



CABONNE FAMILY DAY CARE

PARENT HANDBOOK

2024



ABSENCES

- Child Care Subsidy is payable for 42 absence days per financial year.
- This is not per child care service, but per child.
- If you reach your 42 day limit, we can apply for additional absence days if your child is away because they ill, however we will require a medical certificate.
- If you reach your 42 day limit and cannot provide evidence needed for additional absences, you will be required to pay full fee for all absence days until the new financial year.

ADMINISTRATION OF MEDICATION

Educators can administer medication to children, with the authorisation of the parent or guardian.

If your child has a prescribed medication, the medication needs to be given to the educator in its original container, with the prescription sticker on it. When you drop the child off, the educator will ask you to complete a 'Medication Authorisation Form' that details:

- The time medication was last given
- The time medication needs to be administered
- Dosage to be administered
- Name of medication

The educator will also note the time and dosage given while in care.

CHILD CARE SUBSIDY – STATEMENT OF ENTITLEMENT

Each fortnight, we email all families a Statement of Entitlement. This document outlines the days and hours of care used in the fortnight and how much CCS was received. It is a requirement that the service emails this out and allows families to keep track of their CCS usage.

COMPLYING WRITTEN ARRANGEMENTS

A Complying Written Arrangement is a formal agreement between the parent, the educator and the service on the planned arrangements for child care.

The agreement through which families can receive Child Care Subsidy is called a Complying Written Arrangement. A Complying Written Arrangement is an agreement to provide care in return for fees.

An arrangement must be recorded, either on paper or electronically, and must be kept by the provider.

A Complying Written Arrangement must be updated when the planned arrangements changes, for example the days or hours of care.

COURT ORDERS, PARENTING PLANS OR PARENTING ORDERS

If there are court orders, parenting plans or parenting orders in place, the educator and the service require a copy if we are to abide by them.

EDUCATIONAL PROGRAMS

Educators are required to program for each child in care. Feedback and contribution to this program is essential in your child's learning and development. Educators will have their program displayed in their service.

EMERGENCY & EVACUATION PROCEDURES

Every three months, all educators are required to practice:

- A full evacuation
- A shelter in place

This is to ensure all children are aware of what to do in an emergency and it allows the educator to practice how to efficiently perform each emergency procedure.

Educators will let their families know when they are completing a procedure so families can discuss it with their children.

EXCURSIONS

Most educators attend excursions with the children. To do this the educator completes a thorough risk assessment, which is approved by the service staff. They then must have written permission from each parent allowing the child to attend.

If an educator is transporting the child in their vehicle, they need written authorisation from the parent on the child's enrolment form, then again on the risk assessment. Educators who transport have the following on file:

- Current car registration
- Current car restraints check (completed annually)
- Current driver licence

FEES & CHARGES

- You are provided with a copy of your educator's fees and charges before you start care and asked to sign a fee agreement.
- The individual educator fees and charges will outline their hourly fee rates and the service's fee policy. You can request a copy of this by emailing the office.
- The service charges an Administration Levy, per hour, per child. Please note this levy is charged per full hour. For example, if you used 8.5 hours of care, the Administration Levy will be charged at 9 hours to make the full hour.

FINISHING IN CARE REQUIREMENTS

To end a Complying Written Arrangement, you must give your educator a minimum of fourteen days' notice. This can be done in person, with a email or by a letter. The educator will ask you to complete a '14 Day Notice Form' if there is no written notice, allowing the office to end the arrangement and enrolment on the correct date.

- Please ensure all child care fees are paid before, or soon after, finishing in care.

- You cannot start with another educator registered with our service until all child care fees are settled with previous educator.

If a family has confirmed their child's last day at a service, but that child does not attend their last booked session of care, **no Child Care Subsidy will be paid for any days after the child's last physical attendance at the service.**

Example 1 - Your child attends Thursday and Friday each week and has not attended for his last two weeks and does not attend on his very last day of care. No CCS will be payable for any absences during those two weeks as the child did not attend on his last day and you will be required to pay full fee for those absence days.

Example 2 - Your child attends every day but not her very last day. No CCS will be payable for the very last day only and you will be required to pay full fee.

IMMUNISATION REQUIREMENTS

From 1 January 2018, only children who are fully immunised for their age OR have a medical reason not to be immunised OR are on a catch-up schedule can be enrolled in childcare. Children who have not been immunised due to their parent's vaccine conscientious objection cannot be enrolled in childcare. All parents need to provide the service with appropriate immunisation documentation to enrol their child.

Parents must provide an Australian Immunisation Register (AIR) History Statement upon enrolment in this service. The statement needs sent each time the child has immunisations. The service allows two months after the immunisation was due before care is suspended. Staff will send parents reminder emails if the two-month deadline is coming up.

INCIDENT, INJURIES, TRAUMA, AND ILLNESS

If your child becomes injured in care, the educator will administer first aid and contact you. Depending on the severity of the injury, the child may need to be collected.

The educator will complete an Incident Report and you will be asked to sign it when collecting the child.

If your child requires an ambulance service, given the service has authorisation to organise this, an ambulance will be called and so will a parent.

If a child becomes ill while in care, first aid will be administered, and a parent contacted. An incident report will be completed, and a parent will need to sign it.

INVOICES & RECEIPTS

- Educators will invoice families on a weekly basis.
- Educators will receipt families whenever a payment is made.
- Both receipts and invoices will show a running balance so families can clearly see if their account is in debt or credit.
- Payments must be made via electronic funds.

LIKE OUR FACEBOOK PAGE

We share updates, events and important information on our Facebook page so please give follow our page to stay updated and informed – [Cabonne Family Day Care | Facebook](#)

MEDICAL CONDITIONS

If your child has any of the following medical conditions, a Management Plan from doctor needs to be supplied to the service:

- Asthma
- Anaphylaxis
- Allergies
- Diabetes

A Risk Minimisation Plan will also need to be completed by the parent and educator.

Both forms will need to be updated annually.

PAYMENT

- Payment is to be made directly to the educator when invoiced, usually on a weekly basis.
- Payment made by families receiving Child Care Subsidy is the full cost of care minus the Child Care Subsidy. This is known as the 'Parent Gap Fee'.
- Educators will provide you with their banking details.
- Educators have the right to waive the fourteen-day rule to terminate care if a family is more than two weeks overdue with their child care fees.
- Payment must be made via electronic funds transfer and cannot be paid in cash.

SICK CHILDREN

If your child displays any of the below, they must not attend care:

- Fever over 38 degrees
- COVID-19 Symptoms - fever, cough, sore throat, extreme tiredness
- Wheezing or shortness of breath
- Hard cough
- Constant runny nose, with thick green mucus
- Lethargic
- Diarrhoea
- Vomiting
- Red or runny eyes
- Sore throat or swollen glands
- Undiagnosed rashes
- Persistent itching

- Uncovered sores
- Pale skin
- Just not feeling well

A child is okay to return to care when:

- Fever free for 24 hours
- 24 hours since diarrhoea and/or vomiting
- Active, playful, and rested
- Cleared by a doctor (an educator may ask for a doctor's clearance)
- COVID-19 symptom free

Educators are encouraged to send sick children home as they have a duty of care to keep other children safe and well.

If children are away sick, they will be marked as absent and normal child care fees will apply.

SIGNING CHILDREN IN AND OUT OF CARE

You should have an electronic signature in the form of a PIN. This PIN will allow you to sign your child in and out of care and will replace your physical signature.

Please ensure that only you use your PIN. If any other person will be regularly dropping off or collecting, they will need their own separate PIN.

The educator can also sign the child in and out and leave a comment stating who collected or dropped off.

If a new person comes to collect, the educator will ask for their licence to verify who the person is. The licence number will then be written in the sign out comment if the person does not have a PIN.

VERIFYING TIMESHEETS

At the end of the child's care week, the educator requires you to verify that the child's timesheet is true and correct. They will do this during the sign out process or they will email you a link to verify the timesheet.

This must be completed every Monday by 10am (for the previous week). After 10am on Mondays, the service staff process timesheets so they must be verified by a parent and submitted by the educator before then.

If a parent is unable to sign a timesheet, the educator can still submit it, but they must print the timesheet and have the parent sign it manually.

WHEN AN EDUCATOR HAS TO CLOSE THEIR SERVICE

If an educator is unwell, on leave, or cannot provide care for another reason, they will close their service during that time. They will give as much notice as possible when unable to provide care, but sometimes may only be able to give little notice, for example if they fall ill.

If an educator closes their service, they cannot charge families for that day. They will cancel the child's session.

If the child's booked session of care falls on a public holiday, the educator has two options:

- Close the service and not charge families

- Be available to work and charge families

If an educator is available to work and families do not require care, the child will be marked as absent. If a family requires care on a public holiday, they will be charged the public holiday rate as listed in the educator's fees and charges.

PROCEDURES TO BE AWARE OF

Administration of Medication

PROCEDURE STATEMENT

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 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.

RELEVANT 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

PROCEDURES

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 are kept.
- Ensure educators receive information about administering medication in their induction.

Educators will:

- Ensure medication is administered to a child only from its original packaging.
- 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 that each child in care has separate medical forms.

- 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 instruction on the medication or as prescribed by a doctor.
- Not administer medication without written authorisation, except in the case of an emergency.
- 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. Educators are not to 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, 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 day** 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 child over pre-school age 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 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.
- Educators cannot administer medication if it is above their basic first aid training, for example, educators cannot administer needles to diabetic children.

Delivery to, and Collection of, Children from Education and Care Premises

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.

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 of 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.

Fees and Charges

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.

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.

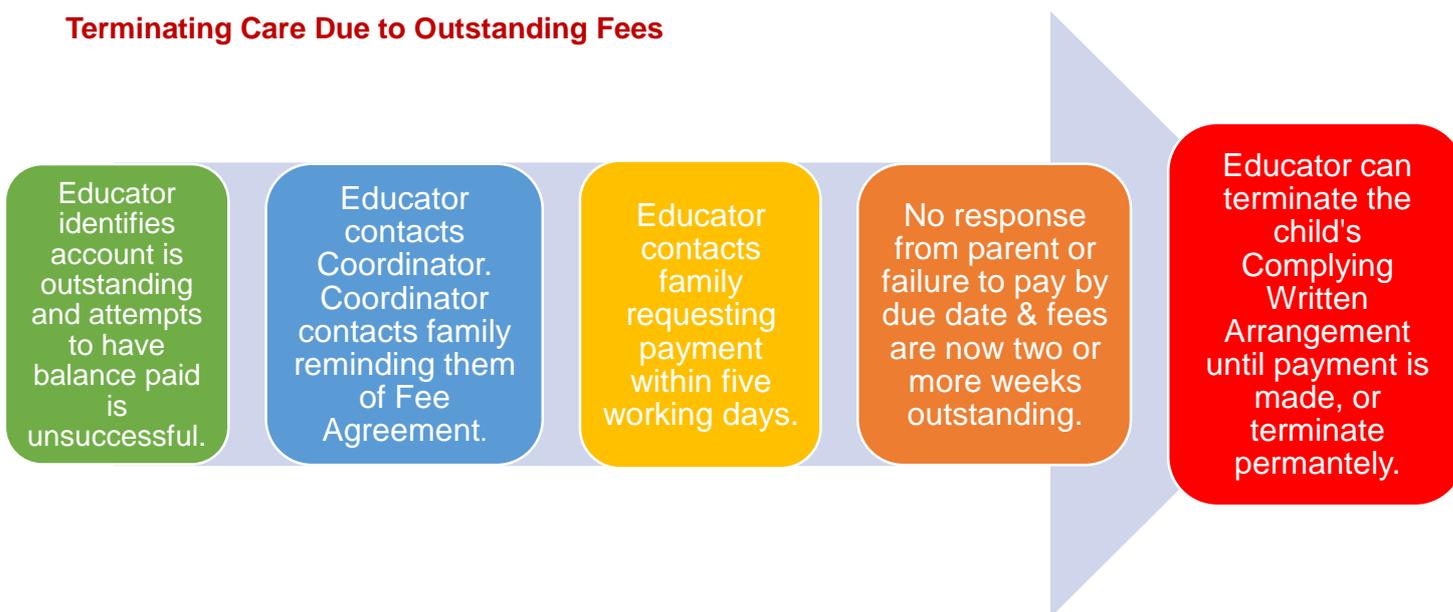
- If care is not required on the public holiday and the child would normally attend, the usual fee applies, and the child is marked as absent if the educator chooses to operate their service on this day.
- If care is not available from your educator, you will not be charged for that day.
- If the service 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



Sleep and Rest

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.

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
Location - Sleep in sight of educator’s regular location? <i>If no, use risk matrix.</i>	Extreme	High	Moderate	Low	Low
Comforters - Use comforters (e.g. dummy, soft toy)? <i>If yes, use risk matrix.</i>	Extreme	High	High	Moderate	Low
Developmental Milestones - Meeting age-appropriate milestones? <i>If no, use risk matrix.</i>	Extreme	Extreme	High	Moderate	Moderate

<p>Medical History - Underlying medical conditions? - Been unwell? - Currently unwell? <i>If yes, use risk matrix.</i></p>	Extreme	Extreme	High	High	High
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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.

Transportation

Objective

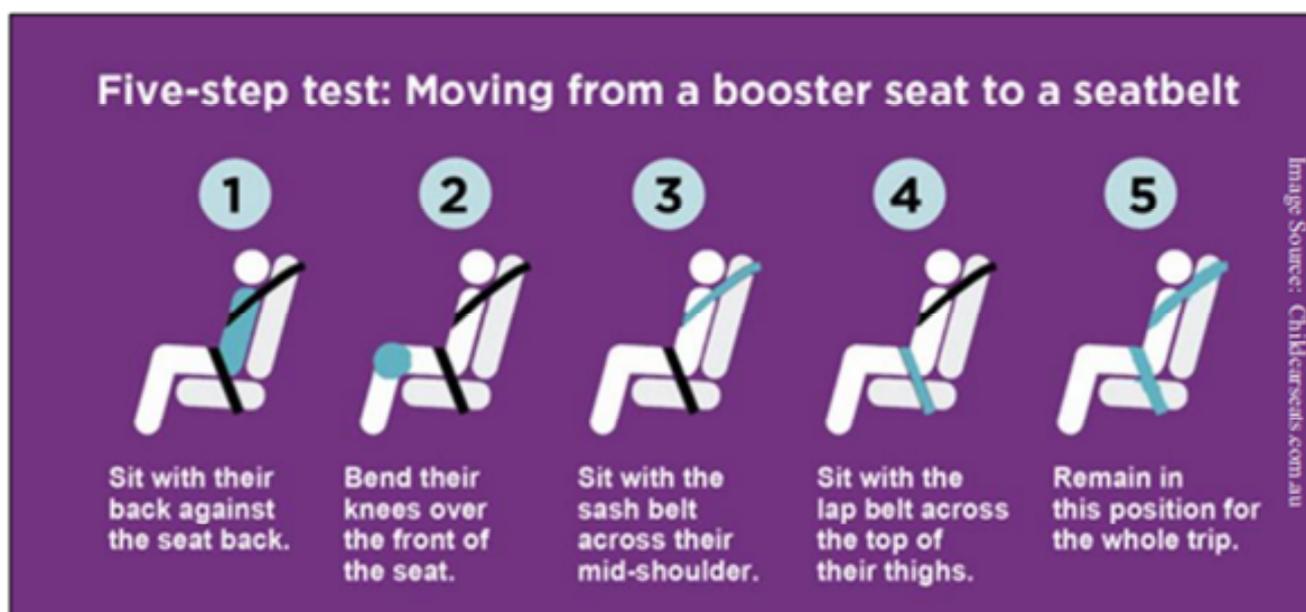
Cabonne Family Day Care acknowledges the importance of ensuring the safety of children when travelling in motor vehicles. All children must be safely fastened in the correct child car seat for their age and size. A child who is properly secured in an approved child car seat is less likely to be injured 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.

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.

OTHER PROCEDURES

All other Cabonne Family Day Care Procedures can be found on Cabonne Council's website - [Enrolment Information for Families - Cabonne Council \(nsw.gov.au\)](https://www.nsw.gov.au/cabonne-council)

Pack your child a **HEALTHY LUNCH BOX**



Choose a variety of foods from each food group

Fruit



Vegetables



Dairy



Wholegrains



**Lean meat
& alternatives**



A Healthy Lunch Box



**MAKE WATER
YOUR DRINK**



**PACK ICE BRICKS
TO KEEP FOOD
COOL**



**USE A THERMOS
TO KEEP FOOD
WARM**

