self-administration. (*Regulation 96*)
- Ensure children only leave a family day care premise if the child – (*Regulation 99*)
  - (a) Is given into care of parent or person authorised in enrolment form to collect child.
  - (b) Is taken on an excursion (with written authorisation).
  - (c) Is transported by the service or educator (with written authorisation).
  - (d) Is given into the care of a person, or taken outside premise, because child require medical care or there is an emergency.
- Ensure authorisation for an excursion or outing is given on the risk assessment related to the excursion. (*Regulation 102*)

- Ensure all children have written authorisation from a parent or authorised person before they are transported by the service or educator. This authorisation must be given on the risk assessment with transportation details outlined in *Regulation 102D* and related to the excursion.
- Ensure all children have completed an Enrolment Form and Enrolment Authorisation form before they commence family day care.
- All authorisation forms are signed and dated by the parent, guardian, or authorised person.
- Inform the Principal Office if the authorisation does not meet the requirements outlined.
- Ensure they do not complete any action that requires authorisation if the authorisation given does not meet requirements. If authorisation does not meet requirements, educator should contact parent or guardian to complete the authorisation.

#### Families will:

- Complete the authorised person section of their child's enrolment form before their child commences at the service.
- Complete all authorisations required upon enrolment before their child commences family day care.
- Sign and date authorisation forms.
- Sign their child into care when they arrive and out of care before they depart.
- Provide written authorisation where children require medication to be administered.
- Complete written authorisation where a child requires medication to be administered while they are being educated and cared for.

#### Authorisation Requirements

Authorisation documents are required for the following situations and must have details recorded as specified:

<p><b>Administration of Medication</b></p>	<ul style="list-style-type: none"> <li>• The name of the child.</li> <li>• The authorisation to administer medication, signed by a parent or a person named in the child's enrolment record as authorised to consent to administration of medication.</li> <li>• Name of medication to be administered.</li> <li>• Time and date the medication is to be administered or circumstances under which to be administered.</li> <li>• Dosage of the medication to be administered.</li> <li>• Whether the medication is to be self-administered, such as Ventolin or insulin.</li> <li>• Reason for medication.</li> </ul>
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	<ul style="list-style-type: none"> <li>• Period of authorisation to and from.</li> <li>• Date authorisation is signed.</li> <li>• Expiry date of medication.</li> <li>• Any instruction attached to the medication.</li> <li>• Educator (as the administer) must write full name and signature.</li> </ul>
<p><b>Medical treatment of child including transportation by an ambulance service</b> <i>(Included in child's enrolment record)</i></p>	<ul style="list-style-type: none"> <li>• Name of child.</li> <li>• Authorisation to seek medical treatment for the child from a registered medical practitioner, hospital, or ambulance service.</li> <li>• Authorisation for the transportation of child by an ambulance service.</li> <li>• Name, address, and telephone number of the child's registered medical practitioner.</li> <li>• Child's Medicare number, if available.</li> <li>• Name, relationship to child and signature of person providing authorisation.</li> </ul>
<p><b>Emergency medical treatment</b> <i>(Included in child's enrolment record)</i></p>	<ul style="list-style-type: none"> <li>• The service is able to seek emergency medical assistance for a child as required without seeking further authorisation from a parent or guardian in the case of an emergency, including for those emergencies relating to asthma and anaphylaxis.</li> </ul>
<p><b>Collection of children</b> <i>(Included in child's enrolment record)</i></p>	<ul style="list-style-type: none"> <li>• Name of child.</li> <li>• Name of parent or guardian of child, or the authorised person on the enrolment form providing authorisation.</li> <li>• Name of person authorised by parent or authorised person named in the child's enrolment record to collect the child from the premises.</li> <li>• Relationship of authorised person to the child.</li> <li>• Signature of person providing authorisation and date.</li> <li>• Identification corresponding to the child's enrolment form of authorised person.</li> </ul>
<p><b>Excursions</b> <i>(If the excursion is a routine outing, the authorisation is only required to be obtained once every 12 months)</i></p>	<ul style="list-style-type: none"> <li>• The name of the child.</li> <li>• The date of the excursion (if not for routine outing).</li> <li>• The reason for the excursion.</li> <li>• The proposed destination for the excursion.</li> <li>• The method of transport to be used.</li> <li>• The route to be taken to the excursion and returned.</li> <li>• The activities to be undertaken by the child during the excursion.</li> <li>• The period the child will be away from the premises.</li> </ul>

	<ul style="list-style-type: none"><li>• The anticipated number of children likely to be attending the excursion.</li><li>• The ratio of educators attending the excursion to the number of children attending the excursion.</li><li>• The number of staff members and any other adults who will accompany and supervise the children on the excursion.</li><li>• That a risk assessment has been prepared and is available at that service.</li><li>• The name of the parent or guardian providing authorisation.</li><li>• The relationship to the child.</li><li>• The signature of the person providing authorisation and date.</li><li>• Any water hazards and risks associated with water-based activities.</li><li>• The items that should be taken on the excursion.</li></ul>
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## LINKS TO OTHER PROCEDURES

- Access
- Accident, Injury, Trauma, and Illness
- Administration of First Aid
- Advertising and Use of Social Media
- Child Enrolment and Orientation
- Confidentiality and Storage of Records
- Delivery and Collection of Children
- Excursion
- Transportation
- Water Safety



# ACCESS

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Cabonne Family Day Care follows legislative requirements relating to the access of children in family day care services.

The *Education and Care Services National Regulations* require approved providers to ensure their services have policies and procedures in place in relation to the access of children in family day care services. It is important for families and educators to be able to work together to ensure children can be in a stress-free and safe environment.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Guide to the National Quality Framework

### Regulations

- Regulation 99 – Children leaving the education and care service premise
- Regulation 157 – Access for parents

### Procedure

#### The Approved Provider & Principal Office will:

- Ensure educators are aware that a parent of a child being educated and cared for by the service may enter the education and care service premises at any time that the child is being educated and cared for by the service, unless
  - (a) permitting the parent's entry would:
    - (i) pose a risk to the safety of the children and staff of the education and care service; or
    - (ii) conflict with any duty of the provider, staff, or educator under the Law; or
  - (b) the provider, staff or family day care educator reasonably believes that permitting the parent's entry would contravene a court order. (*Regulation 157*)

- Maintain confidentiality for all matters relating to custody, access, and court orders.
- Store copies of all relevant documents provided by families in a safe and secure manner respecting the individual's privacy.
- Request a copy of the relevant court order from the family to save on the child's enrolment record. (*Regulation 160*)

#### **Educators will:**

- Ensure a parent of a child being educated and cared for by the service may enter the education and care service premises at any time that the child is being educated and cared for by the service, unless:
  - (a) permitting the parent's entry would:
    - (i) pose a risk to the safety of the children and staff of the education and care service; or
    - (ii) conflict with any duty of the provider, staff, or educator under the Law; or
  - (b) the provider, staff or family day care educator reasonably believes that permitting the parent's entry would contravene a court order. (*Regulation 157*)
- Ensure all parents and guardians are treated fairly and ethically.
- Ensure all persons collecting children from care, other than the parent or guardian, is a person who has been given permission on the child's enrolment record by a parent or guardian to collect the child from the family day care service.
- Request to see an authorised person's proof of identity if educator does not know this person when the person is coming to collect the child.
- Maintain confidentiality for all matters relating to custody, access, and court orders.
- Request a copy of any court orders, parenting orders or parenting plans that involve a child being educated and cared for.
- In situations where a family will not provide court orders, the educator must abide by the child's enrolment form in relation to individuals who have access to the child.

#### **Families will:**

- Provide copies of any relevant court orders to the educator and service.
- Understand in situations where a family will not provide court orders, the educator must abide by the child's enrolment form in relation to individuals who have access to the child.
- Discuss all relevant issues with the educator regarding who has legal access to the children.

- Understand that a parent of a child being educated and cared for by the service may enter the education and care service premises at any time that the child is being educated and cared for by the service, unless
  - (a) permitting the parent's entry would—
    - (i) pose a risk to the safety of the children and staff of the education and care service; or
    - (ii) conflict with any duty of the provider, staff, or educator under the Law; or
  - (b) the provider, staff or family day care educator reasonably believes that permitting the parent's entry would contravene a court order. (*Regulation 157*)
- Not use an educator's residence as a point of contact for access visits.

In relation to a person who has been prohibited by a court order from having contact with the child, the educator will:

- Not give that person any information concerning the child.
- Not allow that person access to the child.
- Inform the parent, guardian, or authorised person of the situation immediately, if contacted by a person prohibited by a court order from having contact with the child
- Contact the police, if necessary.
- Contact the Nominated Supervisor or service staff for help and support.
- Take all reasonable precautions to ensure the safety of all the children in care and the educator.

If a child is taken against the educators wishes, the educator will immediately:

- Contact 000 and ask for police.
- Contact the parent, guardian, or authorised person.
- Contact the Principal Office.
- Not place themselves or any other child in danger.

## LINKS TO OTHER PROCEDURES

- Acceptance and Refusal of Authorisation
- Child Enrolment
- Confidentiality and Storage of Records
- Delivery & Collection of Children

# ADMINISTRATION OF FIRST AID

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

### Objective

Cabonne Family Day Care has a duty of care to protect the health and safety of children, families, educators, staff, and visitors. This procedure aims to support educators and staff to preserve life, monitor ill or injured people and provide a safe environment.

First aid can save lives and prevent minor injuries or illnesses from becoming major. The ability to provide basic first aid is important in early childhood education and care services.

A first aid kit is an essential item for the home, workplace and vehicles.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Guide to the National Quality Framework
- St John Ambulance Australia – First Aid Factsheet  
[https://stjohn.org.au/assets/uploads/fact%20sheets/english/Fact%20sheets\\_first%20aid%20kit.pdf](https://stjohn.org.au/assets/uploads/fact%20sheets/english/Fact%20sheets_first%20aid%20kit.pdf)

### Regulations

- Regulation 12 – Meaning of serious incident
- Regulation 85 – Incident, injury, trauma and illness policies and procedures
- Regulation 86 – Notification to parents of incident, injury, trauma, and illness
- Regulation 87 – Incident, injury, trauma, and illness record
- Regulation 88 – Infectious diseases
- Regulation 89 – First aid kits
- Regulation 97 – Emergency and evacuation procedures
- Regulation 161 – Authorisations to be kept in enrolment record
- Regulation 162 – Health information to be kept in enrolment record
- Regulation 174 – Prescribed information to be notified to Regulatory Authority
- Regulation 176 – Time to notify certain information to Regulatory Authority

## Procedure

### The Principal Office will:

- Ensure all staff maintain a current first aid qualification.
- Ensure all educators maintain a current first aid qualifications and document in educator's files.
- Ensure incident, injury, trauma, and illness reports are being completed satisfactorily and within the required time frame.
- If needed, organise alternate care or collection of children where a serious incident has occurred.
- Report serious incidents to the Approved Provider and Regulatory Authority within 24 hours of incident.
- Ensure service has fully stocked and accessible first aid kit in the Principal Office and in the family day care vehicle.
- Ensure all educators have an adequately stocked and accessible first aid kit.

### Educators will:

- Maintain a current first aid qualification, including asthma and anaphylaxis management.
- Implement first aid procedures where necessary.
- Not provide any first aid that is not within their training limits. Educators are encouraged not to provide any further treatment if they have not been trained to do so.
- Adhere to the *Incident, Injury, Trauma, and Illness Procedure* during first aid situations.
- Ensure that all children are adequately supervised while providing first aid.
- Reassure other children, keep them calm, keep them informed about what is happening, and away from the injured child.
- Contact emergency services immediately if required.
- Contact parent, guardian, or authorised person as soon as practical after first aid has been applied. Have child collected from care if necessary.
- Contact Principal Office for assistance, if required.
- Ensure first aid kit is:
  - Fully stocked and always accessible, including in the vehicle and on excursions.
  - Regularly checked to ensure packets are properly sealed, items have not exceeded expiry dates, and any previously used items have been replaced.
- Consider the below recommended items for their first aid kit.

- Complete the incident, injury, trauma, and illness report as soon as practical and forward to the Principal Office within 24 hours.
- Complete the Medication Authorisation form if any medication is given and have it signed by the parent.
- Conduct a risk assessment before an excursion to assess the potential risks to children's health and safety.

#### **Families will:**

- Provide written authorisation as to whether the service can access appropriate medical, dental or hospital treatment to be carried out if such actions appear to be necessary.
- Supply the contact number of their registered medical practitioner or medical service.
- Supply contact information for those authorised to act if a parent cannot be contacted.
- Sign the incident, injury, trauma, or illness report to acknowledge they have been made aware of the incident and the first aid actions taken.
- Provide annual Management Plans if their child has asthma, anaphylaxis, diabetes, or severe allergies.

#### **RECOMMENDED FIRST AID KIT (St John Ambulance Australia)**

- Non-stick wound dressings
- Adhesive strips (e.g. band aids)
- Combine & eye pads
- Gauze swabs
- Antiseptic swabs
- Triangular bandages
- Crepe bandages
- Stainless steel scissors
- Saline solution
- Safety pins
- Plastic bags
- Stainless steel tweezers
- Notepad & pen or pencil
- Disposable gloves
- Antiseptic cream
- Cold pack
- Paracetamol

#### **Additional items to consider:**

- Sunscreen, sunburn relief
- Cotton buds
- Thermometer

- Blue asthma inhaler (for emergencies only)
- EpiPen (for emergencies only)

## **LINKS TO OTHER PROCEDURES**

- Acceptance and Refusal of Authorisation
- Accident, Injury, Trauma, and Illness
- Administration of Medication
- Child Enrolment
- Medical Conditions
- Supervision

# ADMINISTRATION OF MEDICATION

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Cabonne Family Day Care acknowledges that administering medication should be considered a high-risk practice. Written authorisation must be obtained from a parent, guardian or authorised person named on the child's enrolment record before any medication is administered. This procedure ensures all medications are administered in a safe and accountable manner, according to the National Law and Regulations.

This section refers to the general requirements regarding administration of medication by educators to children in their care and to the administration of non-invasive medications such as oral and topical medications.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Guide to the National Quality Framework
- State Archives and Records Authority of New South Wales – Functional Retention and Disposal Authority: FA404

### Regulations

- Regulation 90 – Medical Conditions Policy
- Regulation 91 – Medical conditions policy to be provided to parent
- Regulation 92 – Medication Record
- Regulation 93 – Administration of medication
- Regulation 94 – Exception to authorisation requirement - anaphylaxis or asthma emergency
- Regulation 95 – Procedure for administration of medication
- Regulation 183 – Storage of records and other documents

### Procedure

**The Principal Office will:**

- Provide an adequate Medication Authorisation Form for when educators administer medication.



- Safely store confidential health and medical details on children until they reach the age of 25 years old, according to Regulation 183 (2).
- Request families to update their child enrolment records annually to ensure current medical authorisations and information is kept.
- Ensure educators receive information about administering medication in their induction.

### **Educators will:**

- Ensure that each child in care has their own, individual medical forms.
- Ensure medication is only administered to a child enrolled in the service with the written permission of the child's parent, guardian or authorised person using the Medication Authorisation Form.
- Ensure medication is administered to a child only from its original packaging.
- Complete the Medication Authorisation Form when administering medication. The form may be used until it is full if the medication is regularly administered.
- Ensure the written instructions of the family are consistent with the instructions on the medication or as prescribed by a doctor.
- Not administer medication without written authorisation, except in the case of an emergency.
- Not administer medication if it is above their basic first aid training, for example, educators cannot administer needles to diabetic children.
- In the **case of an emergency**, verbal permission can be given to an educator by a parent or person named in the child's enrolment record as authorised to consent to administration of medication; or if this permission cannot be readily obtained, a registered medical practitioner or an emergency service.
- Medication may be administered to a child **without an authorisation in the case of an anaphylaxis or asthma emergency**. In this case, the educator will ensure the parent of the child and/or emergency services are notified as soon as practicable.
- Ensure medications are stored correctly and securely away from children in an area at least 1.5 metres high or in an area inaccessible to children.
- Medications stored in the refrigerator need to be kept in a child resistant container, or the refrigerator needs to be locked.
- Maintain confidentiality about a child's medical condition.
- Ensure the administration of homeopathic, naturopathic, over the counter or non-prescribed medications (including cold preparations, and paracetamol) also meet minimum legislative requirements and guidelines. This includes the provision of a signed Medication Authorisation Form by the family, written instructions, and dosage on the medication or from the health professional that dispensed the medication.
- Not give unidentified medication to a child where the instructions are not clear to the educator e.g. in an unfamiliar language to the educator.

- Comply to the Management Plans of children with medical conditions, such as asthma, epilepsy, diabetes, severe allergy, or anaphylaxis.

#### **Families will:**

- Ensure all child enrolment records are at the service with current authorisations.
- Provide a summary of the child's health, medications, allergies, doctor's name (or medical centre), address and phone number, and a Medical Management Plan to the service and educator prior to starting care and ongoing as required.
- Keep the educator up to date with any changes to a child's medical condition or Medical Management Plan.
- Prescribed medication must be provided by the child's parents. Medication must:
  - Be in the original packing, with the dosage instructions clearly visible.
  - Have the prescription sticker displaying on the medication packaging.
  - Be before the expiry date.
- Complete the Medical Authorisation Form authorising the educator to administer medication to their child. The form must be completed **every time** that the medication is required.
- Give the medication directly to the educator. Medication is not to be left in a child's bag.

#### **SELF-ADMINISTRATION OF MEDICATION**

A school aged child may self-administer medication under the following circumstances:

- Written authorisation is provided by a parent or the person with the authority to consent to the administration of medication on the child enrolment record.
- Medication is to be provided to the educator for safe storage, and they will provide it to the child when required.
- Following practices outlined in the Medical Conditions Procedure including anaphylaxis and allergies, asthma, and diabetes.
- Self-administration of medication for children over pre-school age will be supervised by the educator.

#### **LINKS TO OTHER PROCEDURES**

- Acceptance and Refusal of Authorisation
- Accident, Injury, Trauma, and Illness
- Administration of First Aid
- Child Enrolment
- Medical Conditions
- Supervision

# ADVENTUROUS PLAY

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Cabonne Family Day Care recognises the importance of play to a child's development. We believe that activities that contain a higher level of risk are important for children to grow, learn and become independent in assessing risks. Adventurous play allows children to assess the risk of activities themselves with educators supporting children when necessary. We believe that the children should feel empowered in the decision process of setting boundaries.

*'Being adventurous is about creating opportunities for children (and adults) to explore and test their own capacities, to manage risk and to grow as capable, resourceful, and resilient children and adults' (National Quality Standard, Professional Learning Program, 2013)*

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Guide to the National Quality Framework
- Early Years Learning Framework

### Regulations

- Regulation 73 – Educational program
- Regulation 86 – Notification to parents of incident, injury, trauma, or illness
- Regulation 103 – Premise, furniture, and equipment to be safe, clean and in good repair
- Regulation 104 – Fencing
- Regulation 113 – Outdoor space – natural environment
- Regulation 114 – Outdoor space – Shade
- Regulation 115 – Premises designed to facilitate supervision
- Regulation 168 – Policies and procedures are required in relation to enrolment and orientation

## Definitions

- **Adventurous Play:** Also known as risky play, can be described as a thrilling and exciting activity involving a risk of physical injury and play that provides opportunities for challenge, testing limits, exploring boundaries, and learning about injury risk. (Sandseter,2011: Tovey, 2010)
- **Risk:** A situation that is possible to negotiate and may be appropriate for situations and children.
- **Challenge:** Something that motivates, interests, or engages an individual.
- **Hazard:** Something that is inherently dangerous and needs to be remedied.

## Types of Adventurous Play

- Rope ladders
- Rope swings
- Bush walks
- Trampolines
- Balancing beams
- Real tools, screws, and accessories
- Equipment with a fall height over 60cm

## Procedure

### The Principal Office will:

- Ensure that reasonable precautions and adequate supervision is in place for all children to be protected from harm and hazards.
- Assess and approve Risk Assessments to allow for Adventurous Play to take place.

### Educators will:

- At all times, ensure that reasonable precautions and adequate supervision is in place for all children to be protected from harm and hazards.
- Ensure that children are alerted to safety issues and encouraged to develop the skills to assess and manage risks to their own safety.
- Offer a range of challenges and experiences that reflect the breadth of ages, interests and capabilities of children who are sharing the environment.
- Encourage children to explore, discover and experiment with experiences that are challenging and encourage children to take appropriate risks, to be supported to take on challenges and try new activities and experiences.
- Ensure a Benefit Risk Assessment has been completed, to assess how the benefits of the activity outweigh the risks, and approved before adventurous play takes place.

- Ensure safety is a priority in establishing play and learning environments through:
  - Ensuring correct use of equipment.
  - Providing safe open-ended, loose parts play and manufactured play materials.
- Ensure the safety of all children in mixed age play environments.
- Enact effective injury management processes that may include, but are not limited to, risk identification, conducting risk benefit analysis and risk assessment to minimise risk.
- Discuss health and safety issues with children.
- Implement learning and play environments with appropriate levels of challenge.
- Engage children in discussions regarding the establishment of play environments and planning activities that enable children to develop their natural curiosity and imagination.
- Allow children freedom of creative expression, particularly in artistic or creative play.
- Intervene in play only when necessary to reduce risks of accident, or injury, or to encourage appropriate social skills.
- Warn children in advance when an activity or game is due to end.
- Always be alert and aware to the children's needs and support them as much as they can.

**The children are supervised carefully when such activities are taking place, however staff intervene as little as possible and observe the situation before acting.**

**Families will:**

- Sign the Risk Assessment if they give authorisation for their child to participate in the adventurous play.
- Alert educators if their child cannot participate in adventurous play due to an illness or injury.

**LINKS TO OTHER PROCEDURES**

- Educational Program and Practice
- Excursion
- Interactions with Children
- Supervision
- Water Safety

# ADVERTISING & SOCIAL MEDIA USE

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Advertising is an effective resource to increase community awareness of Cabonne Family Day Care. All advertising will professionally promote the service in an ethical and positive manner that reflects the Service Philosophy.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Cabonne Council's *Communications and Media Policy*

### Regulations

- Regulation 161 – Authorisations to be kept in enrolment record

### Procedure

#### Cabonne Council will:

- Support the Principal Office to effectively advertise Cabonne Family Day Care.

#### The Principal Office will:

- Develop professional and accurate advertising material for the service.
- Regularly advertise the service using a variety of media.
- Regularly participate in promotional activities.
- Support educators to develop advertising and promotional material, if requested.
- Respond to requests for media coverage for special occasions and events, in line with Cabonne Council's procedures.
- Ensure social media consent is given before using photos of children, community members, educators, and educator's environments.
- Ensure no information, or images, of a child are used on social media sites, without the written permission from a parent/guardian.
- Monitor educator's business pages and groups.

- Keep the Cabonne Family Day Care Facebook page and website current and relevant.
- Store photos in a confidential place.
- Not post, or share, any negative information about the service, educators, families, or matter relating to the service on their personal accounts.
- Not harass, or bully, any other staff member, educator, or family on their personal accounts.
- Not post photos or videos taken at the service, on their personal social media accounts, including Snapchat, unless they are sharing a post from Cabonne Family Day Care's Facebook page.

### **Educators will:**

- Always promote the service to the wider community in a positive manner.
- Ensure the Cabonne Family Day Care logo appears on all individual advertising materials developed and is not altered in any format, according to Section 104 of the Education and Care Services National Law 2010 which states it is an *'offence to advertise education and care service without service approval. A person must not knowingly publish or cause to be published an advertisement for an education and care service unless it is an approved education and care service.'*
- Ensure all advertising and promotional material used to promote any aspect of Cabonne Family Day Care is endorsed by the Nominated Supervisor of the service.
- Remove any advertisement if requested to by the Principal Office.
- Preferably use their business pages to advertise their family day care services, over their private accounts.
- Ask the Principal Office to advertise on their behalf, if wanted.
- Ensure they tag Cabonne Family Day Care in any Facebook and Instagram posts.
- Ensure social media consent is given before using photos of children, community members, staff, and other educators.
- Ensure no information, or images, of a child are used on the internet, or social media sites, without the written permission from a parent/guardian.
- Store photos in a confidential place.
- Not post, or share, any negative information about the service, educators, families, or matter relating to the service on their personal accounts.
- Not harass, or bully, any other staff member, educator, or family on their personal accounts.
- Not post photos, or videos taken at the service, on their personal social media accounts, including Snapchat, unless they are sharing a post from Cabonne Family Day Care's Facebook page.
- Not engage in any form of social networking whilst supervising children.
- Be a role model when it comes to using technology and internet.

- Consider the privacy settings on all social media platforms and set appropriate levels of privacy.
- Advise the Principal Office of any business social media page so staff members can follow and monitor content.
- Not invoice families using their care via social media or text messages.
- Take consideration in comments being sent via technology, the comment could be read in a negative way. These messages can be easily forwarded onto others. Educators are to discuss sensitive matters face to face, or via a phone call.
- To maintain your own privacy and that of all users of the service do not post private emails, phone numbers or addresses.
- Have separate social networking accounts for professional and personal use.
- When children leave the service, consent must be given to continue displaying or using photos for social media purposes.
- Not post their location while children are in care. For example, if you visited the park and would like to update families with photos on your social media page, you will need to wait until you are home.
- Under no circumstances should educator's partners reveal confidential information related to the people associated with Cabonne Family Day Care.

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

- Always promote the service to the wider community in a positive manner.
- Not post, or share, any negative information about the service, educators, other families, or matters relating to the service.
- Not harass, or bully, any staff, educator, or other family on social media.
- Not take photos of other children in care. If taking photo of own child, please ensure no other child is in the photo.
- Not post photos, or videos taken at the service, on their personal social media accounts, including Snapchat, if other children are in it.
- Follow Cabonne Family Day Care's and their educator's social media accounts to stay updated.
- Not use social media to discuss concerns with the service. Please email or call.

#### **LINKS TO OTHER PROCEDURES**

- Acceptance and Refusal of Authorisations
- Child Enrolment
- Child Protection
- Code of Conduct
- Ethical Conduct



# ASSESSMENT OF FAMILY DAY CARE RESIDENCES & APPROVED VENUES

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Cabonne Family Day Care acknowledges the importance of assessing and reassessing the suitability of educator's environments as the physical environment plays a critical role in keeping children safe, reducing the risk of injury, and influencing their wellbeing, happiness, creativity, and independence.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Guide to the National Quality Framework
- Kidsafe Family Day Care Safety Guidelines – 7<sup>th</sup> Edition
- Swimming Pools Act 1992 - <https://legislation.nsw.gov.au/view/html/inforce/current/act-1992-049>
- Water Hazard Safety Inspections (ACECQA FDC Guidance) - [https://www.acecqa.gov.au/sites/default/files/2023-07/FDC\\_MonthlyWaterHazardSafetyInspectionReport%26ChecklistTemplateV2.pdf](https://www.acecqa.gov.au/sites/default/files/2023-07/FDC_MonthlyWaterHazardSafetyInspectionReport%26ChecklistTemplateV2.pdf)

### Regulations

- Regulation 81 – Sleep and rest
- Regulation 82 – Family day care educators not to be affected by drugs and alcohol
- Regulation 103 – Premises, furniture, and equipment to be safe, clean and in good repair
- Regulation 104 – Fencing
- Regulation 105 – Furniture, materials, and equipment
- Regulation 106 – Laundry and hygiene facilities
- Regulation 107 – Space requirements
- Regulation 109 – Toilet and hygiene facilities
- Regulation 110 – Ventilation and natural light
- Regulation 116 – Assessment of family day care residences
- Regulation 117 - Glass

## Procedure

### The Principal Office will:

- Develop the Educator Workplace Health and Safety Audit based on the requirements of the National Law, National Regulations, and the Kidsafe Family Day Care Safety Guidelines to use in the regular assessment of family day care residences and approved venues.
- Regularly review the Educator Workplace Health and Safety Audit to ensure all assessments are completed to the current laws, regulations and best practices recommended by professionals.
- Ensure an Educator Workplace Health and Safety Audit is completed in annually March by the Principal Office and again in September by educators.
- Assess new family day care premises and ensure they pass the Educator Workplace Health and Safety Audit before the new educator is given permission to commence care.
- Ensure an Educator Workplace Health and Safety Audit is completed if an educator has been on leave for 12 months or longer.
- Undertake **monthly** inspections of any water hazards, water features or swimming pools and ensure the Approved Provider and educator receive a copy of report within seven days.

### Educators will:

- Ensure their residence or venue is consistently compliant with the Educator Workplace Health and Safety Audit.
- Follow safety advice from recognised authorities and manufacturers.
- Develop a schedule for cleaning toys and all equipment and document when cleaning occurs.
- Ensure any safety glass or glass with safety film applied, below 0.75 meters above floor level, has written evidence of this from glass supplier.
- Ensure evidence of cots and portacots meeting the Australian Standard is given to the service and held by the educator.
- Inform the service in writing of any proposed renovations to the residence or venue.
- Inform the service of any changes to the residence or venue which will affect the education and care provided to the children at the service. An Educator Workplace Health and Safety Audit must be completed at all new residences and venues before family day care can occur.
- Ensure premises, furniture and equipment are safe clean and well maintained.
- Complete the Educator Workplace Health and Safety Audit annually in September and forward the document to the Principal Office in accordance with the *Non-Compliance Procedure*.
- Follow advice from the Principal Office regarding the compliance of their premises and immediately rectify any non-compliance.

## LINKS TO OTHER PROCEDURES

- [Closing and Opening an Existing Family Day Care](#)
- [Fencing Procedure](#)
- [Hygiene, Cleaning, and Infection Control](#)
- [Non-Compliance](#)
- [Water Safety](#)
- [Work Health and Safety](#)

# ATTENDANCE RECORDS

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Cabonne Family Day Care ensures our stakeholders comply with legislative requirements of the current Child Care Provider Handbook and educators understand their obligations for managing and reporting sessions of care.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Guide to the National Quality Framework
- Child Care Provider Handbook – [Managing and reporting sessions of care - Department of Education, Skills and Employment, Australian Government \(dese.gov.au\)](http://dese.gov.au)

### Regulations

- Regulation 158 – Children’s attendance records to be kept by Approved Provider
- Regulation 159 – Children’s attendance records to be kept by family day care educator

### Procedure

#### The Approved Provider will:

- Ensure all attendance records are kept in a secure manner.
- Provide support to the Principal Office with the administration of attendance records.
- Forward Child Care Subsidy payments onto educator, each fortnight.

#### Principal Office Staff will:

- Process all attendance records and submit them to the Child Care Management System, through Harmony Software, weekly.
- Ensure, before submitting, that each attendance record contains the following:
  - a) The child’s name.
  - b) The start and end date for the week the session report covers.
  - c) The date of each session of care.

- d) The start and end times for each session of care (booked hours)
  - e) The actual in and out attendance times for each session of care, excluding absences.
  - f) Charged session start and finish time (hours child is being charged for)
  - g) Notification of absences.
  - h) Notification of any additional absences and the reason.
  - i) The actual fee charged for the week, including additional fees and charges such as travel and meals.
  - j) Educator's child care personnel ID and full name.
  - k) Parent signature, or
  - l) If parent unable to sign, a comment from educator stating why parent was unable to sign and that the attendance record has been printed for manual signing by the parent.
- Provide support to educators on compliance requirements on completing and submitting attendance records.
  - Ensure educators submit an attendance record for each child educated and cared for (including their own child) in their service.
  - Check attendance records to determine the hours or sessions of care for which subsidies claimed are valid.
  - Ensure no attendance record is varied after 28 days unless a late change or withdrawal reason is provided.
  - Email Statement of Entitlement to families every fortnight.
  - Generate weekly compliance reports, including an Educator Payment Advice.
  - Send Cabonne Council a weekly Bank Deposit Advice for Child Care Subsidy payments to be paid to educators.
  - Ensure all attendance records are kept for a period of 25 years.

#### **Educators will:**

- Complete and submit **accurate** attendance records **each week** for each child educated and cared for in the service (including own children). Submitting a false or misleading attendance record with intent and knowledge will result in possible fines and a breach of National Law resulting in disciplinary action.
- Ensure, before submitting, that each attendance record contains the following:
  - a) The child's name.
  - b) The start and end date for the week the session report covers.
  - c) The date of each session of care.
  - d) The start and end times for each session of care (booked hours)

- e) The actual in and out attendance times for each session of care, excluding absences.
  - f) Charged session start and finish time (hours child is being charged for)
  - g) Notification of absences.
  - h) Notification of any additional absences and the reason.
  - i) The actual fee charged for the week, including additional fees and charges such as travel and meals.
  - j) Educator's child care personnel ID and full name.
  - k) Parent signature, or
  - l) If parent unable to sign, a comment from educator stating why parent was unable to sign and that the attendance record has been printed for manual signing by the parent.
- Ensure if a parent is unable to verify an attendance record at the end of the care week, that the educator leaves a comment on the attendance record and prints the record for the parent to manually sign.
  - Ensure all attendance records remain confidential.
  - Ensure all attendance records are submitted to the Principal Office each Monday, by 10am.
  - Ensure all children are signed in upon arrival and signed out upon departure, by a parent, guardian, or authorised person. If this cannot be done, educators can sign the child in or out but must leave a comment as to why the educator is signing instead of a parent, guardian, or authorised person.
  - Keep copies of attendance records for a period of 3 years after the child's last attendance (if using paper).
  - Not charge for education and care if the educator chooses not to operate their business, for example, if educator is ill or away. This means the session must be cancelled, not marked as absent.
  - Give the parent at least fourteen days' notice to change the Complying Written Arrangement, including ceasing care. This is not applicable when a parent's account is more than two weeks overdue, and the educator terminates the contract.
  - Ensure they **do not**, under any circumstances, use another individual's e-Signature to sign the attendance record as this provides false or misleading information.
  - Ensure they invoice and receipt all families on a regular basis. Failure to do so is a breach of the Family Assistance Law and will result in disciplinary action.
  - Ensure they collect the gap fee from all families on a regular basis. Failure to do so is a breach of the Family Assistance Law and will result in disciplinary action.

#### **Families will:**

- Record the **actual** arrival and departure times on the attendance record, at the time of arrival and collection.

- Ensure if they are unable to verify an attendance record, they sign a printed version supplied by the educator.
- Verify on the attendance record that education and care was provided each care week.
- Pay the educator on the agreed day for the education and care provided. If a family is two or more weeks overdue with payments, educators are permitted to refuse care until the outstanding amount is paid. If a family continues to not pay for care used after two weeks, the educator is permitted to immediately cease the Complying Written Arrangement without the required fourteen days' notice.
- Communicate with their educator if they are having financial difficulties that will result in late payments to the educator.
- Ensure a n Enrolment Confirmation or Complying Written Arrangement has been completed before commencing care.
- Give fourteen days' written notice to the educator when ceasing care or decreasing days of care.
- Not disclose their e-Signature PIN to any other persons, including their educator. All authorised persons are to have their own individual e-Signature PIN. e-Signatures cannot be shared among family members.

## **LINKS TO OTHER PROCEDURES**

- Access
- Child Enrolment
- Child Protection
- Confidentiality and Storage of Records
- Delivery and Collection of Children from Service
- Managing Records
- Non-Compliance

# CHILD ENROLMENT AND ORIENTATION

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

The most successful placement of children into Cabonne Family Day Care is when there is a match between the needs of the child, family expectations and the educator's ability and willingness to meet the individual needs of the child. It is the role of the Service to implement systems and practices that allow for placements to occur in a fair and ethical manner. It is important that placements are made as quickly as possible to ensure educators are given every opportunity to fill a vacancy and for families to find suitable child care.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Guide to the National Quality Framework
- Child Care Provider Handbook
- Early childhood Australia's Code of Ethics

### Regulations

- Regulation 91 – Medical conditions policy to be provided to parents.
- Regulation 160 – Child enrolment records to be kept by Approved Provider and family day care educator.
- Regulation 161 – Authorisations to be kept in enrolment record.
- Regulation 162 – Health information to be kept in enrolment record.

### Priority of Access

The Australian Government has developed 'Priority of Access Guidelines'. This is to ensure the system is fair when the service has a waiting list and parents are applying for a limited number of vacancies. These guidelines are set out in the following:

- **Priority 1** - A child at risk of serious abuse or neglect
- **Priority 2** – Child of single parent, or parents who both satisfy, the work, training, study test.
- **Priority 3** - Any other child.

Within these main priority categories, priority should also be given to children in:

- Children in Aboriginal or Torres Strait Islander families.
- Children in families which include a person with a disability.
- Children in families on low incomes.



# CHILD ENROLMENT AND ORIENTATION

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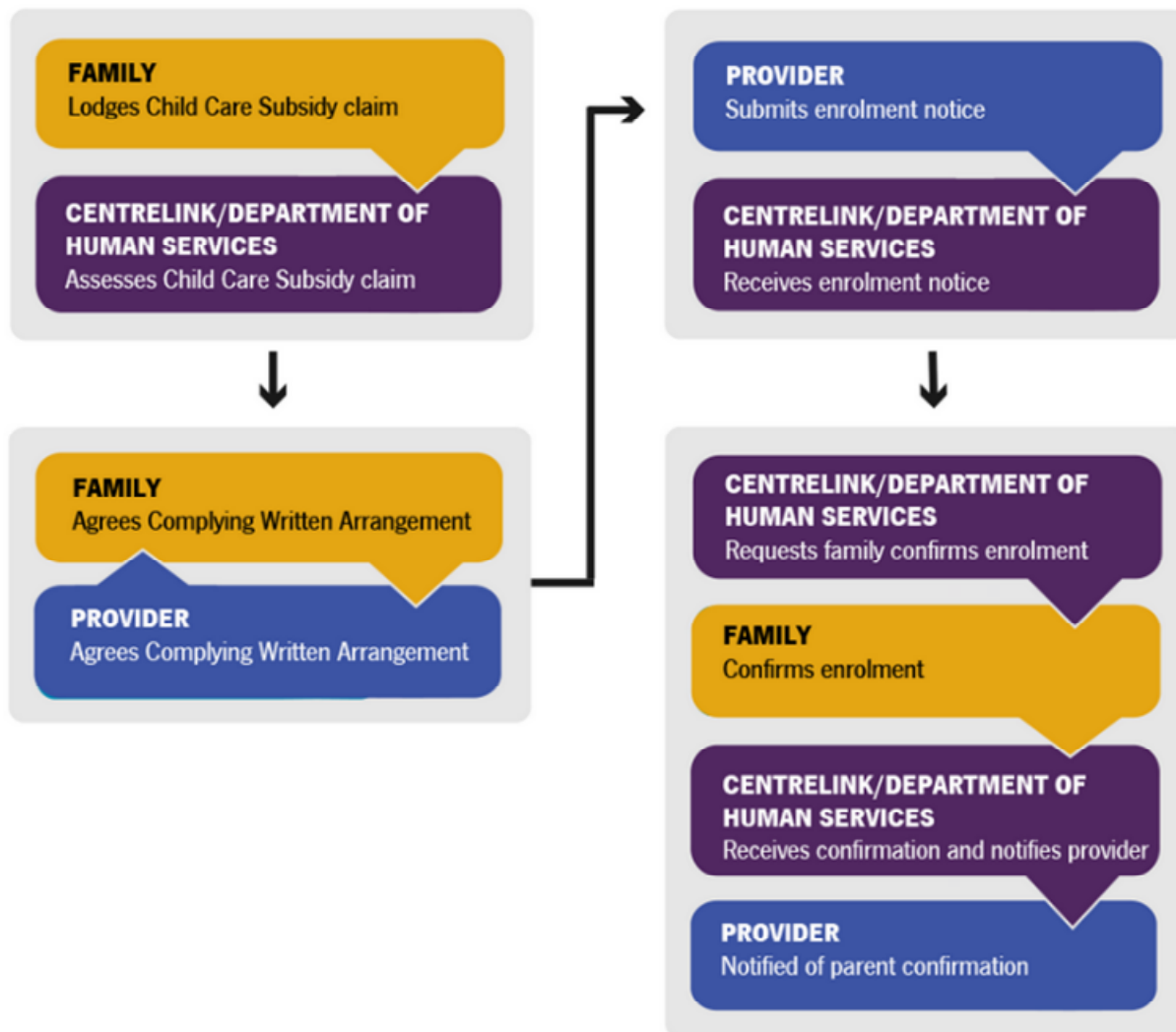
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Within these main priority categories, priority should also be given to children in:

- Children in Aboriginal or Torres Strait Islander families.
- Children in families which include a person with a disability.
- Children in families on low incomes.

- Children in families from culturally and linguistically diverse backgrounds.
- Children in socially isolated families.

## Enrolment Process



## Procedure

### The Principal Office will:

- Maintain a waiting list register of families requiring care, through third-party software, Harmony Web.
- Review and update the waiting list register every three months.
- Maintain an up-to-date register of educator vacancies by updating vacancies during each visit on the Visit Report.
- Refer families to educators taking into consideration the needs of the child, family, and the educator by:
  - a) Ensure the educator's vacancy meets the needs of the child (for example, child's age, required hours and days)
  - b) Contact the educator to confirm vacancy is available and discuss the prospective families' needs.

- c)** Contact the prospective family and refer them onto the educator. Family will be notified of process once they contact educator – Family contacts educator, confirms their needs, organises a time to attend educator’s service before accepting care.
  - d)** Once family accepts care, educator will complete enrolment forms and refer the family back to the service to complete an enrolment form.
- Advise families to contact the educator as soon as possible when referred by the service.
- Email through the enrolment form link to families, explaining they will need to upload a birth certificate and current Australian Immunisation Register History Statement and provide at least two emergency contact.
- Process the enrolment information by:
  - a)** Requesting a new folder for the family in MagiQ. Requests are to be emailed to [records@cabonne.nsw.gov.au](mailto:records@cabonne.nsw.gov.au)
  - b)** Uploading enrolment form, birth certificate and Australian Immunisation Register History Statement into MagiQ.
  - c)** Book the child into Harmony Software via their wait list record using the Complying Written Arrangement supplied by the educator.
  - d)** Create CCS Enrolment with Centrelink (if relevant) and ask the parent to confirm it.
  - e)** Email all authorised persons a link to create an e-Signature PIN.
  - f)** Email enrolment information to educator.
  - g)** Email family a copy of educator’s Fees and Charges Policy
- Contact new family and complete a Parent Orientation then email new family the Parent Orientation Handbook.
- Ensure the below forms are completed and documents received before allowing a child to commence care:
  - Enrolment Form
  - Current Australian Immunisation Register History Statement
  - Birth Certificate
  - Complying Written Arrangement
  - Signed Fee Policy Agreement
  - Enrolment Authorisations
  - Site Induction
- Ensure, if the child has a medical condition, the following has been completed before allowing child to commence care:
  - Medical Management Plan
  - Risk Minimisation Plan

- Store any court orders, parenting orders or parenting plans provided to the service on the child's enrolment record.

### The educator will:

- Promptly respond to new and enquiring families, even if they are unable to offer the family a child care place.
- Always act professionally and positively promote the overall service.
- Forward all new families to the Principal Office to start the enrolment process.
- Ensure they remain in the correct ratios when agreeing to enrol new families.
- **Complete a Site Induction** – this includes the following:
  - Finalise hours & days of care required and complete a Complying Written Arrangement.
  - Discuss location of fire equipment, first aid kit and evacuation point.
  - Discuss dropping off and collecting procedures (e.g. where to park, where to enter the home, take shows off etc.)
  - Tour of indoor and outdoor environments.
  - Discuss Service Fees and Charges Policy and have parent sign the Fee Policy Agreement.
  - Refer family back to service to complete an enrolment form.
  - Discuss Harmony Web and how to sign in and sign out.
  - Discuss any medical conditions.
  - Discuss any court orders or parenting plans.
  - Complete any enrolment paperwork required – Facebook Page Social Media Consent, risk assessment authorisations.
  - Discuss what happens if a child is sick or becomes sick while in care.
  - Discuss what happens if an educator is sick or needs to close for any other reason.
  - Discuss child's routines, needs, cultural background etc.
  - Discuss what to bring to care.
- Ensure every Complying Written Arrangement has the following completed before being handed to the Principal Office:
  - Child Name
  - Parent Name
  - Start date that is a Monday (Monday of week in which the child is starting)
  - End date that is a Sunday (End of financial year or Sunday of week child is finishing care)
  - Days and hours booked (unless casual)
  - Total Fee, Administration Levy and Liable Fee
  - Signed and dated by educator and parent
  - If casual care, the fee sections should outline the fees per hour.
- Ensure the below forms are completed and documents received before allowing a child to commence care:

- Enrolment Form
  - Current Australian Immunisation Register History Statement
  - Birth Certificate
  - Complying Written Arrangement
  - Signed Fee Policy Agreement
  - Enrolment Authorisations
  - Site Induction
- Ensure, if the child has a medical condition, the following has been completed before allowing child to commence care:
    - Medical Management Plan
    - Risk Minimisation Plan
  - Ensure all paperwork relating to a child is securely stored in a confidential manner.

#### **Families will:**

- Complete an enrolment form and any other paperwork required before starting care with an educator.
- Provide the child's current Australian Immunisation Register History Statement and birth certificate before commencing care.
- Provide any relevant court orders, parenting orders or parenting plans to the service that dictate who has access to the child. Parents are reminded that educators cannot abide by these orders if they do not have a copy.
- Provide a Medical Management Plan to the service if their child suffers from asthma, anaphylaxis, diabetes, or severe allergies. This plan must be completed by a doctor and renewed annually.
- From 26 June 2023, new families must pay the Enrolment Fee before their child is able to commence care.

#### **Ceasing Enrolments – By Families**

- Families must give their educator at least fourteen days' written notice to cease a child's enrolment. This can be done via email, or the educator can ask the parent to complete the 14 Day Notice form supplied by the Principal Office.
- The Principal Office will then end date the child's CCS Enrolment for the date stated on the fourteen days' notice.

#### **Ceasing Enrolment – By Educators**

- Educator must give a family at least fourteen days' written notice to cease a child's enrolment.
- The Principal Office will then end date the child's CCS Enrolment for the date stated on the fourteen days' notice.

## **Ceasing Enrolment – Educator Leaving Service**

- Educator must give families at least fourteen days' written notice when ceasing all enrolments.
- Educator needs to notify the Principal Office when notice has been given to all families.
- Educator can choose to complete the 14 Day Notice Form for each family or email the Principal Office stating what their last day will be and to end all CCS Enrolments on this date.
- The Principal Office will send out an email advising families of the last day absence rule in the Family Assistance Law and when their last day is to pay the educator.
- The Principal Office will end all current CCS Enrolments to comply with the educator's end date.
- For families who do not currently have an active booking with the educator but may use them on a casual basis will be emailed to confirm whether they intend to attend the educator's service before the end date.
  - Families must be included information on last day absences and Child Care Subsidy regulation and given an opportunity to attend again (where possible) if their last day was an absence to avoid paying full fee for this day.

## **LINKS TO OTHER PROCEDURES**

- Access
- Confidentiality and Storage of Records
- Fees and Charges
- Immunisation
- Inclusion and Diversity
- Managing Records
- Medical Conditions

# CHILD PROTECTION

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Children's Services Coordinator

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### Objective

Every child has a right to be cared for in a safe secure environment. It is important that every child coming into care is kept safe, nurtured, has their emotional and physical needs met, and has issues relating to child abuse dealt with in a sensitive and reassuring manner.

Cabonne Family Day Care will implement and review procedures in accordance with the NSW Child Protection Legislation to ensure that all stakeholders within the childcare service are informed of their responsibilities in child protection matters.

Cabonne Children's Services staff and family day care educators are mandatory reporters and have a legal obligation to report suspected child abuse and neglect to the relevant authorities.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Guide to the National Quality Framework
- Children and Young Persons (Care and Protection) Act 1998
- Child Protection (Prohibited Employment) Act 1998
- Commission for Children and Young People Act 1998
- Ombudsman Amendment Child Protection and Community Services Act 1998
- Office of Children's Guardian - <https://ocg.nsw.gov.au/>

### Regulations

- Regulation 84 – Awareness of child protection law
- Regulation 157 – Access for parents

### Definitions

**At risk of significant harm** - in relation to a child or young person means that there are current concerns for their safety, welfare, or wellbeing because of the presence to a **significant extent** of any one or more of the following circumstances:

- The child's or young person's basic physical or psychological needs are not being met or at risk of not being met.

- The parents or other caregivers have not arranged and are unable or unwilling to arrange for the child or young person to receive medical care.
- Any such circumstances may relate to a single act or omission or to a series of acts or omissions.
- In the case of a child or young person who is required to attend school in accordance with the Education Act 1990 - the parents or other caregivers have not arranged and are unable or unwilling to arrange for the child or young person to receive an education in accordance with that Act.
- The child or young person has been, or is at risk of being, physically or sexually abused or ill-treated.
- The child or young person is living in a household where there have been incidents of domestic violence and, therefore, the child or young person is at risk of serious physical or psychological harm.
- A parent or other caregiver has behaved in such a way towards the child or young person that the child or young person has suffered or is at risk of suffering serious psychological harm.

**Reasonable grounds** means that you suspect a child may be at risk of significant harm based on:

- Your observations of the child, young person, or family; or
- What the child, young person, parent, or another person has told you. It does not mean that you are required to confirm your suspicions or have clear proof before making a report.

**Reportable Allegation** – an allegation that an employee or contractor of a relevant entity has engaged in conduct that may be reportable conduct. It is not necessary to have any evidence to support that the alleged conduct occurred in order to notify the Children's Guardian.

### **Reportable conduct**

- A sexual offence (child related)
- Sexual misconduct (child-related)
- Ill treatment of a child
- Neglect of a child
- An assault against a child
- An offence under s43B of the Crimes Act 1900 (Failure to reduce or remove risk of child becoming victim of child abuse)
- An offence under s316A of the Crimes Act 1900 (Concealing child abuse offence)
- Behaviour that causes significant emotional or psychological harm to child.

More information and the Mandatory Reporter Guide are available at the Child Story Reporter website <https://reporter.childstory.nsw.gov.au>



## Procedure

### Approved Provider will:

- Determine appropriate action to be taken in relation to a child protection allegation against a staff member, an educator and an educator's household member, with support from Principal Office staff.
- Ensure allegations of criminal offence against children are reported to the NSW Police immediately.
- Ensure if a child is suspected to be at risk of significant harm, a report is made to the Child Protection Helpline promptly.
- Contact the OCG Reportable Conduct Directorate on (02) 8219 3800 if a child protection allegation is raised against an employee or registered educator. The Reportable Conduct Directorate will assist with how to proceed with allegation.
- Apply processes consistently and with integrity and treat all people involved with respect. This includes recognising and managing actual, potential or perceived conflicts of interest.

### The Principal Office will:

- Refer to the Mandatory Reporter Guide where there is a suspicion of risk of harm and encourage educators to access guide.
- Report to the Regulatory Authority, within seven days:
  - Serious incidents
  - Complaints
  - Circumstances which pose a risk to the health, safety, or wellbeing of children
  - Any incident or allegation that physical or sexual abuse of a child or children has occurred or is occurring while the child or children are being educated and cared for by the service.
- Contact and consult with the Office of Children's Guardian in regard to any Child Protection matter.
- Cooperate with relevant authorities when a child protection incident occurs.
- Work in collaboration with other agencies and organisations to ensure children's safety and wellbeing is supported.
- Document all information in relation to child protection incident and inform educators to do the same (record keeping). Staff and educators should not investigate the incident, only collect and review information, and ask clarifying, non-leading questions.
- Maintain confidentiality – see *Confidentiality and Storage of Records Procedure*
- Protect the wellbeing of the children by acting sensitively in matters of child protection.
- Support educators and families when a child protection incident occurs.

- Ensure that any person over 18 years old working or volunteering directly with children hold a current a Working with Children Check, including household members of the service.
- Ensure the Nominated Supervisor verifies Working with Children Checks prior to individual commencing work or volunteering.
- Ensure all educators and household members hold a Police Check and provide a copy to the service before commencing work.
- Participate in the Child Protection Refresher Course annually, unless significant changes occur, to which staff members must complete the full Child Protection Certificate.
- Encourage regular professional development on child protection to educators.
- Ensure all new educators have two reference checks completed. These are completed via Survey Monkey.

#### **Educators will:**

- Utilise the Mandatory Reporters Guide to inform decisions about whether an incident needs to be reported or documented. This can be done collaboratively with the Coordinator.
- Document all information in relation to child protection incident (record keeping). Staff and educators should not investigate the incident, only collect information, and ask clarifying, non-leading questions.
- Report to Child Protection Helpline (13 21 11) where there are reasonable grounds to suspect a child is at risk of significant harm.
- Report to Nominated Supervisor where there are reasonable grounds to suspect a child is at risk of harm.
- Ensure that no improper relationship is established with a child by spending inappropriate special time with a child, inappropriately giving gifts, showing special favours, or asking a child to keep a relationship or secret to themselves.
- Ensure there is no inappropriate physical contact with a child, undressing in front of a child or any discussion of a sexual nature.
- Provide the Principal Office with information, if required, to complete child protection reports.
- Maintain confidentiality – see *Confidentiality and Storage of Records Procedure*
- Protect the wellbeing of the children by acting sensitively in matters of child protection.
- Participate in the Child Protection Refresher Course every two years, unless significant changes occur, to which educators must complete the full Child Protection Certificate.
- Ensure family members and visitors are fit and proper to attend the education and care service and are aware of child protection responsibilities.
- Ensure all visitors sign the Visitors Register.

- Always provide adequate supervision to protect children from risk of significant harm.
- Take all reasonable steps to protect children from abuse.
- Help children learn protective behaviors.
- Fully include all children in our service.
- Educate children about their rights.
- Assist children to develop skills around dressing and toileting themselves.
- Ensure no child is intentionally or knowingly put at risk of abuse while being cared for in the education and care service.
- Ensure they never discriminate against children or express personal views on cultures, race, or sexuality.
- Ensure no child is left alone with members of the educator's family or visitors to the service.
- Not add a child as a 'friend' on their private social media accounts.

***If a child discloses to you that abuse is occurring:***

**1. Move to a discreet location where you can speak quietly, if needed.**

- Ensure you are still able to supervise other children.

**2. Be calm and patient.**

- Give the child the time they need to tell you about their experience.
- Do not try and rush them.

**3. What to ask?**

- Don't ask too many questions. It shouldn't feel like an interrogation.
- You don't need to know everything; you are not conducting an investigation.
- You should stop asking questions once you feel there is something to report. You should then be passing this information onto the Children's Service Coordinator, Children's Services Support Coordinator or the Community Services Department Leader.
- Use open rather than leading questions. Ask, 'What happened?' rather than, 'Did they do X to you?'. You want the child to explain what happened. You don't want to put ideas in their mind.

**4. Take notes.**

- After the child has told you what happened, make notes using the child's own words. Use their exact words. If they say, 'They whacked me', don't say 'They assaulted me' in your notes.
- Make sure notes are stored securely and only shared on a need-to-know basis, appropriately confidentiality and privacy. Don't leave them lying around.
- Make sure notes are dated.

**5. Be supportive.**

- Reassure the child they did the right they by talking to you.
- Reassure the child that it isn't their fault.

#### **6. Don't make promises you can't keep.**

- Tell the child you need to report the matter because you want to help.
- Don't promise the child you won't say anything or can make the abuse stop but reassure them you will do what you can to help.

#### **Do not:**

- Express panic, shock, anger or disbelief
- Ask leading questions.
- Dismiss, minimise or challenge the disclosure.
- Make promises you cannot keep (including keeping the disclosure a secret).
- Confront alleged perpetrator.

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

- Report any concerns of a child being at risk of harm whilst in care to the educator or Principal Office by calling 02 6392 3219 or emailing [childservices.confidential@cabonne.nsw.gov.au](mailto:childservices.confidential@cabonne.nsw.gov.au)
- Abide by the decisions of the Nominated Supervisor or delegated staff member of the service in relation to the placement of the child into care, if requested.
- Uphold the confidentiality and respect the privacy of those involved in any incident that may occur.
- Not take photos of any other child in the service.
- Abide by the *Fees & Charges Procedure* if ceasing care with the educator and understand that educators are responsible for debts in their service and may choose formal debt collection if fees are not paid.

#### **If an Educator is accused of child protection incident, the service will:**

- Make mandatory reports to Police and/or Department of Communities and Justice, if needed.
- Conduct risk assessment and manage any real or perceived risk to children. If risk is present, follow advice of Police or DCJ.
- Contact the Office of Children's Guardian about the allegation within 7 days.
- Contact the Regulatory Authority about the allegation within 7 days.
- Advise the educator that an allegation has been made against them. (If Police or DCJ are involved, the service will not notify educator until receiving clearance from these bodies)
- Provide further advice to OCG and/or Regulatory Authority when asked.
- Document all phone calls, emails and meetings.

- Alert the Approved Provider
- Develop an Action Plan that outlines how the service will respond, including any training the educator will be asked to complete.
- Advise educators to cease all excursions to other family day care services and all incursions to their service.
- For more information - <https://ocg.nsw.gov.au/employees-and-volunteers/reportable-allegation-against-employee/process-and-support>

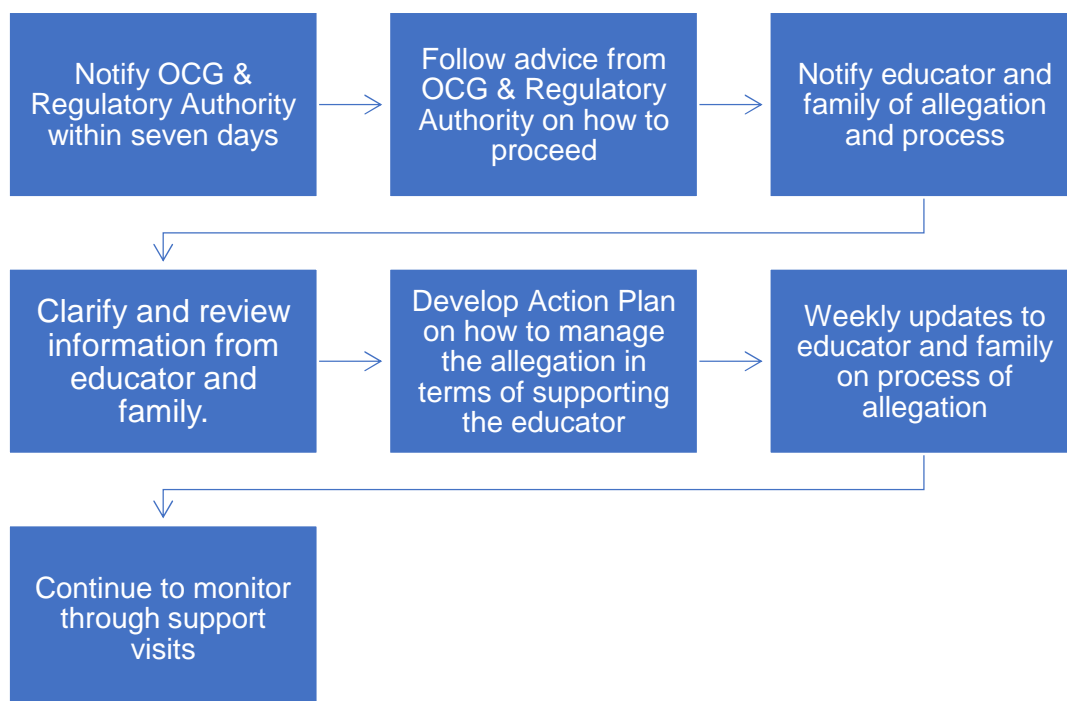
**The Approved Provider will consider whether:**

- The educator’s alleged conduct has breached a professional standard.
- The educator’s alleged conduct has breached the code of conduct or any professional or ethical codes.
- The educator’s alleged conduct has breached an accepted community standard.

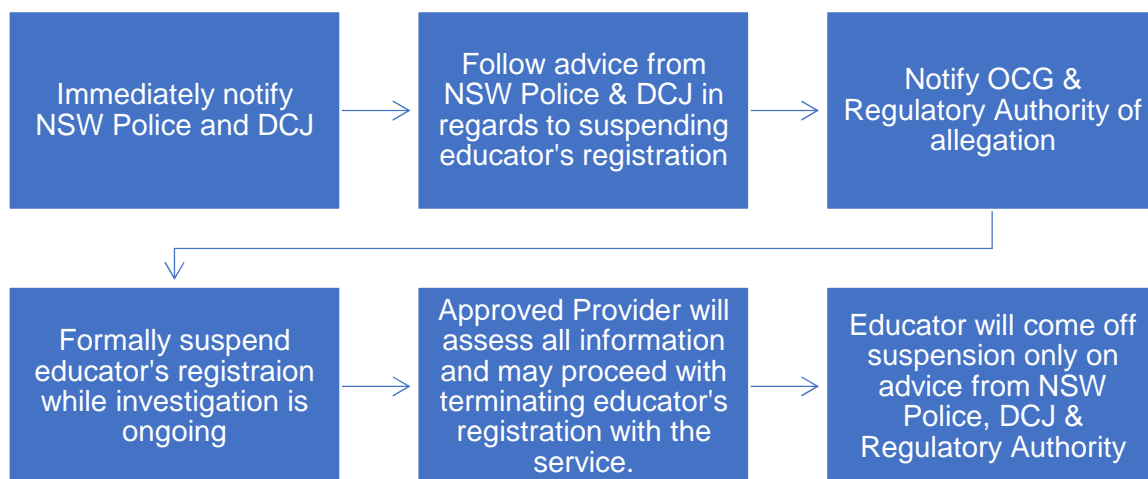
**Conduct that is not reportable to the OCG:**

- Trivial or negligible conduct (non-serious assault)
- Conduct that is reasonable for the purpose of management or care of a child, having regard to:
  - The age, maturity, health or other characteristics of the child
  - Any relevant code of code or professional standard
  - Conduct of a class or kind exempted from being reportable conduct by the Children’s Guardian Act s30

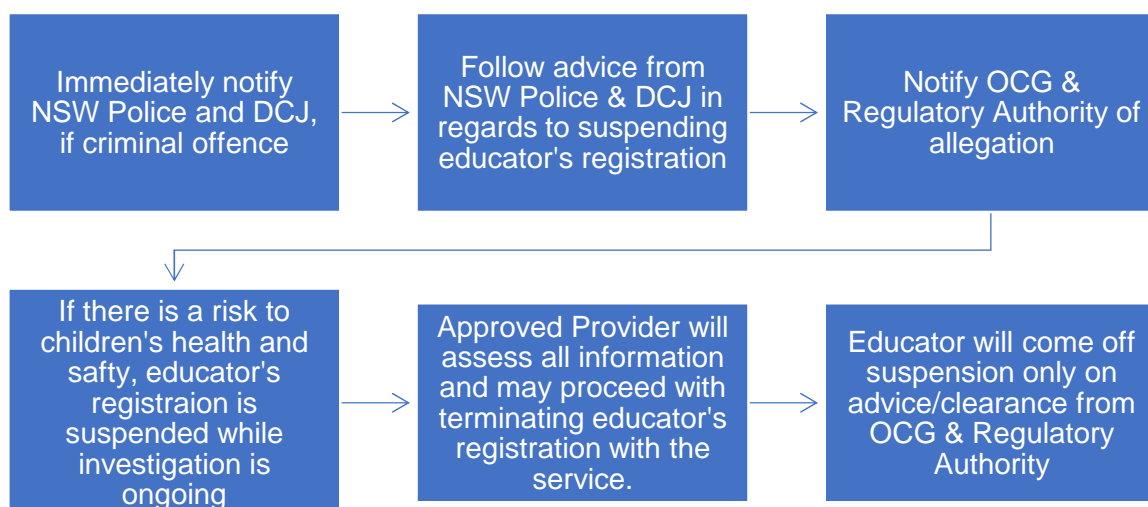
**Process of allegation against educator or household member – Non-Reportable**



## Process of allegation against educator or household member – Criminal Offence



## Process of allegation against educator or household member – Reportable Conduct



### If a family is unsatisfied with the outcome of an allegation they have raised

An individual can contact the Regulatory Authority if they wish to escalate an allegation due to being unsatisfied with the outcome reached by Approved Provider:

#### Regulatory Authority

Quality Assurance and Regulatory Services Directorate  
 Early Childhood Education, NSW Department of Education  
 Locked Bag 5107, PARRAMATTA NSW 2124

**Ph:** 1800 619 113 (toll free)

**Email:** [ececd@det.nsw.edu.au](mailto:ececd@det.nsw.edu.au)

## Information Exchange

To provide effective support and referral it may be necessary to exchange information with other prescribed bodies including government agencies or non-government organisations and services.

The Children's Legislation Amendment (Wood Inquiry Recommendations) Act 2009 expands the information sharing provisions of the Children and Young Persons (Care and Protection) Act 1998 to allow a freer exchange of information between prescribed bodies relating to a child or young person's safety, welfare, or wellbeing. Certain agencies can share information regarding the safety, welfare and wellbeing of children and young people and their families and educators without their consent; however, where possible, client consent should be sought.

The information requested or provided **must** relate to the safety, welfare, or wellbeing of the child. Information includes:

- A child or young person's history or circumstances
- A parent or other family member, significant or relevant relationship
- The agency's work now and in the past

**Ring 000 immediately if there is a life-threatening situation.**

## Links to Other Procedures

- Access
- Code of Conduct
- Complaint Handling
- Confidentiality & Storage of Records
- Educator Registration & Assessment
- Ethical Conduct
- Family Day Care Register
- Guiding Children's Behaviour
- Incident, Injury, Trauma, Illness
- Inclusion and Diversity
- Interactions with Children
- Professional Development
- Providing a Child Safe Environment
- Supervision
- Supporting Monitoring and Supervising Educators
- Tobacco, Alcohol and Other Drug Free Environment
- Visitors to Family Day Care Premises

# CLOSING & OPENING AN EXISTING FAMILY DAY CARE SERVICE

## CABONNE FAMILY DAY CARE PROCEDURE

<b>Responsible Department:</b>	Cabonne Services
<b>Responsible Section:</b>	Community Services
<b>Responsible Officer:</b>	Children's Services Coordinator

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### Objective

It is important that Cabonne Family Day Care is aware of the operations of registered educators. This allows the service to ensure educators are always operating within the legislative and procedural requirements and to ensure families are aware of changes to care requirements.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Guide to the National Quality Framework
- Child Care Subsidy Minister's Rules 2017

### Regulations

- Regulation 116 – Assessments of family day care residences and approved venues

### Procedure

- In all cases of an educator being unavailable to provide child care, educators will notify families of their closure as soon as possible and refer them to the service for alternative care, if needed.
- In all cases when an educator closes their service for any period, the educator must ensure that the Educator Workplace Safety Audit is reviewed, and the premises will be compliant to this document before their business is reopened.
- If it is a forced closure due to an emergency or health emergency, the educator must immediately notify the Principal Office.

### For closures less than a two-week period:

- Educators are to notify the Principal Office, by email, text, or phone call as soon as possible to alert them of short-term closure.
- Educators are to complete the Holiday Period in Harmony for any closure period to ensure their families are not charged.



### **For closures longer than a two-week period:**

- Educators are to notify the Principal Office as soon as possible to alert them of closure that will be longer than two weeks.
- Closures of more than 3 months will result in the educator's name being removed from the Family Day Care Register. The Principal Office will need to conduct an Educator Workplace Safety Audit if an educator returns after being on leave for 3 months or more.

### **Public Holidays**

- Educators must work the working day before a public holiday, to charge a family on a public holiday. For example, if an educator works Monday to Thursday, the educator must work on Thursday to be able to charge families for the public holiday on the following Monday.

### **LINKS TO OTHER PROCEDURES**

- [Assessment of Family Day Care Residences and Approved Venues](#)
- [Fees and Charges](#)

# CODE OF CONDUCT

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Cabonne Family Day Care is committed to a code of professional conduct, upholding ethical principles and professional standards that guide decision-making and practice. The Code of Conduct outlines the standards for the way we work, as well as the actions, behaviours and conduct expected at our service.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Guide to the National Quality Framework
- Early Childhood Australia Code of Ethics (2016)
- The United Nations Convention on the Rights of the Child (1989)
- National Child Safe Standards
- Service Philosophy
- Cabonne Council's Code of Conduct

### Procedure

#### The Principal Office agrees to:

- Ensure the service always operates in line with the Education and Care Services National Law and National Regulations.
- Ensure all educators and staff are provided with, abide by and sign a copy of the Code of Conduct annually.
- Ensure decision-making processes are clear and transparent.
- Develop and review policies, guidelines, and procedures through a process of consultation with all stakeholders.
- Implement anti-bias practices in the workplace and promote diversity.
- Maintain a safe workplace for all staff and visitors.
- Communicate in a positive and respectful manner to all staff, educators, families, children, and others who interact with the service.
- Pass relevant information on to educators in a timely manner.
- Be trained in recognising and responding to Child Protection situations.

- Participate in professional development and self-improvement practices.
- Provide opportunities for feedback and improvement.

### **Educators agree to:**

- Abide by, and have knowledge of, the Code of Conduct, the Service Philosophy, and Early Childhood Australia's Code of Ethics.
- Uphold the rights of children and young people who are being educated and cared for.
- Ensure a professional and respectful relationship is maintained with all staff, educators and families while demonstrating integrity, honesty, and mutual respect.
- Pass relevant information on to families in a timely manner.
- Actively promote and consider the cultural safety and inclusion of all children and young people.
- Empower children and young people by providing an environment where they can actively participate and 'have a say', especially on issues that are important to them.
- Hold a Child Protection Certificate and complete a refresher course every two years.
- Participate in professional development and self-improvement practices.
- Demonstrate an ongoing engagement with the principles, practices and learning outcomes outlined in The Early Years Learning Framework.
- Always hold a current Working with Children Check. This can be renewed within three months of your check expiring.
- Always ensure attendance records are true and accurate.
- Invoice and receipt all families correctly and promptly.
- Always positively promote themselves and Cabonne Family Day Care in the community and on social media.

### **Staff and educators must never:**

- Handle children roughly, not even through play.
- Pull or grab children, particularly by their arms, legs or neck.
- Pick up or swing children by the arms.
- Communicate inappropriately (i.e. swear, yell, scream, scold, intimidate).
- Discipline children using corporal punishment, physical force or unreasonable discipline.
- Engage in inappropriate or unprofessional relationships with children or their families.
- Subject children to physical, emotional or sexual abuse or neglect or grooming behaviour.

### **Non-Compliance of Code of Conduct:**

1. Written Warning – Non-compliance notice will be issued if educator is continuing to breach the Code of Conduct, or if the breach is serious (i.e. non-compliance of Law or Regulations).
2. Deregistration – Educator is removed from the register of approved educators, and they will no longer operate under Cabonne Family Day Care. Educators can be immediately de-registered if the breach is serious (i.e. child protection matter, Working with Children Check barred, malicious and/or intentional breach of Code of Conduct with no intention of changing behaviours).

### **Families will be encouraged to:**

- Respect confidentiality of educator and other families.
- Give feedback in relation to educator's professional conduct to the Principal Office, if warranted.
- Act in an ethical and respectful manner.
- Discuss any concerns regarding their educator respectfully with the Nominated Supervisor.

### **LINKS TO OTHER PROCEDURES**

- Attendance Records
- Advertising
- Ethical Conduct
- Fees
- Guiding Children's Behaviour
- Inclusion and Diversity
- Internet and Social Networking
- Non-Compliance
- Professional Development

# COLLABORATIVE PARTNERSHIPS

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Cabonne Family Day Care will foster an environment which promotes effective partnerships between staff, educators, and families that utilises and respects the knowledge that all parties bring to actively promote children's wellbeing, learning and development. All stakeholders will work together to ensure that all relevant and appropriate information relating to education and care of children and the operation of the service is accessible and communicated to families, educators, and staff.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Guide to the National Quality Framework

### Regulations

- Regulation 76 – Information about educational program to be given to parents
- Regulation 155 – Interactions with children
- Regulation 156 – Relationships in groups

### Procedure

#### The Principal Office will:

- Provide a Family Orientation Handbook to all new families enrolling with the service.
- Communicate with families and educators through regular newsletters.
- Provide opportunities to families to offer feedback on the service.
- Invite families to attend professional development courses that may be relevant to them, where possible.
- Support educators in the establishment and carrying out of their services in accordance with the requirements under the National Quality Framework.
- Support educators in their participation in the Assessment and Rating Process.

- Provide appropriate ongoing professional development opportunities to educators.

### **Educators will:**

- Make time to talk with families about their child's care and development.
- Keep families informed about the activities of the children in care.
- Ask families for feedback on the quality of care the children are receiving and ideas for future experiences and development opportunities.
- Support families to build relationships with other families in the service by inviting families to attend outings with their children and special occasions.
- Engage collaboratively and respectfully with families from enrolment and orientation, to learn about their culture, values and beliefs and the priorities they have for their child's learning and wellbeing.
- Actively support the inclusion of all families, providing thoughtful and tailored opportunities enabling participation in the service, including building a sense of belonging for Aboriginal and Torres Strait Islander families or those from culturally and linguistically diverse backgrounds.
- Support families to participate in the service, make meaningful contributions to service decisions and share in the decision making about their child's learning and wellbeing.
- Provide families with current and accessible information about the service both at the time of enrolment and on a regular basis thereafter.
- Ensure daily practices are transparent to families, that families have a clear understanding of the environment, experiences and opportunities offered to their children and their progress against the five learning outcomes as defined in the approved learning frameworks.
- Maintain families right to confidentiality.
- Actively seek feedback on family's changing needs and satisfaction with the education and care service.
- Work in partnership with staff to remain focused on and ensure the best outcomes for children.
- Respect the different roles and responsibilities of educators and staff members and support each other in carrying out the responsibilities of their respective positions.
- Positively promote Cabonne Family Day Care in the community.
- Allow staff access to their family day care residence or venue during hours of operation.
- Provide all information and consultation required for staff to perform their duties.
- Promote the role of the Principal Office to families and promote access to staff by families for assistance and support.

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

- Provide information to their child's educator that will assist in their education and care.
- Be involved in the activities of their child when invited to participate.
- Take time to talk to their educator about their child's activities and progress.
- Provide constructive feedback to educators and the service about matters that can be improved.
- Read family newsletters and information forwarded from the service or educator.

### **LINKS TO OTHER PROCEDURES**

- Child Enrolment
- Code of Conduct
- Ethical Conduct
- Inclusion and Diversity
- Interactions with Children

# COMPLAINT HANDLING

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Cabonne Family Day Care acknowledges the right for all persons to be able to state their views and have them heard. It is important to ensure complaints are resolved by discussion and negotiation between the parties concerned. A mediating problem-solving approach should be adopted with efforts made to encourage constructive communication between the parties involved.

A complaint is any matter related to work or the work environment that is causing concern or distress to any individual or group of individuals. Complaints may arise from any act, situation, discussion, or omission, which may be considered unfair, discriminatory, or unjust. The practices will be made freely available to all stakeholders in an easily understood format. Records will be kept of complaints raised, action taken, outcomes reached, method of resolution and feedback from the originating person.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Guide to the National Quality Framework
- Cabonne Council's Policies and Procedures

### Procedure

Feedback is encouraged both formally and informally. Information about the importance of encouraging feedback is included in the enrolment interview held with all families before they commence care.

Both verbal and written complaints are accepted. A complaint form is used to record complaints, whether formal or informal. All complaints are to be well-documented.

Complaints can be made by parents and families, school age children, members of the community, and service personnel in their capacity as private citizens.

### What does the service do when it receives a complaint?

All complaints, whether verbal or written, are formally acknowledged within five working days. Complainants will be informed of the stages involved in investigating their complaint and wherever possible realistic timeframes will be communicated to them. Follow up is important and complainants will be informed of the progress of their complaint. Open and honest communication



is essential, even when there is little or no new information to report. Complaints must be handled as quickly as possible to avoid the complaint escalating.

Personnel about whom a complaint is made will be informed about the complaint and can respond. In addition, they will be informed of their right to seek assistance from a support person. They will also be regularly informed as to the progress of the complaint.

## **Managing a Complaint**

Where possible, complaints will be dealt with immediately by the child's educator as this is usually the person with the closest relationship with the family. If the complaint is about an issue that the educator considers to be outside their control, or the family does not feel they wish to share it with the educator, the complainant will be directed to the appropriate person for their complaint to be resolved.

Where an educator will have to share confidential information with another person to resolve an issue, or of the nature of a complaint requires that a third party must be informed in order to meet legislative requirements, they will inform the family of the need prior to any further discussions on the matter.

- The complaint will be documented and any legal requirements in relation to the complaint considered, such as the need to notify regulatory authorities.
- The complainant will be asked to provide information regarding how the situation could be rectified to their satisfaction.
- If possible, the problem will be resolved immediately. If this is not possible, the complainant will be advised that the issue will be given high priority and dealt with as soon as possible.
- If the issues are complex the complainant will be asked to put their concerns in writing.
- Where mediation is required, all parties will have the right to agree to the appointment of the mediator.

## **Notifiable Complaint**

Complaints alleging that the safety, health, or wellbeing of a child was or is being compromised, or that the law has been breached must be reported to the Regulatory Authority within 14 days of the complaint being made. 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)
- Any other relevant information.

## **PRACTICES**

### **Between a Family and Educator or Staff Member**

- Discuss with individuals concerned. Families are encouraged to discuss any complaints with their educator before contacting the service.
- Document all communication with individual making complaint.
- Always remain respectful and professional, allowing the individual to speak.
- Discuss how the individual would like the matter resolved.
- Nominated Supervisor to submit a Notification of Complaint to the Regulatory Authority if it is a notifiable complaint and alert the Department Leader – Community Services.
- Ensure the individual is regularly contacted and kept up to date with progress of complaint.
- Gather all evidence necessary.

### **Between Educator and Service Staff**

- In the event the service is dissatisfied with an educator, or if a complaint is made by a family, staff member or community member, the complaint must be notified to the educator by the Nominated Supervisor or a delegated representative.
- If the complaint relates to a breach of the Law or Regulations or of special conditions of the service, the Nominated Supervisor will investigate the circumstances and discuss with the educator. If breach is serious, deregistration may be immediately undertaken.
- An action plan will be developed with the educator, if necessary.
- The educator will be warned of future non-compliance with the Law, Regulations and/or conditions of the service, may result in deregistration proceedings.
- If the educator contravenes the Law or Regulations or conditions again, the Nominated Supervisor, or delegated representative of the service, will report to the Approved Provider and deregistration may be recommended.
- The Approved Provider will advise the educator if they have been removed from the Family Day Care Register and the reasons for this course of action.
- The contact number for questions on Family Day Care educators' rights to appeal to the Administration Decisions Tribunal is (02) 9716 2100 or [www.lawlink.nsw.gov.au/adt](http://www.lawlink.nsw.gov.au/adt).

### **Between Educator and Educator**

- Discuss with the educator concerned and attempt to resolve the complaint.
- If unresolved the educator can contact the Principal Office, who will attempt to find a resolution or an acceptable compromise by both parties.
- If still unresolved the educator may refer the matter further for delegation

### **Between Service Staff**

- In the first instance the employees shall attempt to resolve the complaint between themselves.
- If the complaint is still unresolved the complaint can be referred to the Nominated Supervisor for mediation.
- If still unresolved, the Nominated Supervisor, in consultation with the parties involved, will determine the next course of action. This may necessitate the involvement of the representative of the Approved Provider.

# COMPLETION OF EDUCATOR WORKPLACE SAFETY AUDIT

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Children's Services Coordinator

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### Objective

Workplace Health and Safety is of high importance in Cabonne Family Day Care. Under the Workplace Health & Safety Act 2011, it is the educator's responsibility to:

- Identify hazards in the home.
- Assess the level of risk of the hazard.
- Eliminate or control the risk.

The Educator Workplace Safety Audit has been developed as a tool to assist educators in meeting their regulatory and work health and safety responsibilities of providing a safe education and care environment. Non-compliance of the Educator Workplace Safety Audit may result in an educator's registration being suspended or terminated.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Guide to the National Quality Framework
- Kidsafe Family Day Care Safety Guidelines – 7<sup>th</sup> Edition

### Regulations

- Regulation 77 - Health, hygiene and safe food practices
- Regulation 82 - Tobacco, drug and alcohol-free environment
- Regulation 83 - Staff members and family day care educators not to be affected by alcohol or drugs
- Regulation 89 – First aid kits
- Regulation 103 - Premises, furniture and equipment to be safe, clean and in good repair
- Regulation 104 – Fencing
- Regulation 105 - Furniture, materials and equipment
- Regulation 106 - Laundry and hygiene facilities

- Regulation 109 - Toilet and hygiene facilities
- Regulation 110 - Ventilation and natural light
- Regulation 116 - Assessments of family day care residences and approved family day care venues
- Regulation 117 – Glass
- Regulation 165 – Record of visitors
- Regulation 173 – Prescribed information to be displayed

## **Procedure**

### **The Principal Office will:**

- Conduct an Educator Workplace Safety Audit before an educator can commence family day care activities.
- Conduct an Educator Workplace Safety Audit annually in March, or when required to (for example, utilising another room or moving houses)
- Complete a visual check of areas used for family day care during their monthly support visits.
- Issue a non-compliance notice if the Educator Workplace Safety Audit is not being implemented or met during operational hours.
- Work with educators to create an Action Plan if premise is consistently not complying with Educator Workplace Safety Audit.
- Allow educators to complete the Educator Workplace Safety Audit, on their behalf, if the Principal Office are unable to attend the educator's premises in March due to a pandemic or other serious incident.
- Work with educators to develop a risk assessment for any identified hazard in the educator's work environment.
- Identify potential emergencies relevant to the residence on the Educator Workplace Safety Audit.

### **Educators will:**

- Not commence family day care until the Principal Office have completed an Educator Workplace Safety Audit on the premises and are satisfied the premise is compliant.
- Provide an Evacuation Diagram at each exit of their home, that clearly states what areas are used for family day care.
- Complete an Educator Workplace Safety Audit on their family day care premise annually in September. This audit must be provided to the Principal Office before the end of September.
- Not use areas of the home that have not been assessed on the Educator Workplace Safety Audit as safe for use by family day care children.

- Complete the Daily Home Safety Checklist each morning, before opening their service, to ensure they are providing a safe and clean education and care service.
- Immediately alert the Principal Office of any breach of the National Law, National Regulations, service policy and procedures and/or the Educator Workplace Health and Safety Audit.
- Provide any evidence request by the Principal Office (for example, glass compliance, electrical compliance, evidence of portacot meeting Australian Standard)
- Alert the Principal Office of any renovations to the family day care premise.
- Ensure the family day care premise is always kept safe, clean, and well maintained.
- Ensure the environment is always free of tobacco, alcohol, and drugs when operating education and care service.

### **LINKS TO OTHER PROCEDURES**

- Assessment of Family Day Care Residences and Approved Venues
- Closing and Opening an Existing Family Day Care
- Fencing Procedure
- Health
- Hygiene, Cleaning, and Infection Control
- Non-Compliance
- Storage of Dangerous Substances and Equipment
- Tobacco, Alcohol and Drug Free Environment

# CONFIDENTIALITY & STORAGE OF RECORDS

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Cabonne Family Day Care educators and staff are bound to respect the privacy rights of children, families, educators, and staff as they have access to confidential and personal information daily. Privacy laws legislate for the protection of individuals regarding their personal information. This procedure ensures all stakeholders are clear about the requirements in relation to confidentiality of records, or information obtained concerning:

- The children in care
- Staff and their families
- Educators and their families
- Families of the children in care or registered with the service

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Guide to the National Quality Framework
- State Archives and Records Authority of New South Wales, Functional Retention and Disposal Authority: FA404

### Regulations

- Regulation 181 – Confidentiality of records kept by approved provider
- Regulation 182 – Confidentiality of records kept by family day care educator
- Regulation 183 – Storage of records and other documents

### Procedure

#### The Principal Office will:

- Not communicate confidential information, directly or indirectly, to any other person other than:
  - a) to the extent necessary for the education and care or medical treatment of the child to whom the information relates; or

- b) a parent of the child to whom the information relates, except in the case of information kept in a staff record; or
  - c) the Regulatory Authority or an authorised officer; or
  - d) as expressly authorised, permitted, or required to be given by or under any Act or law; or
  - e) with the written consent of the person who provided the information.
- Ensure personal information of staff, families, children, and other educators is handled in a confidential and respectful manner.
  - Ensure records are stored in a safe and secure place.
  - Remove all documents from vehicle after conducting visits with educators and bring into office.
  - Ensure no confidential information is readily available or on display in the office environment.
  - The main office door is always shut and locked.
  - Computers and phones where confidential information is accessible are password protected and locked when not in use.
  - Ensure paperwork is destroyed securely through Cabonne Council's secure shredding bins.
  - Understand it is not appropriate for them to discuss children in care with people other than the child's family and the educator.
  - Ensure records are kept in accordance with State Archives and Records Authority of New South Wales, Functional Retention and Disposal Authority: FA404 –

Records relating to the receipt by childcare providers of allegations of child abuse.	Retain minimum of 45 years after action completed, then destroy
<p>Records documenting:</p> <ul style="list-style-type: none"> <li>• a child's enrolment, attendance, assessment, learning and development plans, programs, medication and health records, contacts and authorisations</li> <li>• an incident, illness, injury or trauma suffered by a child (see entry above for allegations of child abuse)</li> <li>• attendance of staff, educators, volunteers, students and visitors</li> <li>• planning for and approval to conduct excursions, incursions, etc.</li> </ul>	Retain in accordance with the relevant legislative requirements and/or national standards and guidelines, then destroy
Records relating to applications to the regulator to provide or operate a child-care service by or on behalf of the organisation. Records include applications, supporting documentation, reports of inspections and associated correspondence. Includes unsuccessful applications.	Retain in accordance with the relevant legislative requirements and/or national standards and guidelines, then destroy



<p>Policies and procedures relating to the health, safety, and protection of children whilst in the care of the service, including emergency plans and procedures.</p>	<p>Retain minimum of 45 years after policy or procedure is superseded, then destroy</p>
<p>Records relating to routine operational management of a child-care service e.g. waiting lists, applications and acceptances where the child does not attend, general daily or weekly routines and programs etc.</p>	<p>Retain until administrative or reference use ceases, then destroy</p>
<p>Records relating to the development, review and establishment of strategic plans, policies and procedures relating to the regulation and provision of childcare services. Records include policy proposals, research papers, results of consultations, supporting reports, major drafts, final policy documents.</p>	<p>Required as State Archives</p>
<p>Records relating to the investigation of a licensee, licensed centre or authorised supervisor for serious incidents or breaches that result in sanctions and/or prosecutions. Serious incidents include death or serious injury, physical or sexual assault. Records include complaints, notifications, investigation reports, correspondence, briefings, reports and recommendations, and records of remedial action.</p>	<p>Required as State Archives</p>
<p>Records relating to the receipt and investigation by the regulator of allegations of child abuse that do not result in sanctions and/or prosecutions.</p>	<p>Retain minimum of 99 years after action completed, then destroy</p>
<p>Records relating to approved applications for a licence to conduct a children's service, or to become a licensee or authorised supervisor of a children's service. Records include:</p> <ul style="list-style-type: none"> <li>• applications and supporting documentation</li> <li>• applications for variations and notifications of changes</li> <li>• approvals and revocations</li> <li>• investigations of allegations that are not related to child abuse and do not result in sanctions or prosecutions</li> <li>• advice on matters related to accreditation, compliance etc.</li> </ul>	<p>Retain minimum of 45 years after revocation, suspension, surrender or expiry of licence or authority, then destroy</p>
<p>Records relating to unsuccessful applications for a licence to conduct a children's service, or to become a licensee or authorised supervisor. Records include:</p> <ul style="list-style-type: none"> <li>• application form and supporting documentation</li> <li>• details of the reason for the licence refusal</li> <li>• appeals and outcomes.</li> </ul>	<p>Retain minimum of 10 years after action completed, then destroy</p>
<p>Records relating to monitoring compliance with requirements and routine liaison with centres over terms and conditions. Records include:</p> <ul style="list-style-type: none"> <li>• compliance reports and statements</li> <li>• inspection checklists</li> <li>• inspection assessment reports/responses</li> <li>• records of site visits</li> </ul>	<p>Retain minimum of 10 years after action completed, then destroy</p>

## **Educators will:**

- Not communicate confidential information, directly or indirectly, to any other person other than:
  - a) to the extent necessary for the education and care or medical treatment of the child to whom the information relates; or
  - b) a parent of the child to whom the information relates, except in the case of information kept in a staff record; or
  - c) the Regulatory Authority or an authorised officer; or
  - d) as expressly authorised, permitted, or required to be given by or under any Act or law; or
  - e) with the written consent of the person who provided the information.
- Be sensitive to the rights of service staff, families, and other educators to have information of a personal nature handled in a tactful, secure, and discreet manner.
- Ensure records are stored in a safe and secure place that is not easily accessible to families and visitors to the service.
- Ensure records are kept and handed to the Principal Office for scanning:
  - a) if the record relates to an incident, illness, injury, or trauma suffered by a child while being educated and cared for by the education and care service, until the child is aged 25 years.
  - b) if the record relates to the death of a child while being educated and cared for by the education and care service or that may have occurred because of an incident while being educated and cared for, until the end of 7 years after the death.
  - c) in the case of any other record relating to a child enrolled at the education and care service, until the end of 3 years after the last date on which the child was educated and cared for by the service.
  - d) if the record relates to the approved provider, until the end of 3 years after the last date on which the approved provider operated the education and care service.
  - e) if the record relates to a nominated supervisor or staff member of an education and care service, until the end of 3 years after the last date on which the nominated supervisor or staff member provided education and care on behalf of the service.
  - f) in case of any other record, until the end of 3 years after the date on which the record was made.
- Educators must destroy old paperwork securely, either by fire, a secure destruction facility or hand over to the Principal Office.
- Understand it is not appropriate for them to discuss children in care with people other than the child's family and the service.

- Not refer to a child by name, or disclose any identifying information, when discussing an incident, which has occurred as part of their Family Day Care business, with another educator, family member, or member of the public.
- Immediately notify the Nominated Supervisor if confidential information has been disclosed or a privacy breach has occurred.

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

- Respect the private and confidential relationship between themselves and the educator.
- Refrain from discussing grievances with an educator in public.
- Alert the Nominated Supervisor if it is believed there has been a privacy breach.

#### **LINKS TO OTHER PROCEDURES**

- [Child Enrolment](#)
- [Child Protection](#)
- [Managing Records](#)
- [Medical Conditions](#)

# CUSTOMER SERVICE

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Cabonne Family Day Care understands the importance of high-quality education and care for all stakeholders. The quality of a service is based on ongoing evaluation and improvement. Our service maintains high standards and satisfaction through regular consultation and interactions with all stakeholders.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Guide to the National Quality Framework
- Cabonne Council's Policies and Procedures

### Procedure

#### The Principal Office will:

- Develop, conduct, and maintain ongoing opportunities for all stakeholders to provide feedback on service delivery.
- Answer the phone and door in an uplifting manner, giving a positive first impression of the service.
- Answer the phone using the line – 'Good morning/afternoon, Cabonne Family Day Care. You're speaking with...'
- Respond to messages and emails within two business days.
- Refer emails, phone calls and messages to the correct person, in a timely manner.
- Dress professionally and behave appropriately in the workplace.
- Regularly reflect on and update the Self-Assessment Tool.

#### Educators will:

- Participate in opportunities to provide feedback to the service.
- Support the service to collect feedback from families and other stakeholders.

- Respond to phone calls, emails, and messages in a timely manner, especially if they are from prospective families.
- Refer families to the Principal Office if they are unable to offer them care.
- Always display themselves and their service in a professional manner.

**Families are encouraged to:**

- Provide feedback to the educator and service in any format regarding service delivery.

# DEALING WITH COVID-19

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Coronavirus is a large family of viruses that cause illness ranging from the common cold to more severe illnesses. A novel coronavirus is a new strain that has not been previously identified in humans. COVID-19 is the infectious disease caused by the most recently discovered coronavirus.

Cabonne Family Day Care is committed to providing safe and healthy environments that reduce the risk of exposure to COVID-19.

### References

- Australian Government Department of Health: <https://www.health.gov.au/>
- Coronavirus information for schools and early childhood centres, students and parents: <https://www.health.gov.au/resources/publications/coronavirus-covid-19-information-for-schools-and-early-childhood-centres>
- NSW Health - [COVID-19 \(Coronavirus\) \(nsw.gov.au\)](https://www.nsw.gov.au/health-and-care-services/conditions-and-diseases/coronavirus)

### Procedures

#### IMPLEMENTATION

Our service will apply measures that prioritise health and safety, including:

- Implementing vigilant hygiene practices that prevent the spread of infectious diseases, including COVID-19.
- Encouraging good health and sanitation.
- Monitoring sources of public health information.
- Implementing all measures recommended by authorities; and
- Educating and informing our stakeholders with current and trusted information.

#### HOW WILL IT BE DONE?

Practices to reduce the chance of being infected or spreading COVID-19 will include:

- Regularly and thoroughly cleaning hands with soap and water or an alcohol-based hand sanitiser.
- Encouraging children to avoid touching eyes, nose, and mouth as much as possible.

- Following good respiratory hygiene, when coughing or sneezing:
  - cover mouth and nose with bent elbow or tissue and dispose of the used tissue immediately and
  - wash hands with soap and water or, if water is not available, use hand sanitiser
- Excluding children or staff who are unwell with COVID-19 symptoms.
- Assessing risk of transmission and exposure of an excursion before attending.

## **ROLES & RESPONSIBILITIES**

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

- Provide hand washing facilities and make sure these are kept clean, adequately stocked and in good working order.
- Make appropriate arrangements so that staff who need to self-isolate can work from home, if possible.

### **Principal Office staff will:**

- Work with the Approved Provider to ensure that current and reliable information is communicated to families and staff.
- Notify your supervisor if you test positive to COVID-19 and discuss working from home arrangements.
- Arrange for any maintenance or ordering of supplies to ensure there are adequate hand washing facilities.
- Ensure hand sanitiser and cleaning products are available for use at the Principal Office.
- Promote good hygiene practices such as regularly washing hands.
- Keep the Principal Office clean and hygienic.
- Ensure educators and families have current information on testing and isolation requirements.

### **Educators will:**

- Keep service clean and hygienic.
- Regularly clean high-touch surfaces, including door handles.
- Advise families they must keep children with COVID-19 symptoms home until they no longer display symptoms.
- If children become sick while at the service, follow illness procedures to ensure they are isolated, and families are contacted.
- Do not open service if you are unwell with flu-like symptoms.
- Follow food preparation and handling procedures in conjunction with regular hand washing.

- Assist families to meet you at the front entrance, upon arrival and departure to minimise risk of exposure within your service.
- Ensure children wash their hands thoroughly and regularly throughout the day.
- Ensure you wear a mask when directed by NSW Health.

**Families will:**

- Follow directions from NSW Health, including wearing a mask when directed to.
- Alert their educator if their child tests positive to COVID-19 and has recently attended the educator's service.
- Ensure children do not attend care if they are unwell.

**LINKS TO OTHER PROCEDURES**

- Administration of First Aid
- Administration of Medication
- Dealing with Infectious Diseases
- Exclusion of Unwell Children
- Health
- Hygiene, Cleaning, and Infection Control
- Immunisation
- Incident, Injury, Trauma, and Illness



# DEALING WITH INFECTIOUS DISEASES

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Children are often infectious before symptoms appear therefore it is always important for educators to operate their business with effective hygienic practices. It is also important that educators and service staff act appropriately and with sensitivity when dealing with an infectious child and their family. Clear and consistent policies and procedures will assist educators in ensuring children, educators, staff, and families are kept free from infection.

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

1. Effective hand washing
2. Exclusion of sick children, educators, educator's family members and service staff to the educator's workplace; and
3. Immunisation

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011 (Clause 88).
- Public Health Act 2010 No 127 (NSW).
- Staying Healthy in Childcare – [Staying healthy: Preventing infectious diseases in early childhood education and care services | NHMRC](#)

### Procedures

#### The Principal Office will:

- Provide information and resources to educators on how to prevent the transmission of infectious diseases.
- Model safe hygienic practices to educators and children where possible.
- Report any occurrence of an immune preventable disease to the Department of Health Infectious Diseases Unit for confirmation of the disease and the procedures to be followed.
- Provide any information supplied by NSW Health in relation to the occurrence of an immune preventable disease to educators if required.
- Discuss immunisation requirements with families at the time of enrolment.

- Ensure children’s immunisation records are up to date.

**Educators will:**

- Implement good hygiene practices that aim to prevent the spread of infectious diseases.
- Ensure that they protect themselves from infections that are vaccine preventable or contracted due to poor hygiene practices.
- Follow the guidelines in preventing infectious diseases as outlined in *Staying Healthy - Preventing Infectious Diseases in Early Childhood Education and Care Services*.
- Seek advice from a medical practitioner on what vaccinations and screenings are encouraged for individuals working with children.
- Report any occurrence of an immune preventable disease to the service.
- Not open their service if unwell. Educators cannot charge families if they do not open their business due to illness.
- Follow *Hygiene, Cleaning, and Infection Control* procedure.
- Follow food preparation and handling procedures in conjunction with regular hand washing.
- Refer to *Dealing with COVID-19* procedure if educator tests positive for COVID-19.
- Ensure children will wash their hands thoroughly throughout the day, especially before mealtimes.

***When a child has symptoms of an infectious disease:***

- Isolate the child away from others.
- Contact parent or authorised person to collect immediately.
- Ensure child is given fluids and kept comfortable.
- Apply first aid, if needed.
- Complete an Incident Report and have parent or authorised person sign when child is collected.
- Advise family to keep the child home until child is no longer infectious (exclusion period has been complete), is no longer symptomatic and is feeling well again.
- Educators may request a medical clearance for children to return to care

**Recommended Minimum Exclusion Periods - [ch55-staying-healthy.pdf \(nhmrc.gov.au\)](https://www.nhmrc.gov.au/ch55-staying-healthy.pdf)**

Condition	Exclusion of Case	Exclusion of Contacts
Campylobacter infection	Exclude until there has not been a loose bowel movement for 24 hours.	Not excluded
Candidiasis (thrush)	Not excluded	Not excluded

Cytomegalovirus (CMV) infection	Not excluded	Not excluded
Conjunctivitis	Exclude until discharge from the eyes has stopped, unless a doctor has diagnosed non-infectious conjunctivitis	Not excluded
Cryptosporidium	Exclude until there has not been a loose bowel movement for 24 hours.	Not excluded
Diarrhoea	Exclude until there has not been a loose bowel movement for 24 hours.	Not excluded
Fungal infections of the skin or nails (e.g. ringworm, tinea)	Exclude until the day after starting appropriate antifungal treatment	Not excluded
Giardiasis	Exclude until there has not been a loose bowel movement for 24 hours.	Not excluded
Glandular fever (mononucleosis, Epstein–Barr virus [EBV] infection)	Not excluded	Not excluded
Hand, foot and mouth disease	Exclude until all blisters have dried	Not excluded
Haemophilus influenzae type b (Hib)	Exclude until the person has received appropriate antibiotic treatment for at least 4 days	Not excluded Contact a public health unit for specialist advice
Head lice	Not excluded if effective treatment begins before the next day at the education and care service The child does not need to be sent home immediately if head lice are detected	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received and until at least 7 days after the onset of jaundice	Not excluded Contact a public health unit for specialist advice about vaccinating or treating children in the same room or group
Hepatitis B	Not excluded	Not excluded
Hepatitis C	Not excluded	Not excluded
Herpes simplex (cold sores, fever blisters)	Not excluded if the person can maintain hygiene practices to minimise the risk of transmission If the person cannot comply with these practices (e.g. because they are too young), they should be excluded until the sores are dry Sores should be covered with a dressing, where possible	Not excluded
Human immunodeficiency virus (HIV)	Not excluded	Not excluded

	If the person is severely immune compromised, they will be vulnerable to other people's illnesses	
Human parvovirus B19 (fifth disease, erythema infectiosum, slapped cheek syndrome)	Not excluded	Not excluded
Hydatid disease	Not excluded	Not excluded
Impetigo	Exclude until appropriate antibiotic treatment has started Any sores on exposed skin should be covered with a watertight dressing	Not excluded
Influenza and influenza-like illnesses	Exclude until person is well	Not excluded
Listeriosis	Not excluded	Not excluded
Measles	Exclude for 4 days after the onset of the rash	Immunised and immune contacts are not excluded For non-immunised contacts, contact a public health unit for specialist advice All immunocompromised children should be excluded until 14 days after the appearance of the rash in the last case
Meningitis (viral)	Exclude until person is well	Not excluded
Meningococcal infection	Exclude until appropriate antibiotic treatment has been completed	Not excluded Contact a public health unit for specialist advice about antibiotics and/or vaccination for people who were in the same room as the case
Molluscum contagiosum	Not excluded	Not excluded
Mumps	Exclude for 9 days or until swelling goes down (whichever is sooner)	Not excluded
Norovirus	Exclude until there has not been a loose bowel movement or vomiting for 48 hours	Not excluded
Pertussis (whooping cough)	Exclude until 5 days after starting appropriate antibiotic treatment, or for 21 days from the onset of coughing	Contact a public health unit for specialist advice about excluding non-vaccinated contacts, or antibiotics
Pneumococcal disease	Exclude until person is well	Not excluded
Roseola	Not excluded	Not excluded
Ross River virus	Not excluded	Not excluded
Rotavirus infection	Exclude until there has not been a loose bowel movement or vomiting for 24 hours	Not excluded

Rubella	Exclude until the person has fully recovered or for at least 4 days after the onset of the rash	Not excluded
Salmonellosis	Exclude until there has not been a loose bowel movement for 24 hours	Not excluded
Scabies	Exclude until the day after starting appropriate treatment	Not excluded
Shigellosis	Exclude until there has not been a loose bowel movement for 24 hours	Not excluded
Streptococcal sore throat (including scarlet fever)	Exclude until the person has received antibiotic treatment for at least 24 hours and feels well	Not excluded
Toxoplasmosis	Not excluded	Not excluded
Tuberculosis	Exclude until medical certificate is produced from the appropriate health authority	Not excluded
Varicella (chickenpox)	Exclude until all blisters have dried—this is usually at least 5 days after the rash first appeared in non-immunised children, and less in immunised children	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection as they are at high risk of developing severe disease Otherwise, not excluded
Viral gastroenteritis (viral diarrhoea)	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Worms	Exclude if loose bowel motions are occurring. Exclusion is not necessary if treatment has occurred	Not excluded

### It is the responsibility of families to:

- Not send infectious, or unwell children, to care.
- Ensure children stay up to date with their immunisations.
- Ensure children's Australian Immunisation Register History Statement is forwarded to the service whenever it is updated.
- Promptly pick up an unwell child when contacted by the educator.
- Obtain a doctor's certificate if required by the educator before returning to care.
- Notify the educator, or service, if their child has been diagnosed with an immune preventable disease (e.g. whooping cough, measles, rubella) or COVID-19.

### LINKS TO OTHER PROCEDURES

- Administration of First Aid
- Administration of Medication

- Dealing with COVID-19
- Exclusion of Unwell Children
- Health
- Hygiene, Cleaning, and Infection Control
- Immunisation
- Incident, Injury, Trauma, and Illness

# DELIVERY TO, & COLLECTION OF, CHILDREN FROM EDUCATION & CARE PREMISES

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Cabonne Family Day Care educators will facilitate the safe arrival and departure of children in their care by only allowing children to be collected from their education and care service by an authorised person, named on the child's enrolment record.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Guide to the National Quality Framework

### Regulations

- **Regulation 99** – Children leaving the education and care service premises.

### Procedures

#### The Principal Office will:

- Inform educators of their responsibilities in this procedure upon registration.
- Assist educators to improve their practices to ensure the safety of the child is met.
- Promote awareness of the arrival and departure procedures to families through orientation and family newsletters.
- Ensure every child has an enrolment record that is updated annually and includes the names of each authorised person with the authority to collect child from the family day care service.
- Ensure all court orders provided to the service are saved in the child's enrolment record and educators are aware of these court orders.
- Ensure all attendance records are adequately completed by educators.

#### Educators will:

- Ensure no child leaves the residence or approved venue unless:

- They are given into the care of a parent of the child (unless prohibited by a court order).
  - They are given into the care of the authorised nominee named in the child's enrolment record.
  - They are given into the care of a person authorised by the parent or authorised nominee named in the child's enrolment record to collect the child.
  - They are taken on an excursion.
  - Is transported by the service or on transportation arranged by the service in accordance with Division 7; or
  - They require medical, hospital or ambulance care or treatment.
  - There is another emergency.
- Ensure that the authorised person is 18 years or over when collecting child. If the person is 16 years and above, they are permitted to collect with written authorisation from the child's parent or guardian.
  - Ensure a driver's licence (or other form of photo identification) is sighted whenever a new authorised person collects the child. The licence number will need to be recorded as evidence of sighting on the attendance record.
  - Ensure attendance records are signed (manually or electronically) by the person delivering or collecting the child, at all locations where a handover occurs (e.g. play session, school).
  - Physically receive the child when they arrive at the premises.
  - Ensure that arrival and departure of school age children is in accordance with the School Child Travel Form completed by the family.
  - Ensure the entrance to the educator's premises is always securely locked to prevent children leaving the premises unattended and the entry of unauthorised persons (allow for an alternate exit in case of emergencies).
  - Ensure no child leaves the home of an educator due to an educator's personal emergency. In this case, contact families for immediate collection and the Principal Office for support.
  - Ensure all gates leading to, or from, the premises are locked or designed to prevent children from entering or leaving the premises unsupervised.
  - Inform families of their responsibility to closely supervise children:
    - On arrival to the educator's premises until physical handover has occurred; and
    - On departure after handover from the educator to the family, particularly if any hazards are present such as driveways, glass, prickly bushes, or ponds.
  - Ensure the exact arrival and departure times are entered on the attendance record.
  - Ensure they leave a comment on attendance record if signing the child in or out of care due the authorised person being unable to sign (has no electronic signature) or has forgotten to sign in/out.



### **Families are required to:**

- **Harmony Users** – Sign the child in/out using their unique electronic signature PIN each day of care.
- **Paper Timesheets** – Enter the exact time of arrival and departure then initial these times, each day.
- Manually, or electronically, sign the attendance records at the end of the week, verifying the attendance record is an accurate account of the days/hours used and any absences.
- Deliver and collect the child at the contracted times unless prior notice is given of a change of times.
- Provide prior notice of an alternate person picking up a child to the educator.
- Ensure contact information is up to date with the educator in case of emergency.

### **LINK TO OTHER PROCEDURE**

- Acceptance and Refusal of Authorisation
- Access
- Attendance Records
- Child Enrolment
- Child Protection
- Supervision

# DENTAL HEALTH

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Cabonne Family Day Care will promote positive dental hygiene behaviour in children and families to contribute to reducing the incidence of dental cavities and facilitate the prevention and management of dental trauma in children.

### References

- Staying Healthy in Childcare - [ch55-staying-healthy.pdf \(nhmrc.gov.au\)](https://www.nhmrc.gov.au/ch55-staying-healthy.pdf)
- Australian Dental Association [www.adansw.com.au](http://www.adansw.com.au)

### Procedures

#### The Principal Office will:

- Provide families with information on dental clinics in their area.
- Provide families with information on dental health through regular newsletters.
- Support educator to promote healthy dental practices.

#### Educators will:

- Encourage families to provide healthy foods for their children whilst in care.
- Help to educate children on appropriate dental care methods through programming and incidental learning.
- Ensure children will be given the opportunity to discuss and practice dental care including correct teeth cleaning, eating healthy foods and drinks.
- Encourage children to drink water after eating and ensure water is always available while in care.
- Promptly report to families any accidents, incidents, and signs of teeth problems such as pain and swelling the child might have.
- Not give children bottles in bed. Tooth decay can be reduced by allowing the child to finish the bottle before going to bed and not letting milk settle on teeth.
- Encourage and support parents to provide healthy food, which is considerate of appropriate dental care practices.

- Encourage healthy snacks such as vegetables, cheese, yoghurt, fruit, or plain pasta.

### **Families will be encouraged to:**

- Provide healthy food for their child.
- Promote good dental health practices with their child.

### **Guidelines for promoting healthy teeth**

To assist in healthy dental care and aid in the reduction of teeth problems it is recommended that guidelines be adhered to by avoiding the following:

- Sweetened drinks.
- Using food as a reward.
- Dummies dipped in sweeteners.
- Bottles containing sweetened drinks.
- Using a bottle to help the child fall asleep.
- Frequent snacks in between meals that do not promote healthy teeth.

### **DENTAL INCIDENTS**

#### **Educators will:**

- Not reinsert the tooth back into the socket.
- Gently rinse the tooth or tooth fragments in clean milk or clean water to remove blood and place in a clean container or wrap in cling wrap to give to the parent or dentist.
- Place a firm pad of gauze over the socket and have the child bite gently on the gauze.
- Contact family immediately so they can seek dental care.
- Advise family if tooth was in soil or dirt.
- Complete an Incident Report and notify Principal Office.

### **LINKS TO OTHER PROCEDURES**

- Accident, Injury, Trauma, and Illness
- Administration of First Aid
- Health

# DETERMINING A RESPONSIBLE PERSON

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

### Objective

Cabonne Family Day Care will ensure a responsible person is available to educators when they are educating and caring for children.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Guide to the National Quality Framework

### Regulations

- **Regulation 168** – Education and care service must have policies and procedures.

### Procedure

One of the following must be available to provide support to educators when they are educating and caring for a child:

- The approved provider – If the approved provider is an individual, or a person with management or control of the service.
- A nominated supervisor of the service.
- A person in day-to-day charge of the service.

### ROLES AND RESPONSIBILITIES

Role	Responsibilities
Approved Provider	<ul style="list-style-type: none"> <li>• Ensuring there is a responsible person.</li> <li>• Ensuring that the name of the Nominated Supervisor is displayed prominently at the service.</li> <li>• Notifying the Regulatory Authority if there is a change of person in the role of Nominated Supervisor.</li> <li>• Ensuring that the Nominated Supervisor has a sound understanding of their role.</li> </ul>

<p><b>Nominated Supervisor</b></p>	<ul style="list-style-type: none"> <li>• Ensuring that, in their absence, another responsible person is placed in day-to-day charge of the service.</li> <li>• Notifying the Approved Provider and the Regulatory Authority within 7 days of any changes to their personal situation, including circumstances that affect their status as fit and proper, or if they are subject to disciplinary proceedings.</li> </ul>
<p><b>Responsible Person</b></p>	<ul style="list-style-type: none"> <li>• Will stand in place of Nominated Supervisor when they are not present at service, not able to be contacted by phone and/or are on leave.</li> <li>• Understanding that a Responsible Person placed in day-to-day charge of an approved service does not have the same responsibilities under the National Law as the Nominated Supervisor.</li> </ul>

# EDUCATIONAL PROGRAM & PRACTICE

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Cabonne Family Day Care will assist educators to provide an educational program and practice to each individual child, that is child centred, stimulating, values the importance of play, and is in a supportive environment that extends their learning. We will provide young children opportunities to maximise their potential and develop a foundation for future success in learning. The service will ensure that all children will experience quality teaching and learning.

The educational program and practice must be appropriate to the developmental and emerging skills to the children. Parents, children, educators, and the service staff will work in partnership to plan for children's development and learning in a nurturing and supportive environment.

### References

- Education and Care Services National Law 2010
- Education and care Services National Regulations
- Guide to the National Quality Framework
- Being, Belonging and Becoming: The Early Years Learning Framework for Australia
- My Time Our Place: Framework for School Aged Children

### Regulations

- **Regulation 73** – Educational Program
- **Regulation 74** – Documenting of child assessments or evaluations for delivery of educational program
- **Regulation 75** – Information about educational program to be kept available
- **Regulation 76** – Information about educational program to be given to parents

### Procedure

#### Program Planning and Documentation

Educators will:

**1. Ensure the educational program enhances each child's learning and development. Specifically:**

- Ensure curriculum decision making using the approved framework contributes to each child's learning and development outcomes in relation to their identity,

connection with community, wellbeing, confidence as learners and effectiveness as communicators.

- Ensure each child's current knowledge, strengths, ideas, culture, abilities, and interests are the foundation of the program.
- Ensure all aspects of the program, including routines are organised in ways that maximise opportunities for each child's learning.
- Maintain a balance of home-based activities with outings planned to enhance learning opportunities.
- Allow children to freely select experiences.
- Provide indoor and outdoor learning environments that are inclusive of all children.
- Provide play based indoor and outdoor learning environments, which are designed and organised to engage every child in quality experiences, both built and natural environments, and loose parts.
- Provide leisure-based opportunities for school aged children that complement their school experiences as well as their individual interests and home experiences.
- Provide opportunities for children to engage in adventures play.

## **2. Facilitate and extend each child's learning and development. Specifically:**

- Use intentional teaching to extend children's learning and development.
- Respond to all children's ideas and play, through open-ended questions, interactions, and feedback.
- Ensure each child's agency is promoted enabling them to make choices and decisions that influence events about their world.
- Ensure the program is flexible and allows opportunity to build on children's discoveries or spontaneous interest throughout the day.
- Ensure children's planned experiences are child focused and are based on observation of children's needs, voices, interests, and responses to previous experiences.
- Seek and include information from parents to assist in the planning of activities for each child.
- Regularly talk to parents about their child's activities whilst in Family Day Care.

## **3. Ensure a planned and reflective approach to implementing the program for each child. Specifically:**

- Ensure each child's learning and development is assessed and documented as part of an ongoing cycle. This includes observations, analysing learning, planning, implementation, and reflection.
- Ensure critical reflection on children's learning and development, both as individuals and in groups, drives program planning and implementation.
- Ensure families are informed about their child's progress including:

- The content and operation of the Educational Program as it relates to their child.
- Information about their child's participation in the program - a copy of assessments or evaluations in relation to their child.
- A program that is displayed at the service in a place accessible to parents.
- Educators ensure that a copy of the program is sighted by the Educational Leader once a month.

### **The Educational Leader will:**

- Lead the development and implementation of the educational program and planning cycle.
- Assist educators to implement the approved learning frameworks.
- Deliver information, resources, and professional development, which will assist an educator with education and care practices.
- Ensure all educators are delivering an education and care program that address the child's needs.
- Ensure the educator is involving the holistic child in the programming and planning process.
- Ensure the educator is participating in the programming cycle - Observing, Planning, Programming, Reflection and Forward Planning.
- Be available to discuss a child's development with educators and families.

### **Educators will:**

- Ensure that the sharing of information will remain a vital component of each child's program and will maintain a positive focus.
- Obtain written permission from parents to share information relating to their children, family and situation to external organisation or persons, if required.
- Share information relevant to a child and/or family if required for the placement, ongoing support, or development of the child.
- Respond to families and children in an unbiased and consistent manner.
- Utilise parent knowledge as well as the resources provided by professional and community organisations to ensure the program is culturally relevant.
- Develop and maintain programs (through a variety of individual methods) of activities, which meet regulatory and National Quality Standard requirements.
- Ensure programs are always to be displayed and kept for 12 months.



## Training and Resources

### The Principal Office will:

- Provide training opportunities for staff and educators to ensure developmentally appropriate programs are implemented within the service for all children.
- Access support services to resource and support educators in the provision of developmentally and culturally appropriate programs, for children with additional needs.
- Ensure that children and their families are supported in their individual cultural identity, home language and religious beliefs.
- Make available to families on request:
  - Contact details of other early childhood programs including long day care, pre-school, Outside of School Hours Care, play sessions, early childhood centres, and early intervention services.
  - Information regarding choice of quality care (booklets, newsletter information or articles).

### Educators will:

- Support a family's decision to utilise other early childhood services.
- Provide information opportunities on school readiness to parents.
- Promote the importance of school orientation programs.
- Promote to parents the importance of developing resilience in children as a preparation for school and accompanying routines.
- Ensure that the family of a child identified with additional needs is offered support by referral to the local Department of Education Early Intervention School Transition Officer or other relevant support services prior to school entry.
- Assist children with disabilities make a smoother transition to school by accessing information for families through attending information sessions on transition to school seminars/workshops and using resources on the website:  
[www.transitiontoschoolresource.org.au](http://www.transitiontoschoolresource.org.au)
- Attend professional development training.
- Maintain knowledge of current trends in planning and children's learning and development.
- Encourage self-help skills (e.g. dressing, toileting, eating, looking after belongings, hand washing).
- Develop activities and experiences, which prepare children for school entry by:
  - Encouraging interactions with peers in games and activities.
  - Encouraging the development of language and literacy skills in conversations, by reading books, drawing, writing, and other literacy type activities.
  - Developing simple routines.

## LINKS TO OTHER PROCEDURES

- Adventurous Play
- Collaborative Partnerships
- Guiding Children's Behaviour
- Inclusion and Diversity
- Interaction with Children
- Physical Activity and Screen Time
- Supervision

# EDUCATOR REGISTRATION & ASSESSMENT

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Cabonne Family Day Care has an obligation to the community to ensure that all educators are recruited in a fair and equitable manner. They must demonstrate an ability to meet and maintain the standards expected by the Federal, State and Local Governments, the service, and the community in relation to the provision of quality early childhood education and care.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Children and Young Persons (Care and Protection) Act 1998
- The Ombudsman's Act 1974 Act 68 of 1974
- Work Health & Safety Act 2011 (NSW)
- Work Health & Safety Regulation 2011 (NSW)
- Child Care Provider Handbook

### Procedure

#### The Principal Office will:

- Regularly advertise for new family day care educators in areas of need.
- Be consistent and fair in selecting educators to register with the service.
- Ensure prospective educators are aware of their qualification requirements.
- Provide prospective educators with the Prospective Educator Handbook.
- Ensure all educators receive an induction before they commence care.
- Be clear and consistent when inducting new educators to ensure they are fully aware of their roles and responsibilities.
- Increase family day care's presence in the community through street stalls, markets, job fairs and any other applicable community event.
- Ensure educators have completed all necessary forms before commencing care.

- Ensure an educator's premises has passed the Educator Workplace Health and Safety Audit before they commence care.
- Visit new educators once a week for four weeks to ensure they are suitable for the role and to provide support.
- Ensure all educators are fit and proper persons.

#### **Educators will:**

- Be over the age of 18 years.
- Complete an Educator Application to be considered as a family day care educator.
- Provide personal resume with at least two references.
- Hold a relevant qualification in early childhood education and care or equivalent.
- Obtain or complete the following documents during the registration process and forward them to service staff:
  - Educator Application
  - Working with Children Check (Paid)
  - Police check that is no more than six months old
  - Relevant early childhood qualification
  - First Aid Certificate (Provide an emergency first aid response in an education care settings)
  - Resuscitation Certificate
  - Child Protection Certificate
  - Medical Clearance completed by doctor
  - Draft fees and charges policy
  - Educator Agreement
  - Code of Conduct
  - Any other form service staff ask to be completed.
- Obtain Public Liability Insurance through Family Day Care Australia.
- Register for a Provider Digital Access Account (PRODA) and forward registration number onto Nominated Supervisor.
- Attend an Education Induction either online or face to face.
- Work with service staff to ensure their residence meets the Educator Workplace Health & Safety Audit.
- Have a commitment to operate their service in line with the Service Philosophy and Core Domains.
- Have effective communication skills.
- Have an awareness of and sensitivity towards the diverse needs of children and their families.

- Ensure they have written permission from land lord to conduct family day care from their property if renting.
- Ensure other household members are comfortable with the educator running a family day care business.
- Ensure other household members are fit and proper persons.
- Ensure all household members over 18 years obtains and maintains a volunteer Working with Children Check.
- Ensure all household members over 18 years obtains a police check at the time of registration.

### **Unsuccessful Educator Applications**

If an application is unsuccessful, the applicant will be informed in writing. Reasons for an application being unsuccessful may include:

- Unsatisfactory Working with Children Check or police check of applicant or household member.
- Unable or unwillingly to complete relevant early childhood qualification.
- References unavailable or unfavourable.
- Unsatisfactory Educator Workplace Health and Safety Audit of the applicant's home with the inability to meet the audit.
- Unsatisfactory medical report.
- Inability to demonstrate the capacity to supervise and care for the children adequately.
- Inability to demonstrate effective communication skills and interactions with children and adults.
- Refusal by prospective educator to comply with an obligation within the service and/or legislative requirements.

### **LINKS TO OTHER PROCEDURES**

- Administration of First Aid
- Assessment of Family Day Care Residences and Approved Venues
- Child Protection
- Completion of Educator Workplace Health and Safety Audit
- Ethical Conduct
- Fees

# EMERGENCY & EVACUATION PROCEDURES

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Cabonne Family Day Care is committed to the safety of our children, families, educators, and staff. By identifying the risks of various emergency situations, stakeholders can conduct practice procedures and respond safely and calmly in real emergency situations.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Work, Health and Safety Act 2011
- Work Health and Safety Regulations 2011
- NSW Department of Education Emergency Planning Workshop

### Regulations

- Regulation 97 – Emergency and Evacuation Procedures
- Regulation 98 – Telephone or Other Communication Equipment

### Implementation

In preparation for emergency procedures, a risk assessment (included in the Educator Workplace Health and Safety Audit) of the educator's premises by the Nominated Supervisor annually in March. This will identify any potential risks that may be relevant to each educator's environment, including:

- Flood
- Severe storm
- Wild Animals
- Security incident, threat, or intrusion - objects, person, car, or animal.
- Bush fire
- Structure fire
- Medical emergency

- Asset emergency - loss of power, water, communications.
- HAZMAT or pollution

Educators will ensure rehearsal and evaluation of emergency and evacuation procedures are conducted every three months.

## Procedure

### Principal Office Staff will:

- Ensure the following documents are available to all educators:
  - Risk assessments - to be reviewed annually.
  - Emergency Evacuation Procedures
  - Emergency Evacuation Diagram - to be reviewed every five years.
- Provide support and information to educators on compliance requirements for emergency and evacuation procedures.
- Monitor compliance on educator visits.
- Ensure emergency contact is available for critical events.
- Ensure all educators complete Emergency Evacuation Procedures every three months.

### Educators will:

- Ensure the emergency evacuation diagrams are displayed in a prominent position near each exit and updated every five years.
- Ensure emergency evacuation procedures are displayed with each evacuation diagram.
- Ensure all families are aware of the emergency evacuation procedures in place during the orientation process, or when procedures are updated.
- Ensure that rehearsals of emergency evacuation procedures are scheduled every three months and:
  - That the schedule maximises the number of children participating in the procedures
  - Those rehearsals take place at different times of the day, including drop off and pick up times, sleep/rest times and meal times.
  - Give families the opportunity to offer feedback.
- Ensure all emergency contact lists are updated as required.
- Ensure fire equipment is checked every six months and evidence of check is given to the Principal Office.
- Ensure the rehearsal of the emergency evacuation procedures are documented and evaluated. This documentation must be sighted by the Principal Office no more than 14 days after the last day of the month the procedures were conducted in.

- Ensure emergency numbers, relevant to their town, are clearly displayed.
- Ensure 'Emergency Go Bag' is fully stocked and kept in an accessible location with the following items:
  - Emergency contact list
  - Mobile phone & charger
  - First aid kit
  - Management Plans & Risk Minimisation Plans
  - Medications
  - Bottled water
  - Nappies and wipes
  - Tissues
  - Sunscreen

## **FULL EVACUATION PROCEDURE**

*A full evacuation is defined as an urgent and immediate escape of all occupants.*

- Educator will calmly alert all persons present and quickly prompt them to evacuate to the designated assembly area.
- Before exiting the building, the educator will check all rooms to ensure they are clear whilst shutting doors behind them, while maintaining supervision of the children.
- Educator will collect attendance records, visitor book, go bag, medications (if needed), and mobile phone.
- Once all occupants have exited, no one is to re-enter the building.
- Contact 000
- The educator will perform a roll call and alert emergency services if anybody is missing and their last known whereabouts.
- Educator to call Principal Office as soon as possible.
- Parents will be notified of the situation and advised to come and collect their children as soon as possible.
- Educator will only re-enter the building once emergency services have advised it is safe to do so.

A full evacuation may be necessary when the following occurs:

- Flood
- Structure Fire
- Bush Fire
- Asset Emergency
- HAZMAT Emergency



## **SHELTER IN PLACE PROCEDURE**

*Shelter in place is defined as finding a safe location indoors and staying there until the threat is gone, or occupants are told to evacuate.*

- Educator will calmly alert all persons present and quickly prompt them to move to a designated area, away from the immediate threat. Check all children and visitors are present.
- If children are outside, the educator should get them inside as quickly as possible.
- Immediately call 000 if the event or issue requires the police, ambulance, or fire service.
- Children should remain out of sight during the period, and blinds will be drawn. Ensure the children are kept below the window level.
- All persons are to remain until the threat has passed.
- If required, perform a full lock down procedure ensuring all doors and windows are locked and that all occupants are accounted for and in a safe and secure location.
- All educators, children and visitors will remain in the locked room until the “All Clear Signal” is given by the person in charge.

A shelter in place may be necessary when the following occurs:

- Severe Storm
- Security incident, threat, or intrusion - objects, person, car, or animal.
- Bush Fire

## **FIRE PREVENTION**

- All nominated fire exits are permanently clear of obstruction at least two metres from any exit for immediate access.
- The educator has an Emergency Go Bag which includes first aid kit, emergency contact numbers, medications, and children’s necessities.
- The children will be trained to learn how to ‘STOP, DROP, ROLL’, should their clothes catch fire, and the ‘GET DOWN LOW AND GO, GO, GO’ in case of a fire evacuation.
- Ensure the safety and evacuation of all children and visitors before trying to contain or extinguish a fire. If the fire is small and the educator is nearby when it begins, it may be appropriate to try to extinguish it or contain it, but only if it is not dangerous.
- Display the emergency telephone numbers in a prominent position.

**AT NO TIME SHOULD INDIVIDUALS PLACE THEMSELVES, THE CHILDREN, OR OTHERS AT RISK.**

## **LINK TO OTHER PROCEDURES**

- Accident, Injury, Trauma, and Illness
- Fire Equipment

# ENVIRONMENTAL SUSTAINABILITY

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Cabonne Family Day Care supports children to become environmentally responsible and show respect for the environment. Children's awareness of the environment will be promoted through daily practices, resources, and interactions. Educators, children, and families will be encouraged to become advocates for a sustainable future.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- National Quality Standards

### Procedure

#### The Principal Office will:

- Encourage educators, families, and children to engage in innovative practices and appreciate the wonder of the natural world while protecting the planet for future generations.
- Liaise with council and government departments for possible grants available to put in place water and energy conservation practices in the education and care service. These may include water tanks, grey water systems and converting to water saving taps.
- Provide electronic documents to allow to minimise paper usage.
- Implement sustainable practices within office environment, where possible.

#### Educators will:

- Make sustainable practices a part of the daily routine. These include:
  - Recycling
  - Gardening
  - Energy conservation
  - Water conservation

➤ Sustainable equipment purchases

- Role model sustainable practices.
- Discuss sustainable practices with the children and families as part of the curriculum.
- Provide information to families on sustainable practices that are implemented at the service and encourage the application of these practices in the home environment.
- Share ideas between educators, children and families about sustainable ideas, implementation, and resources.
- Role model energy and water conservation practices of turning off lights and air-conditioning when a room is not in use. Emptying water play containers onto grass areas, turning taps off when not in use etc.
- Embed the concept of 'reduce, reuse, recycle' into everyday practice for both children and educators to build lifelong attitudes towards sustainable practices.
- Consider implementing a worm farm or composting bin to reduce food waste. Children will be encouraged to place food scraps into separate containers for use in the worm farm or the composting bin. Educators will discuss with the children and families which scraps worms can eat and which foods can be composted. The children will be involved in maintaining the worm farm and compost.
- Reduce the amount of plastic and disposable equipment purchased and select materials that are made of natural fibres and materials when possible. Encourage loose parts and natural resources in your learning environment.
- Discuss the protection of animals, plants, and habitats with children.
- Transition to electronic record keeping reducing paper usage.
- Educators are encouraged to purchase a tablet or laptop with a pen where documents can be signed, saved, and emailed without the need to print.

**Families are encouraged to:**

- Implement sustainable practices from the education and care services at home.

**LINK TO OTHER PROCEDURES**

- Educational Program and Practice

# ETHICAL CONDUCT

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

The Early Childhood Australia (ECA) Code of Ethics underpins the core values, beliefs, and practices within Cabonne Family Day Care. The service acknowledges the importance of behaving in an ethical manner and applying ethical conduct in all aspects of the service.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Early Childhood Australia's Code of Ethics

### Procedure

#### The Principal Office will:

- Abide by and regularly refer to, the ECA Code of Ethics.
- Develop an understanding of their obligations in following the ECA Code of Ethics.
- Regularly reflect upon their own practices in line with the ECA Code of Ethics and relevant legislation.
- Ensure every educator has access to the ECA Code of Ethics.

#### Educators will:

- Abide by, and regularly reflect on, the ECA Code of Ethics.
- Develop their understanding of their obligations in following the ECA Code of Ethics.
- Be professional and ethical in the operation of their education and care service.
- Treat all people with care, dignity and acknowledge that each person is unique.
- Promote Cabonne Family Day Care positively in the community.
- Collaborate with respect and value one another.
- Act with integrity and believe that everyone has the right to be treated equally and fairly and without discrimination.
- Think proactive, not reactive.

## LINKS TO OTHER PROCEDURES

- [Inclusion and Diversity](#)
- [Collaborative Partnerships](#)

# EXCLUSION OF UNWELL CHILDREN

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Children's Services Coordinator

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### Objective

Cabonne Family Day Care believes children's health and safety are of the utmost importance. To keep children, families and educators safe, unwell children must be excluded from care until they are symptom free and feeling better.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Public Health Act 2010 No 127 (NSW)
- Staying Healthy in Childcare - <https://www.nhmrc.gov.au/sites/default/files/documents/reports/clinical%20guidelines/ch55-staying-healthy.pdf>

### Regulations

- Regulation 86 – Notification to parents of incident, injury, trauma, and illness
- Regulation 92 – Medication record
- Regulation 93 – Administration of medication
- Regulation 99 – Children leaving the education and care premises

### Procedure

#### The Principal Office will:

- Provide information to educators and families regarding exclusion periods, notifiable diseases, and information from NSW Health.
- Notify the Regulatory Authority if there is a notifiable disease occurrence in the service.

#### When a child is unwell or has a high temperature, the educator will:

- Discuss with the person dropping off whether the child should be attending care.
- Not accept a child into care if they are not well enough to participate in normal activities, have a high temperature or require special attention because of ill health.

- Ensure any medication administered to children prior to commencing at the service has been disclosed by the parent. A Medication Authorisation form must be completed if the educator needs to continue to administer medication throughout the day.
- Comfort the unwell child and provide a safe and comfortable space for them until the child is collected.
- Contact parent or authorised person to collect the child from care.
- If a child's temperature reaches 38 degrees, or above, they must be excluded from other children and collected from care:
  - Record temperature and time, every ten minutes, on Incident Report Form.
  - Check the child's current enrolment record for authorisation to administer paracetamol in the case of a high temperature.
  - Contact the parent or authorised person if paracetamol needs to be given to assist in bringing down the temperature.
  - Administer paracetamol if authorised and complete Medication Authorisation Form.
  - Ensure child continues sipping water.
  - Have parent or guardian sign the Medication Authorisation when collecting.
  - If temperature reaches 40°C and no contact has been made with the parent/authorised person to collect the child, call for an ambulance.
- Complete an Incident Report and have parent or authorised person sign when child is collected.

#### **When a child has diarrhoea, the educator will:**

- Monitor the child.
- After two loose bowel motions, contact the parent and ask them to collect the child.
- Separate child from the other children where the educator can maintain adequate supervision.
- Complete an Incident Report and have parent or authorised contact sign when child is collected.

Children can return to the service 24 hours after last loose bowel movement.

#### **When a child is vomiting, the educator will:**

- Use the Incident Report Form to assess if the child has any other symptoms.
- Contact the parent or an authorised contact to collect the child from care.
- Separate child from the other children where the educator can maintain adequate supervision.
- Complete an Incident Report and have parent or authorised contact sign when child is collected.

Children can return to the service once vomiting has ceased for a minimum period of 24 hours.

### **Sprains, breaks and other physical injuries:**

- For sprains and other non-emergent injuries:
  - Apply first aid and allow the child to rest in a quiet area.
  - Contact the parent or an authorised contact to collect the child from care if they are uncomfortable due to the pain.
- For broken bones and injuries that require urgent medical attention:
  - Apply first aid and call for an ambulance.
  - Contact parent or an authorised person.
  - Keep child still and calm until emergency services arrive.
- Complete an Incident Report for all injuries and have parent or authorised contact sign.
- If a child has a sprain, broken bone or has had surgery, the service requires a medical certificate providing clearance to return to the service, and procedures to ensure the child's safe inclusion into the service.

### **Educator & educator's own family:**

Educators must close their service if they have an infectious illness and/or are unable to provide high quality care due to feeling unwell or due to injury.

Educators must inform families if their own child or other household member is remaining home due to illness, on the days their service is open.

For household members 12 years or under –

- If the child is infectious, the educator's must close their service to ensure they can adequately care for their own child. The service will be able to open again when the child is no longer infectious.

For household members over 12 years –

- If the person is infectious, the service can remain open under the following strict circumstances:
  - Person can care for themselves.
  - Infection is not a notifiable disease, as the service would have to close.
  - Person remains isolated from the area being used for education and care.
  - Person must wear a mask if leaving room and may only leave for very short periods of time (e.g. to use the bathroom).
  - Area used for education and care must be thoroughly cleaned and disinfected each day.

If the educator does close their service, they must not charge their families for the period in which the service is closed.

### **Families will:**

- Ensure they do not send their child to care if they are unwell.



- Collect their children immediately when asked to by an educator.
- Refer to the 'Is Your Child Too Sick for Care?' resource if they are unsure whether to bring their child to care.

### Recommended minimum exclusion periods based on symptoms

Excluded in some cases       Excluded

Symptom	Should the child or staff member go home as soon as the symptom appears	Exclusion of person who is sick
Diarrhoea or vomiting	Yes, go home as soon as possible for any diarrhoea or vomiting	<ul style="list-style-type: none"> <li>• Exclude until there has not been any diarrhoea or vomiting for at least 24 hours</li> <li>• If the diarrhoea or vomiting are confirmed to be due to norovirus, exclude until there has not been any diarrhoea or vomiting for at least 48 hours</li> <li>• Staff members with these symptoms should not handle food until they have not vomited or had diarrhoea for at least 48 hours (they can be assigned to other duties after at least 24 hours, or stay away from the service for at least 48 hours)</li> <li>• Check if your state or territory has different requirements for gastroenteritis</li> </ul> <p>Talk to your local public health unit for advice if there are several children and staff with diarrhoea or vomiting at the service. Check if your state or territory has different requirements for gastroenteritis</p>
Eye discharge (pus or severe wateriness)	Yes, go home as soon as possible	<ul style="list-style-type: none"> <li>• Exclude until discharge from the eyes has stopped (unless a doctor has diagnosed a non-infectious cause for the eye discharge)</li> </ul>
Fever (temperature more than 38.0 °C)	Yes, go home as soon as possible	<ul style="list-style-type: none"> <li>• Exclude until the temperature remains normal, unless the fever has a known non-infectious cause</li> <li>• 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</li> <li>• If the child wakes in the morning with a fever, they should stay home until their temperature remains normal</li> <li>• Normal temperature is between 36.5 °C and 38.0 °C</li> <li>• If a doctor later diagnoses the cause of the child's fever, follow the exclusion guidance for that disease</li> </ul>
Rash	No, stay at the service unless: <ul style="list-style-type: none"> <li>• it develops rapidly</li> <li>• it is combined with fever or other <a href="#">concerning symptoms</a></li> </ul>	<ul style="list-style-type: none"> <li>• Rash on its own may not be cause for concern, but rash can often be combined with other symptoms</li> <li>• In cases of rapidly developing rash or when rash is combined with other <a href="#">concerning symptoms</a>, exclude until the concerning symptoms have gone</li> </ul>

(Continued)

Respiratory symptoms (cough, runny or blocked nose, sore throat)

Yes, if the symptoms:

- are severe or
- are getting worse (more frequent or more severe) or
- are combined with concerning symptoms such as:
  - fever
  - rash
  - tiredness
  - pain
  - poor feeding

If a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), monitor them and exclude them if:

- they have several respiratory symptoms at the same time or
- they have developed new symptoms while at the service or
- the respiratory symptoms are severe or
- the respiratory symptoms are getting worse (more frequent or severe) or
- they also have [concerning symptoms](#) (fever, rash, tiredness, pain, poor feeding)

A person can often have an ongoing cough after they have recovered from a respiratory infection. If their other symptoms have gone and they are feeling well, they can return to the service

Talk to your local public health unit for advice if there are several children and staff with respiratory symptoms at the service. Check if your state or territory has different requirements for respiratory symptoms

### Recommended minimum exclusion periods for specific diagnosed conditions

Child with some conditions may need to be excluded from care until they are better. The recommended minimum exclusion periods for diagnosed conditions is attached to this procedure.

### Links To Other Procedures

- Administration of First Aid
- Administration of Medication
- Dealing with COVID-19
- Dealing with Infectious Diseases
- Health
- Hygiene, Cleaning, and Infection Control
- Incident, Injury, Trauma, and Illness
- Medical Conditions

## Exclusion based on a diagnosed condition

If a medical practitioner has diagnosed a specific condition, use the exclusion periods for that condition ([Table 4.2](#)).

Some states and territories may have different requirements for certain conditions. Check with your local [public health unit](#) if your state or territory has different or additional requirements.

Contact your local public health unit for information and support if you have a [disease outbreak](#), or a case of a [notifiable or concerning disease](#).

**Table 4.2 Recommended minimum exclusion periods for specific diagnosed conditions**

<span style="display: inline-block; width: 15px; height: 15px; background-color: #c8e6c9; border: 1px solid #000; margin-right: 5px;"></span> <b>Not excluded</b> <span style="display: inline-block; width: 15px; height: 15px; background-color: #ffe0b2; border: 1px solid #000; margin-left: 20px; margin-right: 5px;"></span> <b>Excluded in some cases</b> <span style="display: inline-block; width: 15px; height: 15px; background-color: #e1bee7; border: 1px solid #000; margin-left: 20px; margin-right: 5px;"></span> <b>Excluded</b>		
Condition	Exclusion of person who is sick	Exclusion of contacts (people who have been in contact with the person who is sick, but who have no symptoms; if they have symptoms, they should follow the same guidance as the person who is sick)
Asthma	Not excluded	Not excluded
Bronchiolitis	<p>If a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), monitor them and exclude them if:</p> <ul style="list-style-type: none"> <li>• they have several respiratory symptoms at the same time or</li> <li>• they have developed new symptoms while at the service or</li> <li>• the respiratory symptoms are severe or</li> <li>• the respiratory symptoms are getting worse (more frequent or severe) or</li> <li>• they also have <a href="#">concerning symptoms</a> (fever, rash, tiredness, pain, poor feeding)</li> </ul> <p>A person can often have an ongoing cough after they have recovered from a respiratory infection. If their other symptoms have gone and they are feeling well, they can return to the service</p> <p>Talk to your local public health unit for advice if there are several children and staff with respiratory symptoms at the service. Check if your state or territory has different requirements for respiratory symptoms</p>	Not excluded

(Continued)

<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="display: flex; align-items: center;"> <span style="width: 15px; height: 15px; background-color: #90EE90; border: 1px solid black; margin-right: 5px;"></span> <span>Not excluded</span> </div> <div style="display: flex; align-items: center;"> <span style="width: 15px; height: 15px; background-color: #FFDAB9; border: 1px solid black; margin-right: 5px;"></span> <span>Excluded in some cases</span> </div> <div style="display: flex; align-items: center;"> <span style="width: 15px; height: 15px; background-color: #DDA0DD; border: 1px solid black; margin-right: 5px;"></span> <span>Excluded</span> </div> </div>		
Condition	Exclusion of person who is sick	Exclusion of contacts (people who have been in contact with the person who is sick, but who have no symptoms; if they have symptoms, they should follow the same guidance as the person who is sick)
Bronchitis	<p>If a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), monitor them and exclude them if:</p> <ul style="list-style-type: none"> <li>• they have several respiratory symptoms at the same time or</li> <li>• they have developed new symptoms while at the service or</li> <li>• the respiratory symptoms are severe or</li> <li>• the respiratory symptoms are getting worse (more frequent or severe) or</li> <li>• they also have <a href="#">concerning symptoms</a> (fever, rash, tiredness, pain, poor feeding)</li> </ul> <p>A person can often have an ongoing cough after they have recovered from a respiratory infection. If their other symptoms have gone and they are feeling well, they can return to the service</p> <p>Talk to your local public health unit for advice if there are several children and staff with respiratory symptoms at the service. Check if your state or territory has different requirements for respiratory symptoms</p>	Not excluded
<i>Campylobacter</i> infection	<p>Exclude until there has not been any diarrhoea or vomiting for at least 24 hours</p> <p>Staff members with these symptoms should not handle food until they have not vomited or had diarrhoea for at least 48 hours (they can be assigned to other duties after at least 24 hours, or stay away from the service for at least 48 hours)</p> <p>Talk to your public health unit for advice if there are several children and staff with diarrhoea or vomiting at the service. Check if your state or territory has different requirements for gastroenteritis</p>	Not excluded

(Continued)

<div style="display: flex; justify-content: space-between; align-items: center; margin-bottom: 10px;"> <span><span style="display: inline-block; width: 15px; height: 15px; background-color: #c8e6c9; border: 1px solid #000; margin-right: 5px;"></span> Not excluded</span> <span><span style="display: inline-block; width: 15px; height: 15px; background-color: #ffe0b2; border: 1px solid #000; margin-right: 5px;"></span> Excluded in some cases</span> <span><span style="display: inline-block; width: 15px; height: 15px; background-color: #e1bee7; border: 1px solid #000; margin-right: 5px;"></span> Excluded</span> </div>		
Condition	Exclusion of person who is sick	Exclusion of contacts (people who have been in contact with the person who is sick, but who have no symptoms; if they have symptoms, they should follow the same guidance as the person who is sick)
Chickenpox (varicella)	Exclude until <b>all blisters</b> have dried – this is usually at least 5 days after the rash first appeared in non-immunised children, and less in immunised children	<p>Not excluded</p> <p>Staff or children who are immunocompromised are at high risk of developing severe disease if exposed</p> <p>Talk to immunocompromised or pregnant staff about risk and recommend they seek medical advice</p> <p>For any immunocompromised children, talk to the parents about the child's potential risk of exposure and follow the child's agreed action plan (see <a href="#">Plans for immunocompromised children</a>)</p>
Cold sores ( <i>herpes simplex</i> )	<p>Not excluded if the person can maintain hygiene practices to minimise the risk of transmission</p> <p>If the person cannot maintain these practices (for example, because they are too young), exclude until the sores are dry</p> <p>Cover sores with a dressing, if possible</p>	Not excluded

**(Continued)**

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="display: flex; gap: 10px;"> <div style="display: flex; align-items: center;"><span style="width: 15px; height: 15px; background-color: #c8e6c9; border: 1px solid #000; margin-right: 5px;"></span> <b>Not excluded</b></div> <div style="display: flex; align-items: center;"><span style="width: 15px; height: 15px; background-color: #ffe0b2; border: 1px solid #000; margin-right: 5px;"></span> <b>Excluded in some cases</b></div> <div style="display: flex; align-items: center;"><span style="width: 15px; height: 15px; background-color: #e1bee7; border: 1px solid #000; margin-right: 5px;"></span> <b>Excluded</b></div> </div> <div style="text-align: right;"> <p><b>Exclusion of contacts</b> (people who have been in contact with the person who is sick, but who have no symptoms; if they have symptoms, they should follow the same guidance as the person who is sick)</p> </div> </div>		
Condition	Exclusion of person who is sick	
Common cold	<p>If a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), monitor them and exclude them if:</p> <ul style="list-style-type: none"> <li>• they have several respiratory symptoms at the same time or</li> <li>• they have developed new symptoms while at the service or</li> <li>• the respiratory symptoms are severe or</li> <li>• the respiratory symptoms are getting worse (more frequent or severe) or</li> <li>• they also have <a href="#">concerning symptoms</a> (fever, rash, tiredness, pain, poor feeding)</li> </ul> <p>A person can often have an ongoing cough after they have recovered from a respiratory infection. If their other symptoms have gone and they are feeling well, they can return to the service</p> <p>Talk to your local public health unit for advice if there are several children and staff with respiratory symptoms at the service. Check if your state or territory has different requirements for respiratory symptoms</p>	Not excluded
Conjunctivitis	<p>Exclude until discharge from the eyes has stopped</p> <p>Not excluded if a doctor has diagnosed non-infectious conjunctivitis</p>	Not excluded

(Continued)

**Not excluded**
 **Excluded in some cases**
 **Excluded**

Condition	Exclusion of person who is sick	Exclusion of contacts (people who have been in contact with the person who is sick, but who have no symptoms; if they have symptoms, they should follow the same guidance as the person who is sick)
COVID-19	<p>If a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), monitor them and exclude them if:</p> <ul style="list-style-type: none"> <li>• they have several respiratory symptoms at the same time or</li> <li>• they have developed new symptoms while at the service or</li> <li>• the respiratory symptoms are severe or</li> <li>• the respiratory symptoms are getting worse (more frequent or severe) or</li> <li>• they also have <a href="#">concerning symptoms</a> (fever, rash, tiredness, pain, poor feeding)</li> </ul> <p>A person can often have an ongoing cough after they have recovered from a respiratory infection. If their other symptoms have gone and they are feeling well, they can return to the service</p> <p>Talk to your local public health unit for advice if there are several children and staff with respiratory symptoms at the service. Check if your state or territory has different requirements for respiratory symptoms</p>	<p>Not excluded</p> <p>Refer to state or territory advice</p>
Croup	<p>If a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), monitor them and exclude them if:</p> <ul style="list-style-type: none"> <li>• they have several respiratory symptoms at the same time or</li> <li>• they have developed new symptoms while at the service or</li> <li>• the respiratory symptoms are severe or</li> <li>• the respiratory symptoms are getting worse (more frequent or severe) or</li> <li>• they also have <a href="#">concerning symptoms</a> (fever, rash, tiredness, pain, poor feeding)</li> </ul> <p>A person can often have an ongoing cough after they have recovered from a respiratory infection. If their other symptoms have gone and they are feeling well, they can return to the service</p> <p>Talk to your local public health unit for advice if there are several children and staff with respiratory symptoms at the service. Check if your state or territory has different requirements for respiratory symptoms</p>	<p>Not excluded</p>

(Continued)

<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="display: flex; align-items: center;"> <span style="width: 15px; height: 15px; background-color: #c8e6c9; border: 1px solid #000; margin-right: 5px;"></span> <b>Not excluded</b> </div> <div style="display: flex; align-items: center;"> <span style="width: 15px; height: 15px; background-color: #ffe0b2; border: 1px solid #000; margin-right: 5px;"></span> <b>Excluded in some cases</b> </div> <div style="display: flex; align-items: center;"> <span style="width: 15px; height: 15px; background-color: #e1bee7; border: 1px solid #000; margin-right: 5px;"></span> <b>Excluded</b> </div> </div>		
Condition	Exclusion of person who is sick	Exclusion of contacts (people who have been in contact with the person who is sick, but who have no symptoms; if they have symptoms, they should follow the same guidance as the person who is sick)
Cryptosporidiosis	Exclude until there has not been any diarrhoea or vomiting for at least 24 hours  Staff members with these symptoms should not handle food until they have not vomited or had diarrhoea for at least 48 hours (they can be assigned to other duties after at least 24 hours, or stay away from the service for at least 48 hours)  Talk to your local public health unit for advice if there are several children and staff with diarrhoea or vomiting at the service. Check if your state or territory has different requirements for gastroenteritis	Not excluded
Cytomegalovirus (CMV) infection	Not excluded	Not excluded
Ear infection	Not excluded unless associated with other concerning symptoms	Not excluded
Fifth disease (slapped cheek syndrome, erythema infectiosum, human parvovirus B19)	Not excluded	Not excluded

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<span style="display: inline-block; width: 15px; height: 15px; background-color: #90EE90; border: 1px solid black; margin-right: 5px;"></span> <b>Not excluded</b> <span style="display: inline-block; width: 15px; height: 15px; background-color: #FFDAB9; border: 1px solid black; margin-left: 20px; margin-right: 5px;"></span> <b>Excluded in some cases</b> <span style="display: inline-block; width: 15px; height: 15px; background-color: #DDA0DD; border: 1px solid black; margin-left: 20px; margin-right: 5px;"></span> <b>Excluded</b>		
Condition	Exclusion of person who is sick	<b>Exclusion of contacts</b> (people who have been in contact with the person who is sick, but who have no symptoms; if they have symptoms, they should follow the same guidance as the person who is sick)
Flu (influenza)	<p>If a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), monitor them and exclude them if:</p> <ul style="list-style-type: none"> <li>• they have several respiratory symptoms at the same time or</li> <li>• they have developed new symptoms while at the service or</li> <li>• the respiratory symptoms are severe or</li> <li>• the respiratory symptoms are getting worse (more frequent or severe) or</li> <li>• they also have <a href="#">concerning symptoms</a> (fever, rash, tiredness, pain, poor feeding)</li> </ul> <p>A person can often have an ongoing cough after they have recovered from a respiratory infection. If their other symptoms have gone and they are feeling well, they can return to the service</p> <p>Talk to your local public health unit for advice if there are several children and staff with respiratory symptoms at the service. Check if your state or territory has different requirements for respiratory symptoms</p>	Not excluded
Fungal infections of the skin or scalp (ringworm, tinea, athlete's foot)	Exclude until the day after starting appropriate antifungal treatment	Not excluded
<i>Giardia</i> infection (giardiasis)	<p>Exclude until there has not been any diarrhoea or vomiting for at least 24 hours</p> <p>Staff members with these symptoms should not handle food until they have not vomited or had diarrhoea for at least 48 hours (they can be assigned to other duties after at least 24 hours, or stay away from the service for at least 48 hours)</p> <p>Talk to your local public health unit for advice if there are several children and staff with diarrhoea or vomiting at the service. Check if your state or territory has different requirements for gastroenteritis</p>	Not excluded
Glandular fever (Epstein–Barr virus, infectious mononucleosis)	Not excluded	Not excluded

(Continued)

<span style="display: inline-block; width: 15px; height: 15px; background-color: #c8e6c9; border: 1px solid #000; margin-right: 5px;"></span> <b>Not excluded</b> <span style="display: inline-block; width: 15px; height: 15px; background-color: #ffe0b2; border: 1px solid #000; margin-left: 20px; margin-right: 5px;"></span> <b>Excluded in some cases</b> <span style="display: inline-block; width: 15px; height: 15px; background-color: #e1bee7; border: 1px solid #000; margin-left: 20px; margin-right: 5px;"></span> <b>Excluded</b>		
Condition	Exclusion of person who is sick	Exclusion of contacts (people who have been in contact with the person who is sick, but who have no symptoms; if they have symptoms, they should follow the same guidance as the person who is sick)
Hand, foot and mouth disease	Exclude until all blisters have dried	Not excluded
Head lice	Not excluded, as long as effective treatment begins before the next attendance at the service  The child does not need to be sent home immediately if head lice are detected	Not excluded
Hepatitis A	Exclude until at least 7 days after jaundice starts, or if there is no jaundice, until at least 2 weeks after onset of other symptoms  Talk to your public health unit for advice	Not excluded  Talk to your public health unit for advice
Hepatitis B	Not excluded	Not excluded
Hepatitis C	Not excluded	Not excluded
Hepatitis E	Exclude until at least 7 days after jaundice starts, or if there is no jaundice, until at least 2 weeks after onset of other symptoms	Not excluded  Talk to your public health unit for advice
Hib ( <i>Haemophilus influenzae</i> type b)	Exclude until the person has received antibiotic treatment for at least 4 days	Not excluded  Talk to your public health unit for advice
HIV (human immunodeficiency virus)	Not excluded	Not excluded

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<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="display: flex; gap: 10px;"> <div style="width: 20px; height: 10px; background-color: #c8e6c9; border: 1px solid #000;"></div> <b>Not excluded</b> <div style="width: 20px; height: 10px; background-color: #ffe0b2; border: 1px solid #000;"></div> <b>Excluded in some cases</b> <div style="width: 20px; height: 10px; background-color: #e1bee7; border: 1px solid #000;"></div> <b>Excluded</b> </div> </div>		
Condition	Exclusion of person who is sick	Exclusion of contacts (people who have been in contact with the person who is sick, but who have no symptoms; if they have symptoms, they should follow the same guidance as the person who is sick)
Human metapneumovirus	<p>If a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), monitor them and exclude them if:</p> <ul style="list-style-type: none"> <li>• they have several respiratory symptoms at the same time or</li> <li>• they have developed new symptoms while at the service or</li> <li>• the respiratory symptoms are severe or</li> <li>• the respiratory symptoms are getting worse (more frequent or severe) or</li> <li>• they also have <a href="#">concerning symptoms</a> (fever, rash, tiredness, pain, poor feeding)</li> </ul> <p>A person can often have an ongoing cough after they have recovered from a respiratory infection. If their other symptoms have gone and they are feeling well, they can return to the service</p> <p>Talk to your local public health unit for advice if there are several children and staff with respiratory symptoms at the service. Check if your state or territory has different requirements for respiratory symptoms</p>	Not excluded
Impetigo (school sores)	<p>Exclude until antibiotic treatment has started</p> <p>Cover any sores on exposed skin with a watertight dressing</p>	Not excluded
Measles	<p>Exclude for at least 4 days after the rash appeared</p>	<p>Immunised contacts are not excluded</p> <p>For non-immunised contacts, talk to your public health unit for advice</p> <p>Talk to immunocompromised or pregnant staff about risk and recommend they seek medical advice</p> <p>Exclude all immunocompromised children until 14 days after the rash appears in the last case at the service</p>
Meningitis (viral)	<p>Exclude until person is well</p>	Not excluded

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<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="display: flex; align-items: center;"> <span style="width: 15px; height: 15px; background-color: #90EE90; border: 1px solid black; margin-right: 5px;"></span> <b>Not excluded</b> </div> <div style="display: flex; align-items: center;"> <span style="width: 15px; height: 15px; background-color: #FFDAB9; border: 1px solid black; margin-right: 5px;"></span> <b>Excluded in some cases</b> </div> <div style="display: flex; align-items: center;"> <span style="width: 15px; height: 15px; background-color: #FFB6C1; border: 1px solid black; margin-right: 5px;"></span> <b>Excluded</b> </div> </div>		
<b>Condition</b>	<b>Exclusion of person who is sick</b>	<b>Exclusion of contacts</b> (people who have been in contact with the person who is sick, but who have no symptoms; if they have symptoms, they should follow the same guidance as the person who is sick)
Meningococcal infection	Exclude until the person has completed antibiotic treatment	Not excluded  Talk to your public health unit for advice about antibiotics and/or vaccination for people who were in the same room as the case
Molluscum contagiosum	Not excluded	Not excluded
Mosquito-borne diseases (Barmah Forest virus, Chikungunya virus, Dengue virus, Zika virus, Japanese encephalitis, malaria, Murray Valley encephalitis virus, Ross River virus, West Nile virus – including Kunjin virus)	Not excluded  Talk to your public health unit for advice	Not excluded
Mumps	Exclude for at least 9 days or until swelling goes down (whichever is sooner)	Not excluded
Norovirus infection	Exclude until there has not been any diarrhoea or vomiting for at least 48 hours  Talk to your local public health unit for advice if there are several children and staff with diarrhoea or vomiting at the service. Check if your state or territory has different requirements for gastroenteritis	Not excluded
Pneumococcal disease	Exclude until person has received antibiotic treatment for at least 24 hours and feels well	Not excluded

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<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="display: flex; align-items: center;"> <span style="width: 15px; height: 15px; background-color: #c8e6c9; border: 1px solid #000; margin-right: 5px;"></span> <b>Not excluded</b> </div> <div style="display: flex; align-items: center;"> <span style="width: 15px; height: 15px; background-color: #ffe0b2; border: 1px solid #000; margin-right: 5px;"></span> <b>Excluded in some cases</b> </div> <div style="display: flex; align-items: center;"> <span style="width: 15px; height: 15px; background-color: #e1bee7; border: 1px solid #000; margin-right: 5px;"></span> <b>Excluded</b> </div> </div>		
Condition	Exclusion of person who is sick	Exclusion of contacts (people who have been in contact with the person who is sick, but who have no symptoms; if they have symptoms, they should follow the same guidance as the person who is sick)
Pneumonia	<p>If a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), monitor them and exclude them if:</p> <ul style="list-style-type: none"> <li>• they have several respiratory symptoms at the same time or</li> <li>• they have developed new symptoms while at the service or</li> <li>• the respiratory symptoms are severe or</li> <li>• the respiratory symptoms are getting worse (more frequent or severe) or</li> <li>• they also have <a href="#">concerning symptoms</a> (fever, rash, tiredness, pain, poor feeding)</li> </ul> <p>A person can often have an ongoing cough after they have recovered from a respiratory infection. If their other symptoms have gone and they are feeling well, they can return to the service</p> <p>Talk to your local public health unit for advice if there are several children and staff with respiratory symptoms at the service. Check if your state or territory has different requirements for respiratory symptoms</p>	Not excluded
Roseola (exanthum subitum, sixth disease)	Not excluded	Not excluded
Rotavirus infection	<p>Exclude until there has not been any diarrhoea or vomiting for at least 24 hours</p> <p>Staff members with these symptoms should not handle food until they have not vomited or had diarrhoea for at least 48 hours (they can be assigned to other duties after at least 24 hours, or stay away from the service for at least 48 hours)</p> <p>Talk to your local public health unit for advice if there are several children and staff with diarrhoea or vomiting at the service. Check if your state or territory has different requirements for gastroenteritis</p>	Not excluded

(Continued)

<span style="display: inline-block; width: 15px; height: 15px; background-color: #90EE90; border: 1px solid black; margin-right: 5px;"></span> Not excluded <span style="display: inline-block; width: 15px; height: 15px; background-color: #FFDAB9; border: 1px solid black; margin-left: 20px; margin-right: 5px;"></span> Excluded in some cases <span style="display: inline-block; width: 15px; height: 15px; background-color: #DDA0DD; border: 1px solid black; margin-left: 20px;"></span> Excluded		
Condition	Exclusion of person who is sick	Exclusion of contacts (people who have been in contact with the person who is sick, but who have no symptoms; if they have symptoms, they should follow the same guidance as the person who is sick)
RSV (respiratory syncytial virus)	<p>If a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), monitor them and exclude them if:</p> <ul style="list-style-type: none"> <li>• they have several respiratory symptoms at the same time or</li> <li>• they have developed new symptoms while at the service or</li> <li>• the respiratory symptoms are severe or</li> <li>• the respiratory symptoms are getting worse (more frequent or severe) or</li> <li>• they also have <a href="#">concerning symptoms</a> (fever, rash, tiredness, pain, poor feeding)</li> </ul> <p>A person can often have an ongoing cough after they have recovered from a respiratory infection. If their other symptoms have gone and they are feeling well, they can return to the service</p> <p>Talk to your local public health unit for advice if there are several children and staff with respiratory symptoms at the service. Check if your state or territory has different requirements for respiratory symptoms</p>	Not excluded
Rubella (German measles)	Exclude until the person has fully recovered or for at least 4 days after the rash appears	Not excluded  Talk to immunocompromised or pregnant staff about risk and recommend they seek medical advice
<i>Salmonella</i> infection (salmonellosis)	<p>Exclude until there has not been any diarrhoea or vomiting for at least 24 hours</p> <p>Staff members with these symptoms should not handle food until they have not vomited or had diarrhoea for at least 48 hours (they can be assigned to other duties after at least 24 hours, or stay away from the service for at least 48 hours)</p> <p>Talk to your local public health unit for advice if there are several children and staff with diarrhoea or vomiting at the service. Check if your state or territory has different requirements for gastroenteritis</p>	Not excluded

(Continued)

<span style="display: inline-block; width: 15px; height: 15px; background-color: #c8e6c9; border: 1px solid #000; margin-right: 5px;"></span> <b>Not excluded</b> <span style="display: inline-block; width: 15px; height: 15px; background-color: #ffe0b2; border: 1px solid #000; margin-left: 20px; margin-right: 5px;"></span> <b>Excluded in some cases</b> <span style="display: inline-block; width: 15px; height: 15px; background-color: #e91e63; border: 1px solid #000; margin-left: 20px; margin-right: 5px;"></span> <b>Excluded</b>		
Condition	Exclusion of person who is sick	Exclusion of contacts (people who have been in contact with the person who is sick, but who have no symptoms; if they have symptoms, they should follow the same guidance as the person who is sick)
Scabies and other mites causing skin disease	Exclude until the day after starting treatment	Not excluded
<i>Shigella</i> infection (shigellosis)	Exclude until there has not been any diarrhoea or vomiting for at least 24 hours  Staff members with these symptoms should not handle food until they have not vomited or had diarrhoea for at least 48 hours (they can be assigned to other duties after at least 24 hours, or stay away from the service for at least 48 hours)  Talk to your local public health unit for advice if there are several children and staff with diarrhoea or vomiting at the service. Check if your state or territory has different requirements for gastroenteritis	Not excluded
Shingles (zoster infection)	Exclude children until blisters have dried and crusted  Adults who can cover the blisters are not excluded (they are excluded if blisters cannot be covered)	Talk to your public health unit for advice about pregnant women and anyone who is immunocompromised
Staph infection ( <i>Staphylococcus aureus</i> )	Exclude until the person has received antibiotic treatment for at least 24 hours and feels well	Not excluded
Streptococcal sore throat	Exclude until the person has received antibiotic treatment for at least 24 hours and feels well	Not excluded
Thrush (candidiasis)	Not excluded	Not excluded
Toxoplasmosis	Not excluded	Not excluded
Trachoma ( <i>Chlamydia trachomatis</i> eye infection)	Exclude until antibiotic treatment has started <b>and</b> Talk to your local public health unit for advice	Talk to your public health unit for advice

(Continued)

<span style="display: inline-block; width: 15px; height: 15px; background-color: #90EE90; border: 1px solid black; margin-right: 5px;"></span> Not excluded <span style="display: inline-block; width: 15px; height: 15px; background-color: #FFDAB9; border: 1px solid black; margin-left: 20px; margin-right: 5px;"></span> Excluded in some cases <span style="display: inline-block; width: 15px; height: 15px; background-color: #F080F0; border: 1px solid black; margin-left: 20px;"></span> Excluded		
Condition	Exclusion of person who is sick	Exclusion of contacts (people who have been in contact with the person who is sick, but who have no symptoms; if they have symptoms, they should follow the same guidance as the person who is sick)
Tuberculosis (TB)	Talk to your local public health unit for advice about exclusion	Talk to your public health unit for advice about screening, antibiotics and TB clinics
Typhoid and paratyphoid fever	Exclude until cleared by the local public health unit	Not excluded Talk to your public health unit for advice
Warts	Not excluded	Not excluded
Whooping cough (pertussis)	Exclude until at least 5 days after starting appropriate antibiotic treatment, or for at least 21 days from the onset of coughing if the person does not receive antibiotics	Talk to your public health unit for advice about excluding non-immunised contacts  Talk to immunocompromised or pregnant staff about risk and recommend they seek medical advice
Worms	Not excluded	Not excluded

Note that exclusion advice is consistent with the Communicable Diseases Network Australia Series of National Guidelines, if available.



# EXCURSIONS & OUTINGS

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Cabonne Family Day Care is committed to conducting excursions and outings in a safe manner. Excursions can enrich children's learning and it is essential for children to have a balance of experiences that help them feel both secure and confident to explore and learn more about the world in which they live. Whilst the benefits of excursions are appreciated, educators must ensure that their programs offer a balance between outings and home-based activities.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Guide to National Quality Framework

### Regulations

- Regulation 99 – Children leaving the education and care premises
- Regulation 100 – Risk assessment must be conducted before excursion
- Regulation 101 – Conduct of risk assessment for excursion
- Regulation 102 – Authorisations for excursion
- Regulation 102B - Transport risk assessment must be conducted before service transports child
- Regulation 102C - Conduct of risk assessment for transporting of children by the education and care service
- Regulation 102D - Authorisation for service to transport children

### Definitions

#### Regular Outing

In relation to an Education and Care Service, means a walk, drive, or trip to and from a destination:

- That the service visits regularly (at least monthly) as part of educational program; and

- Where the circumstances relevant to the risk assessment are the same on each outing.

Regular outings may include such things as the following, which occur on a regular basis at a minimum of once a month:

- Pick up/drop off to school
- Parks and libraries
- Play sessions and playgroups
- Neighbourhood walks
- Visiting another Family Day Care educator
- Short shopping trips linked to the program

### **Excursions**

In relation to an Education and Care Service, means an outing that is not regular.

Non-routine excursions may include the following, providing they occur less than once a month:

- Indoor play centres
- Airports and museums
- Fire, ambulance, and police stations

### **Procedure**

#### **The Principal Office will:**

- Provide a risk assessment template for educators to thoroughly assess the risks and hazards of the excursion location and meet regulatory requirements.
- Inform families at the initial registration and regularly through newsletters of the regulatory requirements relating to outings or excursions.
- Provide feedback on risk assessment and support educators to make any changes if required.
- Assign risk assessment numbers for each excursion destination and provide them to the educator.

#### **Educators will:**

- Plan and identify the purpose of the outing or excursion.
- Link the outing or excursion to the educational program.
- Ensure a balance between staying at the service and going on an outing or excursion. No more than three outings or excursions per week will be allowed unless approved from the Nominated Supervisor (excluding pick up/drop offs to school and preschool).

- Determine appropriateness of excursions based on the children's needs, abilities, and interests.
- For excursions with activities that include or involve adventurous play, stairs, water, or structures with a fall height over 60cm, ensure that the benefits and risks are documented and weighed.
- Conduct a risk assessment in accordance with Regulation 101:
  - a. The risk assessment must identify and assess risks that the outing or excursion may pose to the safety, health or wellbeing of any child taken on the outing or excursion; and
  - b. Specify how the identified risks will be managed and minimised.
  - c. The completed risk assessment must be received 24 hours prior to the outing or excursion taking place. The risk assessment will be approved by Principal Office staff and a risk assessment number allocated.
  - d. A risk assessment needs to be completed annually in January for the current calendar year.
- Ensure that risk assessments specify the destination and activities that will occur, as well as whether it is an outing or excursion.
- Ensure a parent, guardian, or authorised person, signs the risk assessment giving permission for the child to attend the outing or excursion. The regular outing consent is signed annually, whilst the non-routine excursion authorisation must be signed by the parent/guardian every time the excursion takes place.
- Ensure completed forms are received and approved by the Principal Office before conducting any outing or excursion.
- Ensure the Principal Office is notified of every outing and excursion before children are taken off the family day care premise.
- Ensure the following items are taken on all excursions:
  - First aid kit
  - Mobile phone
  - Emergency contact phone numbers for children
  - Medical information for all children attending the excursion
  - A list of all children attending the excursion
- Ensure all outings or excursions are conducted in a safe manner.
- Always supervise children on outings or excursions and consider supervision implications before conducting excursions.
- Always follow the *Transportation Procedure* when transporting family day care children.

### **Families are required to:**

- Complete an enrolment form and enrolment authorisations before a child is permitted to be taken on an excursion.
- Sign an excursion authorisation if they are comfortable with their child being taken on the excursion. Families do not have to permit children to attend an excursion if they are not comfortable with them attending.
- Families do not have to permit children being transported in an educator's motor vehicle if they are not comfortable with it.
- Read the educator's program and regularly discuss excursions and outings.

### **Links to Other Procedures**

- Acceptance and Refusal of Authorisations
- Adventurous Play
- Educational Program and Practice
- Sun Protection
- Supervision
- Transportation
- Water Safety

# FAMILY DAY CARE REGISTER

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Cabonne Family Day Care maintains a register of family day care educators and staff members in accordance with the Education and Care National Regulations.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011

### Regulations

- Regulation 153 - Register of family day care educators, coordinators, and educator assistants

### Procedure

The register must include the following information in relation to each family day care educator and educator assistant engaged by or registered with the service—

- the full name, address and date of birth of the educator.
- the contact details of the educator.
- the address of the residence or approved family day care venue.
- the date that the educator was engaged by, or registered with, the service.
- the date that the educator ceased to be engaged by or registered with the service (if applicable).
- the days and hours when the educator will usually be providing education and care to children as part of the service.
- evidence—
  - a) of any relevant qualifications held by the educator, or
  - b) if applicable, that the educator is actively working towards that qualification.
- evidence that the educator has completed—

- a)** current approved first aid training,
  - b)** current approved anaphylaxis management training,
  - c)** current approved emergency asthma management training.
- evidence of any other training completed by the educator.
- for each child educated and cared for by the educator as part of the family day care service—
  - a)** the child's name and date of birth, and
  - b)** the days and hours that the educator usually provides education and care to that child.
- if the education and care is provided in a residence—
  - a)** the full names and dates of birth of all persons aged 18 years and over who normally reside at the family day care residence.
  - b)** the full names and dates of birth of all children aged under 18 years who normally reside at the family day care residence.
- a record of—
  - a)** the identifying number of the current Working with Children Check, and
  - b)** the date that the check was sighted by the nominated supervisor.
- evidence that the educator is adequately monitored and supported by the Principal Office while the educator is providing education and care to children, including the following information:
  - a)** the dates and times of any visits to the family day care educator for the purpose of monitoring or support,
  - b)** the dates and times of any telephone calls for the purpose of monitoring or support,
  - c)** details and date of any correspondence or written materials provided to the educator for the purpose of monitoring or support.

The register must include the following information in relation to each family day care coordinator employed or engaged by the service—

- the full name, address, and date of birth of the coordinator.
- the contact details of the coordinator.
- the date that the coordinator was employed or engaged by the service.
- the date that the coordinator ceased to be employed or engaged by the service (if applicable).
- evidence of any relevant qualifications held by the coordinator.
- if the coordinator will be providing education and care to children, evidence that the coordinator has completed—

- a)** current approved first aid training, and
  - b)** current approved anaphylaxis management training, and
  - c)** current approved emergency asthma management training.
- evidence of any other training completed by the co-ordinator.
- a record of—
  - a)** the Working with Children Check and the expiry date of that check,
  - b)** the date that the check was sighted by the nominated supervisor.

Information held on the register in relation to a family day care educator, coordinator or an educator assistant must be kept on the register until three years after the date on which the person ceased to be employed by or registered with the service.

# FEES & CHARGES

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Children's Services Coordinator

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### Objective

Cabonne Family Day Care aims to be an affordable and viable education and care service. The service supports educators to meet all legislative requirements and manages the provision of the Child Care Subsidy.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Family Assistance Law - <https://www.dese.gov.au/family-assistance-law>
- Child Care Provider Handbook - <https://www.education.gov.au/early-childhood/resources/child-care-provider-handbook>

### Procedure

#### The Approved Provider will:

- Support the Nominated Supervisor to set affordable and viable fees.
- Support the Nominated Supervisor to apply for grants and funding.
- Forward Child Care Subsidy payments to educators.

#### The Principal Office will:

- Develop an individual 'Fees and Charges' document for each educator that details the educator's individual fees and all other information parents need to know before agreeing to care.
- Set the Parent Administration Levy and Educator Levy based on the annual budget to ensure the required income will be received to run the service efficiently to meet legislative requirements. This will involve the Cabonne Council Finance team and the Community Services Department Leader.
- Ensure the Parent Administration Levy is charged per full hour.
- Keep all stakeholders informed during this fee setting process.
- Develop a 'Recommended Fees, Charges and Conditions Guide' to assist educators in developing their fees and charges.



- Include the educator's individual Fees and Charges during family orientations.
- Not enter discussions with educators or families on matters relating to the value of an individual service compared to other services.
- Ask educators if they have any outstanding debt during support visits.
- Require educators to take responsibility for bad debts incurred at their service. If a family has an outstanding account, the service can issue **one** reminder in the form of a letter.
- Require educators to take responsibility for bad debts incurred at their service. To support the educators, if a family has an outstanding account the Children's Services Coordinator can make one phone call and issue one reminder letter to the family. This will be done at the educator's request.
- Monitor accuracy of claims for Child Care Subsidy.
- Provide fortnightly Statement of Entitlement to families.
- Ensure families and educators are aware that a Complying Written Arrangement can be immediately terminated if a family is more than two weeks overdue with child care fees.
- Give all families and educators a minimum four weeks' notice of change of fees and charges.
- Ensure attendance records are completed accurately.
- Monitor the electronic collection of the gap fee from 1 July 2023 by requesting educator's bank statements during support visits.

#### **Educators will:**

- Always collect the gap fee from families, as per the requirements of the Family Assistance Law. The gap fee can be waived in special circumstances during a pandemic when approved by the Australian Government.
- Always collect the gap fee electronically (no cash payments) from 1 July 2023, in accordance with amendments to Section 201B (1) of the A New Tax System (Family Assistance) (Administration) Act 1999.
- Not accept 'payment-in-kind' instead of being paid the gap fee by families.
- Adopt their standard hours as 8am to 6pm, Monday to Friday. Acknowledge that any care provided outside standard hours will be classified as non-standard hours of care.
- Ensure individual fees and charges are approved by the Principal Office.
- Ensure all families have signed a Fee Policy Agreement before commencing care.
- Charge all families the same fee, for the same services.
- Issue an invoice each week for child care fees and keep a record.
- Issue a receipt for all payments received and keep a record.

- Give the service and existing families at least 4 weeks' notice of any changes to fees.
- Not discuss nor agree to set fees in collusion with other educators (Trade Practices Act 1974).
- Not charge for education and care on days and hours they do not operate their business.
- Work the working day before and working day after a public holiday to charge a family for a public holiday if they do not attend. (Educator must work their usual last 'working day' and next usual 'working day', does not include weekends).
- Not change their fees and charges until they have been a registered educator for a minimum of six months. This does not apply to educators transferring from another approved provider.
- Understand fees can only be changed once a financial year and cannot be changed within 60 days of a previous change.
- Understand that they can immediately terminate a Complying Written Arrangement if a family's child care fees are more than two weeks overdue.
- Ensure all accounts are kept confidential. Educators should only discuss accounts with the parent or service staff.

#### **Families must:**

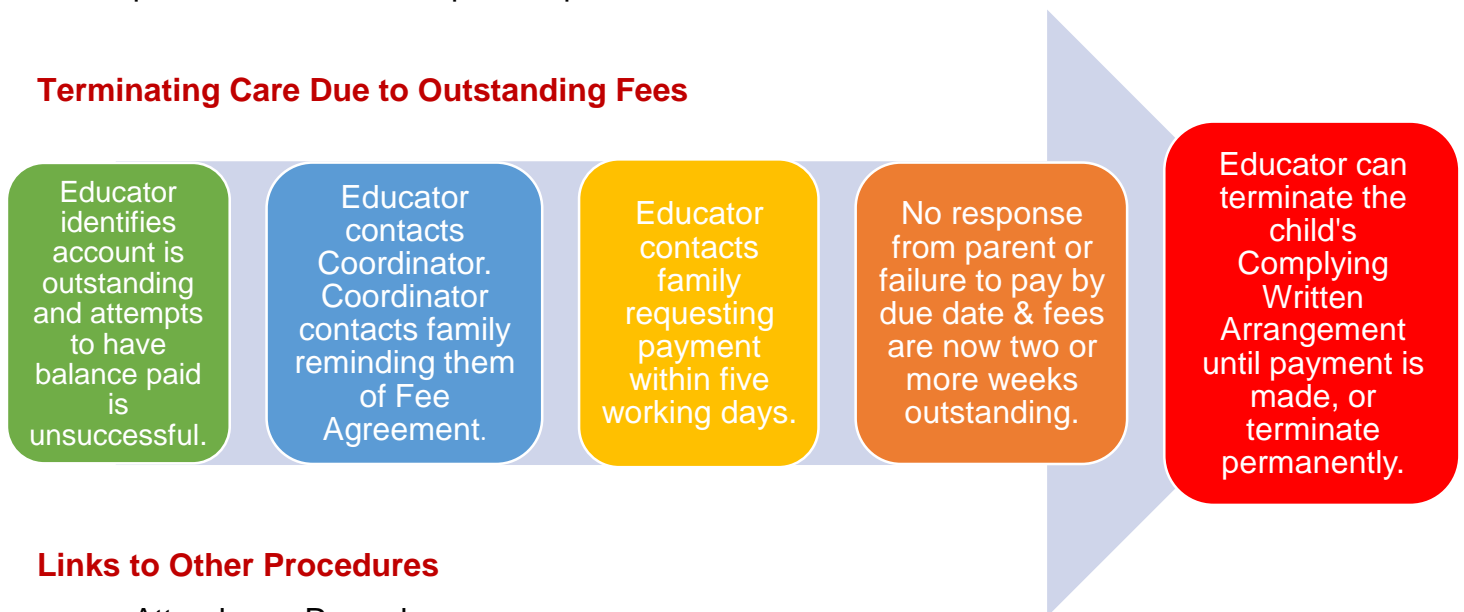
- Pay child care fees to the educator as per the due date on invoices.
- Only use electronic means to pay their educator. Educators cannot accept cash payments as of 1 July 2023.
- Understand that their Complying Written Arrangement can be immediately terminated by the educator if child care fees are more than two weeks overdue.
- Apply for the Child Care Subsidy through Centrelink, if required.
- If care is required on a public holiday, an arrangement must be made with your educator one week prior, and the public holiday hourly fee will apply.
- If care is not required on the public holiday and the child would normally attend, the usual fee applies, and the child is marked as absent if the educator chooses to operate their service on this day.
- If care is not available from your educator, you will not be charged for that day.
- If the service has been advised to close by the local authorities due to catastrophic fires, or natural disaster, you will not be charged.
- If you cannot attend child care due to natural disasters, and your educator is open for business you will be charged your normal fee. You may be eligible for financial assistance through Centrelink.

## Payment of Fees via Electronic Funds Transfer

- From 1 July 2023, child care services must collect gap fees via electronic funds transfer (EFT).
- Providers must ensure educators are using EFT by conducting regular checks of bank statements during support visits.
- Prepaid debit cards are a safe alternative to cash that do not require a bank account. Prepaid cards are available at post offices, banks, retail stores and online.
- Exceptions will be available for:
  - individuals at risk of family or domestic violence.
  - services experiencing exceptional circumstances.

In both cases, a provider must apply to the department on behalf of the individual or service seeking an exception. Exceptions will be reassessed on a yearly basis to ensure the individual or service remains eligible. The department may audit providers with an exception in place.

## Terminating Care Due to Outstanding Fees



## Links to Other Procedures

- Attendance Records
- Child Enrolment and Orientation

# FENCING

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Cabonne Family Day Care will ensure all fences are safe and comply with the Education and Care National Regulations.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Kidsafe Family Day Care Safety Guidelines

### Regulations

- Regulation 104 – Fencing

### Procedure

#### The Principal Office will:

- Ensure educator's fences comply with the regulations and are safe for children.
- Complete an inspection on an educator's property before registering them as an educator.

#### Educators will:

- Ensure a boundary fence is designed so that children are prevented from scaling or crawling under it, it is recommended that fences be a minimum height of 1200mm, and the gap under the fence be no more than 100mm.
- Have nothing to climb onto within 1200mm from the top of the fence e.g. rubbish bins, barbeques, or wheelbarrows.
- Ensure swimming pools are fenced according to the Swimming Pools Act 1992. This requires a fence height to be a minimum of 1200mm, with the gap underneath to be no more than 100mm. There is also a requirement that there be a clearance of 1200mm from the top of the fence to any object that the child could climb.

- Ensure any projections, or indentations, from the fence or gate shall not be more than 10mm unless they are spaced at least 900mm apart and that the lower edge of any projections, or indentations, is at least 1100mm below the top of the fence or gate.
- Ensure if the fence has horizontal rails, rods, wires, or bracings, that could be used for climbing, or if the vertical parts of the fence are more than 10mm apart, the following requirements shall apply:
  - The horizontal parts shall be a minimum of 900mm apart.
  - There is at least 1100mm between the bottom rail and the top of fence
  - The spacing between any vertical parts of the fence, such as palings, rods, or wires, shall not exceed 100mm at any point.
- Ensure perforated materials such as chain wire having an opening of greater than 50mm shall not be used. Perforated materials which have openings less than 50mm but greater than 10mm may be used, providing the construction of the fencing meets the requirements for perforated materials.
- Gates should comply with the height requirements.
- Ensure balconies, stairs and ramps must be enclosed if a child could fall 60cm. Enclosures may be a balustrade or wall and must be:
  - 1m in height above level floor surface.
  - Constructed so that it contains no horizontal rails or footholds other than the top and base.
  - Have openings not exceeding 125mm between vertical rails and between the base of the balustrade and the floor.
- Child proof barriers that are appropriate to the ages of children must be provided at the top and bottom of stairs at the premises of a children's service if the height at which a child can fall reaches 60cm for both indoor and outdoor areas.

### **Links to Other Procedures**

- Completion of Educator Workplace Health & Safety Audit

# FIRE EQUIPMENT

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Cabonne Family Day Care require all educators to have appropriate fire equipment to ensure the safety of children, families, and visitors.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Kidsafe Family Day Care Safety Guidelines – 7th Edition
- Environmental Planning and Assessment Regulation 2000 - <https://legislation.nsw.gov.au/view/html/inforce/current/sl-2000-0557#pt.9-div.7A>

### Equipment Required

- Smoke Detectors - Mandatory for all homes. They must meet the requirements of Australian Standard AS 3786 and must be checked regularly to ensure that they are operational.
- Fire Blankets – Should be installed in the kitchen, near cooking facilities.
- Fire Extinguishers – Should be installed in the home, preferably near cooking facilities.

### Procedure

#### The Principal Office will:

- Ensure all educators provide evidence of fire equipment inspection every six months.
- Provide educators with fire equipment signs.

#### Educators will:

- Ensure they have a smoke detector, fire blanket and fire extinguisher installed in their family day care residence.
- Ensure smoke detectors, fire blanket and fire extinguisher are inspected before installation and every six months thereafter.

- Provide documentation as evidence of fire equipment inspection.
- Implement fire equipment into the Evacuation Procedures.

### **Links to Other Procedures**

- Completion of Educator Workplace Health & Safety Audit
- Emergency and Evacuation Procedures

# FOOD, NUTRITION & DIETARY REQUIREMENTS

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Cabonne Family Day Care recognises the early years of a child's life are a critical period for their healthy development and growth. During this time, both physical and intellectual development is largely dependent upon adequate nutritional intake. Many of the eating habits and attitudes to food developed in childhood continue throughout life.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- NSW Department of Health – Munch and Move

### Procedure

#### The Principal Office will:

- Provide information and resources to educators and families on nutrition, food preparation and storage.
- Encourage families to provide adequate and nutritious meals for their children in care.
- Encourage and support all educators and staff to attend relevant professional development.
- Collect and record relevant information about individual dietary requirements of children (allergies, intolerances, cultural) on enrolment forms.
- Regularly provide educators and families with information on healthy foods and practices.
- Promote Munch and Move within the service.
- Ensure every child that suffers from severe allergies, anaphylaxis or diabetes has a Management Plan from a medical practitioner before the child starts care.



### **Educators will:**

- Provide each child with the food and drinks provided by the family unless other arrangements are made.
- Ensure children do not share their food to avoid an allergic or anaphylactic reaction.
- Hold a Food Handling Certificate if they are providing food (this is not recommended for just cooking experiences with the children) to children as part of their everyday service.
- If supplying meals, develop and display a suitable menu outlining what children will be eating in the service.
- Provide information to children and families that outline good nutrition practices.
- Understand the eating habits and nutritional needs of each child.
- Encourage and support children to develop independence in eating.
- Facilitate mealtimes that are positive, relaxed, and social.
- Respect the requests of families relating to dietary, religious, or cultural beliefs.
- Ensure water is readily available (both indoors and outdoors) for children to consume throughout the day.
- Be aware of children with food allergies, food intolerances and special dietary requirements and consult with families to develop individual management plans.
- Ensure young children do not have access to foods that may cause choking.
- Ensure all children remain seated while eating.
- Always supervise children while eating and drinking.
- Promote good oral health through learning experiences.
- Encourage water as a drink.
- Promote healthy food choices through role modelling during mealtimes and through cooking experiences.
- Ensure every child that suffers from severe allergies, anaphylaxis or diabetes has a Management Plan from a medical practitioner before the child starts care.
- Complete a Risk Minimisation Plan with the family if a child suffers from allergic reactions, anaphylaxis, or diabetes.
- Teach children to turn away from food when they cough or sneeze, and then to wash and dry their hands.

### **When preparing meals and snacks, educators will:**

- Clean tables that are to be used for the meal.
- Wash and dry hands before preparing or serving foods. If you are interrupted to care for another child while preparing food or spoon-feeding an infant, be sure to wash and dry your hands again before you continue.
- **“Cut up, sit down and supervise”.**

- Cut up all fruit and food into small pieces for children under the age of 1.5 years (e.g. grapes into quarters) to prevent choking.
- Ensure children serving themselves from the same container are supervised, and utensils used prevent children from touching food that other children will eat. This will assist to maintain food safety while also encouraging children to develop independence and self-help skills.
- Use a separate spoon for each baby you feed.

#### **Families will:**

- Communicate current dietary requirements of their children and notify their educator immediately of any changes.
- Provide nutritious and appropriate food and water (breastmilk and formula acceptable for young babies) if educator does not supply meals.
- Provide a Medical Management Plan to educator if child suffers from severe allergies, anaphylaxis, or diabetes. Children will not be permitted to start care until Management Plan have been received.
- Keep lunchboxes and drink bottles clean and hygienic.

#### **Practices**

##### **Handle food safely**

- Always keep raw and cooked food separate.
- Use separate utensils for raw and cooked food.
- Wash raw fruit and vegetables to remove soil and bacteria.
- Use separate chopping boards and wash in warm soapy water.
- Use plastic or glass rather than wood chopping boards.
- Thaw frozen food in the refrigerator or microwave and cook thawed food immediately.
- Heat food until steaming hot (to 75°C).
- Check for 'hot spots' in microwaved food.
- Only reheat food once.
- Children must not handle hot food.
- Cooked food should be cooled prior to serving to children.
- The temperature of the food is such that any spills will not burn a child's skin.

##### **Store food safely**

- Check that refrigerator is 5°C or lower.
- Cover and seal perishable food and store in the refrigerator.
- Store infant milk bottles in the back of the refrigerator, not in the door.

- Store raw food separately.

### **Food brought from home**

- Store children's lunch boxes in the refrigerator, an esky or cooler bag.
- If food needs to be warmed, reheat it quickly until steaming, then allow to cool until it is safe for the child to eat without scalding.
- Reheat food only once and throw out any left overs.

### **Transporting food**

- When transporting food to playgroup, outings and excursions, educators should ensure that perishables, particularly dairy and meat products, are kept cool.
- Esky or cooler bags with freezer blocks and/or frozen drinks can keep food fresh.
- Frozen sandwiches are also usually defrosted and fresh by lunch time.

### **Breast milk and formula**

- Breast milk can be frozen for two weeks in the freezer section of a refrigerator or 2-3 months in a freezer with a separate door.
- Expressed breastmilk will be stored at 4°C or lower until it is required. The educator will confirm the child's name and date of expression on the container, and the amount to be prepared.
- Prepared infant formula can be stored and used for 24 hours.
- Expressed breastmilk will be warmed and/or thawed by running the container under warm water or by standing the container in warm water. Never reheat expressed breastmilk in a microwave.
- An educator will test the temperature of the expressed breastmilk by placing a few drops on the inside of their wrist before the expressed breastmilk is given to the infant.
- Discard the contents of any bottle not fully consumed in one hour from the start of the feed.
- Use defrosted breast milk within 24 hours. Throw out any milk left over after each feed. Do not return it to the refrigerator or leave at room temperature.
- To limit wastage where expressed breastmilk is provided in a container larger than a single serving, the bottle is initially filled with less milk than may be necessary for the feeding, with additional milk available to add to the bottle if needed. If an infant is fed another infant's bottle of expressed breastmilk, treat the incident as an accidental exposure to a bodily fluid. An incident report will be completed, and both affected families informed.
- Provide mothers with a private, clean, and quiet place to breastfeed their infants, or express breastmilk. The place will include an electrical outlet, comfortable chair, a change table, and nearby access to hand washing facilities.

- Provide refrigerator space for breastfeeding mothers to store their expressed breastmilk.
- Educate staff and families that a mother may breastfeed her infant wherever they have a legal right to.
- Develop a documented individual breastfeeding support plan in consultation with family members for breastfed infants.
- Offer information on the benefits of breastfeeding to all families enrolled at the service.
- Display easily accessible brochures, pamphlets, and other resources about breastfeeding at the Principal Office.
- Display culturally appropriate pictures and posters of breastfeeding and exclude those supplied by formula manufacturers.
- Include fathers in the discussions about breastfeeding.
- Stimulate participatory learning experiences with the children related to breastfeeding and offer children's books that contain pictures of breastfeeding, play dolls that are nursing and other learning experiences that normalise breastfeeding.
- Establish and maintain connections with local breastfeeding support networks, including NSW Health and the Australian Breastfeeding Association.

### **Links to Other Procedures**

- Child Enrolment and Orientation
- Dental Health
- Health
- Medical Conditions
- Supervision

# GOVERNANCE & MANAGEMENT OF THE SERVICE

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Cabonne Family Day Care aims to have effective leaders and management ensuring a high quality education and care service is delivering quality outcomes for children, families, educators, and staff. Our service aims to be a professional service with a high profile in the early childhood industry.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011

### Funding

The Department of Education, Skills and Employment funds the service through the Community Child Care Fund. It is the responsibility of the Approved Provider to budget for salaries, training, and equipment from this funding. Income is also generated from educator and parent administration fees.

### Licensing

The NSW Department of Education is responsible for regulating the service. The service operates under the National Quality Framework, including the Education and Care Services National Law 2010 and the Education and Care Services National Regulations 2011.

### Procedure

#### Approved Provider will:

- Employ fit and proper staff to operate the service.
- Account for government funding.
- Maintain communication with state and federal government departments.

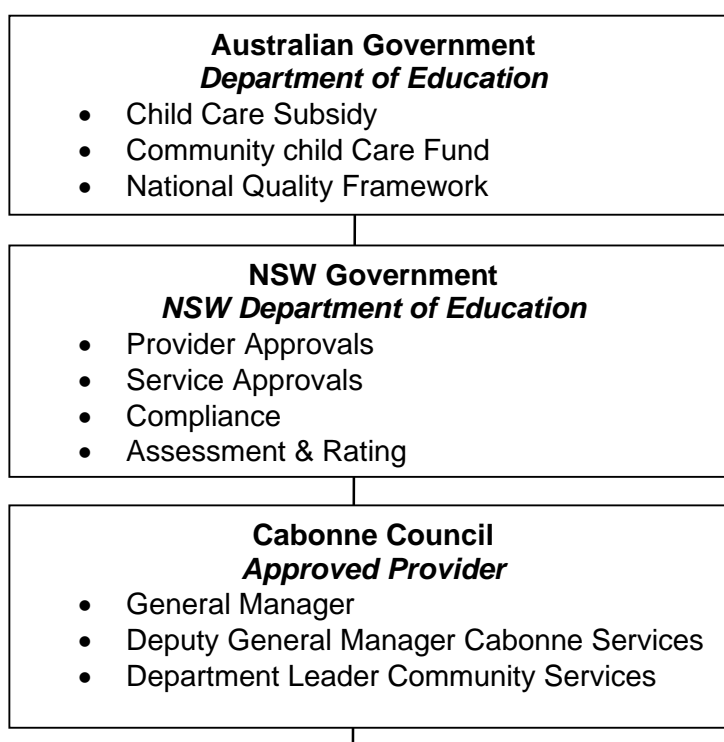
### Appropriate qualifications for Principal Office staff:

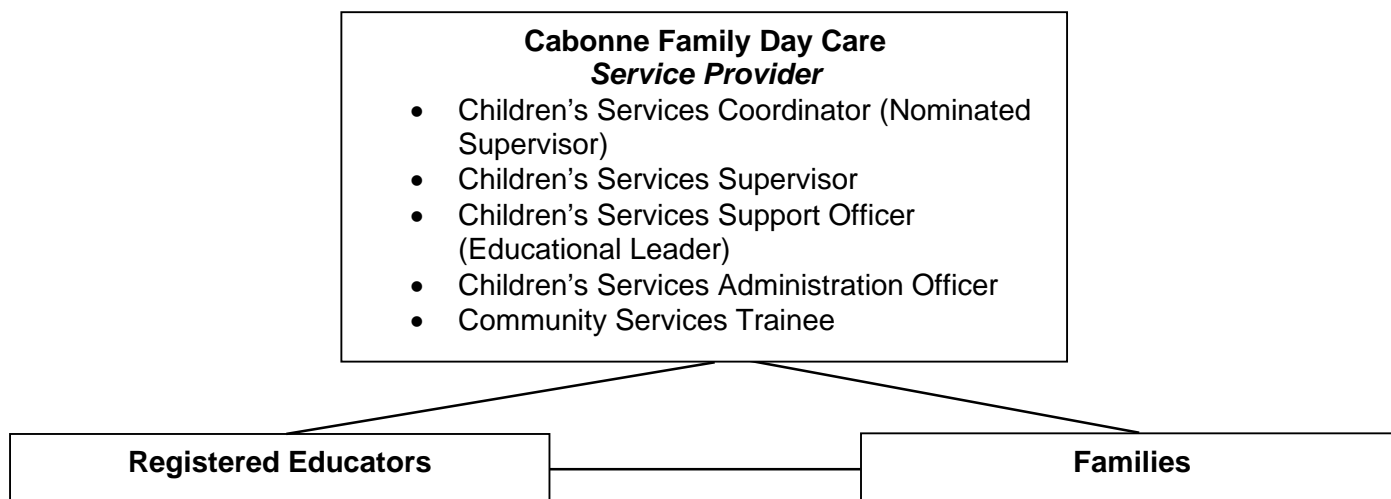
- **Nominated Supervisor** - Degree or Diploma in Early Childhood Education or equivalent qualification.
- **Support Officer** - Degree or Diploma in Early Childhood Education or equivalent qualification.
- **Educational Leader** - Degree or Diploma in Early Childhood Education or equivalent qualification.
- **Administration Officer** – Certificate in Business Administration or equivalent experience

### The Principal Office will:

- Commit to ethical, business-like, and lawful conduct, including proper use of authority and professional conduct.
- Demonstrate unconflicted loyalty to the interests of the service.
- Avoid conflicts of interest with respect to their role.
- Immediately disclose to the educators all impending conflicts of interest. That member shall absent themselves without comment from both the deliberation and final decision-making.
- Not use information exclusive to the educators for personal gain and will respect the confidentiality of all information obtained during meetings or through their role.
- Respect the confidentiality appropriate to issues of a sensitive nature.

### Accountability Structure





### Key Personnel

Job Title	Roles & Responsibilities
<b>Department Leader – Community Services</b>	Acts as Licensee representative to support the effective operations of the service.
<b>Nominated Supervisor</b>	<ul style="list-style-type: none"> <li>• Oversees the operations of the service.</li> <li>• Reports to relevant government departments.</li> <li>• Supervises and manages service staff.</li> <li>• Oversees the monitoring and support of educators.</li> <li>• Maintains legislative requirements.</li> <li>• Implements training for educators.</li> <li>• Support and monitor educators to comply with legislation.</li> <li>• Oversee the recruitment and induction of new educators.</li> <li>• Liaise with educators and families regarding childcare.</li> </ul>
<b>Support Officer &amp; Educational Leader</b>	<ul style="list-style-type: none"> <li>• Support and monitor educators to comply with legislation.</li> <li>• Assists with the recruitment and induction of new educators.</li> <li>• Liaise with educators and families regarding childcare.</li> <li>• Supports Nominated Supervisor in their duties.</li> <li>• Operate community playgroups for educators and children.</li> <li>• Leads the development of educational programs and practice</li> </ul>
<b>Administration Officer</b>	<ul style="list-style-type: none"> <li>• Oversee duties of administration.</li> <li>• Oversee processing of attendance records.</li> <li>• Oversee weekly processing reports.</li> <li>• Creating newsletters.</li> </ul>

- |  |   |
|--|---|
|  | <ul style="list-style-type: none"><li>• General correspondence (phone calls, letters, emails)</li><li>• Placement of children into care and filling educator vacancies.</li></ul> |
|--|---|



# GUIDING CHILDREN'S BEHAVIOUR

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Cabonne Family Day Care aims to guide children's behaviour in a positive way. We acknowledge that the dignity and rights of each child must always be maintained and the importance of ensuring children are not subjected to any form of punishment or isolation when developing their behavioural skills.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Guide to National Quality Framework
- Early Years Learning Framework
- My Time, Our Place

### Guidelines

The Education and Care Services National Law states -

*A Family Day Care Educator must not subject any child being educated and cared for by the educator as part of a family day care service to:*

- a) Any form of corporal punishment; or*
- b) Any discipline that is unreasonable in the circumstances.*

The Education and Care National Regulations states -

*Interactions with children states that educators and service staff will:*

- *Encourage children to express themselves and their opinions.*
- *Allow the children to undertake experiences that develop self-reliance and self-esteem.*
- *Always maintain the dignity and rights of each child.*
- *Give each child positive guidance and encouragement toward acceptable behaviour; and*

- *Show regard to the family and cultural values, age, and physical and intellectual development and abilities of each child being educated and cared for by the service.*

## **Procedure**

### **The Principal Office will:**

- Provide professional development and information for educators and families on positive guidance of children's behaviour.
- Support educators and families to encourage positive behaviours.
- Model positive, socially accepted behaviours and language.
- Demonstrate appropriate reactions to children's exploratory behaviour.
- Communicate information about children with relevant parties.
- Treat each child with respect and without bias.
- Participate in professional development.

### **Educators will:**

- Ensure child management techniques do not include physical, verbal, or emotional punishment, including for example, punishment that humiliates, frightens, or threatens the child, and the child is not isolated for any reason other than illness, accident, or a prearranged appointment with parental consent.
- Participate in professional development.
- Respect each child as an individual.
- Use positive guidance strategies that promote accepted children's behaviour.
- Be consistent in their approach to guiding children's behaviour.
- Reach agreements with families and staff in response to children's challenging behaviour.
- Endeavour to understand why a child behaves a certain way.
- Be proactive and prevent behaviour difficulties where possible.
- Be patient.
- Model positive, socially accepted behaviour and language.
- Provide an environment that supports the strategies of guiding behaviour.
- Create opportunities for children to be independent and self-reliant.
- Be objective and support children through periods of change and challenging behaviour.
- Demonstrate appropriate reactions to children's exploratory behaviour.
- Share information with families regularly in a constructive and positive manner about children's behaviour.

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

- Respond to their child in a positive and consistent manner.
- Discuss approaches and work with the educator to guiding children's behaviour.
- Interact with all children in the educator's home in an appropriate manner.

### **Links to Other Procedures**

- Child Protection
- Collaborative Partnerships
- Ethical Conduct
- Inclusion and Diversity
- Interactions with Children
- Professional Development

# HEALTH

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Cabonne Family Day Care acknowledges the importance of good health and hygiene practices to ensure the safety and wellbeing of children, families, and educators. It is important to promote children's health by encouraging and assisting educators to adopt effective health and safety practices and maintain, promote, and manage health concerns.

### References

- Education and Care Services National Law 2010.
- Education and Care Services National Regulations 2011.
- Work Health and Safety Regulation 2011 (NSW).
- Work Health and Safety Act 2011 (NSW).
- Public Health Act 2010 No 127.
- Staying Healthy in Childcare [www.nhmrc.gov.au](http://www.nhmrc.gov.au).
- Munch and Move NSW [www.healthykids.nsw.gov.au/campaigns](http://www.healthykids.nsw.gov.au/campaigns)

### Procedure

#### The Principal Office will:

- Develop and maintain procedures and policies to ensure that educators and families are informed and aware of good health and hygiene practices. These are based on current and up to date information which is regularly sourced from Staying Healthy in Childcare. Procedures will be developed in relation to:
  - Exclusion of sick children including general rules for infection control
  - Dental health
  - Hand washing
  - Nappy changing
  - Toileting
  - Bathing
  - Infant sleeping and reduction of SIDS

- Cleaning
- Food handling and storage
- Handling body fluids
- Support educators and families to ensure compliance with the procedure.
- Provide current information on health and hygiene practices which reflects current research, best practice, and advice from relevant health authorities.
- Implement and role model appropriate hygienic and healthy practices.
- Refer to *Dealing with COVID-19* procedure during the COVID-19 pandemic.

### **Educators will:**

- Promote and role model good health and hygiene practices.
- Actively support children to learn hygiene practices including hand washing, coughing and dental hygiene.
- Keep up to date with current practices and implement service procedures.
- Respect the management practices of a family for a child with specific conditions or illnesses.
- Treat a child's health status professionally and confidentially.
- Follow the recommendations listed on a child's Medical Management Plan.
- Inform the service if their health status changes e.g. illness or hospitalisation, birth of a child etc.
- Close their child care business when they or other household members are ill or infectious. This may require a doctor's certificate before reopening the childcare business.
- Involve children in developing and implementing guidelines.
- Refer to the related policies:
  - Dealing with Infectious Diseases
  - Dealing with Infectious Diseases (COVID-19)
  - Dental Health
  - Exclusion of Unwell Children
  - Hygiene, Cleaning, and Infection Control

### **It is the responsibility of the family to:**

- Support the educator to comply with health and hygiene practices and guidelines.
- Keep sick or infectious children out of the care environment.
- Provide a doctor's certificate if requested by the educator.

- Support the educator to comply with health and hygiene practices and pick up their children promptly, if requested to do so by the educator, when their child becomes unwell in care.
- Keep the educator informed on Medical Management Plans for their child if required e.g. asthma, diabetes, epilepsy, and anaphylaxis.
- Follow the advice from the service, of isolating high-risk children from others if a pandemic is occurring.

### **Links to Other Procedures**

- Dealing with Infectious Diseases
- Dealing with Infectious Diseases (COVID-19)
- Dental Health
- Exclusion of Unwell Children
- Hygiene, Cleaning, and Infection Control
- Nappy Changing, Toileting and Hand Washing

# HYGIENE, CLEANING & INFECTION CONTROL

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Children's Services Coordinator

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### Objective

Cabonne Family Day Care will ensure preventative measures are taken to minimise the spread of infectious diseases by providing a safe and hygienic environment.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Work Health and Safety Act 2010 (NSW).
- Work Health and Safety Regulation 2011
- Staying Healthy in Childcare –  
<https://www.nhmrc.gov.au/sites/default/files/documents/reports/clinical%20guidelines/ch55-staying-healthy.pdf>

### Cleaning

Some harmful germs can survive for periods of time in the environment, usually on surfaces such as benchtops, door handles and toys. How long a germ can survive on a surface depends on the type of germ, the type of surface, temperature and humidity, and how often the surface is cleaned. Regular cleaning reduces the number of germs in the environment and breaks the chain of infection.

Routine cleaning should be done daily and when surfaces are visibly dirty.

Cleaning and disinfection should be done after any spills or bodily fluids (urine, faeces, vomit, blood, breastmilk)

If there is a disease outbreak, to break the chain of infection, education and care services may need to do a thorough cleaning process that goes beyond routine cleaning practices.

### Cleaning Equipment

Appropriate cleaning equipment for education and care services includes:

- disposable cloths, or cloths that can be washed in a washing machine using hot water
- utility gloves

- buckets
- mops with detachable heads (so you can wash them in a washing machine using hot water)
- a vacuum cleaner (a vacuum fitted with HEPA filters is recommended, but if this is not available, try to finish vacuuming before children enter rooms to allow time for dust to settle)
- a dishwasher
- a washing machine that uses hot water
- a clothes line or dryer.

Keep cleaning equipment well maintained, clean, and stored in a way that allows it to dry between uses.

Consider colour-coding the cloths and sponges for each area so that it is easier to keep them separate. For example, bathroom is red, kitchen is green, general is blue and yellow is infectious.

Wear utility gloves when cleaning. Wash your hands after taking the gloves off. Utility gloves should be washed and dried between uses.

## **Cleaning Products**

Cleaning products suitable for use in education and care services include:

- detergent for general cleaning
- disinfectants (general-purpose disinfectant or bleach)
- dishwashing liquid
- dishwashing tablets, if a dishwasher is used
- washing powder or liquid, if laundry is done on the premises.

When choosing cleaning products, always consider the product's effectiveness against harmful germs. Appropriate cleaning products for education and care services are those that are specifically labelled and intended for cleaning. These cleaning products have consistent and standardised ingredients that are effective against germs.

Do not use domestic kitchen products such as vinegar or bicarbonate of soda as cleaning products – they are not as effective against germs.

Always use the products at the right strength (that is, diluted correctly) to ensure they are effective. Follow the instructions on product labels and use the product correctly and for the correct purposes.

Store all cleaning products appropriately, away from children.

## **Environmental Sustainability**

Education and care services can consider environmental sustainability in their service. For the Staying healthy guidelines, this is most relevant in cleaning procedures.



Single-use products such as cleaning cloths are the safest to use to break the cycle of infection. But multiple-use products can also be effective, if they are washed and dried properly between uses.

Services can buy sustainable supplies, such as:

- forest-friendly or recycled paper products (for example, paper towels)
- eco-friendly cleaning and disinfecting products – but only if they are sold as effective cleaning products.
- bulk supplies to minimise packaging waste.

### When to Clean

Clean up any spills of body fluids immediately.

Clean these types of areas frequently:

- Horizontal surfaces and frequently touched surfaces – Particles produced by coughing and sneezing contain germs and fall towards the ground, landing on horizontal surfaces. Hands also transfer germs onto surfaces that children and all staff frequently touch (for example, doorhandles, light switches, toys). Clean horizontal and frequently touched surfaces at least once a day. Clean them again if they become visibly dirty or contaminated with blood or other body fluids.
- Wet areas – The kitchen/food preparation area, toilets and nappy changing areas are wet areas. Many germs thrive in wet or damp conditions, so wet areas are likely to become contaminated with germs and be sources of germs that spread to other areas. For this reason, keeping kitchens and bathrooms clean and dry is a most important step to break the chain of infection. Clean these areas at least once a day. Clean them again if they become visibly dirty or contaminated with blood or other body fluids.

Surface or area	Wash daily and when visibly dirty	Wash weekly and when visibly dirty	Wash regularly and when visibly dirty or obviously contaminated
Bathrooms – wash tap handles, toilets and doorknobs; check the bathroom during the day and clean if visibly dirty	✓		
Toys and objects children put in the mouth (for example, building blocks)	✓		
Surfaces that children touch frequently (for example, benchtops, taps, cots and tables)	✓		
Doorknobs	✓		
Floors		✓	

Beds, stretchers, linen and mattress covers	✓ If children <b>do not</b> use the same items every day	✓ If children <b>do</b> use the same items every day
Sofas, soft chairs, beanbags, cushions		✓
Low shelves		✓
Other surfaces not often touched by children		✓

## How to do Routine Cleaning

Routine cleaning (also called environmental cleaning) is regular cleaning that reduces the number of harmful germs that survive on surfaces in the education and care service. Spills of any body fluids need extra cleaning.

### *How to clean hard surfaces*

'Hard' surfaces are surfaces that are waterproof or impermeable to liquid. They include tables, hard floors, taps and basins. A surface that is waterproof but feels soft (such as a vinyl sofa) is a 'hard' surface for cleaning purposes. Hard surfaces are recommended for education and care services to make cleaning easier.

Routine cleaning with detergent and water, followed by rinsing and drying, is the best way to remove harmful germs from hard surfaces.

- Detergents help loosen the germs so that clean water can rinse them away.
- Mechanical cleaning (scrubbing the surface) physically removes germs.
- Rinsing with clean water removes loosened germs and detergent residue from the surface.
- Drying the surface makes it harder for germs to survive or grow.

### *Basic steps for routine cleaning of hard surfaces*

1. Put on utility gloves.
2. Mix detergent and warm water in a clean bucket or basin. Do not use handwashing basins for cleaning. Follow the manufacturer's instructions on how much detergent to use.
3. Wet a clean cloth or paper towel with the detergent mixture.
4. Vigorously rub the surface with the cloth or paper towel to physically remove germs. If repeat scrubbing is needed, first rinse the cloth in the detergent mixture, or get a new paper towel and wet it in the mixture.

5. Once the surface appears clean, empty the bucket, place any cloths to be washed in a plastic bag and discard any paper towels.
6. Rinse the bucket or basin and wash your hands.
7. Add clean water to the bucket or basin.
8. Wet a new clean cloth or paper towel with the clean water. Wipe the surface to remove detergent. Repeat if needed.
9. Dry the surface with a clean paper towel.

Make up fresh detergent and water every day in a clean, dry container. The mixture should be made up fresh daily to stop germs from growing in the container. Label the container with the time and date of mixing and the type of detergent. Empty out any mixture from the previous day and rinse the container before refilling. Do not top up the container with water during the day because this dilutes the mixture, making it less effective.

If you are using the mixture in a spray bottle, spray the surface heavily and rub it. Spraying a surface with a fine mist and then wiping it dry with a cloth or paper towel is not enough to dislodge germs.

Warm water is recommended when cleaning because this makes it easier to remove dirt from a surface. However, cold water and a little extra scrubbing can also clean effectively.

Start the cleaning process in the cleanest areas and finish in the dirtier areas. This helps to prevent cross-infection because it decreases the risk of contaminating a clean room with germs from a dirty room.

### **How to clean soft materials**

‘Soft’ materials can absorb water and other liquids and are usually made of cloth.

Common soft materials used in education and care services include sheets, towels and tea towels. Most of these should be washed every day.

Wherever possible, other soft materials in the service should be removeable to allow laundering. For example, items such as sofas, soft chairs and beanbags should either be made of impermeable materials or have removable cloth covers that are laundered regularly.

Effective laundering involves:

- washing with detergent in a machine on a hot setting ( $\geq 60^{\circ}\text{C}$ )
- drying in sunlight OR drying in a tumble dryer on a hot setting ( $\geq 40^{\circ}\text{C}$ )
- drying items completely before storing them or using them again.

You do not need to wash contaminated cloth items separately if the water is at the correct temperature and the correct amount of detergent is used. This applies to cloth items used by a child who is sick or that are contaminated with body fluids. Examples include bed linen used by a child with a respiratory infection or gastroenteritis, or a towel with blood or vomit on it.

### **Cleaning And Hygiene Practices During Pandemic**

During any infectious disease outbreak, routine cleaning is increased in frequency, particularly on high-touch surfaces such as door handles, tables, light switches, bathroom areas and any toys or surfaces which may have been mouthed or in contact with bodily fluids.

Surfaces are cleaned and then disinfected to remove germs.

Further advice regarding infectious cleaning will be sought from the Public Health Unit should there be any direct concern regarding the exposure to a disease or virus, during pandemic.

## **Safely Dealing with Wounds & Bodily Fluids**

### **Wounds**

If a child is bleeding from an injury, nosebleed or bite from another child, you must:

- look after the child
- dress the wound (if needed)
- check that no-one else has come in contact with the blood
- clean up the blood.

In an emergency, call 000 for an ambulance. If the situation is not urgent, follow the service's procedures about notifying the parent or carer.

Looking after the child:

1. Avoid contact with the blood.
2. Comfort the child and move them to safety, away from other children.
3. Put on gloves, if available.
4. Apply pressure to the bleeding area with a bandage or paper towel.
5. Elevate the bleeding area, unless you suspect a broken bone.
6. When the wound is covered and no longer bleeding, remove your gloves, put them in a plastic bag or alternative, seal the bag and place it in the rubbish bin.
7. Wash your hands thoroughly with soap and running warm water.

It is a good idea to wear a face shield or protective eyewear if there is a chance that blood could enter your eyes or mouth (for example, if the child has a mouth wound and is coughing).

Dressing the wound:

1. Put on gloves, if there is time.
2. Dress the wound with a bandage or suitable substitute and seek assistance.
3. Remove your gloves, put them in a plastic bag, seal the bag and place it in the rubbish bin.
4. Wash your hands thoroughly with soap and running warm water.

### **Bodily Fluids**

Strategies to prevent spills of body fluids include:

- regularly toileting children (changing their nappy or taking them to the toilet)
- excluding children with vomiting or diarrhoea
- encouraging children to blow their noses, especially any who have a runny nose, and disposing of tissues appropriately

- minimising the risk of injury by supervising and supporting children to play safely.

When a spill occurs, clean it up as soon as possible. If possible, place a safety sign around the spill to keep people away until it can be cleaned.

When cleaning up a spill of blood, faeces, urine, vomit or breastmilk, wear gloves and wipe up the spill with paper towels. Next, clean the surface with warm water and detergent, and dry with paper towels. Wipe the area with disinfectant and allow to dry.

Wash your hands thoroughly with soap and running warm water after you have cleaned any spills of body fluids.

**Table 2.2 When to wear and how to maintain gloves**

Type of gloves	When to wear them	How to maintain them	Examples
Disposable gloves	<ul style="list-style-type: none"> <li>• When there is a chance you may come in contact with body fluids, including faeces, urine, vomit or blood</li> </ul>	<ul style="list-style-type: none"> <li>• No maintenance – use them once and throw them away; do not reuse</li> </ul>	<ul style="list-style-type: none"> <li>• Changing nappies</li> <li>• Managing cuts and abrasions</li> <li>• Cleaning spills of body fluids</li> </ul>
Utility (reusable) gloves	<ul style="list-style-type: none"> <li>• When cleaning the education and care service</li> <li>• When preparing bleach solutions</li> </ul>	<ul style="list-style-type: none"> <li>• Clean according to the manufacturer’s instructions</li> <li>• Hang up to dry after use, preferably outside</li> <li>• Store dry between uses</li> <li>• Replace when showing signs of wear</li> </ul>	<ul style="list-style-type: none"> <li>• General cleaning duties</li> </ul>

### Links to Other Procedures

- Dealing with Infectious Diseases
- Dealing with Infectious Diseases (COVID-19)
- Health
- Nappy Changing, Toileting and Hand Washing

# IMMUNISATION

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Communicable diseases are preventable by vaccines. This includes Hepatitis, Polio, Measles, Mumps, Rubella, Hib (Haemophilus influenza), and Meningitis. An "outbreak" is one or more cases of a communicable disease.

Health professionals strongly encourage the vaccination of all individuals to protect themselves and the wider community from serious vaccine-preventable diseases.

The Public Health Amendment (review) Act 2017 was amended to strengthen immunisation enrolment requirements in early childhood services.

From 1 January 2018, families of all children enrolling in early childhood education and care services are required to provide current immunisation documentation.

Early childhood education and care services **cannot enrol a child** unless the family has an Australian Immunisation Register (AIR) History Statement that shows the child is:

- Fully immunised for their age, or
- Has a medical reason to not be vaccinated, or
- On a recognised catch-up schedule if the child fallen behind with their immunisation.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011 (Clause 88).
- Public Health Amendment (Vaccination of Children Attending Child Care Facilities) Bill 2017
- NSW Public Health Act 2010
- Child Care Provider Handbook - <https://www.dese.gov.au/child-care-package/child-care-provider-handbook>
- Immunisation Enrolment Toolkit - <https://www.health.nsw.gov.au/immunisation/Publications/immunisation-enrolment-toolkit.pdf>
- NSW Health - [www.health.nsw.gov.au/immunisation](http://www.health.nsw.gov.au/immunisation)
- NSW Immunisation Schedule - [nsw-immunisation-schedule.pdf](http://nsw-immunisation-schedule.pdf)

## Procedure for Overdue Immunisation Statements

- Services Australia will not pay Child Care Subsidy for children who have not received their immunisation within 63 days of them being due.
- Cabonne Family Day Care will suspend a child's care with the service at 5pm on the Friday after they have reached the 63-day allowance of an immunisation being overdue.
- Suspended children will be marked as absent and required to pay full fee (as CCS won't be payable), until the child receives their scheduled immunisation.
- Children may return to care immediately after the service has received an updated AIR History Statement.
- Families must follow the finishing in care requirements if they decide to end a Complying Written Arrangement while suspended.

## Procedure

### The Principal Office will:

- Ensure that families provide the appropriate documentation upon enrolment and that this is sighted, and the service keeps a copy. From 1 January 2018, the mandatory documentation to be received from a family upon enrolment is as follows:
  - AIR Immunisation History Statement
- Ensure that an immunisation register is maintained for each child enrolled at the service and that this register is updated regularly.
- Ask families for updated copies of their child's AIR History Statement when it is due.
- Allow parents to be no more than 63 days overdue with their child's immunisation before suspending child care. Child Care Subsidy will not be applied once a child is 63 days overdue for a scheduled immunisation.
- Notify the local Public Health Unit whenever a child, educator or person normally residing at the Educator's home, has a confirmed vaccine preventable disease.
- Follow the advice of the Public Health Unit where required.
- **Notify** other parents whenever a confirmed vaccine preventable disease occurs in an enrolled child and provide them with information regarding signs and symptoms to be alert for, via email and post.
- Ensure information about immunisation and vaccine preventable diseases is available to families regularly, or upon request.
- Ensure that an immunisation register is maintained for each child enrolled at the service and that this register is updated regularly.
- Ask families for updated copies of their child's AIR History Statement if it is due at the service.
- Allow parents to be no more than two months overdue with their child's immunisation before suspending child care. Child Care Subsidy will not be applied once a child is 63 days overdue for a scheduled immunisation.

### Educators will:

- Refer parents to the immunisation procedure and NSW Department of Health guidelines for immunisation and communicable diseases, as required.
- Seek their doctor's opinion regarding immunisations, due to the National Health and Medical Research Council's recommendation for all child care workers to be immunised against Hepatitis A, Hepatitis B, Tetanus and Diphtheria, especially for educators working with children under two years
- Consider the recommendation that female educators undertake a screening for rubella immunity at the commencement of their employment and seek their doctor's advice regarding CMV screening if planning a pregnancy.
- Ensure all children attending care are fully immunised for their age.
- Assist the Principal Office in obtaining current immunisation history statements.

### Families will:

- Provide the service with **mandatory** documentation regarding the child's immunisation status upon enrolment. The mandatory documentation is listed below:
  - AIR Immunisation History Statement
- Understand their child's care will be suspended once an AIR History Statement is 63 or more days overdue.
- Understand that Child Care Subsidy is not payable for children who are 63 or more days overdue with a scheduled immunisation.
- Ensure that the child is collected promptly from the service should they exhibit signs or symptoms of a communicable disease.

### NSW Immunisation Schedule

The current NSW Immunisation Schedule is available here -

<https://www.health.nsw.gov.au/immunisation/publications/nsw-immunisation-schedule.pdf>

### Links to Other Procedures

- Child Enrolment
- Dealing with Infectious Diseases
- Health



# INCIDENT, INJURY, TRAUMA & ILLNESS

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Cabonne Family Day Care will effectively respond to, manage, and report incidents, injuries, illnesses, and emergencies that occur at the service to ensure children's health, safety, and wellbeing. Educators have a duty of care to children being educated and cared for in their service.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Guide to National Quality Framework

### Regulations

- Regulation 12 – Meaning of serious incident
- Regulation 85 – Incident, injury, trauma and illness policies and procedures
- Regulation 86 – Notification to parents of incident, injury, trauma, and illness
- Regulation 87 – Incident, injury, trauma, and illness record
- Regulation 88 – Infectious diseases
- Regulation 89 – First aid kits
- Regulation 97 – Emergency and evacuation procedures
- Regulation 161 – Authorisations to be kept in enrolment record
- Regulation 162 – Health information to be kept in enrolment record
- Regulation 174 – Prescribed information to be notified to Regulatory Authority
- Regulation 176 – Time to notify certain information to Regulatory Authority

### Procedure

#### The Approved Provider will:

- Aid and support to the Principal Office, educators and families when a serious incident, or death of a child occurs.

### **The Principal Office will:**

- Support educators with relevant forms for collecting authority and information.
- Be familiar with the regulatory requirements in relation to dealing with emergency situations with children.
- Provide professional development and information on appropriate practices when dealing with emergency situations with a child.
- Ensure the family has given written authorisation for the educator or staff member of the service, to seek and carry out emergency ambulance, medical, hospital or dental advice or treatment, before accessing these services.
- Upon receiving notice of a serious incident involving a child attending a family day care service where the incident results in the child receiving medical, dental or hospital treatment, the service will notify the Approved Provider and the Regulatory Authority within 24 hours.
- Have current first aid qualifications and Asthma and Anaphylaxis Management Training, as described in the Regulations.
- Upon receiving notice of the death of a child while being provided with care, the Nominated Supervisor will immediately notify the Approved Provider and the Regulatory Authority. The Nominated Supervisor will then immediately proceed to the family day care residence to offer support and assistance.
- Discuss the educator's responsibilities in relation to any incident, injury, trauma, or illness that occurs in their family day care service, during the educator's induction.
- Ensure all educators have current first aid qualifications, first aid kits and are aware of this procedure.
- Discuss with the families their responsibility in covering any expenses arising from emergency treatment, (as documented in the Enrolment Form) and their responsibility in providing adequate information on the child's:
  - Health
  - Past and current medical history and any allergies
  - Medications if relevant
  - Recommended medical and dental provider
  - Written action plans for medical conditions e.g., anaphylactic reactions, asthma, haemophilia, diabetes, epilepsy, severe allergies etc.
- Notify families if there is an occurrence of an infectious disease at the service as soon as practicable.

### **Educators will:**

- Complete Evacuation Procedures every three months that includes serious incidents.
- Update and prominently display cardiopulmonary resuscitation (CPR) guides both inside and outside premises.

- Display current relevant emergency telephone numbers in a prominent position.
- Have a current first aid qualification and asthma and anaphylaxis management training.
- Ensure they have a copy of a child's Management Plan and Risk Minimisation Plan, where applicable, before the child's commences care.
- In the event of an incident, injury, trauma, or illness, inform the family or emergency contact as soon as practical and without delay, allowing the family to take over the responsibility of their child and decide on further action to take if necessary.
- Complete the incident, injury, trauma, or illness record as soon as practical after an incident has occurred. The form is to be signed by both the educator and the parent and forwarded to the service within 24 hours of an incident.
- Inform the service staff of any injury to a child that requires medical attention.
- Inform the service of any serious incident within 24 hours of incident occurring.
- Ensure they have a fully stocked first aid kit available at all times, including in the car and on excursions.
- Refer to a child's Medical Management Plan, where applicable, before applying first aid.

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

- Provide up to date medical and contact information in case of an emergency.
- Seek their own health insurance if they desire.
- Annually complete a Medical Management Plan and Risk Minimisation Plan to assist the educator with the management of a child's medical condition, if required to do so.
- Take over the responsibility of their child as a matter of urgency, if contacted by their child's educator to do so.

#### **Serious Incidents**

Serious incidents include:

- Head injuries
- Fractures & broken bones
- Serious burns
- Epileptic seizures
- Whopping cough
- Removal of any body part
- Measles
- Meningococcal infection
- Anaphylactic reactions
- Asthma attack requiring hospitalisation
- Witnessing violent or traumatising event
- Sexual assault
- Death of a child
- An incident where emergency services attended, or should have attended

- A missing child
- A child taken from the service without authorisation
- A child locked in or out of the service

**In serious incidents, educators will:**

- Notify 000 immediately (if required) and follow instructions given.
- Contact the parent, guardian, or authorised person as soon as practical and without delay, remain calm and clearly inform them of the situation.
- Contact the Principal Office.
- If child is taken by ambulance:
  - If the parent has not arrived yet, the educator is able to go in the ambulance only if another educator or staff member is on site to care for the other children in care.
  - If the parent has not arrived and the educator cannot go with the ambulance, the educator is to give the ambulance the parent's contact number.
- Complete an incident report as soon as practical and forward to the Principal Office within 24 hours, for the service to notify the Regulatory Authority
- Complete the Family Day Care Australia Incident Report for insurance purposes, if needed.

Educators can contact other parents to come and collect their children after a serious incident has occurred and are encouraged to de-brief with the service or professional counsellor.

Educators are reminded to never put themselves, or others, in any danger.

**Links to Other Procedures**

- Acceptance and Refusal of Authorisation
- Administration of First Aid
- Administration of Medication
- Child Enrolment
- Dental Health
- Emergency and Evacuation Procedures
- Health
- Infectious Diseases
- Infectious Diseases (COVID-19)
- Medical Conditions
- Supervision

# INCLUSION & DIVERSITY

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Cabonne Family Day Care acknowledges the need for an inclusive program and practices based on children's rights and social justice principals; that is the right to fair and equal treatment regardless of age, gender, class, ethnicity, sexuality, geographic location, languages spoken, cultural background, additional need, or other circumstances.

Our service:

- Recognises differences, as well as similarities, in people and respect this, not just within our service but in promoting respect for all people in the wider community.
- Promote child friendly communities and are advocates for universal access to a range of high-quality early childhood and school age care programs.
- Is commitment to full participation of children with additional needs.
- Creates an environment that reflects the lives of children and families using the service and the cultural diversity of the broader community including Aboriginal and Torres Strait Islander communities.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Guide to National Quality Framework

### Procedure

#### Information Sharing

- On initial contact with the service, families will be requested to provide information relevant to the successful inclusion of their child into the service (e.g. cultural background, age, additional needs)
- Sharing of information will remain a vital component of each child's program and will maintain a positive focus.
- Service staff, educators and families will ensure confidentiality is observed (see *Confidentiality & Storage of Records Procedure*).

- Written permission will be obtained from families to share information relating to their children, family and situation to external organisations or persons, if required.
- Information relevant to a child and/or family may be shared between an educator and service staff, if required for the placement, ongoing support, or development of the child.

### **The Principal Office will:**

- Support the employment of staff and the selection of educators from a range of social and cultural backgrounds.
- Ensure professional development is provided for staff and educators to extend their knowledge of social justice, inclusive and anti-bias practices through professional development opportunities, resources and publications and discussions with peers.
- Ensure professional development to support ongoing responsiveness to children with additional needs.
- Work with inclusion and support agencies to include children with additional needs.
- Ensure compliance with relevant state and commonwealth legislation to provide an inclusive and discrimination-free environment.
- Ensure educators and service staff have skills and expertise necessary to support inclusion of children with additional health and developmental needs.
- Ensure a Strategic Inclusion Plan is completed annually with the Inclusion Support Agency.
- Ensure there are individual support plans for children with additional needs.
- Ensure a Reconciliation Action Plan is implemented in the service

### **The Principal Office and Educators, when working with children, will:**

- Respect the rights and dignity of each child.
- Ensure all the children have a right to access all learning experiences, to equally participate in the program and to succeed as a learner.
- View all children as competent with many strengths and abilities and as initiators and active social constructors of their own learning.
- Support children to interact with the environment and equipment in ways that children can identify.
- Help children build connections with others and with their community.
- Provide experiences that are complementary to children's home and community experiences.
- Build children's positive sense of self through identifying and responding to each child's strengths and learning styles.
- Create environments that are inviting and inclusive and support children's exploration, creativity, and learning.

- Develop respectful and trusting relationships with children, so they can feel empowered and more open and respectful of others.
- Provide access to specialised equipment and resources and access to appropriate support services as required.
- Support children to identify and act against unfairness or to other biased behaviours.
- Embed Aboriginal and Torres Strait Islander practices in the everyday program.

**The Principal Office and Educators, when working with families, will:**

- Show sensitivity to and respect for the range of family structures including same sex families, social values, and child rearing practices evident in the service and the wider community.
- Incorporate information about the family's background in meaningful ways to help ensure families feel welcome.
- Share and exchange information relevant to the child.
- Respect the family's home language and communication styles and use a range of verbal and written methods of communication.
- Value multiple perspectives and empower families as decision makers about their child's learning and wellbeing.
- Work through a family centred approach acknowledging families best know their child.
- Provide a program that responds to the individual strengths and interests of all children.

**The Principal Office and Educators, when working with children with additional needs, will:**

- Use an inclusive approach ensuring that all children, especially children with additional needs, have the same opportunities to participate in all experiences and all aspects of the program.
- Seek specialised assistance or additional support to successfully include children with additional needs.
- Help them achieve educational success.
- Plan experiences based on the child's strengths, talents, likes and dislikes and family priorities for their child.
- Work collaboratively with other services to support the child's transition in to the next learning environment.
- Ensure ongoing professional development to adapt programs resources and environments to provide successful inclusion.
- Ensure strategies and processes used to support children with additional needs in their transition to school and specialist services.
- An approach that develops a sense of belonging, and comfort in the service environment.

- Need to build a relationship where children have trust and confidence in staff and educators.
- Encourage use of educational tools that reflect children and people with disabilities as active participants in the community.
- Adapt environments, routines, and staffing arrangements to appropriately facilitate the inclusion of children with additional needs.

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

- Provide information to the educator and service staff about their child's individual likes, dislikes and needs.
- Accurately complete the enrolment form and ensure information is updated when needed.
- Discuss their children's additional needs, culture, and other information with educators.
- Participate in the educational program when asked to by the educator.

#### **Links to Other Procedures**

- Child Enrolment and Orientation
- Child Protection
- Collaborative Partnerships
- Confidentiality and Storage of Records
- Interactions with Children
- Professional Development



# INTERACTIONS WITH CHILDREN

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Children who experience relationships in an education and care setting that are built on respect, fairness, acceptance, cooperation, and empathy, and are given the opportunity to develop these qualities themselves, are enhanced by these quality interactions.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011

**National Law** - Under Section 166 of the Education and Care National Law, a staff member, may receive a penalty for up to \$10,000 (up to \$50,000 in the case of Approved Provider) for subjecting a child to any form of corporal punishment or any discipline that is unreasonable in the circumstances.

### Procedure

#### The Principal Office will:

- Provide professional development and information for educators and families on effective communication skills that help build quality, supportive relationships.
- Role model respectful and positive interactions with the children that convey to the children that they are valued as competent and capable individuals.
- Support educators and families to encourage positive interactions.
- Treat each child without bias.
- Have regard to the size and composition of groups in which children are being educated and cared for by the service.
- Use a positive approach in guiding behaviour.
- Have caring, equitable, and responsive relationships between themselves and children.

### **Educators will:**

- Maintain supportive relationships, positive interactions, listen to children and encourage children to express themselves and their opinion.
- Allow children to undertake experiences that develop self-reliance and self-esteem.
- Ensure the dignity, rights and agency of each child are maintained.
- Use positive guidance and encouragement toward acceptable behaviour. Take a positive approach to guiding children's behaviour that empowers children to regulate their own behaviour and develop skills to negotiate and resolve conflicts or disagreements with others.
- Consider each child's family and cultural values, age, physical and intellectual development, and abilities.
- Provide an environment that is secure and interesting with a positive atmosphere.
- Create opportunities for children to be independent and self-reliant to work through differences, learn new things and take calculated risks.
- Ensure that the routines and experiences children encounter during care are appropriate and reflect each child's family and cultural values, age and physical and intellectual development.
- Encourage children to express themselves and develop confidence in their abilities and opinions.
- Show an interest and participate in what the child is doing, actively engage in children's learning and share decision making with them.
- Support children through periods of change.
- Respond to all children in a fair and consistent manner.
- Treat each child without bias regardless of their physical or intellectual ability, gender, religion, culture, family structure or economic status.
- Share information with families regularly in a constructive manner about children's interactions in a confidential manner.
- Participate in professional development.
- Ensure the educational program contributes to the development of children who have a strong sense of wellbeing and identity, and are connected, confident, involved, and effective learners and communicators.
- Respect children's agency and encourage them to express themselves and their opinions.
- Always maintains the dignity and the rights of each child.
- Have regard to the cultural and family values, age, and the physical and intellectual development and abilities of each child being educated and cared for.

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

- Develop supportive relationships with staff, educators, each other, and children.

- Respond to all children in a fair and consistent manner.
- Share relevant information with educators and staff regularly.
- Interact with all children in the educator's home in an appropriate manner.
- Role model effective communication skills to their children.
- Inform educators of events or incidents that may impact on their child's behaviour at the service (e.g. moving to a new house, a new sibling).
- Inform educators of any concerns regarding their child's behaviour or the impact of other children's behaviour.

### **Links to Other Procedures**

- Child Protection
- Collaborative Partnerships
- Professional Development

# MANAGING RECORDS

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Children's Services Coordinator

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### Objective

Regulatory, licensing and funding bodies require the retention and maintenance of records in relation to service stakeholders and children. All Cabonne Family Day Care records are required to be kept up to date, stored confidentially in a safe and secure area with access by authorised persons only. This includes both electronic and hardcopy format. Carefully organised storage systems are required to easily access records.

### References

- Education and Care Services National Law 2010 (Section 175)
- Education and Care Services National Regulations 2011 (Clause 177 178 and 179)
- Health Records and Information Privacy Act 2002 No 71
- NSW Privacy and Personal Information Protection Act 1998 No 133
- NSW Government Information (Public Access) Act 2009
- Freedom of Information Amendment (Reform) Act 2010 Act 48 of 1977
- Child Care Provider Handbook

### Procedure

- An appropriate person will be appointed to the role of Nominated Supervisor to ensure the following accurate records required under Section 175 of the Law are kept. The documentation of child assessments for the delivery of the educational program including:
  - An incident, injury, trauma, and illness record.
  - A medication record.
  - A record of assessments of family day care residences and approved venues.
  - A record of volunteers and students.
  - The records of the responsible person at the service.
  - A record of staff and Family Day Care Coordinators engaged by the service and Family Day Care educators and educator assistants approved by the service.

- A child’s attendance record.
- Child enrolment records.
- A record of the service's compliance with the Law.

**A Family Day Care Educator must keep the following accurate records required under section 175 of the Law;**

- The documentation of child assessments.
- An incident, injury, trauma, and illness record.
- A medication record.
- A child’s attendance record.
- Child enrolment records.
- A record of visitors to the family day care residence or venue.

The above records must be made available to a parent/guardian of a child on request unless prohibited by a court order.

The record of the service compliance must be available to any person who requests it. Records must be kept at the service for the following periods:

**For Family Day Care services**

Assessment of family day care residences and approved family day care venues	Approved Provider	Until the end of 3 years after the record was made	Regulation 116
Record of family day care staff (including educators, coordinators, and assistants)	Approved Provider	Until the end of 3 years after the staff member works for the service	Regulation 154
Record of visitors to family day care residence of approved family day care venue	Family Day Care Educator	Until the end of 3 years after the record was made	Regulation 165

**Records and Documents required to be kept**

Records and documents required to be kept at the service (National Regulations 183)			
Type of Record	Responsibility	Timeframe	Reference
Evidence of current public liability insurance Note: does not apply if the insurance is provided by a state or territory government	Approved Provider Family Day Care Educator	Available for inspection at service premises or family day care office	Regulations 29, 30, 180

Self-Assessment	Approved Provider	Current plan is to be kept	Regulations 31, 55
Child assessments	Approved Provider Family Day Care Educator	Until the end of 3 years after the child's last attendance	Regulations 74, 183
Incident, injury, trauma, and illness record	Approved Provider Family Day Care Educator	Until the child is 25 years old	Regulations 87, 183
Medication record	Approved Provider Family Day Care Educator	Until the end of 3 years after the child's last attendance	Regulations 92, 183
Child attendance	Approved Provider Family Day Care Educator	Until the end of 3 years after the record was made	Regulations 158- 159, 183
Child enrolment	Approved Provider Family Day Care Educator	Until the end of 3 years after the child's last attendance	Regulations 160, 183
Death of a child while being educated and cared for by the service	Approved Provider	Until the end of 7 years after the death	Regulations 12, 183
Record of service's compliance history	Approved Provider	Until the end of 3 years after the Approved Provider operated the service	Regulation 167
Records relating to child sexual abuse that has, or is alleged to have, occurred.	Approved Provider	45 years	Regulation 177

### Links to Other Procedures

- Assessment of Family Day Care Residences and Venues
- Child Enrolment and Orientation
- Completion of Educator Workplace Health and Safety Audit
- Confidentiality and Storage of Records
- Educator Registration and Assessment, including Educator Assistants
- Family Day Care Register
- Governance and Management
- Non-Compliance
- Visitors to Family Day Care Premise

# MEDICAL CONDITIONS

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Cabonne Family Day Care recognises the need to ensure that children with specific diagnosed medical conditions have their medical requirements met whilst in child care. This is an important part of childcare delivery to ensure the whole needs of the child are catered for. The service will work with families to minimise the risk of exposure of children to foods and other substances which may trigger severe allergy or anaphylaxis. Staff and educators will ensure that any medical conditions, that they are notified of, are managed appropriately.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011 (Clause 90)
- NSW Department of Health, Allergies and Anaphylaxis. [www.health.nsw.gov.au](http://www.health.nsw.gov.au)
- Asthma Australia <https://www.asthmaaustralia.org.au/>
- Australasian Society of Clinical Immunology and Allergy (ASCIA) - <https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>

### Medical Conditions that Require a Medical Management Plan

- Asthma
- Anaphylaxis
- Severe Allergies
- Diabetes
- Epilepsy
- Any other severe medical conditions that impact the child's everyday life.

Medical Management Plans, also known as Action Plans, are to be completed and signed by a doctor and renewed annually.

### Medical Conditions that Require a Risk Minimisation Plan

- Asthma

- Anaphylaxis
- Allergies
- Diabetes
- Epilepsy
- Intolerances
- Any other medical condition that may impact the child while at family day care.

A Risk Minimisation Plan is completed by the family and the educator and must be renewed annually.

## Procedure

### The Coordination Unit will:

- During the enrolment process seek information about any specific health needs, allergy, or relevant medical condition that a child may have. This information will be communicated in writing on the enrolment form (current Medical Management Plan will need to be completed annually by a medical or health profession).
- Provide all parents with a copy of the 'Medical Conditions Procedure' and 'Incident, Injury, Trauma and Illness Procedure'.
- Advise parents the child cannot attend the education and care service unless the appropriate medication is provided each day the child attends.
- Advise the parents the child cannot attend education and care unless the medical Management Plan and the Risk Minimisation Plan are current.
- Always ensure that educators and service staff working with children have current training in asthma and anaphylaxis management.
- Keep a register of all children with medical conditions and when their relevant forms will expire.

### Educators will:

- Complete a **Risk Minimisation Plan** annually, in consultation with families. This will nominate where the medication is to be kept, and outline strategies for minimising the identified risks.
- Review the Medical Management Plan to ensure it states what symptoms and signs to look for, what action to take, including authorised persons, the child's doctor, and what first aid to give.
- Seek information about any specific health care needs, allergy, or relevant medical condition that a child may have during the enrolment process and on an ongoing basis. This information will then be communicated in writing.
- Always ensure that they have current First Aid Certificate.
- Ensure the child has the specified medication outlined in the Medical Management Plan every time the child arrives in care.



- Ensure all appropriate medication is taken on excursions and review the Risk Minimisation Plan for the excursion.
- Refuse education and care to a child if they do not have the appropriate Medical Management Plan, Risk Minimisation Plan, and medication when the child arrives for care.
- Ensure any medication brought to the service is stored as per manufacturer's instruction, has a clear label with their name on it, is not past expiry date and is inaccessible to children. It will be stored with the Medical Management Plan and easy to access.
- Ensure a child at risk of food allergies eats food that has been specifically prepared for them. Where the educator is preparing food for the child, ensure that it has been prepared according to the parent's instructions and has been approved by the parent.
- All bottles, other drinks, lunch boxes, food packages provided by parents/guardians of a child should be clearly labelled with the child's name.
- **Ensure children do not trade or share food**, food utensils and food containers.
- Ensure nuts and fish and other high-risk foods are not introduced to children in the education and care service either as a food or in a play experience.
- Restrict use of food and food containers, boxes, and packaging in crafts, cooking and science experiments, depending on the allergies of children.
- Consider in some circumstances it may be appropriate that a highly allergic child does not sit at the same table when others consume food or drink containing or potentially containing the allergen. However, children with allergies should not be separated from all children and should be socially included in all activities.
- Ensure when the at-risk child is allergic to milk, non-allergic babies are held when they drink formula/milk.
- Ensure tables, bench tops and high chairs are washed down after eating.
- Ensure hand washing for all children upon arrival at the service, before and after eating.
- Ensure they follow measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food – such as careful cleaning of food preparation areas and utensils.
- Ensure other families are notified of allergy (without naming the child) so they can take this into consideration when packing their child's lunchbox.
- Ensure volunteers on the premises are aware of the child with the medical condition and appropriate medical management.
- Ensure the Medical Management Plan is followed in the event an incident relating to the child's specific health care need occurs.
- Display emergency contact phone numbers for your local area.
- Reduce exposure of children to indoor allergens by:
  - Regularly cleaning carpets, rugs and upholstered furniture and washing toys.

- Regularly cleaning bedding.
  - Treating and preventing growth of mould (when using chemical sprays such as pesticides and cleaning agents, spray when children are not present in the immediate vicinity)
  - Controlling pest infestations.
  - Minimising having pets indoors and ensure they are in a clean and healthy condition.
- Record any medication given on the Medication Authorisation form.
  - Complete the Incident Injury Trauma Illness Record and send in to Coordination Unit within 24 hours if an incident occurs.
  - If a child self-administers medication, ensure the practices for self-administration of medication procedure is followed.
  - An educator cannot administer an insulin needle, as they are not qualified to do this. If this occurs, it will be dealt with as a serious incident and the Regulatory Authority will be contacted.
  - Ensure all original medical forms are always kept on site. Any forms need to be registered by the Coordination Unit will need to be faxed, scanned, or emailed.

## **PRACTICES FOR SELF-ADMINISTRATION OF MEDICATION**

**If a child self-administers medication, ensure the correct procedure is followed.**

A school aged child aged may self-administer medication under the following circumstances:

- Written authorisation is provided by the person with the authority to consent to the administration of medication on the child enrolment form.
- Medication is to be provided to the educator for safe storage, and they will provide it to the child when required.
- Self-administration of medication for children over pre-school age will be supervised by the educator.

## **MANAGING CHILDREN WITH ASTHMA**

- Administer first aid or medical treatment according to either:
  - The child's Asthma Action Plan or Medical Management Plan; or
  - A doctor's instructions.
- Dial 000 for an ambulance and notify the families.
- Educators must inform the Coordination Unit if they administer first aid.
- Ensure regulations and policies are adhered to when administering medication and treatment in emergencies, and written consent has been given.
- Keep a reliever puffer in your first aid kit and emergency go bag.
- A written Medical Management Plan and Risk Minimisation Plan must be completed during enrolment and updated annually.

## MANAGING CHILDREN WITH ANAPHYLAXIS

- Administer first aid or medical treatment according to either:
  - The child's Anaphylaxis Action Plan or Medical Management Plan; or
  - A doctor's instructions.
- Dial 000 for an ambulance and notify the families.
- Educators must inform the Coordination Unit if they administer first aid.
- Ensure regulations and policies are adhered to when administering medication and treatment in emergencies, and written consent has been given.
- A written Medical Management Plan and Risk Minimisation Plan must be completed during enrolment and updated annually.

## MANAGING CHILDREN WITH DIABETES

- Administer first aid or medical treatment according to either:
  - The child's Medical Management Plan; or
  - A doctor's instructions.
- Dial 000 for an ambulance and notify the families.
- Educators must inform the Coordination Unit if they administer first aid.

### Families are required to:

- Provide a Medical Management Plan, that has been completed by a doctor, upon enrolment.
- Complete Enrolment Authorisation, Medication Authorisation and Risk Minimisation Plan to allow the educator to administer medication accordingly.
- Provide the educator with relevant medication, in the original packing with dosage instructions.
- Update Risk Minimisation and Medical Managing Plan annually, when requested by the educator or Coordination Unit.

### Links to Other Procedures

- Acceptance and Refusal of Authorisations
- Access
- Administration of First Aid
- Administration of Medication
- Child Enrolment and Orientation
- Confidentiality and Storage of Records
- Storage of Dangerous Substances and Equipment

# NAPPY CHANGING, TOILETING AND HAND WASHING

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Children's Services Coordinator

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### Objective

Cabonne Family Day care are aware that many diseases are spread by faeces, urine, or other body fluids. Early childhood educators and children in care are at twice the usual risk of diarrhoeal infections and increased risk of Hepatitis A, due to changing and handling of soiled nappies and assisting young children with toileting routines. Efficient changing and disposal of soiled nappies, safe toileting and toilet training methods and hand washing procedures significantly reduces the risk and the spread of diseases transmitted by faeces and body fluids.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Public Health Act 1991 2010 No127
- Work Health and Safety Regulation 2011 (NSW).
- Work Health and Safety Act 2011 (NSW).
- Staying Healthy in Childcare – Preventing infectious diseases in child care

### Practices

#### The Principal Office will:

- Be aware of the legislative requirements regarding nappy changing, toileting practices and facilities.
- Keep up to date with information about current hygienic practices in education and care services.
- Resource educators on current advice from health authorities regarding hygienic practices for nappy changing and toileting routines in childcare.
- Monitor the educator's safe hygienic practices regarding nappy changing and toileting practices and facilities.
- Supply educators with a Nappy Changing and Hand Washing poster.

## **Educators will:**

- Abide by their obligations under the Education and Care Services National Regulations 2011 and the National Quality Standard. This includes the following requirements:
  - A children's service must have laundry arrangements.
  - The premises of the children's service must have safe, sanitary facilities for storage of soiled clothes, linen, and nappies before laundering or disposal.
  - Nappy change area separates to bottle and food preparation.
  - The premises of a children's service must have toilet, hand washing and bathing facilities that are safe and appropriate for the children.
  - The dignity and need for privacy of each child is respected during nappy changing and toileting.
  - Children are closely attended on the nappy change table (if applicable).
  - Toileting "accidents" and bed wetting are managed in positive and supportive ways.
  - Consultation with families on any toileting issues relating to their child.
  - Sharing of information about a child's nappy changing and toileting while in care with that child's family.
  - Support nappy changing and toileting as being relaxed and positive experiences e.g. nappy changing used as an opportunity to engage in one to one games and songs.

## **PROCEDURES**

### **Nappy Change Procedure**

1. Check to make sure that all the supplies you need are ready
2. Wash your hands
3. Place paper on the change table/stable surface
4. Always wear gloves when changing nappies
5. Remove the child's nappy and put it in a 'hands-free' lidded bin or ensure it is inaccessible to children.
6. Remove any clothes with urine or faeces on them
7. Clean the child's bottom
8. Apply Nappy Rash cream (if needed/requested by parent)
9. Remove the paper and put it in a 'hands-free' lidded bin or ensure it is inaccessible to children
10. Remove your gloves. Remove gloves by peeling them back from your wrists, turning them inside out as you go. Do not let your skin touch the outer contaminated surface of the glove. Put the gloves in the bin.

11. Place a clean nappy on the child
12. Dress the child
13. Take the child away from the change table
14. Wash your hands and the child's hands
15. Clean the change table with detergent and warm water, paying particular attention to the mat
16. Wash your hands

**Note:** This is a guide only as some educators may use individual mats for children, therefore eliminating the use of placing paper towel on the mat and washing each mat after the individual nappy change.

- Have an area specifically set aside for changing nappies.
- Check to make sure that all the supplies you need are ready.
- Get a walking child to walk to the change mat.
- Carrying a child away from your body is only necessary if there are faeces on the child and/or their clothing.
- Disposable nappies may reduce the risk of infections as disposable nappies do not "leak" as easily as cloth nappies and are able to be disposed of immediately.

### **Toileting Procedure**

- Ask families to supply several changes of clothing.
- If a child has got faeces on their clothes, dispose of faeces in the toilet and place the soiled clothes in a plastic bag. Keep these bags in a designated place until the parent or carer can take them home that day.
- Help the child use the toilet (potty chairs are not recommended because they increase the risk of spreading infection).
- Encourage children, especially girls, to wipe front to back, to reduce the chance of introducing bowel bacteria to the urinary tract.
- After they have finished toileting, guide younger children to the handwash basin and help them wash their hands.
- Supervise older children while they wash their hands.
- Explain to the child that washing their hands and drying them properly will stop germs that might make them sick.
- Always do your own hand hygiene after helping children use the toilet.

### **Hand Washing Procedure**

The process of thoroughly washing and rinsing your hands should take 20 seconds. This can be achieved by slowly counting to 20. Wash hands with soap and running water, preferably warm.

- Wet hands with running water (preferably warm water for comfort)

- Apply soap to hands
- Lather soap and rub hands thoroughly.
- Rub hands together for at least 15 seconds
- Rinse thoroughly under running water
- Turn off the tap using paper towel
- Dry thoroughly with a new paper towel

Liquid soap dispensers and disposable paper towels are the preferred option for hand washing. Alcohol based hand cleaners can have a role if proper hand washing facilities are not available, e.g. on excursions. After several uses of an alcohol-based hand wash cleaner you will need to wash your hands properly with liquid soap and water.

When drying hands, use disposable paper towel as the preferred option. Cloth towels, if used, should only be used by one person (not shared) and hung up to dry between uses. We recommend you use hand towels for each individual child, as it is more sustainable for our environment.

**Table 2.1 When to do hand hygiene**

Who	Before	After
Educators and other staff	<ul style="list-style-type: none"> <li>• Starting work, so harmful germs are not introduced into the service</li> <li>• Eating or handling food</li> <li>• Giving medication</li> <li>• Putting on gloves</li> <li>• Applying sunscreen or other lotions to children</li> <li>• Going home, so harmful germs are not taken home with you</li> </ul>	<ul style="list-style-type: none"> <li>• Eating or handling food</li> <li>• Using the toilet</li> <li>• Helping children use the toilet</li> <li>• Taking off gloves</li> <li>• Changing a nappy (see section 2.5 <a href="#">Nappy changing and toileting</a>)</li> <li>• Cleaning the nappy change area</li> <li>• Wiping a child's nose or your own nose</li> <li>• Cleaning up body fluids such as faeces, urine, vomit or blood</li> <li>• Handling garbage</li> <li>• Coming in from outside play</li> <li>• Applying sunscreen or other lotions to children</li> <li>• Touching animals</li> </ul>
Children	<ul style="list-style-type: none"> <li>• Starting the day at the service; parents and carers can help with this</li> <li>• Eating or handling food</li> <li>• Going home, so harmful germs are not taken home with them</li> </ul>	<ul style="list-style-type: none"> <li>• Eating or handling food</li> <li>• Using the toilet</li> <li>• Touching mucus (snot)</li> <li>• Coming in from outside play</li> <li>• Touching animals</li> </ul>

**Table 2.2 When to wear and how to maintain gloves**

Type of gloves	When to wear them	How to maintain them	Examples
Disposable gloves	<ul style="list-style-type: none"> <li>When there is a chance you may come in contact with body fluids, including faeces, urine, vomit or blood</li> </ul>	<ul style="list-style-type: none"> <li>No maintenance – use them once and throw them away; do not reuse</li> </ul>	<ul style="list-style-type: none"> <li>Changing nappies</li> <li>Managing cuts and abrasions</li> <li>Cleaning spills of body fluids</li> </ul>
Utility (reusable) gloves	<ul style="list-style-type: none"> <li>When cleaning the education and care service</li> <li>When preparing bleach solutions</li> </ul>	<ul style="list-style-type: none"> <li>Clean according to the manufacturer's instructions</li> <li>Hang up to dry after use, preferably outside</li> <li>Store dry between uses</li> <li>Replace when showing signs of wear</li> </ul>	<ul style="list-style-type: none"> <li>General cleaning duties</li> </ul>

### Links to Other Procedures

- Dealing with COVID-19
- Dealing with Infectious Diseases
- Health
- Hygiene, Cleaning, and Infection Control
- Interactions with Children
- Supervision



# NON-COMPLIANCE

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Children's Services Coordinator

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### Objective

Cabonne Family Day Care will ensure the requirements of the Law and Regulations are always met to ensure the safety and wellbeing of all children, families, visitors, educators, and staff. These requirements need to be met to ensure the service remains licensed and eligible for Child Care Subsidy.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Child Care Provider Handbook

### Practices

#### The Principal Office will:

- Ensure that all educators understand their responsibilities in relation to the National Law, National Regulations, the Family Assistance Law, the National Quality Framework and service policies and procedures.
- Monitor compliance regularly through support visits, documentation, and Council's records system (MagiQ).
- Create and regularly review the self-assessment document.
- Ensure the Nominated Supervisor is informed of any issues with non-compliance.
- Notify the educator when they are non-compliant in any way. This can be done verbally or by email.
- Notify the Regulatory Authority of any serious incidents or complaints which allege a breach to the legislation. These include complaints alleging the health, safety or wellbeing of a child is being compromised and where the law has been contravened. This must be done through ACECQA's website.
- Develop an Action Plan to support the educator in meeting the requirements of the service if breaches are serious or continuous. This process should include the educator and refer back to the National Quality Framework.

- Explain the breach and appropriate action, which needs to occur. If the educator requires a support person in this process, this support person can be present to support the educator but will not speak on their behalf.
- Consider confidentiality and the severity of the breach to determine if families enrolled with the educator are notified of non-compliance issues.

#### **Educators will abide by the following:**

- Education and Care Services National Regulations 2011
- Education and Care Services National Law 2010
- Early Years Learning Framework
- My Time Our Place
- Cabonne Family Day Care Policy and Procedures.
- Cabonne Family Day Care Educator's Agreement
- Children and Young Persons (Care and Protection) Act 1998 (NSW)
- Any other relevant legislation

#### **Educators will:**

- Participate in professional development regarding compliance, when required to.
- Rectify a non-compliance breach when brought to their attention, either immediately or as per the Action Plan created by Nominated Supervisor.
- Seek clarification from Principal Office staff if they are unsure of any non-compliance breaches.
- Work cooperatively with service staff if a breach is identified.
- Actively work to remain compliant in all areas of their education and care service, including the National Law, the National Regulations, documentation, educational programs, invoicing, receipting, and the Educator Workplace Safety Audit.

#### **Procedure**

- Educator will be notified in writing of the breach and given 24 hours to rectify non-compliance.
- Children may need to be collected from care if non-compliance is not easily rectified and puts their health and/or safety at risk.
- Non-compliance notice will be issued by the Coordinator or Department Leader if breach is not rectified satisfactorily after 24 hours, or the Law has been breached, or children's health and/or safety has been put at risk.
- If the Law has been contravened or child put at serious risk of harm, suspension or deregistration will be applied immediately.
- Alternatively, an action plan will be created, and educator will be visited regularly over a period.

- Approved Provider will be notified of breach.
- The Regulatory Authority notified of breach of National Law or National Regulations if children's health and safety was compromised.
- Families may be notified, especially if children were present and affected by the breach.
- If it relates to a document or certificate required under the Regulations, the educator's registration will be suspended until the certificate or document is supplied to the Principal Office, as per the grace period below.
- If the educator requests a meeting with Nominated Supervisor, the educator can have a support person, but this person cannot speak on their behalf.

### GRACE PERIODS FOR DOCUMENTS

If documents are not completed or renewed by the timeframe stated below, the educator **cannot** provide education and care until it has been completed and a copy supplied to the service.

DOCUMENT	GRACE PERIOD
Child Protection Refresher	Within 14 days of expiry date <b>or</b> forward the booking to Coordinator to confirm enrolment.
First Aid Certificate, Resuscitation Certificate	Nil – To be renewed before expiry date. Educator cannot work without this document.
Medical Examination	Within 14 days of expiry date.
Code of Conduct	Before 31 March annually.
Insurance	Nil – To be renewed before expiry date. Educator cannot work without this document.
Evacuation Procedures	Two weeks after the last day of the month.
Fire Equipment	Renewed within the month it is due. If on a schedule and it will be done outside month, contact Coordinator to advise.
Driver Licence	Nil – To be renewed before expiry date. Educator cannot transport children without this document.
Working with Children Check	Nil – To be renewed before expiry date. Educator cannot work without this document.
Car Restraints, Car Registration	Nil – To be renewed before expiry date. Educator cannot transport children without these documents.
Pool Compliance Certificate	To be scheduled before expiry date. Educator to advise Principal Office when their local Council has booked an inspection in.

Immunisation Statements (Children's)	Two months after due date.
Medical Management Plans	Nil – To be completed before expiry.
Risk Minimisation Plan	Nil – To be completed before expiry.

### Links to Other Procedures

- Completion of Educator Workplace Health and Safety Audit
- Emergency and Evacuation Procedures
- Excursions
- Fencing
- Fire Equipment
- Persons Residing at Family Day Care Residences
- Sleep and Rest
- Tobacco, Alcohol and Other Drug Free Environment
- Transportation

# PARTICIPATION OF VOLUNTEERS AND STUDENTS

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Cabonne Family Day Care is committed to facilitating students, sharing knowledge, and shaping future early childhood educators. It is essential that students are provided with opportunities and resources to demonstrate their competencies, and to gain experience. It is acknowledged hosting a student is also a great opportunity for educators to review early childhood education and care practices.

Our service also encourages volunteers to participate in the educational program, such as grandparents.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Children and Young Persons (Care and Protection) Act 1998
- Guide to the National Quality Framework
- Child Care Provider Handbook
- Keep Them Safe: A shared approach to child wellbeing", NSW Government Children Legislation Amendment (Wood Inquiry Recommendations Act 2009)  
[www.keepthemsafe.nsw.gov.au](http://www.keepthemsafe.nsw.gov.au)

### Procedures

**Cabonne Family Day Care will offer placements to:**

- High school students who wish to gain work experience as part of a high school program, where the school has initiated the work experience, identified the student's suitability, worked with the service to arrange suitable times, and provided authorisation for the student to participate.
- Students attending registered training organisations and studying in a relevant field, such as early childhood education and care, teaching, recreation, or community services where the training organisation has initiated the placement, identified the student's suitability, worked with the nominated supervisor in relation to times and expectations and provided written authorisation for the student to participate.

### **The Principal Office will:**

- Provide educators and students with appropriate paperwork to authorise the placement.
- Provide students and volunteers with guidelines identifying their responsibilities, expectations, and code of conduct while at the service during a work experience induction.
- Ensure students and volunteers over the age of 18 years have completed a Working with Children Check prior to commencing with the educator.
- Give support and guidance to students and volunteers where possible.
- Request that students and volunteers adhere to all areas of confidentiality.

### **Educators will:**

- Ensure students and volunteers are never left alone with any children.
- Inform families when a student or volunteer is on placement at the service.
- Provide students with ongoing constructive feedback and assessment that is fair and equitable.
- Provide students and volunteers with opportunities to learn and participate in a positive, encouraging environment.
- Consult with their families before the placement occurs and inform them of the student's or volunteer's presence.
- Encourage students and volunteers to participate and communicate in an open and honest manner.
- Ensure that students and volunteers do not discuss children's development or other issues with parents.

### **Students and volunteers will:**

- Abide by the Education and Care Services National Law and National Regulations.
- Abide by and sign a Student/Volunteer Code of Conduct.
- Take responsibility for the role that they are undertaking whilst on placement, viewing it as part of their own professional development.
- Inform the educator early in the placement of any assessment requirements that need to be completed.
- Work with the educator to timetable requirements.
- Be responsible for completion of own assessment requirements.
- Sign the visitors register whenever entering and leaving the education and care service.
- Not be alone with children.
- Not change children's nappies unless under direct supervision of the educator.

## Links to Other Procedures

- [Child Protection](#)
- [Code of Conduct](#)
- [Collaborative Partnerships](#)
- [Inclusion and Diversity](#)
- [Interactions with Children](#)
- [Nappy Changing, Toileting and Hand Washing](#)
- [Supervision](#)
- [Visitors to Family Day Care Premise](#)

# PERSONS RESIDING AT FAMILY DAY CARE RESIDENCES

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Children's Services Coordinator

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### Objective

Cabonne Family Day Care acknowledges the importance of other household members of a family day care residence to interact with children, and to also have their own space and alone time. It is important for all household members to ensure they maintain a safe, respectful environment while the educator operates a family day care service in the residence.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Child Protection (Working with Children) Act 2012
- Guide to National Quality Framework
- Child Safe Standards

### Definition

Within the Child Protection (Working with Children) Act 2012 –

#### 5A Meaning of “reside on a property”

- 1) Subject to subsection (2), a person resides on a property if the person resides (which includes sleep on a regular or frequent basis) anywhere on the property (whether or not in a building, caravan, structure, vehicle or other thing).
- 2) The regulations may prescribe circumstances in which a person is, or is not, taken to reside on a property (including by prescribing circumstances in which 2 persons are, or are not, taken to be residing on the same property).

### Procedures

#### The Principal Office will:

- Provide household members with information regarding family day care and their role, upon initial registration.



- Ensure all household members over 18 years have a Working with Children Check. To ensure children's safety and service compliance, this **includes** any household member over 18 years that regularly works away and/or is unlikely to be present when children are on site.
- Ensure all household members are fit and proper persons.
- Ensure the educator closes their business if a household member's Working with Children Check is barred, unless they can provide evidence of the household member not being on the premise during operational hours.

#### **Educators will:**

- Ensure household members know their responsibilities.
- Ensure you notify the service if you have foster children.
- Ensure no household member is left alone with the children in care.
- Ensure their own children, under 13 years, are included in their ratio if there is no other adult on the premise to care for them. This includes any other child at the premise under 13 years old.
- Ensure the Nominated Supervisor is aware of all occupants of the residence, including visitors staying for a period longer than two weeks. Persons residing at the residence for longer than two weeks will need a police check and working with children check.
- Understand that educators, household members and visitors have a responsibility to ensure children are kept safe whilst in the education and care environment. Individuals that cause harm to children are at risk of a Child Protection allegation.
- Close their business if a household member is sick and cannot care for themselves.
- Close their business if a household members had an infectious illness, such as chicken pox, COVID-19, influenza, gastro, and all other infectious illness.
- Ensure they close their business if a household member's Working with Child Check is barred, unless they can provide evidence of the household member not being on the premise during operational hours.

#### **Household members will:**

- Treat children, families, visitors, service staff and other educators with respect.
- Support the educator to maintain a safe and healthy environment.
- Maintain the confidentiality of the children and families in care.
- Support only child appropriate games, books, and social media being accessible to children.
- Ensure visitors to the home sign the visitor's record.
- Ensure a Working with Children Check is completed for any household member over 18 years.

- Respect the need for privacy on occasions when the educator is discussing issues with staff and families, or when a child is bathing or toileting.
- Always ensure the use of age-appropriate language and tone of voice.
- Ensure only the educator toilets, bathes, or changes the children's nappies.
- Not consume tobacco, alcohol, or illicit drugs while the educator is operating their family day care business.
- Never be alone with a child in care.

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

- Interact with household members respectfully.
- Alert the Principal Office if any household member is inappropriate with you or a child in care, or if you have any concerns relating to a household member.

#### **Links to Other Procedures**

- Child Protection
- Educator Registration and Assessment
- Interactions with Children
- Non-Compliance
- Providing a Child Safe Environment
- Supervision
- Tobacco, Alcohol and Other Drug Free Environment
- Visitors to Family Day Care Premises

# PETS AND OTHER ANIMALS

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Cabonne Family Day Care acknowledges the presence of animals in the education and care service will be managed by educators to ensure that the safety and wellbeing of children, families, educators, and animals is always maintained. Educators will consider the risks and the benefits of including animals in the educational program.

Pets and other domestic animals are a valuable part of many family day care settings. Pets and other animals can play a significant role in children's learning and development. As with all experiences in family day care, it is the responsibility of services to identify and manage any possible safety or health risks to children.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011

### PETS PERMITTED TO MOVE FREELY IN FAMILY DAY CARE ENVIRONMENT

Educators should assess their pet's personality before allowing them to interact with children. Some animals on this list may not be suitable to interact with children due to their known behaviours. All interactions between an animal and a child should be supervised by the educator.

- Dogs and puppies (unless they are registered as dangerous)
- Cats and kittens

### PETS NOT PERMITTED TO MOVE FREELY IN FAMILY DAY CARE ENVIRONMENT

The below animals can interact with children but must be under the direct supervision of the educator and have their own yard or enclosure that can be closed off to children. The educator should be located next to the animal and if necessary, have control of it (e.g. have horse on lead rope, chickens in yard).

- Horses and foals
- Cows and calves
- Goats and kids

- Mice
- Chickens and chicks
- Ducks and ducklings
- Roosters
- Birds
- Lizards
- Turtles
- Any other reptiles that are not venomous

## **ANIMALS NOT PERMITTED TO INTERACT WITH CHILDREN**

The below animals are not permitted in a family day care environment. If on the premises, they must be securely held away from the children's play environment and inaccessible to children.

- Dangerous dogs
- Snakes
- Bulls
- Pet spiders
- Possums
- Wild animals of any kind, including kangaroos, foxes, dogs, and cats.
- Any animals that have been known to bite or lash out at humans.

## **Procedures**

### **The Principal Office will:**

- Monitor animals in the family day care environments to ensure educators are complying with this procedure.
- Provide a copy of this procedure to families upon enrolment.
- Keep a register of educator's pets and other animals' children will interact with.
- Develop a risk assessment for pets.

### **Educators will:**

- Always supervise children when interacting with pets and animals.
- Assess the risk of their animals interacting with children. Educators need to make an informed decision about whether an animal is suitable to interact with children in an education and care setting.
- Inform families of any animals at their residence and how they plan to manage the risk.

- Inform families and the Principal Office prior to a new pet coming into the home environment.
- Ensure if a family is not comfortable with their child interacting with an animal, that the child does not have interactions with the animal.
- Vacuum and clean furniture and floors daily before children arrive if pets are kept indoors.
- All animal fencing must restrict penetration by small fingers.
- Ensure cats and dogs that move freely in the environment are well behaved and have a space of their own to retreat to throughout the day.
- Ensure a risk assessment is in place for all pets and animals.
- Ensure children and educators wash hands immediately after handling animals.
- Ensure all animals kept at the premises are clean and healthy and do not have any diseases that can be transmitted to children. Pets should be vaccinated, wormed and free of fleas or other pests or infections.
- Ensure any bedding, toys, litter tray, food feeding container or water container used or consumed by animals is inaccessible to children.
- All play areas are kept free from animal droppings, bones, and holes dug by animals.
- Ensure animals do not have access to bedding used by children, toys or play equipment used by children, food preparation areas, eating surfaces or utensils.
- Ensure no animal travels in a motor vehicle with a child.
- Encourage children to treat all animals with respect.
- Ensure the animals listed above as not permitted to interact with children, do not interact with children while they are being educated and cared for.
- Ensure animals who are sick or in pain are kept away from children as they may lash out.
- Ensure all poultry, live-stock, and beehives are maintained as per the Local Council Environmental Health By-Laws.
- Ensure they hold appropriate registration and licensing of animals as required by law and government regulations (council registration, reptile keeper's license). This licence needs to be supplied to the Principal Office.
- Ensure children with allergies to certain animals do not interact with those animals.

#### **Families will:**

- Alert educators if they are not comfortable with their child interacting with certain animals.
- Alert the educator if their child has any allergies to animals or animal fur during the enrolment process.

## Links to Other Procedures

- [Adventurous Play](#)
- [Child Enrolment and Orientation](#)
- [Completion of Educator Workplace Health and Safety Audit](#)
- [Fencing](#)
- [Nappy Changing, Toileting and Hand Washing](#)
- [Supervision](#)

# PHYSICAL ACTIVITY AND SCREEN TIME

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Cabonne Family Day Care seeks to promote children's physical activity by supporting the development of their gross motor skills and fostering the emergence of their fundamental movement skills through a range of intentionally planned and spontaneous active play learning experiences. Our service also supports limiting the amount of time children spend engaging in screen time and sedentary behaviour for recreational purposes.

Our service is committed to a journey of continuous improvement, striving for quality service provision under the National Quality Framework. We will ensure key physical activity messages within *Munch & Move* are embedded into our curriculum supporting the *National Physical Activity Recommendations for Children Birth to 5 years* outlined in the *Get Up & Grow* resources.

### References

- Education and Care Services National Law 2010
- Education and care Services National Regulations 2011 (Clause 88).
- Public Health Act 2010 No 127 (NSW).
- NSW Health *Munch & Move* program [www.healthykids.nsw.gov.au](http://www.healthykids.nsw.gov.au)
- *Move and Play Every Day, 2014*,  
[www.health.gov.au/internet/main/publishing.nsf/content/health-publhlth-strateg-phys-act-guidelines#npa05](http://www.health.gov.au/internet/main/publishing.nsf/content/health-publhlth-strateg-phys-act-guidelines#npa05)
- SunSmart NSW – [www.sunsmartnsw.com.au](http://www.sunsmartnsw.com.au)
- Kidsafe – [www.kidsafe.com.au](http://www.kidsafe.com.au)

### Procedures

The Principal Office and Educators will:

**1. Promote children's participation in a range of safe active play learning. Provide opportunities for children to be active every day through a balance of planned and spontaneous active play experiences (including everyday physical tasks), in the indoor and outdoor environments.**

- Plan daily intentional Fundamental Movement Skills (FMS) experiences to support children's physical activity and their FMS development. This includes daily floor-

based play for babies – tummy time, and the intentional planning of FMS experiences for older toddlers and preschool-aged children that consists of a warm-up, FMS game and a cool-down.

- Foster the development of a range of FMS - including running, galloping, hopping, jumping, leaping, side sliding, skipping, overarm throwing, catching, striking a stationary ball, kicking, underarm throwing and stationary dribbling.
- Ensure active play experiences are play based, varied, creative, and developmentally appropriate and catered to the abilities and interests of each individual child.
- Support educators to provide active play experiences that encourage children to explore, challenge, extend and test their limits.
- Ensure all active play experiences are safe by providing an appropriate environment, ensuring all equipment is developmentally appropriate and well maintained and supervision is constant.
- Encourage children's participation in physical activity of varying intensity (e.g. lighter through to vigorous activity).
- Provide space, time, and resources for children to revisit and practice FMS and engage in active play.
- Educators will provide opportunities for learning about the importance and benefits of being physically active and involve children in the planning of active play experiences.
- Educators will actively role model to children appropriate physical activity behaviours.
- Encourage children to consume water before, during and after active play experiences.
- Provide opportunities for physical activity during excursions (e.g. walking excursions promoting physical activity and safe active travel).
- Provide opportunities for educators to undertake regular professional development to maintain and enhance their knowledge about early childhood physical activity.

## ***2. Provide a positive active play environment which reflects cultural and family values.***

- Positively encourage children to participate in a range of active play experiences.
- Provide children with ongoing encouragement and positive reinforcement.
- Provide positive instruction, role modelling of the correct FMS and constructive feedback to children to assist them in developing and refining their FMS.
- Plan active play experiences that are inclusive of and reflect the diverse cultural backgrounds of our educators, families, and community.
- Work in collaboration with families and other professionals to provide active play experiences that are inclusive of all children including those with additional needs.
- Promote physical activity for everyone to participate in a fun experience and not for competition.



- Invite and engage families and the wider community to participate in promoting physical activity with the children.
- Encourage children and families to choose active travel options to and from the service and provide safe storage of active travel equipment while children are in care at the service.
- Encourage children to be understanding and accepting of the different physical skills and abilities of other children.
- Provide families with information and ideas on incorporating physical activity at home, including sharing information about community events that promote children's wellbeing through physical activity.

### **3. Promote lifelong learning and enjoyment of physical activity.**

- Provide opportunities and encourage all educators to engage in professional development topics related to promoting physical activity and limiting small screen time for example *Munch & Move* training.
- Offer a range of active play learning experiences.
- Encourage children to be as active as possible during daily active play times.
- Encourage all children to participate in active play experiences to the best of their ability.
- Provide opportunities for children to engage in discovery learning about the importance of being physically active and reducing small screen time as part of their learning experiences.
- Assist children to develop daily habits, understanding and skills that support health and wellbeing.
- Ensure any fundraising promotes healthy or active lifestyles and advocates for children's wellbeing.

### **4. Limit time children spend engaging in screen time (television, DVDs, computer, and other electronic games) and sedentary behaviour whilst at the service.**

- Limit the amount of time spent on screens.
- Endeavour to limit experiences involving screen use to those which have an educational component – including movement.
- Discuss with children the role of screen time in their lives and support them in making healthy choices about their use of screen time for both education and recreation.
- Educators to model appropriate screen behaviours to the children.
- Encourage the promotion of productive sedentary experiences for rest and relaxation.
- Ensure that an appropriate balance between inactive and active time is maintained each day.

- Under no circumstances is the screen to be used as a reward or to manage challenging behaviours.

**5. Encourage communication with families about physical activity, gross motor and fundamental movement skills development and limiting screen time and sedentary behaviour.**

- Provide a copy of the *Physical Activity and Screen Time Procedure* to all families during orientation to the service.
- Request that any details of children's additional needs in relation to physical activity participation be provided to the service.
- Encourage families to share with the service links between cultural backgrounds and physical activity.
- Communicate regularly with families and provide information, support and advice on physical activity, gross motor and fundamental movement skills development, everyday physical tasks, active transport and limiting screen time and sedentary behaviour.

**Links to Other Procedures**

- Educational Program and Practice
- Supervision

# PROFESSIONAL DEVELOPMENT

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Cabonne Family Day Care encourages educators to participate in professional development opportunities. Ongoing professional development for those involved in early childhood education and care services ensures that educators and service staff are informed and up to date with information on current practices.

### References

- Education and Care Services National Law 2010
- Education and care Services National Regulations 2011 (Clause 88).

### Procedures

#### The Principal Office will:

- Participate in professional development courses offered by Cabonne Council.
- Complete a Child Protection Refresher course every two year unless full certificate has been completed less than 24 months ago.
- Complete a First Aid Certificate every three years, within two weeks of their previous certificate expiring.
- Complete a Resuscitation Certificate every twelve months, withing two weeks of their previous certificate expiring.
- Ensure educators are regularly offered or informed of professional development opportunities.
- Provide an induction for new educators and an information pack for their family members.
- Support educators in their endeavours to obtain qualifications.

#### Educators will:

- Attend an induction prior to commencing as an educator.
- Annually participate in a minimum of three professional development opportunities to keep abreast of current early childhood issues.

- Complete a Child Protection Refresher course every two years unless full certificate has been completed less than 24 months ago.
- Complete a First Aid Certificate every three years, within two weeks of their previous certificate expiring.
- Complete a Resuscitation Certificate every twelve months, within two weeks of their previous certificate expiring.
- Participate in mandatory training as outlined by the Principal Office.
- Communicate to service staff what areas they would like to complete professional development in.

**Families are encouraged to:**

- Provide feedback to the service on requests for professional development for themselves or their educators.

**Links to Other Procedures**

- Code of Conduct
- Collaborative Partnerships

# PROVIDING A CHILD SAFE ENVIRONMENT

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Cabonne Family Day Care strongly believes all children have the right to experience quality education and care in a safe and healthy environment, be it physical, emotional, or social. Children's safety and wellbeing is paramount at our service and will be fostered through responsive relationships, engaging experiences, and a safe and healthy environment.

### References

- Education and Care Services National Law 2010
- Education and care Services National Regulations 2011
- United Nations Conventions on the Rights of the Child
- Child Safe Standards - <https://education.nsw.gov.au/early-childhood-education/working-in-early-childhood-education/child-safety/standards>

### Regulations

- Regulation 82 - Tobacco, drug, and alcohol-free environment
- Regulation 83 - Staff members and family day care educators not to be affected by alcohol or drugs
- Regulation 103 - Premises, furniture, and equipment to be safe, clean and in good repair
- Regulation 122 - Educators must be working directly with children to be included in ratios
- Regulation 123A - Family day care coordinator to educator ratios – family day care service
- Regulation 124 - Number of children who can be educated and cared for – family day care educator
- Regulation 165 - Record of visitors
- Regulation 166 - Children not to be alone with visitors
- Regulation 168 – Education and care service must have policies and procedures

## Procedures

### The Principal Office will:

- Ensure all obligations under the Education and Care Services National Law and National Regulations are met.
- Ensure bi-annual assessment of family day care premises occurs and any health and safety risks are rectified as soon as possible.
- Ensure all educators and staff have undertaken current child protection training, including mandatory reporting requirements and obligations. If not, develop a plan to ensure training is undertaken in a suitable timeframe.
- Provide an environment that is free from the use of tobacco, illicit drugs and alcohol and ensure no educators or staff are affected by alcohol or drugs (including prescription medication) to impair their capacity to supervise or provide education and care to children in the service.
- Ensure educators are meeting educator to child ratios by regularly checking timesheets and through unannounced visits.
- Ensure ongoing communication with educators regarding their responsibilities.
- When required, work with appropriate agencies to support children's access, inclusion, and participation in educational program.
- Ensure the safety and wellbeing of children attending the service by keeping a visitors' record, including signatures and arrival/departure times.
- Work with Cabonne Council to implement to Child Safe Standards:
  1. Child safety is embedded in organisational leadership, governance, and culture.
  2. Children participate in decisions affecting them and are taken seriously.
  3. Families and communities are informed and involved.
  4. Equity is upheld and diverse needs are considered.
  5. People working with children are suitable and supported.
  6. Processes to respond to complaints of child abuse are child-focused.
  7. Staff are equipped with the knowledge, skills, and awareness to keep children safe through continual education and training.
  8. Physical and online environments minimise the opportunity for abuse to occur.
  9. Implementation of the Child Safe Standards is continuously reviewed and improved.
  10. Policies and procedures document how the organisation is child safe.

### Educators will:

- Be aware of current child protection legislation.
- Know the individual needs and actions plans for the children in your care.
- Maintain accredited child protection, first aid, CPR, asthma, and anaphylaxis training.

- Refresh their Child Protection Training every two years, unless asked to earlier by the Coordinator.
- Always monitor and maintain correct educator to child ratios, including your own children under 13 years of age.
- Provide an environment that is free from the use of tobacco, illicit drugs, and alcohol.
- Keep a visitor's record, including signatures and arrival and departure times.
- Never leave children alone with visitors or another person residing at the premise.
- Ensure all learning environments support the health, safety and wellbeing of all children being educated and cared for.
- Ensure risk assessments a thorough and approved before attending excursions or participating in adventurous play.
- Ensure the *Sun Protection Procedure* is followed.
- Ensure they are always meeting the requirements of the Educator Workplace Health and Safety Audit.
- Ensure they have an adequate understanding of these procedures to ensure compliance.

### Links to Other Procedures

- Access
- Adventurous Play
- Assessment of Family Day Care Residences and Venues
- Child Enrolment and Orientation
- Child Protection
- Completion of Educator Workplace Health and Safety Audit
- Dealing with COVID-19
- Dealing with Infectious Diseases
- Dental Health
- Delivery of children to, and collection of children from, education and care service premises
- Excursions
- Health
- Hygiene, Cleaning, and Infection Control
- Interactions with Children
- Nappy Changing, Toileting and Hand Washing
- Pets and Other Animals
- Physical Activity and Screen Time
- Sleep and Rest
- Storage of Dangerous Substances and Equipment
- Sun Protection
- Supervision

- Tobacco, Alcohol and Other Drug Free Environment
- Transportation
- Visitors to Family Day Care Premise
- Water Safety
- Work Health and Safety



# RELATIVES IN CARE

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Cabonne Family Day Care enforces the importance of noting the number of children that are being educated and cared for that are directly related to their educator, to ensure that relatives make up less than 50% of children for the educator in any fortnight.

The Family Assistance Law limits the number of children to whom a Family Day Care educator can provide care to at a service, if they are related to the educator. This includes own children, step-children, nieces, nephews, cousins and grandchildren.

It is important to note that:

- Relatives of the children in care, not listed above, will not be treated as relatives.
- Relatives of an educator's partner (by either de facto or marriage) will be considered relatives of the educator.
- The ratio of less than 50% is applied to the number of children cared for at the service across the whole Child Care Child Subsidy fortnight and not the number of days the relative attends.

### References

- Family Assistance Law
- Child Care Provider Handbook

### Procedures

#### Principal Office will:

- Ensure that children who are related to the educator make up less than 50% of children being cared for in the fortnight.
- Develop a system to monitor if children are related to their educator.
- Ensure educators are aware of this requirement.

#### Educators will:

- Inform the Principal Office if any children in their care are related to them, or their partner, as stated above.

- Not confirm the enrolment of a relative without the authorisation of the Principal Office.
- Inform the Principal Office immediately if bookings change in relation to relatives in care.
- Monitor the amount of relative in care in relation to non-relatives.
- Understand the ratio of less than 50% is applied to the number of children cared for at the service across the whole Child Care Child Subsidy fortnight and not the number of days the relative attends.
- Understand there is no Child Care Subsidy entitlement for an educator's child when:
  - The child counts toward the educator's ratio.
  - Another family day care educator cares for the educator's child on the same day the educator is providing family day care services.
- Ensure they sign their own children and stepchildren in and out of care when they are included in their ratios. A zero-fee session will be created for these sessions.
- Ensure they complete an enrolment form for their own children and stepchildren.

#### **Families will:**

- Ensure they declare if they are related to their educator on their enrolment form.
- Support the educator to meet this requirement.
- Understand their child's care may be ceased if it causes the educator's relatives in care ratio for the fortnight to be over 50%.

#### **Links to Other Procedures**

- Child Enrolment and Orientation
- Fees and Charges
- Persons Residing at Family Day Care Residences

# RELIEF EDUCATORS & RELIEF CARE

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Relief educators are approved with Cabonne Family Day Care to provide care and education in the primary educator's home when the primary educator is on leave.

Cabonne Family Day Care has an obligation to the community to ensure that all relief educators are recruited in a fair and equitable manner based on merit and without bias.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Child Care Provider Handbook - [Child Care Provider Handbook - Department of Education, Skills and Employment, Australian Government \(dese.gov.au\)](https://www.dese.gov.au/child-care-provider-handbook)

### Definitions

**Primary Educator** - a person who is directly involved, at his or her home, in educating, supervising, and caring for children for a Family Day Care children's service.

**Relief Educator** - a person registered with a Family Day Care Service to provide education and care in another educator's place of work whilst the primary educator is on leave.

### Procedure

#### The Principal Office will

- Ensure all relief educators are registered in accordance with the Educator Registration and Assessment Procedure.
- Ensure relief educator does not provide relief care for more than a total of four weeks with a single educator.
- Ensure a relief educator is on the primary educator's public liability insurance, or have their own public liability insurance, and obtain evidence of this.

#### The Primary Educator will:

- Ensure the relief educator is registered with the service.

- Discuss with parents' which children will be needing care and what days of care they will require when they are unavailable. Explain the options available to the family and respect the choice they make.
- Contact the Principal Office at least one week before to discuss the proposed appointment of the relief educator and period of closure on each occasion.
- Discuss and document any fees for the relief educator charged by the Primary Educator.
- Allow families a chance to meet the relief educator.
- Have parents complete the relief care forms before commencing any relief care.
- Confirm with the relief educator at least one week before care commences, days needed, hours of care and number of children. Discuss any additional needs of children in care.
- Understand that the Principal Office will not be responsible for, or enter, any dispute arising between the Primary Educator and the Relief Educator regarding payment for relief care services provided or not provided, or any cancellation of care arrangements.
- Ensure the Relief Educator is familiar with the whereabouts of:
  - First aid kit
  - Fire extinguisher, fire blanket and evacuation plan
  - Emergency numbers
  - Medical management plans
  - Children's belongings
  - Equipment needed for the running of the day
  - Maintenance, safety, and cleaning supplies
  - Educational program
- Discuss the routines of children and the educational program.
- Supply the relief educator with a checklist to ensure all requirements are met regarding their usual cleaning and maintenance of residence.

#### **Relief Educator will:**

- Register with the service in accordance with the Educator Registration and Assessment Procedure, including setting fees and charges and completing an induction.
- Complete a Relief Care Agreement.
- Comply with all regulatory requirements, service policies and procedures and any other relevant legislation.
- Discuss payment of fees directly with the family and complete a Complying Written Arrangement.
- Be familiar with the whereabouts in the service of:

- First aid kit
  - Fire extinguisher, fire blanket and evacuation plan
  - Emergency numbers
  - Medical management plans
  - Children's belongings
  - Equipment needed for the running of the day
  - Maintenance, safety, and cleaning supplies
  - Educational program
- Complete attendance records as per the Attendance Record Procedure.
  - Meet with the families and children before commencing relief care.
  - Ensure they are familiar with the Educator Workplace Health and Safety Audit and ensure requirements are always maintained.
  - Ensure they fully understand and comply with the expectations of the primary educator regarding end of day procedures.
  - Ensure each child in care has a Complying Written Arrangement completed for the relief care.
  - Complete a daily hazard check to ensure compliance.
  - Display their relief educator registration certificate while working at the primary educator's residence.
  - Ensure they are listed on the Primary Educator's public liability insurance or have their own public liability insurance.
  - Only take their own child to the primary educator's residence when conducting relief care if they remain in ratio and the child, if under 13 years, has a CCS Exempt attendance record.
  - Not provide care for longer than four weeks in a calendar year with a single educator.

#### **Families will:**

- Discuss payment of child care fees with the relief educator and ensure these fees and paid on time.
- Provide the Relief Educator with appropriate updates on their child's development health status necessary for the education and care of their child.

#### **PROCEDURES FOR PRINCIPAL OFFICE RELIEF CARE**

Qualified Principal Office staff can conduct relief care for educators for periods of **up to three hours**. Educators who will be absent from their service for more than three hours will need to close or find an alternative relief educator.

Reasons for short periods of relief care may include:

- Medical appointments
- Attending school assemblies, parent morning teas, school meetings etc.
- Attending their own child's sporting matches, performances, medical appointments, etc.

Staff will not complete full days of relief care for the educator.

#### **Educators will:**

- Give educators as much notice as possible when relief care is needed.
- Alert their families before relief care occurs.
- Charge families as per normal. Children will not be signed into the care of the staff member during the relief care period.
- Ensure they alert the staff member conducting relief care if they are returning later than discussed.
- Ensure staff member conducting relief care is aware of any medical conditions and routines applicable to their children in care.

#### **Links to Other Procedures**

- Attendance Records
- Educator Registration and Assessment, including Educator Assistants
- Fees and Charges

# SAFE ARRIVAL OF CHILDREN

## CABONNE FAMILY DAY CARE PROCEDURE

<b>Responsible Department:</b>	Cabonne Services
<b>Responsible Section:</b>	Community Services
<b>Responsible Officer:</b>	Children's Services Coordinator

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### Objective

Cabonne Family Day Care educators will facilitate the safe arrival and departure of children when travelling between an education and care service and any other education service.

Cabonne Family Day Care acknowledges that it is the responsibility of the bus company to ensure the safe transportation of children when children are on their buses.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Guide to the National Quality Framework
- Education NSW – Transporting Children Safely - <https://education.nsw.gov.au/early-childhood-education/leadership/resource-library/transporting-children-safely>
- Safe Arrival of Children Information Sheet - [https://www.acecqa.gov.au/sites/default/files/2023-08/InfoSheet\\_SafeArrivalOfChildren.pdf](https://www.acecqa.gov.au/sites/default/files/2023-08/InfoSheet_SafeArrivalOfChildren.pdf)

### Regulations

- Regulation 99 – Children leaving the education and care premises.
- Regulation 102AAB – Safe arrival of children policies and procedures.
- Regulation 102AAC Risk assessment for the purpose of safe arrival of children policies and procedures.
- Regulation 161 – Authorisations to be kept in enrolment record.
- Regulation 168 – Education and care service must have policies and procedures.
- Regulation 170 – Policies and procedures to be followed.
- Regulation 171 Policies and procedures to be kept available.
- Regulation 177 – Prescribed enrolment information and other documents to be kept by approved provider.

### Procedures

#### The Principal Office will:

- Inform educators of their responsibilities in this procedure upon registration.
- Assist educators to improve their practices to ensure the safety of the child is met.

- Promote awareness of the arrival and departure procedures to families through orientation and family newsletters.
- Ensure all attendance records are adequately completed by educators.
- Conduct a risk assessment for each site regarding the safe arrival of children travelling between an education and care service and any other education and/or care service.

#### **Educators will:**

- Physically receive the child when they disembark a school bus.
- Ensure that arrival and departure of school age children is in accordance with the School Child Travel Form completed by the family.
- Ensure the exact arrival and departure times are entered on the attendance record.
- Ensure the car they are using has professionally installed child car restraints and evidence of this has been sent to the Principal Office.
- Ensure the car they are using is the car the Principal Office has on file.
- Ensure child car restraints are appropriate for the age, weight and height of the child.
- Ensure every child is accounted for when entering and exiting the vehicle, before leaving the location.
- Ensure a Risk Assessment of the location travelling to has been completed that includes transportation.

#### **Families are required to:**

- Ensure educator is notified if child is not attending after school care.
- Ensure service and educator are notified is transportation arrangements, or consent, changes.

#### **Delivering Children to a School Bus**

- Educators must physically deliver child to bus and sight them embark it.
- Educator must ensure they deliver child to correct bus, as stated on the School Travel Form.
- Educator will sign child out when they embark the bus and leave a comment – 'Delivered child to bus'.

#### **Collecting Children from a School Bus**

- Educator must arrive at the bus stop before the bus does and physically receive child from the bus.
- Educator must sign child in once received from the bus and leave a comment – 'collected from bus'.



- If child does not disembark bus, the educator must get on the bus to ensure the child is not remaining on the bus. If a child is unaccounted for, follow the below Action Plan for Non-Arrival of Bus Children.

## ACTION PLAN FOR NON-ATTENDANCE OF CHILDREN

Parents and/or guardians are required to give the Principal Office notice if their child is not attending. When this process is not adhered to, educators will respond in the following way. Please remember to maintain supervision of children present and ensure their safety is prioritised.

Scenario	Action	Who
<b>If child does not arrive when collecting from school grounds, and educator has not been notified of absence.</b>	Contact parent/guardian to verify absence.	Educator
	Parent confirms absence – Contact Coordinator to report near miss incident.	Educator
	Parent states child is at school and should be in attendance – Find a teacher and ask for immediate assistance. Contact Coordinator.	Educator
	If there is no response from family and there appears to be a concern for the child's whereabouts, contact NSW Police for advice.	Educator or Coordinator
<b>If child presents at meeting place on school grounds and states, they are not attending due to alternate arrangements</b>	Explain to the child that educators are legally obliged to keep the child safe, and they are not able to let the child go until child is collected by parent or authorised person.	Educator
	Contact parent to confirm arrangement.	Educator or Coordinator
	Parent confirms child is being collected by a parent or authorised person – educator can leave when child has been collected.	Educator
	Parents states child is to attend service – Educator is to ensure child attends service.	Educator
	If child has left the school grounds, advise of whereabouts if known and contact parent. Discuss contacting NSW Police if parent is unable to immediately attend to their child.	Educator
	If child continues to insist on leaving on more than one occasion, the parent will be contacted to discuss care arrangements.	Educator/Coordinator
<b>If child does not disembark transportation at the service (e.g. the</b>	Physically embark the bus to ensure child is not still on, or ask the bus driver to, if educator cannot maintain supervision of other children.	Educator
	Contact parent or guardian to alert of non-arrival	Educator

<b>child may have missed the bus or disembarked at the wrong stop)</b>	Maintain supervision of all other children.	Educator
	Contact Nominated Supervisor	Educator
	If the parent confirms their child was to be in attendance, alert NSW Police and follow advice.	Educator/Coordinator
<b>If child does not disembark school bus at the school after leaving the service.</b>	Educator to physically sight child embarking bus.	Educator
	Educator to sign child out and comment – ‘delivered child to bus’ (try to make identifying comment, e.g. Butterfly Bus).	Educator
	Educator made aware of child non-arrival to school by child’s parent or guardian – Contact Coordinator.	Educator
	Assist the parent, school, NSW Police or any other body in locating child.	Educator

#### LINK TO OTHER PROCEDURE

- Acceptance and Refusal of Authorisation
- Attendance Records
- Child Enrolment
- Child Protection
- Delivery to, and Collection of Children From, Education and Care Premises
- Excursions and Outings
- Supervision

# SLEEP & REST

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Children's Services Coordinator

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### Objective

The purpose of the Sleep and Rest Procedure in Cabonne Family Day Care is to ensure the safety, health and wellbeing of children attending our service and appropriate opportunities are provided to meet each child's need for sleep, rest, and relaxation.

### References

- Education and Care Services National Law
- Education and Care Services National Regulations
- Red Nose - <https://rednose.org.au/resources/education>
- Guide to the National Quality Framework
- Kidsafe Family Day Care safety Guidelines - [https://kidsafe.com.au/wp-content/uploads/2020/06/FINAL-FDC-Safety-Guidelines\\_7thEd.pdf](https://kidsafe.com.au/wp-content/uploads/2020/06/FINAL-FDC-Safety-Guidelines_7thEd.pdf)
- NSW Government - <http://health.nsw.gov.au/kidsfamilies/MCFhealth/child/Pages/safe-sleep.aspx>
- Australian Competition and Consumer Commission guidelines on folding cots - <https://www.productsafety.gov.au/products/babies-kids/kids-furniture/folding-cots>
- ACECQA Sleep & Rest Legislative Requirements (From 1 October 2023) - <https://www.acecqa.gov.au/resources/supporting-materials/infosheet/safe-sleep-and-rest-practices>
- Red Nose Safe Sleep Advice Line – 1300 998 698 (option 5)

### Law & Regulations

- Section 165 of the Law – Offence to inadequately supervise children.
- Section 167 of the Law – Offence relating to protection of children from harm and hazards.
- Regulation 81 – Sleep and rest.
- Regulation 82 – Tobacco, drug, and alcohol-free environment.
- Regulation 87 – Incident, injury, trauma, and illness record.
- Regulation 103 – Premises, furniture and equipment to be safe, clean and in good repair.
- Regulation 105 – Furniture materials and equipment.
- Regulation 106 – Laundry and hygiene facilities.

- Regulation 107 – Space requirements.
- Regulation 110 – Ventilation and natural light.
- Regulation 115 – Premises designed to facilitate supervision.
- Regulation 116 – Assessment of family day care residences.

## Practices

### A) SAFE SLEEPING BEDDING AND EQUIPMENT

- Educators will ensure safe sleeping equipment and environment, including adequate ventilation and adequate lighting to enable effective supervision.
- Evidence that cots and portable cots meet the Australian Standard must be given to the Principal Office.
- Equipment will not be used in a way that was not originally intended, does not meet relevant safety standards, or has been recalled.
- Ensure that cots are regularly checked, maintained, and kept in a hygienic manner.
- Educators will follow the Red Nose safe sleep recommendations to create safe sleeping spaces, including removing soft items from cots.
- No bassinets, quilts, electric blankets, hot water bottles, wheat bags or doonas will be used.
- Children cannot be placed in a pram or stroller to sleep. Prams and strollers are to be used for transporting children; best practice guidance does not consider a pram or stroller a safe sleep surface or that they provide a safe sleeping environment.
- Educators will respect the cultural practices of each family and discuss a sleep and/or rest routine that will benefit the child and can continue in the home. If there is a conflict with the safe sleeping guidelines, due to a family's culture, an educator's sleep & rest risk assessment will need to be updated to reflect this, unless this cultural practice goes against safe sleeping practices.
- Educators will ensure there is an adequate number of cots, beds, stretchers or sleeping mats for children and infants in care at any given time.
- Bedding will be firmly tucked in for babies to ensure it does not cover their heads.
- Pillows must not be used in a cot or portacot. If a child's medical practitioner recommends the use of a pillow during unobserved sleep, the medical practitioner must put this advice in writing.
- Pillows must not be used for children under two years of age. Pillows can be used if a child is over two years old and no longer sleeping in a cot or Portacot (unless medical practitioner recommends use of pillow and educator has this in writing).

### B) SAFE PHYSICAL ENVIRONMENT FOR SLEEP AND REST

- Sleep area will have adequate ventilation.
- Sleep area will have adequate lighting.

- Children will not be placed in a bedroom if they are not within hearing distance of the educator, or have access to medications or dangerous items, such as loose blind cords.
- Sleep area should be easily accessible, with a clear route to each sleeping child.
- Children will not sleep in the same room as another adult that is not the educator.
- Educators will have a separate resting space, with quiet activities, for children who do not sleep.
- Children will be clothed appropriately for the climate and not have any loose items, such as bibs or necklaces, that could restrict breathing.
- Educators will make reasonable steps to ensure that the needs for sleep and rest of children being educated and cared for are met having regard to the ages, developmental stages, and individual needs of the children.
- Educators will respect the cultural practices of each family and discuss a sleep and/or rest routine that will benefit the child and can continue in the home. If there is a conflict with the safe sleeping guidelines, due to a family's culture, an educator's sleep and rest risk assessment will need to be updated to reflect this, unless this cultural practice goes against safe sleeping practices.
- Children will not share a cot, portable cot, or bed at the same time.
- All linen and bedding will be used by one child only. Where an educator provides bedding, the bedding will be washed weekly or more frequently if needed. If there is not enough bedding for each child, bedding must be washed after each use.

### **C) SUPERVISION OF SLEEPING CHILDREN**

- Sleeping children will be checked regularly, with best practise being at least once every ten to fifteen minutes. These checks must be documented.
- Educators will check that a 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, mattress, or toddler bed.
- Checks may need to be increased in frequency if a child has a cold, lung disorder or other health care needs. These checks need to be documented.
- CCTV, audio monitors or any other kind of monitor must not replace physical checks. Educators must physically check the child at the side of the cot, or sleep mat.
- The educator will have procedures for recording the time and observation of the physical checks, that works for them. A form is provided by the service, but educators can use their own form of documentation.
- Documented sleep checks will be checked by staff once a month.

### **UTILISATION OF RISK MATRIX**

- Frequency of checks will need to increase if a child is identified in the High category.
- Child must be in hearing and sight if identified in the Extreme category.

	0-3 months	3-6 months	6-12 months	1-2 years	2-5 years
<b>Location</b> - Sleep in sight of educator's regular location? <i>If no, use risk matrix.</i>	Extreme	High	Moderate	Low	Low
<b>Comforters</b> - Use comforters (e.g. dummy, soft toy)? <i>If yes, use risk matrix.</i>	Extreme	High	High	Moderate	Low
<b>Developmental Milestones</b> - Meeting age-appropriate milestones? <i>If no, use risk matrix.</i>	Extreme	Extreme	High	Moderate	Moderate
<b>Medical History</b> - Underlying medical conditions? - Been unwell? - Currently unwell? <i>If yes, use risk matrix.</i>	Extreme	Extreme	High	High	High

#### D) RED NOSE SAFE SLEEPING GUIDELINES FOR BABIES (0-12 MONTHS)

##### 1. Sleep baby on the back from birth, not on the tummy or side.

- Healthy babies placed to sleep on their back are less likely to choke on vomit than tummy sleeping infants.
- Babies over four months can usually turn over, these babies may be placed in a safe baby sleeping bag with arms out. They should be placed on their back but are free to find their own sleeping position.

##### 2. Sleep baby with head and face uncovered.

- Position baby's feet at the bottom of the cot.
- Ensure bedding is tucked in securely and is not loose. Alternatively, place baby in safe baby sleeping bag.
- Remove head coverings before baby is placed for sleep.
- No doonas, loose bedding or fabric, pillows, lambswool, bumpers or soft toys in cot.

##### 3. Keep a smoke free environment.

##### 4. Provide a safe sleeping environment.

- Ensure cot, or portable cot, meets Australian Standards.
- No more than 20mm between gaps in cot sides.
- Firm, clean and flat mattress.

- Lightweight bedding, firmly tucked in and only pulled up to chest. No doonas, loose bedding or fabric, pillows, lambswool, bumpers or soft toys in cot.
- Leave arms free once startle reflex disappears, usually around three months.
- Discontinue use of wrap once baby can roll from back to tummy and back again.

**5. Sleep baby in their own safe sleeping place in the same room as an adult for the first six to twelve months.**

**6. Breastfeed baby.**

### **E) OVERNIGHT OR EXTENDED CARE**

- Ensure educators have procedures documented that refer to supervision when caring for a child overnight. This will be completed on a risk assessment and signed by the parent.
- Use a monitor whilst children are sleeping which will be positioned in the same room as where the educator is sleeping.
- Discuss an emergency evacuation plan for night time so that a plan is established in case of an emergency event. This will need to be discussed with the family, the child and the educator's household members.
- All practices must still be followed, as stated above, however educator will not need to physically check on the child every ten to fifteen minutes as this is not practical overnight.
- Educator will check on the child before they go to sleep, at any time the educator wakes during the night and when the educator wakes in the morning.
- Educators should consider what the child will have access to during the night, in other areas of the house, and ensure the health and safety of the child is always maintained.
- Consider what other people have access to the child during the night and assess whether this will present a risk. If so, overnight care should not be an option for this educator.
- Ensure the environment is maintained as smoke, drug, and alcohol free.
- If the child is under six months old, they should sleep in the same room as the educator, as recommended by Red Nose Australia.
- Ensure the child does not share a bedroom with another child, aged over seven years.
- Ensure all relevant authorisation forms are completed and the supervision procedures for overnight care has been discussed with the family.

### **F) SLEEP & REST RISK ASSESSMENT**

- Approved Provider must ensure a risk assessment is conducted at least once every 12 months, and as soon as practicable after becoming aware of any circumstance

that may affect the safety, health or wellbeing of children during sleep and rest. The sleep and rest risk assessment must identify and assess risks in relation to sleep and rest and specify how the identified risks will be managed and minimised.

- A risk assessment must consider the matters set out below:
  - The number, ages and development stages of children being educated and cared for, including at each education and care service and FDC residence or approved FDC venue of the service.
  - The sleep and rest needs of children at the service (including specific health care needs, cultural preferences, sleep and rest needs of individual children and requests from families about a child's sleep and rest) including at each education and care service and FDC residence or approved FDC venue of the service.
  - The suitability of staffing arrangements required to adequately supervise and monitor children during sleep and rest periods.
  - The level of knowledge and training of the staff supervising children during sleep and rest periods.
  - The location of the sleep and rest areas, including the arrangement of cots and beds within the sleep and rest areas, including at each education and care service and FDC residence or approved FDC venue of the service.
  - The safety and suitability of any cots, beds and bedding equipment and having regard to the ages and developmental stages of the children who will use them.
  - Any potential hazards in sleep and rest areas or on a child during sleep and rest periods.
  - The physical safety and suitability of sleep and rest environments, including temperature, lighting and ventilation at each education and care service and FDC residence or approved FDC venue of the service.
  - For FDC services, that provide overnight care to a child, any risks that the overnight care provided at the family day care residence or approved venue may pose to the safety, health or wellbeing of the child.

## Procedure

### The Principal Office will:

- Support educators to follow the above practices.
- Monitor the educator's documented sleep checks during regular support visits.
- Keep educators up to date on current guidelines regarding safe sleep and rest practices.
- Educate new educators on the requirements of the Sleep and Rest Procedure during the induction.
- Assess educator's sleep areas using the Educator Workplace Safety Audit, every 12 months and during monthly support visits.
- Complete a Sleep & Rest Risk Assessment annually for each residence that considers the following:



- The number, ages and development stages of children being educated and cared for, including at each education and care service and FDC residence or approved FDC venue of the service.
  - The sleep and rest needs of children at the service (including specific health care needs, cultural preferences, sleep and rest needs of individual children and requests from families about a child's sleep and rest) including at each education and care service and FDC residence or approved FDC venue of the service.
  - The suitability of staffing arrangements required to adequately supervise and monitor children during sleep and rest periods.
  - The level of knowledge and training of the staff supervising children during sleep and rest periods.
  - The location of the sleep and rest areas, including the arrangement of cots and beds within the sleep and rest areas, including at each education and care service and FDC residence or approved FDC venue of the service.
  - The safety and suitability of any cots, beds and bedding equipment and having regard to the ages and developmental stages of the children who will use them.
  - Any potential hazards in sleep and rest areas or on a child during sleep and rest periods.
  - The physical safety and suitability of sleep and rest environments, including temperature, lighting and ventilation at each education and care service and FDC residence or approved FDC venue of the service.
  - For FDC services, that provide overnight care to a child, any risks that the overnight care provided at the family day care residence or approved venue may pose to the safety, health or wellbeing of the child.
- Ensure the service's approach to supporting safe sleep is informed by current recognised guidelines and up to date information.

### **Educators will:**

- Follow the above practices to ensure the health and safety of sleeping and resting children in their care.
- Ensure they provide opportunities to meet each child's sleep, rest, and relaxation needs.
- Discuss sleep and rest routines, cultural practices and child's health status with each family and agree on a routine to follow while the child is in care.
- Adequately supervise sleeping children by physically checking on them at least once every ten to fifteen minutes, as per the practices stated above.
- Always maintain a smoke-free environment while educating and caring for children.
- Document sleep checks and keep these documented checks until three years after the child's last date of attendance.
- Ensure all bedding and equipment is regularly cleaned and maintained.

- Provide a quiet, comfortable area for children who do not sleep to ensure they are still able to rest their body and mind.
- Know and understand how to implement Red Nose Safe Sleeping Guidelines.

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

- Discuss their child's sleeping routines with the educator.
- Provide safe sleeping bags and comforters, if this is a part of the child's sleep and rest routine.
- Work in partnership with educators ensure their child has consistent routines and settles into care with minimal stress.

### **WHAT TO DO IF A CHILD IS FOUND NOT BREATHING**

#### **EMERGENCY RESPONSE 1**

- Stay calm
  - Phone "000" immediately
  - Commence resuscitation until the ambulance arrives
  - Remove other children (once paramedics take over)
- 1) When calling the ambulance, educators will be asked to state:
    - Resuscitation in progress
    - Child name & Parent name
    - Medical history
    - Name of educator and their current location
  - 2) Call the parents as soon as able to:
    - Advise them you have some urgent information about their child
    - Advise them their child has stopped breathing and paramedics are on scene (or an ambulance has been called and resuscitation is underway)
    - Recommend parent has someone else drive them to the location
    - If child is transported by ambulance before parent arrives, instruct parent to go to the relevant hospital.
  - 3) When First Responders arrive:
    - If there is a second adult at the location, they should meet the ambulance out the front.
  - 4) Other Considerations
    - Remove other children from room/location
    - Follow instruction of First Responders.

- After the child is transported to hospital, educator must immediately contact the Principal Office.
- Educator can contact other parent to collect children, if needed.

## **WHAT TO DO IF A CHILD DIES SUDDENLY & UNEXPECTEDLY**

### **EMERGENCY RESPONSE 2**

To protect evidence, do not disturb the area.

- 1) Police will attend the location as part of standard procedure**
  - They will speak to the educator to get information to give to the Coroner.
  - They will organise for the child to be taken from the location.
- 2) Once the child & family leave the location:**
  - Notify the parents of other children and advise there has been an unexpected incident and ask them to collect children as soon as possible.
  - Do not discuss incident with other parents.
- 3) Debrief, counselling, and strategies to work through grief:**
  - The Principal Office will organise a debrief with educator as soon as possible (this will include any other educator present during the incident).
  - Educator will be advised to contact the Red Nose 24-hour bereavement support line on 1300 308 307.
  - Educator and staff must not speak to the media about the incident
  - Provide opportunities for ongoing support.

### **Links to Other Procedures**

- Completion of Educator Workplace Health and Safety Audit
- Hygiene, Cleaning, and Infection Control
- Non-Compliance
- Supervision
- Supporting, Monitoring and Supervising Educators

# STORAGE OF DANGEROUS SUBSTANCES & EQUIPMENT

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Cabonne Family Day Care has a duty of care to provide all persons with a safe and healthy environment.

The service defines a dangerous product as any chemical, substance, material or equipment that can cause potential harm, injury, or illness to a person.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Work Health and Safety Act 2011

### Procedure

- The Work Health and Safety Act 2011 states clearly that a workplace must not place people or children at risk due to hazardous substances.
- Educators and service staff need to be aware of the Work Health and Safety legislation and safe storage practices relating to hazardous substances. A hazardous substance may be:
  - A poison
  - Medicine
  - A substance that may trigger an allergic reaction e.g. dust, fumes, peanut butter
  - Petrol
  - Household cleaners
  - Toiletries
  - Gardening chemicals e.g. fertilizers, weed killer, pesticides
  - Gas

- A substance may become hazardous if it is not managed correctly. This may include the way a substance is:
  - Handled
  - Used
  - Stored
  - Transported
  - Disposed of

### **The Principal Office will:**

- Provide information to educators relating to identifying hazards and assessing the levels of risk in the educator's home.
- Obtain Material Safety Data Sheets (MSDS) for all hazardous substances at the office.
- Ensure that there are emergency procedures and practices for accidental spills, contamination and corresponding first aid plans for all dangerous goods handled and stored in the service.
- Always ensure that there is a staff member on the office premises with first aid qualifications.
- Ensure that there are appropriate storage facilities in the service in which dangerous products are stored. Dangerous products will preferably be stored in areas of the service that are not accessible to children or in cupboards fitted with childproof locks.

### **Educators will:**

- Consider using the least hazardous chemical, product, or equipment for the job.
- Choose chemicals or medicines with child resistant lids or caps, otherwise ensure the chemical or medicine is stored in a securely locked place that is inaccessible to children.
- Ensure that all dangerous substances and medications are stored in their original labelled container and not transferred to any other container.
- Ensure the dangerous chemicals, substances and equipment at their home are kept in secure storage and are not accessible to children. It is the educator's responsibility to eliminate or manage the risk.
- Seek medical advice immediately if poisoning has occurred.
- Complete a Daily Hazard check.
- Obtain Material Safety Data Sheets (MSDS) for all hazardous substances accessible to children. These should be limited and pertain mainly to dishwashing substances, sunscreen, and hand washing products.
- Consider minimising the use of dangerous products in the education and care service and use alternate "green cleaning" options.

- Complete the Educator Workplace Health and Safety Audit annually in September.
- Store all medications in an area inaccessible to children. If any medications or dangerous substances require refrigeration, they must be placed in a labelled childproof container, preferably in a separate compartment of the fridge.

### **Links to Other Procedures**

- Administration of Medication
- Completion of Educator Workplace Health and Safety Audit
- Work Health and Safety

# SUN PROTECTION

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Australia has the highest rate of skin cancer on the world. Research has indicated that young children and babies have sensitive skin that places them at particular risk of sunburn and skin damage. Exposure during the first five years of life can greatly increase the risk of developing skin cancer later in life. Cabonne Family Day Care plays a major role in minimising a child's exposure as children attend during times when UV radiation levels are highest.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Occupational Health and Safety Act 2004
- Children's Services Act 1996
- NSW Cancer Council, Sun Smart

### Procedure

#### The Principal Office will:

- Inform families of *Sun Protection Procedure* in the Parent Induction Handbook.
- Monitor educator's compliance regarding sun protection during support visits.
- Role model sun protection practices, including wearing a hat and sunscreen during visits, playgroups, and other outdoor events.

#### Educators will:

Incorporate sun protection into the learning and development program.

- Access the local sun protection times via the SunSmart widget on the service's website, the free SunSmart app or at <https://www.sunsmart.com.au/>. The sun protection measures listed are used for all outdoor activities during the daily local sun protection times. The sun protection times are a forecast from the Bureau of Meteorology for the time-of-day UV levels are forecast to reach 3 or higher. At these levels, sun protection is recommended for all skin types.

- Wash hands and wear a glove before applying sun cream to each individual child. It is recommended educators encourage the parent and the child to apply their sun cream when arriving to care.
- Follow these recommendations:
  - From October to March sun protection is always required. Extra sun protection is needed between 11am and 3pm and during this period outdoor activities should be minimised. Minimising outdoor activities include reducing both the number of times (frequency) and the length of time (duration) children are outside.
  - From April to September (excluding June and July) outdoor activity can take place at any time. However, from 10am to 2pm sun protection is required.
  - In June and July when the UV index is mostly below 3, sun protection is not required. Extra care is needed for all children who have fair skin.
- Consider all sun protection measures (including recommended outdoor times, shade, hat, clothing, and sunscreen) when planning excursions.
- Ensure all babies under 12 months are kept out of direct sun when UV levels are 3 or higher.
- Understand that physical protection such as clothing and broad-brimmed hats are the best sun protection and implement these into your service.
- Ensure if babies are kept out of the sun or well protected from UV radiation by clothing, hats, and shade, then sunscreen need only be used occasionally on very small areas of the baby's skin.
- Understand that the widespread use of sunscreen on babies under 6 months old is not recommended.
- Complete an incident report if a child suffers a sun burn while being educated and cared for.
- Apply sunscreen supplied by the parent if a child is sensitive to other sunscreen brands.

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

- Send their children to care in appropriate clothing.
- Supply sunscreen if requested by the educator, or if their child is sensitive to sunscreen and needs a particular brand.
- Send their child to care with a wide brimmed hat and water bottle.

## **PRACTICES**

### **1. Seek Shade**

- Educators will make sure there is enough shelter and trees providing shade in the outdoor area particularly in high-use areas.
- The availability of shade is considered when planning all outdoor activities.



- Children are encouraged to choose and use available areas of shade when outside.
- Children who do not have appropriate hats or outdoor clothing are asked to choose a shady play space or a suitable area protected from the sun.
- A shade assessment is conducted regularly to determine the current availability and quality of shade.

## **2. Slip on sun-protective clothing.**

- Children are required to wear loose-fitting clothing that covers as much skin as possible. Clothing made from cool, densely woven fabric is recommended.
- Families are asked to choose tops with elbow-length sleeves, higher necklines (or collars) and knee-length or longer style shorts and skirts for their child.
- If a child is wearing a singlet top or shoestring dress, they will be asked to choose a t-shirt/shirt to wear over this before going outdoors.
- Children who are not wearing sun safe clothing can be provided with spare clothing.
- Midriff, crop, or singlet tops do not provide enough sun protection and are therefore not recommended.

## **3. Slap on a hat.**

- All children are required to wear hats that protect their face, neck, and ears (legionnaire, broad-brimmed or bucket style).
- Peak caps and visors are not considered a suitable alternative. Children without a safe sun hat will be asked to play in an area protected from the sun or can be provided with a spare hat.

## **4. Slop on sunscreen**

- SPF30 or higher broad-spectrum, water-resistant sunscreen is recommended for use.
- Sunscreen is applied in accordance with the manufacturer's directions (which state to apply at least 20 minutes before going outdoors and reapply every two hours, or more frequently if sweating).
- 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.
- Sunscreen is stored in a cool place, out of the sun and the expiry date is monitored.

## 5. Slide on sunglasses

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

### Review

Management and staff should regularly monitor and review the effectiveness of the sun protection procedure. A sun protection procedure must be submitted every two years to the Cancer Council for review to ensure continued best practice. Refer to Cancer Council guidelines and website: [www.cancercouncil.com.au/smart](http://www.cancercouncil.com.au/smart) for further information.

### Links to Other Procedures

- Child Enrolment and Orientation
- Educational Program and Practice
- Excursions
- Health

# SUPERVISION

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Cabonne Family Day Care will adequately supervise children that are being educated and cared for both at the service and on excursions. Supervision can prevent and reduce incidents through early detection of potential hazards and an awareness of the children and their activities. The education and care service must prioritise regular assessment of their supervision practices to increase educator's awareness of their duty of care and to continuously improve supervision procedures.

Supervision is one of the most important care-giving strategies and skills required by educators to develop and master. Active supervision is a combination of listening to and watching children play, being aware of the environment and its potential risks, the weather conditions, the time of day, managing small and larger groups of children, and an understanding of child development including theories about how children play.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Guide to National Quality Framework

### Guidelines

The Education and Care Services National Law 2010 (Section 165) states:

*“A Family Day Care Educator must ensure that any child to be educated and cared for by the educator as part of a Family Day Care service is adequately supervised.”*

The service recognises that children of different ages need different opportunities for independence. Children in the age group of 5 to 12 years, have different needs to a 3 to 5 year old. Educators must ensure that their level of supervision balances the child's need for independence, with the educator's legal duty to keep the child safe from foreseeable risks.

### Procedure

**The Principle Office will:**

- Provide information on supervision requirement during educator induction.

- Create a Supervision Risk Assessment for each family day care educator that is unique to their residence.
- Monitor educator's supervision strategies and provide support and advice.
- Model appropriate supervision skills at playgroup.
- Use the educator's floor plan to determine potential supervision issues.

#### **Educators will:**

- Ensure children are always adequately supervised.
- Supervise children when they are eating, drinking, and sleeping.
- Ensure no child is left under the supervision of anyone other than the educator and service staff, while being educated and cared for.
- Ensure no child is left unattended in a vehicle.
- Focus their attention to the children and child related activities.
- Not perform any other duty, paid or unpaid, whilst children are in care that jeopardises the safety and wellbeing of children.
- Ensure all children in care are enrolled with the service.
- Be aware of their positioning in the environment.
- Constantly scan the environment.
- Listen whilst children play.
- Ensure increased supervision when children are involved in high-risk activities, such as, an excursion near a significant water hazard, eating, drinking, and sleeping.
- Adequately supervise at handover times and ensure adequate supervision when family members and visitors arrive and leave the premise.
- Be aware of potential risks in the environment.
- Set up the environment to ensure maximum supervision.
- Have knowledge of the children in care and an understanding of how the groups of children interact and play together.
- Have knowledge of the physical and intellectual development of the children in care.
- Maintain adequate supervision whilst promoting play and learning experiences.
- Encourage school aged children to be involved in setting limits.
- Visually check sleeping children 10 to 15 minutes and document each check.
- Be especially alert to children during their first weeks in care.

#### **Families will:**

- Communicate with educators and service staff about their child's supervision needs and development.

## Links to Other Procedures

- Child Protection
- Delivery of children to, and collection of children from, education and care service premises
- Emergency and Evacuation Procedures
- Exclusion of Unwell Children
- Excursions
- Nappy Changing, Toileting and Hand Washing
- Pets and Other Animals
- Physical Activity and Screen Time
- Sleep and Rest
- Transportation
- Visitors to Family Day Care Premise

# SUPPORTING, MONITORING & SUPERVISING EDUCATORS

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Cabonne Family Day Care offers support and guidance to all educators in a variety of ways that are beneficial to the educator, including face to face visits, phone calls and written information. Staff will conduct unannounced visits to ensure educators are consistently providing high quality education and care and meeting legislative requirements.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Guide to National Quality Framework
- Early Childhood Australia's Code of Ethics

### Procedure

#### The Nominated Supervisor and Support Officer will:

- Ensure all educators are visited once a month, or within six weeks of previous visit. These visits can include face to face visits, phone visits and playgroup visits.
- Document all support visits and supply a copy to the educator.
- Ensure they sign in and out on visitors record when conducting visits.
- Ensure a ratio of one full time equivalent coordinator is available to support a maximum of 25 educators.
- Ensure only staff with relevant qualifications conduct support visits.
- Ensure all staff work collaboratively and affirm, challenge, support and learn from each other to further develop their skills and to improve practice and relationships.
- Ensure all staff and educator interactions convey mutual respect, equity and recognition of each other's strengths and skills.
- Be professional and respectful to the role of the educator.

- Provide support for all educators in all locations, via personal visits, phone, and written information.
- Ensure legislative requirements are being adhered to and provide educators with feedback relating to their requirements.
- Designate a suitably qualified and experienced Educational Leader.
- Support the provision of child care to ensure quality outcomes are provided to children and their families.
- Split educators into two groups (Group A and Group B). Alternate visit groups each month to ensure educators and children can interact with both staff members regularly.

### **The educator will:**

- Ensure they work collaboratively and affirm, challenge, support and learn from others to further develop their skills and to improve practice and relationships.
- Ensure their interactions with staff convey mutual respect, equity and recognition of each other's strengths and skills.
- Be professional and respectful of the roles of service staff.
- Allow the service staff to enter their family day care residence at any time while providing care.
- Provide feedback to staff on improvements to the service.
- Notify the families that a visit has occurred that day.
- Incorporate service staff into activities while they are visiting.
- Ensure any outgoing paperwork is handed to staff member during visit.
- Ensure they alert the Principal Office of any closures or outings to ensure staff know when and where to visit.

## **PROCEDURES**

### **Preparing for support visits, service staff will:**

- Schedule visits on the whiteboard in the office to ensure other staff know their whereabouts.
- Prepare themselves with information and resources required for the visit.
- Take all outgoing mail and paperwork for the educator being visited.
- Ensure they have a device to complete the visit report on.
- Plan to visit on an alternate day to previous visit, to endeavour to see all children in care.
- If leaving from home, contact the service to identify start time.
- Update staff calendar with times you will be out of the office.

### **During support visits, service staff will:**

- Sign the Visitor's Register.
- Say hello to all children, household members and visitors present.
- Complete the Visit Report.
- Collect any incoming mail.
- Note on the Visit Report any information communicated by the educator, tasks, and concerns to follow up on and any follow ups for the next visit.
- Communicate respectfully with all children, educators, household members and visitors.
- Respect the educator's workplace.
- Address and document any concerns with the educator.
- Assist educators to reflect on their practice and make any necessary improvements, if needed.

### **After the support visit, service staff will:**

- Complete any follows up as identified on visit.
- Sign all incoming mail and place in Administration Officer's tray.
- Ensure Visit Report has been submitted via email and Administration Officer has received it.
- Debrief visits with other staff members.

## **PROCEDURE FOR SUPPORT ON WEEKENDS AND PUBLIC HOLIDAYS**

Educators must inform the Principal Office if they will have children in care on a weekend or public holiday.

The Family Day Care Coordinator will be available in the event of an emergency on these days. If the Coordinator is unavailable (due to holidays for example), the Family Day Care Support Officer will be available in the event of an emergency.

### **In the event of an emergency, where a visit is necessary:**

A Principal Office staff member will attend an educator's service on a weekend or public holiday in the event of an emergency only.

Emergencies include:

- Death of child or the educator
- Missing child
- Serious injury or trauma to child or educator
- Circumstance where a child has been kidnapped from the service
- An incident of physical or sexual abuse of a child



If a staff member attends an educator's service outside of their normal work hours due to an emergency, the staff member must alert the Department Leader as soon as practical.

Staff will not attend an educator's service to conduct relief care on a weekend or public holiday.

### **Links to Other Procedures**

- Assessment of Family Day Care Residences and Venues
- Ethical Conduct
- Interactions with Children
- Visitors to Family Day Care Premise
- Work Health and Safety

# TRANSPORTATION

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Cabonne Family Day Care acknowledges the importance of ensuring the safety of children when travelling in motor vehicles. All children must be safely fastened in the correct child car seat for their age and size. A child who is properly secured in an approved child car seat is less likely to be injured or killed in a car crash than one who is not. Vehicles used by educators and service staff to transport children must be safe and all child car restraints professionally and securely fitted.

### References

- Education and Care Services National Law 2010.
- Education and Care Services National Regulations 2011.
- Work Health and Safety Act 2011 (NSW)
- Work Health and Safety Regulation 2011 (NSW)
- Road Transport (Safety and Traffic Management) Act 1999
- Australian Road Rules 2008 (NSW)
- Kidsafe: Car and Road Safety <https://kidsafe.com.au/car-road-safety/>
- Transport for NSW - <https://roadsafety.transport.nsw.gov.au/stayingsafe/children/childcarseats/index.html>

### National Child Restraint Laws

- Children up to the age of six months must be secured in an approved rearward facing restraint.
- Children aged from six months old but under four years old must be secured in either a rear or forward-facing approved child restraint with an inbuilt harness.
- Children under four years old cannot travel in the front seat of a vehicle with two or more rows.
- Children aged from four years old but under seven years old must be secured in a forward-facing approved child restraint with an inbuilt harness or an approved booster seat.

- Children aged from four years old but under seven years old cannot travel in the front seat of a vehicle with two or more rows, unless all other back seats are occupied by children younger than seven years in an approved child restraint or booster seat.
- Children aged from seven years old but under 16 years old who are too small to be restrained by a seatbelt properly adjusted and fastened are strongly recommended to use either a forward-facing seat with an in-built harness for older children, an approved booster seat, or an approved child safety harness in conjunction with the vehicle's seatbelt.
- Children in booster seats must be restrained by a suitable lap and sash type approved seatbelt that is properly adjusted and fastened, or by a suitable approved child safety harness that is properly adjusted and fastened.

If the child is too small for the child restraint specified for their age, they should be kept in their current child restraint until it is safe for them to move to the next level.

If the child is too large for the child restraint specified for their age, they may move to the next level of child restraint.



*Kidsafe Guidelines – March 2021*

- The Australian Standard requires that where a child car restraint is involved in a severe crash (where the main body structure of the car is damaged) the child car restraint should be destroyed. This also applies if there is no obvious damage to the restraint and the child wasn't using the restraint at the time. Check with your vehicle insurer to find out if your policy covers replacement of child car restraints after a crash.

## Procedure

**The Principal Office will:**

- Provide resources and professional development for educators on matters relating to road safety and the safe transporting of children.
- Ensure all educator's child car restraints have been fitted and checked by a qualified person and a certificate has been issued.
- Keep a record of educator's current vehicle registration, if using vehicle.
- Request a copy of the educator's current driver licence.
- Ensure the family day care pool car is regularly serviced and child car restraints fitted by a qualified person and a certificate has been issued.

### **Educators will:**

- Comply with the national child restraint laws.
- Ensure that they have a driver licence appropriate to the class of vehicle before they transport children in the vehicle.
- Ensure their vehicle is registered and roadworthy before they transport children in the vehicle.
- Ensure that any motor vehicle that is used to transport children on regular outings is fitted with age-appropriate child car restraints.
- Ensure all child car restraints have been fitted by a qualified professional and a certificate of installation has been issued.
- Ensure all child car restraints are inspected annually and a certificate of installation or inspection is issued.
- Discuss with families the type of child car restraint required for their child and ensure the child is transported in the correct child car restraint.
- Ensure written authorisation is received on the risk assessment before transporting any child.
- Ensure that car safety equipment has been properly installed, and any modifications to their car have been certified as safe by a qualified professional.
- Not use car restraints which are more than 10 years old.
- Ensure all children are restrained whilst in the vehicle.
- Ensure each child has a separate car restraint, for example, two children must not be placed in the one seatbelt. Children must use the rear seat belts before placing the biggest child in the front seat.
- Not leave children unattended in the car at any time.
- Consider transport options and route when planning excursions.
- Only use transport which is suitable and safe for all children.
- Ensure, as far as practicable, child passengers enter and exit the car by the "safety door" (Safety door being the left-hand back passenger door also known as door closest to kerb).
- Always obey road rules and drive to the conditions when transporting children.

- Immediately notify families and the Nominated Supervisor of any car accidents when transporting family day care children.
- Ensure there is a first aid kit in the vehicle.
- Check the following when using a second-hand child car seat and destroy the seat if:
  - It has been in a car accident.
  - It's older than ten years.
  - The harness and tether straps have small frays, tears, rust or mould.
  - There are stress lines, splits, cracks or broken areas.

#### **Families will:**

- Support the good habits of educators and children in care regarding car safety by always placing their child in an appropriate child restraint before driving with the child.
- Discuss what car restraint requirement is required for their child.
- Give transportation consent on enrolment form and again when signing risk assessments.

#### **Links to Other Procedures**

- Acceptance and Refusal of Authorisations
- Excursions and Outings
- Supervision

# TOBACCO, ALCOHOL & OTHER DRUG FREE ENVIRONMENT

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Cabonne Family Day Care acknowledges the importance of ensuring all children are cared for in a safe and healthy environment free from tobacco, drugs, and alcohol.

The Education and Care Services National Regulations 2011 (Clause 82 and 83) states:

*“A Family Day Care Educator must ensure that children being educated and cared for by the educator as part of the service are provided with an environment which is free from the use of tobacco, illicit drugs and alcohol.”*

*“A Family Day Care Educator must not, while providing education and care for children as part of a Family Day Care Service consume alcohol or be affected by drugs (including prescription medication) so as to impair his or her capacity to provide education and care to the children.”*

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Guide to the National Quality Framework
- Children and Young Persons (Care and Protection) Act 1998
- Child Protection (Prohibited Employment) Act 1998

### Procedure

**The Principal Office will:**

- Not consume, or be under the influence of, alcohol or illicit drugs when working.
- Not smoke cigarettes within ten metres of the office, or any family day care residence. Staff are encouraged not to smoke and must smoke in a designated smoking area if they do, during their break times.
- Ensure educators maintain a tobacco, alcohol, and illicit drug free environment when education and caring for children.
- Ensure other household members are aware of the requirement of family day care residences to be tobacco, alcohol, and illicit drug free environment during operational hours.

- Report any incident of a family day care environment not being free from tobacco, alcohol, and illicit drugs to the Regulatory Authority within 24 hours of becoming aware.
- Provide information on healthy living habits to families and educators.

#### **Educators will:**

- Not consume, or be under the influence of, alcohol or illicit drugs when working.
- Not smoke cigarettes while operating an education and care service.
- Report any incident of a family day care environment not being free from tobacco, alcohol, and illicit drugs to the Nominated Supervisor immediately after becoming aware.
- Ensure other household members are aware of the requirement of family day care residences to be tobacco, alcohol, and illicit drug free environment during operational hours.
- Ensure all tobacco products and alcohol are securely stored away from areas used for family day care so they are inaccessible to the children. A fridge containing alcohol will need to be locked.
- Ensure students, volunteers, and visitors to the service do not smoke or consume alcohol or drugs on the premises and will adhere to the tobacco, drug, and alcohol-free environment procedure.
- Ensure parents, family members or relatives of children enrolled at the service will not be permitted to smoke or consume alcohol or drugs on the premises and will adhere to the tobacco, drug, and alcohol-free environment procedure.
- Incorporate healthy living habits into your educational program.
- Contact the police if they believe any person collecting a child from care is under the influence of alcohol or drugs. If this person becomes angry or violent, allow the child to be collected and ensure police are immediately notified.

#### **Families will:**

- Not consume tobacco product, alcohol, or illicit drugs while on the educator's property.
- Not collect child when under the influence of alcohol or illicit drugs.

#### **Links to Other Procedures**

- Access
- Child Protection
- Delivery of children to, and collection of children from, education and care service premises
- Non-Compliance
- Persons Residing at Family Day Care Residences
- Visitors to Family Day Care Premise

# VISITORS TO FAMILY DAY CARE PREMISE

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Cabonne Family Day Care will ensure visitors to the Principal Office and family day care residence complete the visitor register. This ensures all persons are accounted for in an emergency and protects the safety and wellbeing of children in care.

### References

- Education and Care Services National Law 2010.
- Education and Care Services National Regulations 2011.
- Guide to National Quality Framework

### Definition

**Visitor** - Any person at the educator's premises that is not permanently living at the premises.

### Procedure

#### The Principal Office will:

- Supply a visitor register sign in sheet for educators.
- Ensure all visitors to the office complete the visitor register when arriving and leaving.
- Ensure they sign the educator's visitor register when conducting support visits.

#### Educators will:

- Ensure all visitors to the service complete the visitor register when arriving and leaving.
- Not leave children alone with a visitor to a family day care service, while providing care and education to that child as part of the family day care service.
- Ensure all visitors are fit and proper to attend the service.
- Ensure that the educator is not distracted by the visitor and still provide adequate supervision to all children.
- Visitors do not include:



- Families that are signing the children in and out on the timesheet.
- Household members who live at the residence.
- Ensure if a visitor is staying for more than two weeks at the residence that a Working with Children Check is completed.
- Ensure that no improper relationship is established by spending inappropriate special time with a child, inappropriately giving gifts, showing special favours, or asking a child to keep a relationship or secret by a visitor.
- Ensure there is no inappropriate physical contact with a child, undressing in front of a child or any discussion of a sexual nature by a visitor.
- Visitor's registers must be returned to the service when page is full and kept for a minimum three years after the record was made.

### **Visitors will:**

- Treat families, children, staff, and other educators with respect.
- Be fit and proper persons.
- Maintain confidentiality about the families in care.
- Complete the visitor register.
- Respect the need for privacy on occasions when the educator is discussing issues with staff or families, or when a child is bathing or toileting.
- Always ensure the use of age-appropriate language and tone of voice.
- Ensure only the educator toilets, bathes, and changes the children's nappies.
- Ensure they do not consume, or are under the influence of, alcohol or other drugs when visiting the service.
- Never discipline a child in any way.
- Ensure that no improper relationship is established with a child by spending inappropriate special time with a child, inappropriately giving gifts, showing special favours, or asking a child to keep a relationship or secret to himself or herself.
- Ensure there is no inappropriate physical contact with a child, undressing in front of a child or any discussion of a sexual nature.

### **Links to Other Procedures**

- Access
- Child Protection
- Interactions with children
- Managing Records
- Supervision

# WATER SAFETY

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

Cabonne Family Day Care acknowledges the importance of safe practices when water play is included in the educational program.

Swimming pools are a high risk to children's safety and are not to be used when educating and caring for children.

### References

- Education and Care Services National Law 2010.
- Education and Care Services National Regulations 2011.
- Swimming Pools Act 1992 -<https://legislation.nsw.gov.au/view/html/inforce/current/act-1992-049>
- Kidsafe Family Day Care Safety Guidelines

**Water Hazard** - A water hazard or water feature may include dams, relocatable/paddling or fixed pools, ponds, water fountains, large drains or any areas that retain water.

### Swimming Pool Requirements

- Ensure pools are fenced and gated according to the Swimming Pools Act 1992.
- Provide a NSW Swimming Pool Register Certificate of Registration to the Principal Office upon registration.
- Maintain a NSW Swimming Pool Register Certificate of Compliance and provide a copy to the Principal Office upon registration and when certificate is renewed.
- Ensure the pool fence panels are in place and in good condition.
- Ensure the pool fence does not have any gaps or holes.
- Ensure the ground below fence is firm and stable – no holes, children and dogs cannot dig underneath the fence.
- Ensure gate swings automatically or without assistance back to the closed position.
- Ensure gate latches and stays latched when gate is swung back to closed position.
- Ensure latch is in good working order and high enough off the ground to prevent children from opening it.

- Ensure gate is secure when latched and will not open if a child bounces on the bottom.
- Ensure gaps in fence and gate are small enough to avoid children climbing through or getting stuck in the gap.
- Ensure any pool filters are inaccessible to children.
- Ensure there are no objects near the fence that a child could use to climb over (i.e. chairs, pot plants, trees, play equipment, BBQ's)
- Ensure pool toys and aids are removed from pool and stored out of view.

## Procedure

### The Principal Office will:

- Ensure all family day care environments with swimming pools have the appropriate documentation from their local council.
- Ensure swimming pools are included in the Educator Workplace Safety Audit.
- Ensure all educators and families are aware that family day care children **cannot** use the swimming pool while being educated and cared for.
- Ensure that a diagram is displayed at each residence or approved venue indicating the areas of the residence or venue suitable for the provision of education and care. The diagram should include the existence of any water hazards, water features or swimming pools at or near the residence.

### Educators will:

- Ensure no child being educated and cared for by the educator swims in a pool at any time while education and care is being provided.
- Only fill water troughs or containers to a safe level (below 300mm) and ensure these are emptied immediately after use.
- Always supervise water play activities.
- Ensure all containers are stored so they cannot fill with water.
- Ensure buckets used for cleaning are emptied immediately.
- Any water features at the premises that could constitute a drowning hazard are securely covered or inaccessible to children.
- Include all water hazards on risk assessments and submit this to the office before attending excursion.
- Sprinklers, soaker hoses may be used if children are always in the sight of the educator.
- Shallow wading pools (water below 300mm) can be used when the educator completes a risk assessment and has written parent authorisation. Educator must be always seated directly next the wading pool and the wading pool must be emptied immediately after use.
- Inform families of a swimming pool on the property during site induction.

- Ensure there is a CPR Chart on display both indoors and outdoors.
- Ensure the swimming pool requirements listed above are adhered to **at all times**.

#### **Families will:**

- Understand the educator cannot use their swimming pool while educating and caring for children.
- Report to Principal Office if they are aware of children using the swimming pool while being educated and cared for.

#### **Links to Other Procedures**

- Adventurous Play
- Assessment of Family Day Care Residences and Venues
- Completion of Educator Workplace Health and Safety Audit
- Excursions
- Fencing
- Supervision

# WORK HEALTH & SAFETY

## CABONNE FAMILY DAY CARE PROCEDURE

**Responsible Department:** Cabonne Services

**Responsible Section:** Community Services

**Responsible Officer:** Family Day Care Coordinator

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### Objective

The Work Health & Safety (WHS) Act 2011 (NSW) and Work Health & Safety Regulation 2011 (NSW) aims to protect the health, safety, and welfare of people at work. It lays down general requirements for health, safety, and welfare, which must be met at all places of work in New South Wales. The Act covers self-employed people as well as employees and employers.

Family day care educators, as self-employed business operators must ensure the health and safety of people visiting or working at their family day care service, by not exposing them to risk.

Risk management is the process of recognising situations that have the potential to cause harm to people or property and doing something to prevent the hazardous situation occurring or the person being harmed.

Risk management involves:

**Step 1:** Identify the problem, which is known as hazard identification.

**Step 2:** Determine how serious a problem it is, known as risk assessment.

**Step 3:** Deciding what needs to be done to solve the problem, risk elimination or control.

### References

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011
- Work Health and Safety Act 2011 (NSW)
- Work Health and Safety Regulation 2011 (NSW)

### Procedure

**The Principal Office will:**

- Provide information to educators on health, hygiene, and safety matters relevant to early childhood education as the information is made known to staff.
- Offer professional development and resources to educators.
- Monitor the compliance of educators during support visits to ensure the family day care service is meeting requirements.

- Review the systems and procedures relating to risk management within the service on a regular basis.
- Appoint a work, health and safety officer for the Principal Office.
- Complete a WHS check before playgroups and meetings.
- Consult with Cabonne Council's Risk Management Officer when WHS incident occurs.

#### **Educators will:**

- Comply with the Work Health & Safety Act 2011 (NSW) as a self-employed business operator.
- Comply with the Educator Workplace Health and Safety Audit.
- Maintain a safe environment in their homes whilst conducting their business.
- Develop and implement safe work practices in relation to WHS standards.
- Remain up to date with current safety requirements for Family Day Care.
- Complete daily hazard checks and document these checks.
- Ensure regular outings and excursions are conducted in a safe manner.
- Report any WHS incidents to the Nominated Supervisor.
- Actively identify hazards in their environment and develop strategies to maintain the risk level. This can be done through risk assessments or in the Educator Workplace Health and Safety Audit.
- Complete an incident report if any WHS incident occur.

#### **Families will:**

- Support educators to maintain a safe and healthy family day care environment.
- Alert the educator of any hazards in the environment that they may not be aware of.

### **MANUAL HANDLING PRACTICES**

#### **It is recommended that:**

- Where possible, kneel rather than bend down, to avoid neck and back issues.
- Carry children only when necessary. The recommended technique for carrying children is to place one arm under the child's buttocks and the other arm supporting the child's neck. Avoid carrying the child on your hip as this may strain your back.
- When lifting an awkward load, do so with a balanced and comfortable posture.
- Store equipment at the right height and in an orderly fashion. Avoid reaching above shoulder level. It is recommended to use a step stool or ladder for handling items above shoulder level.
- Arrange your physical environment to facilitate easier lifting and movement. This includes furniture. It is not good practice to twist whilst lifting.

- Only lift items within your limitations.
- Ensure that you can see where you are going when lifting an object. Ensure floors are not slippery or cluttered and that lighting is adequate.
- Try and keep physically fit as working with children can be physically demanding. Stretching exercises before and after work is a good idea, as well as a few stretches before you lift items or children.

### **Links to Other Procedures**

- Completion of Educator Workplace Health and Safety Audit
- Storage of Dangerous Substances and Equipment