



**PARRAMATTA CITY COUNCIL**  
**COMMUNITY DEVELOPMENT UNIT**



# **CHILD CARE LEARNING AND DEVELOPMENT CENTRES**

## ***POLICY AND PROCEDURES***

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# **A. PARENT RELATED POLICIES & PROCEDURES**

## ENROLMENTS

**Objective:** To ensure the enrolment procedure complies with legislative requirements.

**Policy:** The Council decision is that enrolment of children in Council managed centres must follow the completion of an enrolment form and an interview with the Authorised Supervisor. No child is to be placed without the above having been done.

**Procedure:**

1. The enrolment form must be completed and signed by the parent(s)/guardian after the pre-placement interview with the Authorised Supervisor.
2. Parents and Coordinator sign 2 copies of the fee policy.
3. A pre-placing interview is held at the child care centre. Authorised Supervisor, the parent(s) or guardian and the child are all to be present.
4. A refundable bond of one week's full fee seals the enrolment. In the event of the parent(s) or guardian not giving two weeks notice of the place termination the above bond will be paid against the account. The bond may also be used to cover fees in arrears after the date of termination.
5. All information given at the interview is confidential and is kept in a locked filing cabinet in the child care centre.

**PARRAMATTA CITY COUNCIL – CHILDREN’S SERVICES**

**Child Enrolment Form**

(All information contained in this enrolment form is regarded as confidential and shall only be viewed by primary contact staff and nominated representatives from the State licencing body - NSW Dept. of Community Services)

Pre-enrolment visit date:                    /   /  
Care start date:                                /   /  
Child’s Name: \_\_\_\_\_  
Any other Names:: \_\_\_\_\_  
Male / Female: \_\_\_\_\_  
Address of child: \_\_\_\_\_  
\_\_\_\_\_ postcode: \_\_\_\_\_

Date of birth:                                    /   /  
Country of birth: \_\_\_\_\_  
Child’s nationality: \_\_\_\_\_  
Language/s spoken by child: \_\_\_\_\_  
Families’ religion: \_\_\_\_\_  
Names and ages of siblings: \_\_\_\_\_  
\_\_\_\_\_

Does your child have any special dietary requirements? (eg vegetarian, medical or religious reasons) YES / NO, If **yes** please provide details:

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

\* Please inform staff of any changes to your child’s diet.

Does your child have any medical or developmental conditions the Centre should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

Day attending centre (*please circle*) Monday Tuesday Wednesday Thursday Friday

Approximate hours of attendance: Arrival: \_\_\_\_\_ am - Departure: \_\_\_\_\_ pm

## Parent / Guardian Details

*Parent / Guardian 1 / Relation to Child* \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_ postcode: \_\_\_\_\_

\* Please provide proof of residency ie. Licence, Bill Statement,

Home phone number: \_\_\_\_\_

Mobile phone number: \_\_\_\_\_

Country of birth: \_\_\_\_\_

Date arrived in Australia:            /    /

Language/s spoken: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

Hours of work: \_\_\_\_\_

Email Address: \_\_\_\_\_

*Parent / Guardian 2 / Relation to Child* \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_ postcode: \_\_\_\_\_

\* Please provide proof of residency ie. Licence, Bill Statement,

Home phone number: \_\_\_\_\_

Mobile phone number: \_\_\_\_\_

Country of birth: \_\_\_\_\_

Date arrived in Australia:            /    /

Language/s spoken: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

Hours of work: \_\_\_\_\_

Email Address: \_\_\_\_\_



Are you part of a Private Health Fund? (Please Circle) YES / NO

Family Medicare number: \_\_\_\_\_

Are there any custody issues in relation to your child? YES / NO. If **yes** please provide details:

\_\_\_\_\_

\_\_\_\_\_

The centre can not enforce custody issues without a copy of the relevant Court Order at the centre. Please discuss any custody issues with the Centre Coordinator before enrolment.

**Medical Information**

Family Doctor's name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

Does your child require regular medication ? YES / NO If **yes** please provide details:

\_\_\_\_\_

\_\_\_\_\_

Has your child every been hospitalised? YES / NO If **yes** please provide details:

\_\_\_\_\_

\_\_\_\_\_

Do your child have any ongoing medical conditions? YES / NO If **yes** please provide details:

\_\_\_\_\_

\_\_\_\_\_

Is your child receiving any treatment for developmental issues? (eg sight, hearing, behaviour) YES / NO If **yes** please provide details:

\_\_\_\_\_

\_\_\_\_\_

***Immunisation***

Has your child received the necessary immunisation for their age? YES / NO

If **no**, please detail reason:

\_\_\_\_\_

\_\_\_\_\_

The Centre needs to maintain an up to date record of all children's immunisation. A copy of your child's immunisation record will need to be sighted and copied by the Centre. Please bring a copy of your child's "Blue Book" from NSW Health or a letter from your Doctor detailing immunisation status.

Copy of immunisation records supplied: YES / NO

## Individual Information

This information assists staff in the daily care and education of your child.

- Is your child:
- In nappies
  - Toilet training
  - Using a potty
  - Using a toilet

What assistance does your child need if using a toilet? \_\_\_\_\_

Are there any special words that mean toilet to your child? \_\_\_\_\_

Does your child have a dummy? YES / NO

Does your child have a bottle? YES / NO

Does your child have any security objects? YES / NO

Does your child have a sleep during the day? YES / NO Please provide details  
and times \_\_\_\_\_

Does your child have any special routine on being put to bed? \_\_\_\_\_

What utensils does your child use to eat? (eg spoon, fork, chopsticks) \_\_\_\_\_

Does your child feed him/herself at home? YES / NO / WITH HELP

Does your child have any particular food dislikes? \_\_\_\_\_

Does your child fear anything in particular? \_\_\_\_\_

Are there any words that have special meaning to your child that we may need to know?  
\_\_\_\_\_

Has your child been in child care before? YES / NO

If yes please give details \_\_\_\_\_

Is your child attending another centre at the moment? YES / NO

If yes please give details \_\_\_\_\_

*Parents of babies and toddlers are requested to provide a written copy of their daily home routine for staff to use in the care of our younger children.*

## Agreements

1. I agree to the conditions of enrolment as outlined in the Parent Information Booklet.  
Signed: \_\_\_\_\_ Date:        /        /
  
2. **Permission to seek medical assistance in an emergency.**  
That in the case of accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for the staff to take my child to a doctor or hospital, and I hereby give permission for any medical / dental treatment, including the administration of an anaesthetic (if necessary), for my child in the case of an emergency.  
Signed: \_\_\_\_\_ Date:        /        /
  
3. **Permission for staff to give medicine in case of emergency.**  
I \_\_\_\_\_ hereby authorise the staff of Council's Child Care Centres to administer an age/weight appropriate dose of a fever reducing agent to my child, \_\_\_\_\_ should he/she have a fever, while awaiting my arrival to seek medical treatment.  
Signed: \_\_\_\_\_ Date:        /        /
  
4. **Permission for the application of sunscreen**  
I hereby give permission for staff to apply sunscreen to my child before outdoor play activities.  
Signed: \_\_\_\_\_ Date:        /        /
  
5. **Permission for publicity (optional)**  
I hereby consent to my child's photograph, name, age and suburb being used for publicity for Parramatta City Council and/or the Centre, should this be required.  
Signed: \_\_\_\_\_ Date:        /        /
  
6. **Child observations**  
I consent to my child being the subject of observations, for training purposes. However, if questioning or testing of my child is to be undertaken, my permission will be sought beforehand.  
Signed: \_\_\_\_\_ Date:        /        /

**7. Centre surveys and questionnaires**

I agree to complete and return any surveys or questionnaires that the Centre or Parramatta City Council asks me to complete in relation to the Centre.

Signed: \_\_\_\_\_ Date: / /

**8. Authorisation for emergency contact**

I hereby authorise the staff of \_\_\_\_\_ Centre to contact the following people, if I can not be contacted, in the case of an emergency. Please supply at least 2 names, other than the child's parents / guardians.

Name	Address	Home phone no.	Work phone no.	Relationship to child

**It is important that you inform the above people that you have included them as emergency contacts and that they may be contacted in the case of an emergency, with your child or the centre, and asked to collect your child when you can not be contacted.**

Signed: \_\_\_\_\_ Date: / /

**9. Authority to collect your child from the Centre**

I hereby authorise the staff of \_\_\_\_\_ Centre to allow the following people to collect my child from the centre.

Name	Address	Home phone no.	Work phone no.	Relationship to child

**It is important that you inform the above people that they may be asked to show**

**identification on their first few visits until staff become aware of who they are.**

Signed: \_\_\_\_\_ Date: / /

**10. Policy agreement**

I have read and agree to abide by the policies of the centre as set by the centre in conjunction with Parramatta City Council's Children's Services section.

Signed: \_\_\_\_\_ Date: / /

**11. Notification of arrival and departure of children at the centre**

I agree to have my child signed in and out on the appropriate documentation at the centre on arrival and departure each day they attend the Centre.

Signed: \_\_\_\_\_ Date: / /

**12. Child absence**

I agree to notify the Centre if my child is absent from the Centre on a day that they are booked in.

Signed: \_\_\_\_\_ Date: / /

If your child is absent from the centre a medical certificate must be provided to explain absences. The Centre needs to record the amount of allowable and approved absences your child is entitled. This is a requirement from the Department of Family and Community Services. Each child receives a set of 30 allowable absence days at the beginning of the financial year that is paid by Child Care Benefit.

Will you be claiming Child Care Benefit? YES / NO. If yes please provide details below.

Name of person claiming: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Will you claiming CCB weekly or as a lump sum payment?

\_\_\_\_\_

If claiming as a lump sum please complete a FAO 22 provided by the centre.

## PAYMENT OF FEES

**Objective:** To ensure services are paid for  
To ensure parents do not run into debt

**Policy:** Payment of fees and debt collection of fees

**Procedure:**

**1. Bond**

Upon being offered a place parent(s) or guardian are required to pay 1 full weeks holding fees that is a bond. This fee secures the placement at the child care centre, and is refundable provided your account is settled upon leaving. Bond payments can only be made by eftpos or cheque.

If your account is in arrears or two (2) weeks' notice is not given your bond will be used to cover the outstanding debt.

**2. Fee payment**

As per Parent Information Booklet - fees shall be **paid in advance** on the first day of the child's weekly attendance that is Monday for a full time place

&

Any family in arrears of one week (that is the week in advance) will be given a late-fee notice by the centre coordinator.

Fees are payable by Eftpos or cheque.

Arrears of two weeks (that is one week in advance and one week care) – may jeopardise your child's place and families will be given a standard letter signed by the Children's Services Development Coordinator. The letter will state the amount owed at what date and a latest date to respond to the letter (2 weeks from date of letter). This letter should invite parents to discuss a repayment schedule.

Parents who do not respond to the Children's Services Development Co-ordinator's letter by the date stipulated in the letter will be followed up by sending a 'sundry debtor's invoice request' to Finance for debt collection.

**3. Notice of discontinuation of attendance**

Two (2) weeks written notice is required of intention to discontinue attendance at the centre or fees for two (2) weeks must be paid in lieu.

**4. Absences from the child care centre**

Fees are payable for bank/public holidays, family holidays and sick periods.

**5. Centre closure**

No fee is charged while the child care centre is closed over the Christmas period.

**6. Late fee**

The child care centre is open from 7:00am to 6:00pm (Westfield Occasional Care Centre 8:30am-4:30pm). Staff are legally unable to accept children in the centre outside of the licensed hours. Should children be present outside of licensed opening hours a late fee of \$10.00 per 5 minutes will apply. There will be no waiver of this late-fee policy. Third occurrence will be a minimum of \$20.00 for every 5 minutes.

I have read, understood and accept this fee policy, and agree to comply with it.

Parent _____	Date _____
Guardian _____	Date _____
Coordinator _____	Date _____



## **LATE CHILD POLICY**

**Objective:** To ensure that Council's Child Care Centres are opened between the designated hours of operation, as stated on each centre's individual license.

**Policy:** Council's children's services staff recognises that parents may be late to collect their children from child care in unforeseen circumstances, however, if no contact is made with centre staff, the following procedure will be followed:

**Procedure:**

1. If a child has not been collected by closing time and the child's parent/guardian has not informed the centre that he/she is late to collect the child, and staff are unable to contact parent/guardian, staff will contact persons on the emergency list on the child's enrolment form.
2. If the persons on the emergency list are un-contactable, two staff members must remain on the premises with the child and continue to contact parent/guardian and emergency contacts.
3. If no contact with parent/guardian or emergency contact is made by 7:00pm, staff must contact the Department of Community Services on phone number 132 111 and have the child's file ready.
4. Both staff members must remain with the child until a child protection officer arrives.
5. If one of the staff members is unable to stay for their own family reason, the authorised supervisor shall be contacted to make alternative arrangements.
6. A late fee invoice will be issued to the parent/guardian as outlined in the payment of fees policy as written below;

The child care centre is open from 7:00am to 6:00pm (Westfield Occasional Care Centre 8:30am-4:30pm). Staff are legally unable to accept children in the centre outside of the licensed hours. Should children be present outside of licensed opening hours a late fee of \$10.00 per 5 minutes will apply. There will be no waiver of this late-fee policy. Third occurrence will be a minimum of \$20.00 for every 5 minutes.

## PLACE TERMINATION

**Objective:** To ensure fair administration of place termination in the child care Centres.

**Policy:** The Council decision is that the Authorised Supervisor of a Child Care Centre can recommend termination of a placement to the Children's Services Development Coordinator in the following circumstances:

1. The child is absent from the centre for 14 days without notification;
2. Fees are not paid in advance as per enrolment agreement;
3. The parent(s) or guardian has, on 3 occasions been late in collecting the child;
4. The parent(s) or guardian have not complied with legislation on Occupational Health and Safety, that is, threatened staff or children in care;
5. Parent(s) or guardian gives two weeks notice in writing, of intention to withdraw a child.

Note Before termination of a placement, communication between the family and the Authorised Supervisor with the aim to resolve the difficult circumstances must have been documented.

## **ARRIVAL AND DEPARTURE OF CHILDREN POLICY**

**Objective:** To ensure that all children arrive and depart from the centre safely and parents are following Council's policy.

**Policy:** The Council decision is that a procedure for arrival and departure of children is followed by all families attending Council's child care centres.

**Procedure:**

**Arrival of the child to the service**

- An attendance book is provided which parents/guardians will sign their child/children in on delivery to the service and record the time accurately.
- If for any reason the attendance book is not completed by the parent/guardian, staff will implement the following procedures:
  - record that the child is at the service and has not been signed in on arrival
  - Notify parent/guardian
  - Remind the parent/guardian to sign the attendance book in future
  - A written reminder will be sent out to parent/guardian if this happens on more than one occasion

**The parent/guardian will;**

- Identify themselves to staff via intercom on arrival (if arriving with another family, each family is required to identify themselves)
- Take their child/children to a staff member when arriving at the centre
- Inform staff of any relevant information that may affect their child's day;
  - changes in the nominated hours of care required that day
  - the name of the authorized person (if not parent/guardian) who is collecting the child
  - any health/medical issues
- Notify the person collecting the child, that identification will be required
- Provide written information (name, address, phone number and relationship to child) for the person collecting the child if not on Enrolment Form
- Farewell the child and allow staff to assist the child if they are having difficulty separating

**Staff will;**

- Use the intercom system to ensure that parent/guardian is know to the service
- Greet parent and children on their arrival at the centre

- Be available if a parent/guardian needs to pass on information
- Arrange an alternate time to meet parent/guardian if issue requires a more lengthy discussion
- Encourage children to farewell their parent/guardian and reassure parent/guardian if child is having trouble separating

#### **Departure of the child to the service**

- An attendance book is provided which parents/guardians will sign their child/children in on collection to the service and record the time accurately.
- If for any reason the attendance book is not completed by the parent/guardian, staff will implement the following procedures:
  - record that the child is at the service and has not been signed in on arrival
  - Notify parent/guardian
  - Remind the parent/guardian to sign the attendance book in future
- A written reminder will be sent out to parent/guardian if this happens on more than one occasion
- Once the attendance book has been signed on collection, supervision of the child becomes the responsibility of the parent/guardian while they are still on premises

#### **The parent/guardian will;**

- Inform the service of any changes to the list of persons authorised to collect their child
- Inform the service, on the day (prior to collection), if another person will be collecting their child (including authorized persons)
- In an emergency situation where the parent/guardian or authorized person is unable to collect the child, the parent may notify the service and give authorisation over the telephone. The following information will need to be provided;
  - person's full name , address and contact details
  - relationship of the adult to the child
  - whether the child knows the adult
- In this situation a second staff member will listen to telephone call to confirm the information provided
- Identify themselves to staff via intercom on arrival (if arriving with another family, each family is required to identify themselves)

#### **Staff will;**

- Greet parent/guardian or authorized person on their arrival
- Ensure that person/s collecting the child or making enquires about the child, are authorised persons (checking identification)
- Only release a child to the parent/guardian or a person authorized on the Enrolment Form to collect the child

- In an **emergency situation**, where the parent/guardian has notified the service that an authorised person will be collecting the child, staff will;
  - Record all details of the parent/guardian telephone authorisation in the centre communication book and two staff sign off
  - Record the name of the nominated person to collect in the sign in/out book
  - Sight proof of identity including address (e.g drivers license)
- Conduct a check of the attendance book at the end of the day to ensure that all children have been collected and collection times recorded

Please Note that staff are not able to collect children on behalf of a parent/guardian

## DAILY ATTENDANCE

**Objective:** To ensure that Council Child Care Centres are administered to comply with the *Children's & Young Persons (Care & Protection) Act, 1998* and Child Care Benefit rulings.

**Policy:** The Council decision is that a procedure for daily attendance is followed by all families attending Council's child care centres.

Such procedures must comply with the *Children's (Care and Protection) Act, 1998*.

**Procedure:**

1. Parents/authorised collectors must complete all sections of the sign in folder and ensure that their child is signed in and out on every day of care at the centre. It is the parents responsibility to also ensure they check their child's sign in & out registry on the last day of care for the week.
2. The sign in folder must have defined headings in columns:
  - date of entry/collection;
  - name of child;
  - signature of parent/authorised collector/guardian
  - time of entry;
  - time of exit;
3. This sign in folder, when full must be stored in Council's archives for at least 3 years.

## **PARENT/GUARDIAN ACCESS TO INFORMATION**

**Objective:** To ensure that all parents using the Council Child Care Centres have access to all:

- 1. Written policies held by the centre**
- 2. Their child's developmental records**
- 3. Emergency procedures and arrangements**
- 4. Business plan**
- 5. Customer satisfaction survey results**

**Procedure:**

Each child care Centre must have, prominently displayed in the foyer, the following information:

1. The Centre's licence
2. Accreditation Certificate & Information
3. Emergency evacuation procedures.
4. Centre policies.
5. The telephone number, address, and contact person of the State licensing body.
6. A poster with the hours and days of operation of the Centre.
7. Staff profile & Information.
8. Business plan.

## **PARENT GRIEVANCES**

**Objective:** To have an agreed procedure in Council child care centres for complaints lodged by the parent(s) or guardian.

**Policy:** The Council decision is that parent(s) or guardian(s) using its child care services who have concerns about any aspect of care or the facility, use Council's procedure to address and resolve the problem, and that the paramount consideration in providing a service for a person must be in his or her best interest.

**Procedure:**

1. Parents must bring the item of concern to the attention of the teacher/educator in the particular room. She or he must assist the person to clarify the issues raised, if necessary;
2. The teacher/educator is to discuss the matter with the room team and resolve the problem at this level, if possible;
3. Should this step prove insufficient, the matter is to be referred to the Authorised Supervisor of the child care centre.
4. A complaint form is to be completed and responded to within 5 working days. Please refer to Complaints form provided in next page.
5. The Authorised Supervisor is to talk with all relevant parties to resolve the problem;
6. Should step 5 fail to address the problem, the Authorised Supervisor must refer the matter to the Children's Services Development Coordinator for consideration and resolution;
7. The Children's Services Development Coordinator, having consulted all parties makes a decision on the matter;
8. Should this decision prove unacceptable to either party the matter must be referred to the Manager Community Services and Development.
9. Should this decision prove unacceptable to either party the matter must be referred to the Group Manager, City Services.
10. Should this decision prove unacceptable to either party the matter must be referred to the Council for resolution.



## **COURT ORDERS**

**Objective:** To ensure Council's child care centre staff complies with Court Orders.

**Policy:** Council's child care centre staff must comply with Court Orders issued by the Courts of New South Wales.

**Procedure:**

1. The parents must tell the Authorised Supervisor if there is any court order in existence;
2. The Authorised Supervisor must inform the centre's staff of the court order;
3. The Centre's Authorised Supervisor is to file a copy of any court order at the centre;
4. All staff including casual centre staff are to be told of the court order's ruling.
5. All staff must respect the family's confidentiality. Volunteers and other parents must not be informed of the court order;
6. Should a parent breach court orders, staff must not offer any resistance to the child's unlawful removal from the child care centre;
7. The police, Children's Services Development Coordinator and the other parent must be notified immediately of the removal of the child;
8. No staff member can leave the child care centre until the offender has left the area;
9. A statement of the incident, written by the Authorised Supervisor, must be read and signed by all staff present at the time before they can leave the child care centre;
10. The Children's Services Development Coordinator must offer trauma counselling (within 24 hours) for all staff members in the child care centre following such a case. Parramatta City Council provides counselling services that is available to all staff to access.

## HOLIDAY & EMERGENCY CARE

**Objective:** To ensure all parents have the opportunity to utilise additional care places when a family gives the centre notice that their child is going to be away from the centre for a period of time.

**Policy:** Parents will be notified if there are additional care places available to enable existing parents to utilise these days if required.

**Procedure:**

Parents will be notified in three (3) possible ways depending on the amount of notification the family whose child is going to be away gives:

- (a) By a general letter in all pockets if a week or more notice is given;
- (b) On the message board in the foyer if less than a weeks notice is given;
- (c) by phone on the day of the additional care placement, eg if a parent calls informing the centre that their child is going to be away for the day then we may be able to ring and offer this child's position to the child requiring additional care.

The Department of Family and Community Services stipulates that Childcare Benefit can only be claimed once for each child's placement per day. For this reason a family utilising holiday or emergency care will be required to pay full fees for this care in order to comply with Child Care Benefit rulings. Parents of a child who is absent from the centre will be required to pay their usual fees in order to retain their position at the Centre.

## **BABIES IN NAPPIES ARRIVING IN THE MORNING**

**Objective:** To minimise the risk of the spreading of infection and to maximise child care centre resources.

**Policy:** The Children's Services Unit's decision is that parents of children in wet/soiled nappies upon arrival must change their children into a clean nappy.

**Procedure:**

1. Parents sign in their child in the first instance.
2. Parents notify staff of the child's arrival.
3. If the child's nappy is wet or soiled on arrival, parents must change their child into a clean nappy following the written procedure.
4. If clothing is soiled please rinse thoroughly and place in a sealed bag and store/dispose of according to Centre procedure.

## **SIBLING RIGHTS OF ACCESS**

**Objective:** To enhance family cohesiveness and minimise child care stress on families already accessing Parramatta Council's Centres.

**Policy:** That siblings of children already using the centre in the current year Jan-Dec will have priority of access over a child on the waiting list.

**Procedure:**

1. The Centre Coordinator will establish that parents with children using the Centre seeking a subsequent place for siblings shall currently be in the priority 1 category.
2. The Centre will offer the next available place to the parents of a child in care to the sibling when an age appropriate place becomes available.
3. Siblings must attend the centre **concurrently** (both children enrolled at the centre during the same time) for this policy to apply.

## WAITING LIST

**Objective:** To have the same waiting list procedure at all Council's child care centres.

**Policy:** The Council decision is that all eligible members of the community have equal opportunity to apply for placement on the Waiting List as per the Department of Community Services Priority of Access Guidelines.

**Procedure:**

1. Applicants for the waiting list can apply by filling in the form made available on the Parramatta City Councils website. A form can also be collected by contacting one of the 5 Long Day Care Centre's & the Occasional Care Centre.
2. Priority of access will be in strict compliance with the Priority of Access Guidelines as follows:-

**First Priority**

A child at risk of serious abuse or neglect

**Second Priority**

A child of a single parent who satisfies, or of parents who both satisfy the work/training/study test under section 14 of the Family Assistance Act

**Third Priority**

Any other child

**Within each category of priority the following children are to be given priority:**

Children in Aboriginal and Torres Strait Islander families

Children in families which include a disabled person

Children in families which include an individual whose taxable income % under clause 7 of Schedule 2 to the Family Assistance Act is 100%

Children in families with a non-English speaking background

Children in socially isolated families

Children of single parents

3. Expectant parents can place the child's name on the list indicating the expected delivery date.
4. Expected children's births must be confirmed by the parent after the birth of the child.
5. Anticipated pregnancies are not to be listed.
6. Council's employees' children's names are placed on waiting lists in accordance with normal procedures.
7. The list is updated annually in September/October.

## **B. CHILD RELATED POLICIES & PROCEDURES**

## **PROGRAMMING FOR CHILDREN AS UNIQUE INDIVIDUALS**

**Objective:** For children to be provided with educationally appropriate program that caters for their individual strengths, interests, needs and cultural backgrounds.

**Policy:** To provide a stimulating, individualised, and educationally appropriate program.

**Procedure:**

- All areas of children's development and learning are in the areas of, physical, emotional, social, cognitive, language and creativity. These areas are all integrated into the children's daily activities and experiences.
- The program will be based upon observations and children's interests (of various forms).
- Through the program the children will learn through interactions and exploration with the environment, adults and peers.
- The program must be set up to include concrete materials (real objects) for the children to experiment and learn through.
- The program needs to cater for children's varying interests and skills. Provide a wide range of activities for children to select and choose from.
- The program needs to provide activities and experiences for children which will challenge them, so to build on their existing skills and to encourage skill maturation.
- Through program implementation children need to have opportunities to choose among activities (to have ownership and to develop independence). Children need to have time to interact, explore and learn through the activities. During these interactions adults need to facilitate and extend children's learning, through questions and suggestions, to stimulate children.
- The program needs to be inclusive of all children's backgrounds, cultures and experiences.
- An opportunity for quiet and active experiences needs to be provided for children to select from.
- Experiences and activities need to be offered both indoors and outdoors, with a range provided in each, to stimulate children's learning in all areas.
- During children's experiences adults need to adapt their interactions to respond to each individual child. An environment which reinforces security, warmth and care, encourages children to take risks, which lead to great learning.
- Opportunities for children to communicate throughout the day, with peers and with adults need to be offered.
- Adults need to provide positive encouragement for children when success occurs, and when attempts are made, so trials and errors are recognised as part of learning for children's self esteem and willingness to attempt tasks to continue and grow.

- Programs should not contain activities that stress children or cause insecurity.



- Self-esteem is developed through respect, acceptance and comfort within the program.
- Experiences through the program need to allow for children's individual independence to grow, strengthen and develop self control.

### **Parent Involvement**

All parents are given the opportunity to be involved in the Centre's program. Parents' ideas and suggestions are welcomed. The more information parents give about their child to staff, the better staff can accommodate each child's needs.

Parents' involvement can be through:

- Verbal communication with staff,
- Written communication in the day book,
- Attending parent advisory committee meetings,
- Placing ideas in the suggestion box,
- Filling out surveys and evaluation sheets, and
- Parents' receiving half yearly and yearly reports/feedback from primary contact staff.
- Parents attending social event

## **TRANSITION TO SCHOOL OR OTHER EARLY CHILDHOOD ORGANISATIONS**

**Objective:** To ensure that children attending Parramatta City Council's child care centres are provided with the opportunity to acquire the skills needed in the transition to school or another Early Childhood Organisation.

**Policy:** All Council's Centres will implement a learning environment that provides all children with access to learning experiences both planned and routine. These learning experiences will assist children in acquiring skills in all areas of development to ensure a positive and successful transition to school or other Early Childhood Organisations.

**Procedure:**

1. Each Parramatta City Council child care centre will implement a School Readiness Learning Program for children entering school the following year.
2. Each Parramatta City Council child care centre will implement an individual learning program to meet the needs of all children to assist with their transition to any other Early Childhood Service.
3. Centre programs offered should be individualised to all children who attend the service and one that provides an emphasis on preparing children for the successful transition to school.
4. Parents are given the opportunity to attend a parent night at their child's Centre where they are provided with information about the school readiness program including aims and objectives.
5. Parents will be provided with a progress report that includes a summary of their child's progress throughout the year.
6. If practicable, Centre staff will liaise with their local school and arrange visits if possible so that the children can become more familiar with the school environment.
7. Centre staff will liaise with other Early Childhood and/or Support Services to assist with the transition period.
8. Children with special needs will be assisted with the transition to school in consultation with Centre staff, parents, medical practitioners and early intervention professionals where appropriate. The Centre's program combined with professional support, and liaising with the school the child will be attending, will assist in a positive transition into the school environment.

## **ANTI-BIAS POLICY/ADDITIONAL NEEDS**

*'Each child is unique, bringing to the learning situation an exclusive set of capabilities and predispositions'*

**Objective:** To ensure all children are given the opportunity to reach their full potential.

**Policy:** To ensure all children are treated equally. To develop specific programs which provide all children with opportunities to attain their natural potential and freedom from any form of discrimination.

### **Procedure:**

- To develop an awareness of children's individual feelings, beliefs and background, and evaluate the effect these may have on attitudes and interactions.
- To foster individual and group self esteem and competence.
- To promote the development of social skills and attitudes which foster cooperation and participation.
- To include and implement an anti-bias perspective into the program whereby: All children have an equal right to develop to their full potential by having equal opportunity to participate in all aspects of the program.
- To acknowledge and respect the beliefs of the many cultures represented in the community and their expectations, with regard to their children's upbringing and education.
- To find out about the cultural identity of each child and encourage children to learn about other cultures as well as their own.
- To ensure that the physical environment reflects the Centre's commitment to an anti-bias perspective.
- To ensure that the program is developmentally based and relevant to children's life experiences, interests and social skills.
- To ensure that any child who is identified as having additional needs is being catered for whilst at the Centre and treated equally.
- Ensure that the staff work together with families and external agencies where relevant to assist with care and programming for the child's additional needs.
- When considering enrolment for any child, ensure the environment is suitable, safe and functional. Ensure staffing is adequate and operational for all at the Centre.

## BEHAVIOUR MANAGEMENT POLICY

**Objective:** To develop children's self-control and to be aware of the impact their behaviour has on their peers and adults in the environment. Behaviour management practices ensure that children are treated with respect and dignity. It is a child-centred, unselfish approach, focusing on what a child needs and not so much on what an adult wants or needs. Adults who use positive guidance to manage children's behaviour are nurturing and supportive, and realise that these practices assist children in becoming competent, humane, caring and self-responsible.

**Policy:** Council's Early Childhood Development Officers are responsible for the education and care of young children by providing positive guidance and praise. This is achieved through fostering children's self-control, keeping intact their self-esteem, self-worth and self-concept in the development of their socialisation.

**Procedure:**

1. All staff need to be consistent in their behaviour management approach by frequently communicating with each other. This is fundamental in order to ensure that the children do not get mixed messages that will make them confused.
2. Staff need to ensure that appropriate limits are enforced depending on the age/stage of the child's development.
3. Staff need to ensure that there is open two-way communication to foster consistency when managing children's behaviour.
4. Staff need to remember to role model positive interactions with children to ensure that the messages conveyed demonstrate respect and keep intact an individual's dignity.
5. Staff need to create an environment that is conducive to learning where children are provided with opportunities to negotiate, cooperate and respect each other.
6. It is important to ensure that when managing children's behaviour, staff focus on the action and the implications of this for example: when you throw this toy what could happen?
7. It is fundamental that all children feel safe and secure in their environment. Therefore it is paramount to their development that they are treated equally and are guided positively where the adult interacts at the child's level.
8. Under no circumstances are children to be threatened, humiliated, force-fed, immobilised, or subjected to physical punishment.

**General Guidelines On Behaviour Management:**

- It is important that when a situation arises, a child's self-esteem and self-worth is kept intact, and are encouraged to problem solve their actions.
- It is fundamental that what is communicated to children will guide and assist their ability to develop self-control and be aware of their behaviour to others. Therefore, staff need to use appropriate language and tone of voice that will encourage children to develop pro-social skills.
- It is important to offer choices throughout the routine to minimise negative behaviour and foster children's ability to make their own decisions and have opportunities to take control of their learning.
- If a situation becomes unmanageable it is advisable to allow another staff member to assist in resolving the conflict.
- It is important that staff develop positive relationships with all children to foster cooperation, respect and sense of belonging.

**Approaches To Behaviour Management.**

- Adults influence children by stating their expectations for desired behaviour. They assist children to understand that there are boundaries, or limits, on behaviour.
- Appropriate limits help children develop positive self-esteem, and become cooperative, helpful, independent, self-reliant, and competent.
- Positive Rules are meaningful and focus on positive behaviour.
- Children need to be given a choice. For example, if they appear uncooperative during group time it is appropriate to give them a choice to sit and watch and then they are given a choice to return to the group.
- Remember to role model appropriate language when interacting with the children. It is important to keep intact the child's self-esteem and focus on the inappropriate behaviour, for example", by throwing the sand it will go in Jeremy's eyes and he will cry", or if you pull on this it will break and we will not be able to play with it".
- Redirect behaviour and encourage positive behaviour by focusing on what the child can do rather than what he/she cannot do.
- It is important to inform children about their behaviour and the impact it has on other children.
- It is important to remember that the long-term goal is to develop self-control. Therefore, children are a reflection of their physical environment.

### **Positive Behaviour Management Techniques:**

#### Physical Guidance:

1. Give assistance to children whenever needed.
2. Interact with children at their eye-level.
3. Role model the behaviour that is expected, for example if you want children to pack away then adults need to pack away too.
4. Redirect the child by removing them from the situation.
5. Ensure that your body language is congruent with your facial expressions and what is being communicated.
6. Role model appropriate language that encourages children to adapt when they experience conflict.

#### Verbal:

1. Remember to listen carefully when a child communicates his/her ideas, questions, and feelings.
2. Eye contact at the child's eye-level is necessary when communicating.
3. Use short and clear sentences.
4. Give the directions the child really needs and avoid being over directive, bossy and intimidating.
5. Remind children of the limits and rules regularly.
6. Be observant, and try to predict situations that might interfere with good relationships among children and suggest or arrange to modify the environment.
7. Praise children for behaviour and what they are learning.

## **CHILDREN WITH ADDITIONAL NEEDS CATERING FOR THEIR NEEDS**

*(Refer to Anti-bias Policy)*

All children should and have the right for all opportunities, to learn, interact and develop their potential.

**Objectives:** To provide an educational and caring environment for children with special needs, where success is achieved.

To provide an inclusive environment for all children, so opportunities for social, emotional, language, cognitive and physical development are provided. For all children to learn to interact with all children, to treat all as equals, to learn that there may be differences, but there are also similarities. For children to foster an understanding of special needs.

For children with special needs to interact equally with adults and children in daily routines and activities. This will lead to or enhance their development of a positive self image and a strong self esteem.

**Policy:** Children with special needs will be offered the opportunity to participate in an educational and caring program within the child care setting. Through their involvement and interaction with the centre, both staff and children can learn about, and from each other, learning that not all people are the same, with many reasons as to why this is so.

Children with special needs will be provided with individual and inclusive programs, which cater for their needs. Programs will include and provide for development in all areas. Help from other professionals and family members will be beneficial and encourage their learning. In other words, by working as a team, the child is given the opportunity to develop to their best potential. Networks between professions and within the profession are a great source of information and support, making a service stronger.

### **Procedure**

- Using the enrolment policy and waiting list policy, provide the opportunity for parents to access the service for their child.
- When considering enrolment for the child, ensure the environment is suitable, safe and functional. Ensure supervision and staffing is adequate and operational for all at the centre.
- Create an inclusive centre. Ensure the environment is functional, manoeuvrable and accessible for the child using the service. Ensure additional furniture or structures are in place for the child attending the service. Financial support under the Special Needs Subsidy Scheme (S.N.S.S.) should be investigated.
- The staff work together to find out about services to assist or provide with care and programming for the child's individual needs. Staff are given support and opportunities to provide for the child, through meetings with other professionals and continual progress and inclusion discussions.

- When children with special needs are enrolled within a centre, ensure other children are introduced appropriately, they are to be involved in establishing an environment of acceptance through the implementation of an anti-bias program.
- As with all children, ensure the child's family are included in their child's development, program planning, implementation and evaluation. Work as a team with the child's family, providing the opportunity for the child to develop to their potential.



## SLEEP/REST TIME POLICY

**Objective:** To ensure that the sleep/rest requirements of children attending Council's child care centres are acknowledged and met in a safe and comfortable environment.

**Policy:** Children's Services recognises that children have individual needs for rest/sleep.

**Procedure:**

Staff will consult with parents regarding children's individual needs for rest/sleep.

1. Babies/toddlers will be placed in their cots/beds as per SIDS recommendations:
  - Position the babies feet at the bottom of the cot
  - Tuck the baby's bedclothes securely
  - Put the baby on its back to sleep
  - Make sure the baby's head remains uncovered during sleep
  - Use a firm, clean well fitting sheet and mattress
  - Quilts, duvets, pillows, soft toys and cot-bumpers are not recommended for young babies (less than 12 months).
2. Infants/toddlers will have individual sleep/rest time routines.
3. Staff will monitor babies and toddlers sleeping in cot rooms by way of viewing windows, baby monitors, and by entering the room regularly (every 15-20 minutes or more frequent depending on the ages of the children).
4. Pre-school children will have one rest time each day. However, staff will accommodate children's individual needs should they require rest at a different time of the day.
5. Children will not be forced to sleep.
6. Children requiring a bottle at rest time will finish their bottle before going to sleep (children's bottles will not remain in their mouth while they are sleeping).
7. Staff will ensure the environment is comfortable and allow children (over one year of age) to have comfort items if needed (eg. blanket, dummy, favourite toy etc).
8. Children who do not sleep will be offered a quiet play activity (eg. books, puzzles, drawing etc) in a way that will not disturb the resting/sleeping children.
9. Staff will change and wash sheets and disinfect beds/cots between different children using the same bed.
10. Staff will wash sheet and disinfect bed/cot at the end of the week for a child who is in full time care at the centre (or more regularly if needed).

Source: Sids & Kids (2005) Safe Sleeping in Child Care Kit. NSW

## EXCURSIONS

**Objective:** To ensure that a high standard of supervision is maintained while children are out of Council's child care centres on excursions.

**Policy:** The Council decision is that excursions from its child care centres are permitted with the approval of the parent/guardian by completion of an excursion form.

**Procedure:**

1. The parent(s) or guardian must consent in writing to the date, destination, mode of transport, activities for excursions and ratios of adults to children.
2. The purpose of the outing, itinerary, timetable and required clothing must be given, in writing, to the parent(s) or guardian.
3. A ratio of 1 adult to 2 children must prevail for children under 3 years of age.
4. A ratio of 1 adult to 4 children must prevail for children over 3 years and under 6 years.
5. A contingency plan or weather-related plan must be provided for parents.
6. A staff member is to be responsible for a portable first-aid kit which must be taken on all excursions.
7. A list of exiting children must be carried by a staff member.
8. A copy of the above list must be kept at the child care centre.
9. A contact phone number must be noted to parent(s) or guardian and kept by staff at the child care centre.
10. Volunteers can make up part of the above ratios on excursions.
11. All children on excursions must wear the child care centre's tabard for identification.
12. A mobile phone is to be taken on excursions.

**Source:** Children's Services Regulations 2004.

## NOTICE OF EXCURSION FORM

Dear parent/guardian,

An excursion has been organised for.....group as detailed below.

This excursion is part of a planned program for the children and should you wish to be part of the day you are most welcome. Please indicate on the permission note below whether or not you are able to assist with this excursion.

The excursion is to.....

For the purpose of.....

On date.....departing the Centre at.....

And returning to the Centre approximately at.....

The group will be travelling by.....

under the supervision of .....,who has a first aid certificate and is assisted by .....adults.

The emergency phone number for the excursion is.....

Please ensure your child is suitably dressed in.....

Lunch will be eaten at.....so please bring along a sandwich, fruit and popper type drink in a brown paper bag labelled with your child's name.

The cost of the excursion is:.....and has to be paid by        /        /

Please complete the excursion authorisation slip below and return to the Centre Coordinator by        /        /

---

I,.....give permission for my child.....

To participate in the excursion to..... on.....

leaving the Centre at.....and returning at approximately.....

I understand that there will be .....adults supervising the children, including a staff member with a first aid certificate and the group will be travelling by.....

to the venue. I am able/not able (please circle) to assist in the excursion.

Attached is \$.....in payment of the cost of the excursion.

---

Signature of parent /guardian

## **ACCIDENTS/INCIDENTS TO CHILDREN IN CARE**

**Objective:** To ensure effective management and procedures of accidents/incidents to children in care.

**Policy:** The Council decision is that all accidents/incidents to children in child care centres are to be carefully recorded to comply with statutory requirements.

**Minor Accidents/incidents:** (for example falls by children playing outside, bumps, small bruises, and accidents resulting in no marks).

**Procedure:**

If a child is involved in a minor accident/incident while in care the Authorised Supervisor or their delegate must:

1. Administer first aid as appropriate and calm the child (if the parent is on the premises, assist the parent with first aid).
2. Ensure documentation of accident is written on Accident Report.
3. Notify parent of accident by phone.
4. Ensure parent sign the Accident Report and is given a copy.
5. Assess the situation to eliminate the risk of a similar accident in the future.

**Head and facial injuries, deep or long cuts:**

**Procedure:**

If a child suffers an accident involving the head, face or a long and/or deep cut while in care the Authorised Supervisor or their delegate must:

1. Administer first aid as appropriate (head injury resulting in stiff neck: DO NOT MOBILISE CHILD) and calm the child (if the parent is on the premises, assist the parent with first aid).
2. Contact the parent by phone for the child to be taken to a doctor for examination (if the parent is on the premises ask the parent to take the child to a doctor for examination).
3. Ensure documentation of accident is written on Accident Report.
4. Forward a copy of the Accident Report to Children's Services Development Coordinator.
5. Any accident that causes a child to require hospitalisation must be reported to the Department of Community Services as soon as possible.
6. Assess the situation to eliminate the risk of a similar accident in the future.

**Major accidents: (severe bleeding, obstructed airways, allergic reaction, unconsciousness)**

**Procedure:**

If a child is injured whilst at a child care centre and in the opinion of the Authorised Supervisor, needs immediate medical treatment the Authorised Supervisor must:

1. Arrange for the child to be taken immediately to a medical/dental treatment centre with a staff member, by ambulance.
2. Contact the parent(s) or guardian of the child immediately.
3. Ensure that the child is returned, as soon as possible, to the care of the parents or guardian.
4. Fill in the Accident Report form and forward a copy to the parent and to the Children's Services Development Coordinator.
5. Any accident that causes a child to require hospitalisation must be reported to the Department of Community Services as soon as possible.
6. Assess the situation to eliminate the risk of a similar accident in the future.

## BITING INCIDENTS

**Objective:** For the Centre to have clear procedures on how to deal with incidents of biting both in respect of the child who has been bitten and in respect of the child who bites.

**Policy:** Biting prevention is endeavoured at all times by:

- Planned activities that allow children to release tension
- Age appropriate multiple toys available that stimulate the children's interest
- Providing biting substitutes such as teethers
- Adult supervision

However, Council recognises that biting occasionally happens in a child care setting in which infants and toddlers are enrolled. Biting is a common developmental behaviour for children 18-26 months of age.

### Reasons for biting behaviour:

There are several reasons a child may bite. These include:

- Young children explore by placing objects in their mouths. Sometimes children accidentally bite other children in this process. It is common for the 'biter' to look shocked at the bitten child's behaviour.
- Young children do not have verbal skills to express themselves. Biting may be a substitute for "getting what I want" or "to stop someone doing something to me". Most biting decreases by age three when the child has acquired verbal skills.
- Children may be teething.
- Children may be tired, hungry or feeling unwell.

### Procedure to deal with biting incidents

1. Remove the biter – firmly tell the biter that he/she has hurt the other child and that the other child does not like it
2. Attend to the child that has been bitten:
  - i) comfort the child
  - ii) apply first aid – tend to the wound, wash the area
    - if the skin is broken, cover the wound with a dry dressing,
    - if the skin is unbroken, place an icepack on the wound to prevent swelling and bruising.
3. Contact the parent and inform of the incident
  - if the skin is broken advise the parent to take the child to their doctor for further assessment to avoid a potential infection.
4. Complete an accident form.
5. Monitor both children closely for the remainder of the day.
6. Inform the parents of the child who did the biting at the end of the day (in a positive manner).

#### **If a child bites more than once:**

1. Monitor the child closely.
2. Intervene/redirect the child to prevent another incident.
3. Give positive reinforcement of appropriate behaviours.
4. Role model language.
5. Staff inform and work together with the child's parents to have consistency between home and centre to solve the problem.
6. Staff and parents refine their knowledge of child development and problems in reference

to toddlers biting.

References: *Teaching Treasures* <http://www.geocities.com/Athens/6478/bites.html> NSW Department of Public Health

## CHILD PROTECTION POLICY

**Policy Statement:** Children and young people have a right to be free from abuse. People caring for children and young people have a responsibility to provide a safe environment for them.

**Objectives:** Staff in Council's child care services will provide a safe environment that contributes to the development of children and young people in achieving their full physical, mental and social potential.

**We will not tolerate physical, emotional, psychological, or sexual abuse of children and young people.**

**All staff in Council's Child Care Services will attend relevant training in child protection such as *Identify and Respond to Children and Young People at Risk of Harm*.**

### Policy

This policy refers to the ***Children and Young Persons (Care and Protection) Act 1998***. This Act places a **duty of mandatory reporting** on a number of groups of employees, including **child care centre staff**, when they have reasonable grounds to suspect that a child or young person is at **risk of harm**.

#### Risk of harm:

- The child or young person's basic physical or psychological needs are not being met or at risk of not being met (neglect);
- The parent/caregivers have not arranged necessary medical care for the child or young person, and either are unwilling to do so;
- 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 as a consequence, is at risk of serious physical or psychological harm;
- The parent or caregiver has behaved in such a way toward the child or young person that they have suffered or are at risk of suffering serious psychological harm.

#### Procedure:

1. Staff working with children in child care centres have a mandatory responsibility to recognise and report children and young people in its program who are suspected of risk of harm from child abuse and neglect.

2. Staff concerned about a child or a young person in regard to harm or abuse shall inform their supervisor of the matter and together assess if the situation is reportable. See attached checklist as a guide.



3. Where there are reasonable grounds to suspect risk of harm from abuse or neglect staff MUST report to the Department of Community Services.
4. To make a report call 13 DoCS number **13 3627** (number for mandatory reporters only).
5. When making a report, have all the relevant information that you or your organisation has about the child's situation and family structure. This includes full name, age and contact details. See attached check list as reference.
6. If there is a life threatening situation call 000 immediately.
7. Following your report, DoCS has the responsibility to investigate.

### **Follow up:**

The Department of Community Services will provide feed back to the person suspecting abuse or neglect. If no feedback has been provided, the Department of Community Services may be contacted by the person who made the report, and requested to provide feedback after 24 hours.

### **Further information and help:**

Commission for Children and Young People 9286 7220

Ombudsman's Office, Child Protection Unit 1800 451 524

### **Other relevant acts:**

For policies relating to the Acts below, contact your Centre Coordinator or Council's Human Resource Department.

- ***Commission for Children and Young People Act 1998;***
- ***Child Protection (Prohibited Employment) Act 1998,*** and
  - ***Ombudsman Amendment (Child Protection and Community Services) Act 1998.***

### **Report Checklist**

A guide for making a report to DoCS about children and young people at risk of harm.

The new Children and Young Persons (Care and Protection) Act 1998 came into effect on 18<sup>th</sup> December 2000.

If you suspect a child or young person might be at risk of harm, this checklist will help you decide if you need to make a report. It will help you gather the relevant information to make a report under the new Act. Please copy this checklist for future reference.

Please check the notes section for more information about each of the questions.

To make a report call DoCS Helpline: 13 DoCS (dial 13 3627) – mandatory reporters only  
132 111 – general public

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

<p><b>1. DEFINITION OF A CHILD OR YOUNG PERSON</b> (Refer to the notes section for more details)</p> <p>Do you have current concerns about the safety, welfare or well being of a child, young person or group of children or young people who fall into the following age groups:</p> <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>- An unborn infant</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>- Child (0 – 15 years)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>- Young person (16 – 17)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p><b>2. CIRCUMSTANCES FOR MAKING A REPORT</b> (Refer to the notes section for more details)</p> <p>If you answer YES to all the following questions, you have enough information to make a report.</p> <p>If you answered NO to any of the questions in this section, you cannot make a report because you do not have enough information. You should discuss other options with your supervisor.</p> <ul style="list-style-type: none"> <li>- Does the child or young person usually live in NSW <b>OR</b> Is the child or young person in NSW <b>OR</b> YES NO Did the issues of concern occur in NSW? <input type="checkbox"/> <input type="checkbox"/></li> <li>- Can you identify the child or young person (full name, age and home address) <b>OR</b> Can you describe the child or young person <b>AND</b> their current whereabouts <b>OR</b> Give the name of a place they regularly go (eg. home, school, youth or sporting club) <b>OR</b> Can you identify the group (class) of children? <input type="checkbox"/> <input type="checkbox"/></li> <li>- Do you have reasonable grounds to suspect that the child or young person is at <i>risk of harm</i> <b>OR</b> Is the child or young person homeless? <input type="checkbox"/> <input type="checkbox"/></li> </ul> <p><b>3. MANDATORY REPORTERS</b> (Refer to the notes section for more details)</p> <p><b>If you answer YES to the following questions, you are a mandatory reporter</b></p> <p><b>As part of your paid or professional work, do you deliver the following services to children OR do you manage any of the following services to children?</b></p> <table style="width: 100%; border: none;"> <tr> <td>- Children's services</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>- Education</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>- Law enforcement</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>- Residential services</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>- Community services/welfare</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>- Health care</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>- Disability services</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>- Out-of-school hours care</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		YES	NO	- An unborn infant	<input type="checkbox"/>	<input type="checkbox"/>	- Child (0 – 15 years)	<input type="checkbox"/>	<input type="checkbox"/>	- Young person (16 – 17)	<input type="checkbox"/>	<input type="checkbox"/>	- Children's services	<input type="checkbox"/>	<input type="checkbox"/>	- Education	<input type="checkbox"/>	<input type="checkbox"/>	- Law enforcement	<input type="checkbox"/>	<input type="checkbox"/>	- Residential services	<input type="checkbox"/>	<input type="checkbox"/>	- Community services/welfare	<input type="checkbox"/>	<input type="checkbox"/>	- Health care	<input type="checkbox"/>	<input type="checkbox"/>	- Disability services	<input type="checkbox"/>	<input type="checkbox"/>	- Out-of-school hours care	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>4. RISK OF HARM</b> (Refer to the notes section for more details)</p> <p>If you answer YES to one or more questions in this section AND your concerns are about a child, you MUST make a report to DoCS if you are a mandatory reporter. If you are not a mandatory reporter, you can still make a report.</p> <p>Do you suspect a child or young person is at <i>risk of harm</i> because:</p> <ul style="list-style-type: none"> <li>- the child or young person's basic physical needs are NOT being met <b>OR</b> YES NO are at risk of being met? <input type="checkbox"/> <input type="checkbox"/></li> <li>- the child or young person's basic psychological needs are NOT being met <b>OR</b> are at risk of being met? <input type="checkbox"/> <input type="checkbox"/></li> <li>- the child or young person requires health care and their parents have failed to arrange for necessary health care <b>AND</b> are unable or unwilling to? <input type="checkbox"/> <input type="checkbox"/></li> <li>- the child or young person has been physically abused or ill treated <b>OR</b> <input type="checkbox"/> <input type="checkbox"/> is at risk of being abused or ill-treated?</li> <li>- The child or young person has been sexually abused or ill-treated <b>OR</b> Is at risk of being abused or ill-treated? <input type="checkbox"/> <input type="checkbox"/></li> <li>- the child or young person lives in a household where there is domestic violence <b>AND</b> as a consequence, are they at risk of suffering serious physical harm <b>OR</b> serious psychological harm? <input type="checkbox"/> <input type="checkbox"/></li> <li>- the child's or young person's parents/caregivers behaved in such a way towards them that the child or young person has suffered serious psychological harm? <input type="checkbox"/> <input type="checkbox"/></li> <li>- the child or young person is homeless? <input type="checkbox"/> <input type="checkbox"/></li> </ul> <p><b>5. CHILDREN LIVING AWAY FROM HOME WITHOUT PARENTAL PERMISSION</b> (Refer to the notes section for more details) <b>If you answer YES to the following question, you MUST make a report to DoCS, even if you are not a mandatory reporter.</b></p> <p>Are you providing residential accommodation to a child who you believe is living away from home without parental permission? <input type="checkbox"/> <input type="checkbox"/></p> <p><b>6. HOMELESS YOUNG PEOPLE</b> (Refer to the notes section for more details)</p> <p><b>If you answer YES to this question you MAY make a report</b></p> <p>Is a young person homeless <b>AND</b> do you have their permission to make a report? <input type="checkbox"/> <input type="checkbox"/></p>
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## (1) DEFINITION OF A CHILD OR YOUNG PERSON

A child is a person under 16 years of age and a young person is 16 or 17 years old. **This is an important distinction because the new Act has different provisions for children and young people.**

Mandatory reporting requirements only apply to children. You also can report concerns you have about the safety, welfare or well being of young person, but this is not a mandatory reporting requirement.

*Refer to section 3 of the Act for definitions of children and young people.*

## (2) CIRCUMSTANCES FOR MAKING A REPORT

If you answered YES to all the questions, you have enough information to make a report. If you are a mandatory reporter you **MUST** make the report when your concerns are about a child. There are penalties for failing to make a report when you are a mandatory reporter.

If you answered NO to any of the questions in this section, you can not make a report because you do not have enough information. You should discuss other options with your supervisor.

A *report* is when a person contacts DoCS to inform us of their concern for the safety, welfare or well being of a child or young person. We no longer talk about making a 'notification' under the new Act.

A report can be made to DoCS if you suspect a child or young person is at *risk of harm*. This means you have *current concerns* about the safety, welfare or wellbeing of a child or young person.

You don't need to be certain, you only need to make sure your concerns are well founded and based on information you know or have from a reliable source. If you are still unsure, it is best to contact DoCS for advice.

You can make report about:

- a group of children or young people
- an unborn child, where the child may be at *risk of harm* after his or her birth
- homeless children and young people

*Refer to Sections 23,24,25,120 & 121 of the Act.*

## (3) MANDATORY REPORTERS

A *Mandatory Reporter* is someone who is required by law to make a report to DoCS if they have *current concerns* about the safety, welfare or wellbeing of a *child*. A child is a person under 16 years of age. There are penalties for failing to make a report.

A Mandatory reporter is any one person who delivers the following services to children as part of their paid or professional work:

- health care (eg. doctors, nurses, dentists, and other health workers)
- welfare (eg. psychologists, social workers and youth workers)
- education (eg teachers)
- children's services (eg. childcare workers, family day care and home-based carers)
- residential services (eg. refuge workers)
- law enforcement (eg. police)

- disability services (eg. respite service worker, therapist)
- out –of-school-hours care (eg. worker in a centre which provides care for school aged children less than 13 years old, someone who provides this service in their own home)

You are also a Mandatory Reporter if you hold a management position, either paid or voluntary, in any of those services and your duties include direct responsibility for, or direct supervision of, the provision of these services.

If you are not a mandatory reporter, you can also make a report.

*Refer to section 27 of the Act and Clause 7 of the Children and Young Persons (Care and Protection) Regulation for more details about Mandatory Reporters.*

#### **(4) RISK OF HARM**

These questions outline the reasons that make you concerned about the safety, welfare and wellbeing of a child or young person.

If you answer YES to one or more questions in this section AND your concerns are about a child, you MUST make a report to DoCS if you are a mandatory reporter.

*Risk of harm* means you have *current concerns* about the safety, welfare and well-being of a child or young person for any of the following reasons:

- the child or young person's **basic physical or psychological needs** are not being met or at risk of not being met (neglect).
- the parents/caregivers have not arranged necessary **medical care** for the child or young person, and are either unable or unwilling to do so.
- 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 an household where there have been incidents of **domestic violence**, and as a consequence, is at risk of serious physical or psychological harm.
- the parent or caregiver has behaved in such a way towards the child or young person that they have suffered, or are at risk of suffering **serious psychological harm**.
- a child or young person is **homeless** and at risk of harm.

*Current concerns* simply means at the time of making the report you were concerned about the safety, welfare or wellbeing of the child or young person.

The following section gives more explanation and general guidance about what constitutes *risk of harm*. Further details can be found in Section 23 of the Act.

**a) THE CHILD OR YOUNG PERSON'S BASIC PHYSICAL OR PSYCHOLOGICAL NEEDS ARE NOT BEING MET OR AT RISK OF NOT BEING MET (NEGLECT).**

Neglect occurs where there is *risk of harm* or actual harm to a child or young person caused by the failure to provide the basic physical and emotional necessities of life.

A key indicator of neglect is where the care of a child or young person is continually being ignored.

**Neglect of basic physical needs**

Occurs when a person, whether or not the parent of the child or young person, fails to provide the basic staple of life to an adequate degree without reasonable excuse.

A key indicator of neglect is where the care of a child or young person is continually being ignored.

**Neglect of basic psychological needs**

Occurs when a child or young person fails to provide the basic staples of life to an adequate degree without reasonable excuse. These basic staples include the following:

- Food
- Physical shelter
- Safety from harm (which includes issues of adult supervision)
- Hygiene
- Clothing

**Neglect of basic psychological needs**

Occurs when a child or young person is not receiving sufficient or appropriate interaction or stimulation from their parents/caregivers. This usually means that the child or young person fails to achieve appropriate attachments with their parents/caregivers. Their ongoing intellectual, emotional and physical development may also be affected.

**b) THE PARENTS / CAREGIVERS HAVE NOT ARRANGED NECESSARY MEDICAL CARE FOR THE CHILD OR YOUNG PERSON, AND ARE EITHER UNABLE OR UNWILLING TO DO SO.**

This occurs when a child or young person is at *risk of harm* because they have not received medical care, which they need. Their parents or caregivers cannot or will not arrange the medical care for the child or young person.

**c) THE CHILD OR YOUNG PERSON HAS BEEN, OR IS AT RISK OF BEING, PHYSICALLY OR SEXUALLY ABUSED OR ILL-TREATED.**

**Physical abuse:**

**Physical abuse** can be recognised as an assault or non-accidental injury to a child or young person by a parent or person who is responsible for them. It includes injuries, which are caused by excessive discipline, severe beating or shaking, bruising, lacerations or welts, burns, fractures or dislocation, female genital mutilation, attempted suffocation or strangulation.

**Physical assault** is a hostile act by an adult towards a child or young person. An assault may occur even if the adult has not meant to harm, or has the consent of the child or young person. Assault can include pushing, shoving, throwing objects, spitting, hitting, smacking and threatening behaviour (either verbal or action).

**Sexual Abuse:**

**Sexual abuse** is any act or sexual threat imposed on a child or young person. Adults or older children who sexually abuse children or younger people exploit the child or young person's dependency and immaturity. Coercion, either physical or psychological, is intrinsic to child sexual abuse and differentiates child sexual abuse from consensual peer sexual activity.

**d) THE CHILD OR YOUNG PERSON IS LIVING IN A HOUSEHOLD WHERE THERE HAVE BEEN INCIDENTS OF DOMESTIC VIOLENCE, AND AS A CONSEQUENCE, IS AT RISK OF SERIOUS PHYSICAL OR PSYCHOLOGICAL HARM.**

Domestic violence is violent, abusive and intimidatory behaviour by one person against another in a personal, intimate relationship. Domestic violence occurs between two people where one has power over the other causing fear and physical and/or psychological harm. Domestic violence can have a profound effect on children and young people. Some of the forms of domestic violence are:

- Physical assault
- Sexual assault
- Psychological abuse
- Social abuse (ie: being stopped from seeing your friends and family, being isolated or separated geographically against your will), and
- Economic abuse (having no access to or control over money and other resources).

**e) THE PARENT OR CAREGIVER HAS BEHAVED IN SUCH A WAY TOWARDS THE CHILD OR YOUNG PERSON THAT THEY HAVE SUFFERED, OR ARE AT RISK OF SUFFERING SERIOUS PSYCHOLOGICAL HARM.**

Serious psychological harm is behaviour by a parent, or person close to the child or young person, which destroys their confidence and self-esteem resulting in serious emotional deprivation or trauma.

Psychological abuse involves serious impairment of a child's or young person's social, emotional, cognitive, intellectual development and/or disturbance of their behaviour.

Parenting practices, which can cause serious psychological harm, include:

- High criticism/low warmth
- Domination of children
- Ongoing scapegoating
- Ongoing social isolation
- Excessive, inappropriate or inconsistent discipline
- Child/young person being the butt of degrading or derisive statements
- Inconsistent, inappropriate and unrealistic expectations

**f) THE CHILD OR YOUNG PERSON IS HOMELESS AND AT RISK OF HARM.**

A child or young person may be at *risk of harm* when homeless. This may occur if the child or young person does not have access to food or shelter or if they are living in a situation where they are unsafe.

A child or young person is homeless if they are living without family assistance in any of the following circumstances:

- No accommodation at all, 'roofless'
- Only temporary or transient accommodation
- Emergency, refuge or crisis accommodation
- Other long term supported accommodation for homeless people such as hostels or transitional accommodation.
- A child or young person who is living in accommodation where they do not have access to basic utilities (power, running water) may also be regarded as homeless.

For further details about homelessness, see sections 120 and 121 of the Act.

### **1. CHILDREN LIVING AWAY FROM HOME WITHOUT PARENTAL PERMISSION**

If you answer YES to the question, you MUST make a report to DoCS, even if you are not a Mandatory Reporter.

If you are providing accommodation for a child, or for someone you think is probably under 15 years, and they are living away from home without parental permission, you must advise DoCS. This applies to a child living in your home or if you provide an accommodation service to children, such as a refuge.

*For more details about children living away from home without parental permission, please refer to Section 122 of the Act.*

### **2. HOMELESS YOUNG PEOPLE**

If you answer YES to this question you MAY make a report to DoCS. However, in these situations, Mandatory Reporters are not obliged to make a report to DoCS.

*For more details about homeless young people, refer to Section 121 of the Act.*

### **3. MAKING A REPORT TO DoCS**

To make a report, call DoCS Helpline. This is the new centralised initial assessment and referral service. A Child Protection Caseworker will take information from you and guide you through the reporting process, as well as provide you with any relevant information you require.

To make a report, a confidential number has been specifically created for mandatory reporters – 13 DOCS (dial 13 3267). Your clients and the general public need to call DoCS Helpline on the general number 132 111 to make a report.

When making a report, please have available all relevant information that you or your organisation has about the child's or young person's situation and family structure. This includes their full name, age and contact details.

In order to make an initial assessment of the *risk of harm* to the child or young person, the Caseworker will ask about the following issues:

- *Is the child or young person residing in NSW or did the issues of concern occur in NSW?*
- *Can you describe them and their current whereabouts or a place that they regularly go?*
- *Do you suspect, on reasonable grounds that the child or young person is at risk of harm or is the child or young person homeless?*

If there is a life –threatening situation you should ring 000 immediately.

You may be contacted for further information about your report. You will only be asked for information that is directly relevant to making this report or which helps us make an initial assessment of the case.

#### **4. MORE INFORMATION ABOUT THE NEW ACT**

A full version of the Act is available online ([www.community.nsw.gov.au](http://www.community.nsw.gov.au)) or you can purchase a hard copy through the Government Information Service (Ph: 02 9743 7200).

For more information about how the new Act directly affects you, please call DoCS on 9354 1800

A specific booklet is available that outlines the major concerns for Mandatory Reporters in the new Act. Please contact DoCS on 9726 2255 to order your copy now.

#### ***TO MAKE A REPORT***

**DoCS Helpline takes reports of child abuse  
From across NSW for the cost of a local call,  
24 hours a day, 7 days a week.  
All calls to the new Helpline are answered by  
specialised child protection staff.**

**MANDATORY REPORTERS ONLY  
Dial - 9354 1800**

(GENERAL PUBLIC - 132 111)

**Source:** NSW Department of Community Services 2004

Children and Young Persons (Care and Protection) Act 1998





Scalds				
Burns				
Swelling				
Fractures				
Vaginal infection				
STD				
Sexualised behaviour				
Recurrent UTI				
Abdominal pain				
<b>Neglect</b>				
Malnutrition				

Low weight for age				
Poor hygiene				
Constant nappy rash, urine scalds				
Poor muscle tone				
Poor dental hygiene				
Constant inadequate clothing for weather				
Constant lack of supervision				
Emotional				
Excessive timidity				
Sexualised art/draw expression				
Self mutilation				
Fear of bathrooms				

Poor peer bonding				
Fear of leaving the centre				
Fear of particular adult				
Excessive aggression towards peers				
Regressive behaviour				
Chronic lying				
Chronic stealing				
Constant withdrawal				
Depression				
Excessive attention seeking behaviour				
Low self esteem				

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## **C. HEALTH RELATED POLICIES & PROCEDURES**

## IMMUNISATION POLICY

**Children in child care centres are at risk of infectious disease. Vaccine preventable diseases can have serious side effects. The Department of Health recommends that all children be immunised according to the most recent schedule.**

**Policy: To prevent the spread of childhood diseases through immunisation, and in the case of an outbreak, exclusion where children are not immunised.**

**To keep an immunisation register compliant with the Public Health (Amendment) Act 1992 (NSW).**

**Procedure:**

- Upon enrolment families must provide evidence of a child's immunisation status. A photocopy of this record will be kept on the child's file at all times.
- Families must advise staff upon updating of this information. A reminder will be given to families at least twice a year whose children are partially immunised when update is due.
- Information on the recommended immunisation schedule is displayed on notice boards and can be supplied to families on request.
- During the outbreak of a vaccine-preventable illness, the Centre Co-ordinator will contact the Public Health Unit (ph. 9840 3603) and speak to the Medical Officer of Health. A directive will be given with regards to the exclusion of children who are not immunised. This directive must be followed.
- Families will receive written advice on the period of exclusion, and the requirements for readmission to the Centre.
- Fees are still payable for children who are excluded.
- The NSW Department of Health and the Medical Research Council advise that homoeopathic immunisation does not confer protection against infectious disease. Children who are homoeopathically immunised will therefore be considered un-immunised.

**Attachment;**

- Reminder letter for families

**Source:** Department of Health and Medical Research Council  
 Staying Healthy In Child Care  
 Preventing Infectious diseases in child care  
 4<sup>th</sup> Edition  
 Endorced December 2005

## MEDICATION FOR A CHILD IN CARE

**Policy:** Council staff recognise that children may be required to take medication while attending child care centres.

**Objective:** To ensure the safe administration of medication to children in Council's child care centres.

**Policy:** The Council decision is that medication can be given to a child in care, subject to compliance with the medication procedure.

**Note:** In order to eliminate the risk of harm to a child who requires “over the counter” medication, a doctor’s certificate must be provided. In the case of herbal or naturopathic medication, the certificate must be provided by a complementary medicine practitioner that is a current member of an association listed in Schedule 1 of the Therapeutic Goods Regulations 1990 (Commonwealth).

The certificate must state the name of the medication, herbal remedy or naturopathic medication, dosage, date & time to be given.

### **Procedure:**

1. Written permission from the parent(s) or guardian must be supplied before the administration of medicine. Forms are located next to the sign-in sheets at each of Council's Centres.
2. The administration of prescribed medication, “over the counter” medication, herbal and naturopathic medication must follow the guidelines below:
  - Dosage - as per written instruction on container or doctor’s script;
  - Frequency - as per written instruction on container or doctor’s script;
  - Reason for medication;
  - Known side effects;
  - Parent(s) or guardian's signature;
  - Parent(s) must give the completed form and medication to a permanent staff member.

**No medication is to be kept in children’s bags!**
3. A Staff member will put the medication away in a locked container either in the fridge or locked cupboard. The authorisation form will be placed in the daily medication folder (only for use by staff) and other staff members will be informed.
4. Medication will only be administered by permanent staff members or delegated person by the Centre Coordinator.
5. Medication must not be given to a child in the following circumstances:
  - It is prescribed for another person;
  - The medicine is not in the original container;
  - The expiry date has been reached;
  - The written permission/instruction is in conflict with those on container or doctor’s script.
6. Staff must ensure that the individual child’s permission form is kept in the daily medication folder, which is to be signed by staff administering the medicine.

7. Medication must be measured by one staff member and checked by a second before administration to a child. Both staff members must write their full name and signature on the medication form.
8. All medication forms from the daily medication folder will be placed in child(ren)'s individual files at the end of the day.

### **Emergency**

If a child is injured or becomes ill while at a child care centre and, in the opinion of the Authorised Supervisor of the centre, needs **immediate** medical or dental treatment, the Authorised Supervisor must:

1. Arrange for the child to be taken immediately to a medical/dental treatment centre via ambulance with a staff member as the case requires; and
2. Contact the parent(s) or guardian of the child immediately to inform them of what has happened; and
3. Ensure that the child is returned, as soon as practicable, to the care of worker, parent(s) or guardian of the child.

### **Administration of Paracetamol**

The child's parent/guardian has signed the "Permission for staff to give paracetamol in case of emergency" authorisation in their enrolment form.

If the child develops a temperature of 38 degrees C + while at the Centre, staff will:

1. Contact the child's parent/guardian to collect the child, or emergency contacts if unable to contact parent/guardian.
2. Cool the child by slowly undressing the child's upper body.
3. Sponge the child's body with tepid water and give the child a cool drink – preferably water.
4. Take the child's temperature every 10 minutes.
5. If the temperature is increasing contact the parent/guardian and seek verbal permission to give the child paracetamol/panadol as per dosage on the bottle. If the parent is not contactable, check that parent has signed the enrolment form permitting the child have paracetamol administered. If the form is not signed, contact the child's doctor for permission.
6. Give the child paracetamol/panadol as per medication procedure.
7. The parent/guardian of the child signs the medication book when they collect their child.

### **Attachments**

- Medication Form
- Paracetamol I Monitoring Form



**Source:** Health & Safety in Children’s Centres: Model Policies & Practices 2003

## HEALTH-RELATED EXCLUSION

**Objective:** To ensure that all necessary steps are taken to maintain the health of all children in care.

**Policy:** The Council decision is that sick children are to be excluded from the child care centre pending a medical certificate of fitness to attend.

**Procedure:**

The child must be excluded from a child care centre if the following symptoms are recorded:

- a temperature of 38<sup>0</sup>C is recorded over a 30-minute cycle, the temperature being taken each 10 minutes;
- a fluid discharge from the ears/eyes;
- the child vomits (not reflux);
- two loose bowel movements within a 60-minute period;
- the onset of distinct symptoms associated with contagious diseases as detailed in the Department of Health publications;
- visible rashes/spots that are applicable to childhood illnesses.

A child will be readmitted to the child care centre when staff have received written medical clearance by a doctor, stating that he/she is fit to attend.

If your child has been unwell overnight then it is important that you let staff know when dropping your child off at the Centre so that your child's condition can be closely monitored.

In the event of an outbreak of certain medical conditions it is mandatory to notify the Public Health Unit.

**Exclusions for infectious diseases** - see attachment by the National Health and Medical Research Council, January 1997. Reference: "Staying Healthy in Child Care".

**Note:** If staff are of the opinion that a child is not well enough to attend centre based care, even though doctor's clearance certificate has been provided, staff should discuss their concern with the Centre Coordinator. The Centre Coordinator (or person in charge) will assess the situation based on what is in the best interest of the child.

**Source:** Health & Safety in Children's Centres: Model Policies & Practices 2003.  
Department of Health and Family Services, Staying Healthy In Childcare

## HEAD LICE POLICY

**Objective:** To protect children against the spread of head lice.  
To support parents and children who have head lice by providing factual information.  
To avoid stigmatism of individual children.

**Policy:** Staff will aim to support parents through providing factual advice and a sympathetic attitude to help families deal effectively with head lice, whilst ensuring individual children are not stigmatised.

**Exclusion of Children with head lice.**

Exclusion of children with head lice is NOT necessary if effective treatment is commenced prior to the next day at child care (i.e. the child doesn't need to be sent home immediately if head lice are detected).

An effective treatment is when a treatment is used and all the lice are dead.

If a child returns to the centre with head lice, they are to be excluded (i.e. sent home immediately) until an effective treatment is commenced.

**Responsibility of parents/carers.**

Parental and Carer responsibilities include:

Ensuring their child does not attend the child care centre with untreated head lice.

Check child's hair once a week for head lice. If head lice are found, begin treatment immediately and check for effectiveness and keep checking every 2 days until no lice are found for 10 consecutive days.

Informing the centre if their child is found to have head lice.

Parents/Carers may send their child back to child care as soon as effective treatment has commenced.

**Responsibility of child care providers/staff**

Child Care Staff and Carers responsibilities include:

Reducing head to head contact between all children during activities when the centre is aware that someone in the centre has head lice.

Informing families if there is someone within the centre with head lice, without identifying individual children involved, as the identification of one child with head lice is usually a marker of head lice in a larger group.

Providing practical advice and a sympathetic attitude so as to avoid stigmatising families who are experiencing particular difficulties with control measures.

## Recommended treatment

Using hair conditioner and combing is the most effective way of finding, and treating head lice. Conditioner and combing can be used for detection/or treatment. The conditioner stuns the lice for some minutes so they can be easily removed. Conditioner and combing are reasonably inexpensive. It also avoids the use of head lice chemicals (Pesticides).

### Conditioner and combing technique

1. Untangle dry hair with an ordinary
2. Apply hair conditioner to dry hair (use white conditioner as it makes it easier to see the nits). Use enough conditioner to thoroughly cover the whole scalp and all hair from roots to tips.
3. Use the ordinary comb to evenly distribute conditioner and divide the hair into four or more sections using hair clips. A mirror helps if combing yourself.
4. Change to a head lice comb.
5. Start with a section at the back of the head. Place the teeth of the head lice comb against the scalp. Comb the hair from the roots through to the tips.
6. Wipe the comb clean on a tissue after each stroke. In good light, check for head lice. Adult lice are easier to see – young lice are difficult to see. A magnifying glass will help. You may see some eggs.
7. Comb each section twice until you have combed the whole head. If the comb becomes clogged, use an old toothbrush, dental floss or safety pin to remove the head lice or eggs.

Keep combing the whole head until all the hair conditioner is gone. Repeat the conditioner and combing daily until you find no more head lice for 10 consecutive days. It is important to continue for 10 days to remove all the adult lice and any young lice that hatch from the eggs before they can reproduce

Parents/Carers are advised to contact their doctor or pharmacist for further information on the effective treatment of head lice.

### Sources

National Health and Medical research Council (2005) Staying Healthy in Childcare (4th Edition) Australian Government: Canberra.

Victorian Government Department of Human Services (2008). Head lice: scratching for answers. Retrieved 22<sup>nd</sup> April 2008 from the World Wide Web: <http://www.health.vic.gov.au/headlice/>

## **SUN PROTECTION IMPLEMENTATION STRATEGIES**

### **Policy objectives**

#### **Sun protective behaviours**

1. All children will wear hats that protect the face, neck, ears and crown of the head for outdoor activities.
  - The Centre may offer parents the option to purchase a legionnaire or broad brimmed hat for their child. If parents bring their child's own hat, the centre requires that the hat be a legionnaire or broad brimmed.
  - Staff will ensure children are wearing legionnaire or broad brimmed hats when outdoors.
2. All staff will wear hats that protect the face, neck, ears and crown of the head for outdoor activities.
  - Staff will wear legionnaire style caps or broad brimmed hats when outdoors.
  - The Centre will provide hats for staff at reasonable cost – max \$20.00.
3. Parents will be requested to dress children in clothing that gives protection from the sun.
  - Parents will be advised on enrolment of the requirement to dress children in sun protective clothing, ie shirts or dresses with collars or high necks and sleeves; trousers, longer shorts or skirts and made from closely woven material.
  - Spare clothing will be kept if children attend the service inadequately dressed and a reminder note concerning clothing requirements will be sent home that day.
4. Staff will wear clothing that gives protection from the sun when outdoors.
  - Staff will wear sun protective clothing when outdoors, ie shirts or dresses with sleeves; trousers, longer shorts or skirts and made from closely woven material.
5. Parents will be requested to wear appropriate clothing and hats when involved in service activities.
6. Children are to have SPF 30+, broad spectrum, water resistant sunscreen, applied at arrival during summer and before outdoor play in winter.
  - The service will be providing SPF 30+, broad spectrum, water resistant sunscreen for use by staff and children.
  - Parents will be informed that sunscreen will be applied, during the day. If permission to apply the sunscreen is not granted, parents will be asked to provide sunscreen for their own child.

- If for some reason a child cannot wear sunscreen, s/he will be required to cover up with a long sleeved top with a collar or high neck and long pants and wear an appropriate hat, and play in shaded areas outdoors.
  - Staff will ensure sunscreen has been applied correctly to all children before morning outdoor play. Depending on the Service's routine, this could be done by parents/carers or staff. Application of sunscreen twenty minutes before exposure to the sun is necessary for the sunscreen to be effective.
  - Sunscreen will be applied in a way that avoids cross infection eg children taught to apply sunscreen themselves, the use of disposable cloths etc.
7. Staff will apply and re-apply SPF 30+ broad spectrum, water resistant sunscreen before afternoon outdoor activities.
- Staff are expected to apply and re-apply sunscreen before outdoor activities.
8. Children under 12 months of age will not be exposed to direct sunlight.
- Children under 12 months of age will always remain in dense shade when outside.
9. Special care will be taken to avoid exposure to indirect UVR if babies are in shaded outdoor areas.
- Exposure to indirect UVR should be minimised by placing babies away from the edge of the shade, that is in the middle of the shaded area.
  - Parents will be required to dress babies in clothes that cover as much skin as possible as well as an appropriate hat.
  - Sunscreen (SPF 30+, broad spectrum, water resistant) can be used on small areas of skin not covered by clothing eg. feet, hands and face when outdoors. Permission for sunscreen use will be sought from parents.

### **Organisation of outdoor activities**

10. The service will minimise time outdoors in the sun between 10am and 2pm Eastern Standard Time (11am and 3pm daylight saving time).
- The service will schedule outdoor activities before and after peak UV periods of the day.
11. Outdoor activities will be held in shaded areas wherever possible.
- Use of available shade will be maximised by conducting activities in shaded areas and moving static play activities and portable equipment as the shade moves throughout the day.
  - As far as possible, staff will encourage and model play in shaded/covered areas with the children while outdoors.
12. Sun protection will be a specific consideration for excursions.
- Timing, sunscreen application/re-application and the use of shade will be considered. Parents will be informed of specific sun protection requirements, eg clothing and hat requirements.

**A shaded environment**

13. The service will provide adequate shade for outdoor play.
- The service will endeavour to maximise shade by the provision of shade structures and shade trees as required. Priority will be given to areas where children play for extended periods, eg sand pit, water play, table activities, fixed play equipment.

**Education**

14. Sun protection awareness activities will be included in teaching programs.
- Sun protection will be incorporated into the regular teaching program and specific sun protection activities and themes will be applied at appropriate times.
15. Sun safety messages will be promoted to staff and parents.
- Posters will be displayed and literature will be available to parents and carers.
  - Sun protection will be incorporated in enrolment information, excursion notes and parent newsletters.
  - Information may need to be provided in various languages to ensure NESB parents and carers understand the need for sun protection for all children.
16. Parents will be informed of the Service's Sun Protection policy.
- Parents will be informed of the Service's Sun Protection policy and associated requirements on enrolment and will be informed of policy review eg through the notice board or newsletter.
  - Special attention will be given to informing NESB parents and carers of the policy and related activities.

Source: NSW Cancer Council

## ORAL HEALTH POLICY

**Objective:** To provide an environment that raises oral health awareness and supports the development of valuable life skills and habits for children and families.

**Policy:** Council's Children's Services believe that it is important to establish and reinforce positive oral health practices for each child.

### **Procedure:**

1. Nutritious meals that avoid foods high in sugar will be provided to the children.
2. Staff role model good oral health practices.
3. For all staff to ensure that water is given to children to end a meal and that the children perform the swish and swallow activity after the main meal each day.
4. Water or milk will be the only drink of choice at meal times throughout the day.
5. Water will be freely available for children to drink at all times.
6. Oral health programs will be implemented to ensure the children learn about the importance of looking after their teeth.
7. Positive dental care information will be provided to families and children.
8. Oral health material will be included in the centre's newsletters every quarter. This will include information encouraging families to take their children for a dental check-up.
9. Arrangements will be made for dental health professionals to visit the centre to talk with staff, children and families about dental health.
10. The centre will be aware of dental first aid.

### **For younger children and babies attending our centres:**

1. Bottles will not remain in children's mouths while asleep.
2. Breast milk or formula will be encouraged as the main meal drink up to the age of 12 months of age. Water will be encouraged between meals.
3. To assist in tooth development, it is recommended that babies will be introduced to solid foods from 4-6 months of age. Current information will be provided at the centre.

### **Sources:**

Awabakal. HOHS (2003) Tiddalick Takes on Teeth: Oral Health Promotion Package. AMS. HOHS. 2003.  
Children's Services Support Unti WA



## NUTRITION

**Objective:** To ensure that children attending Council's child care centres are provided healthy and nutritious food, with 50% of the daily recommended daily intake of all nutrients.

**Policy:** The meals and snacks will be planned in consultation with delegated Area Health Service, families and staff of Council's child care centres.

**Procedure:**

### The Eating Environment

1. The menu will reflect foods and practices of families using the centre and wider community.
2. Staff will provide a positive role model.
3. Staff will discuss the food provided in a positive manner.
4. Children will be encouraged to eat the food provided.
5. If children refuse the food offered they will be offered an alternative after being encouraged to try the food.
6. Positive food and nutrition practises will be reinforced through the learning environment and group times.

### Interactions with Guidelines for Families

1. Recipes for meals provided at the Centre will be included periodically in newsletters.
2. Recipes for meals provided at the Centre will be available to parents.
3. A daily record will be kept of the children's eating patterns at the Centre.
4. Menus for the current week plus the following week will be displayed in the foyer of the Centre.
5. The Nutrition Policy will be kept in the policy register in the foyer and will be available to all families.

**Menu Planning**

1. The menus are formulated to ensure that the children are offered at least 50% of the Recommended Daily Intake (RDI) of nutrients.
2. The menus are planned on a four week rotational basis and are seasonal for Summer and Winter.
3. The Centre provides morning tea, lunch and afternoon tea.
4. Processed foods should be avoided.
5. Water will be available at all times.
6. Milk or water will be offered with meals.
7. Fresh fruit is to be served at least once daily.
8. The Centre will endeavour to use food products that are not Genetically Modified.
9. The menu is planned in consultation with families, staff and the designated Are Health Service.
10. Recipes and food awareness activities will be chosen from a variety of cultures.
11. Special occasions are to be celebrated with culturally appropriate foods.
12. The menu is planned to include and reflect food from a variety of cultures.
13. The feeding requirements of babies and infants will be catered for on an individual basis.
14. The Centre will support mothers who are breast-feeding. Expressed milk in bottles will be warmed by hot water.
15. Solids will be individually introduced to infants in consultation with parents.
16. Parents of children on special diets will be asked to provide details of food needs.
17. Children with special dietary requirements will be catered for within the menu.
18. Unsuitable foods will not be permitted within the Centre as per the Food Restriction Policy.
19. No salt is to be added to any food.
20. Children will be supervised at all meal times to encourage positive eating habits and prevent incidents such as choking.
21. Food will be prepared and served to children according to their stage of development.

**Food Storage/Preparation/Handling**

1. Food will be stored and served at safe temperatures.
2. Food temperatures will be monitored and recorded within the kitchen.
3. Gloves will be worn or tongs used by staff directly handling cooked food.
4. Staff and children will wash their hands before handling and eating meals and snacks.

**Food Awareness Activities for Children**

1. Food awareness activities for children will be included in the Centre program.
2. Children will be encouraged to get practical experience in food preparation.
3. The foods being eaten by the children will be discussed with them.

**Include pyramids**

**Source:** Caring For Children  
[www.health.vic.gov.au](http://www.health.vic.gov.au)

## **FOOD RESTRICTION POLICY**

**Rationale:** As a result of the increase in the number of children with a nut allergy (peanuts in particular) in the early years of childhood, and the severity of the risks associated with nut allergy (potentially life threatening), Council's Children's Services have, as part of risk management, developed this policy.

**Objective:** To manage the risk of a potential allergic reaction (anaphylaxis) for children with a nut allergy.

**Policy:** Nuts and nut products are not to be purchased by the service or brought in to the service by families, staff or students. No nuts or nut products are to be kept in children's bags at any time while at the centre.

**Products that contain or may contain nuts are:**  
Peanut butter; nutella; satay sauce; some biscuits, cakes, cereals, Chocolate and muesli bars.

### **Procedures:**

- All families are informed of this policy at enrolment.
- Families with a child who is allergic to nuts must fill out an allergy details form including an action management plan filled out by the child's doctor as per allergy policy.
- All permanent, casual staff and students are informed of this policy at commencement by the centre coordinator or delegated staff member.
- All centre cooks check ingredients of food for nut contents before ordering.
- Families should only bring fruit to the Centre from home. Families may bring in food if the child has a special/cultural dietary requirement or the child is less than 12 months old.
- Special dietary requirements need to be documented and discussed with the Centre coordinator.
- Centre cooks are to make birthday cakes for all children (by donation from parents) as purchased cakes often contain nuts.

Source: [www.health.vic.gov.au](http://www.health.vic.gov.au)  
[www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)  
 Community Childcare  
 Health & Safety in Children's Centres: Model Policies & Practices 2003

## ALLERGY POLICY

**Objective:** To reduce the risk of allergic reactions and to manage any allergic reactions appropriately.

**Policy:** Council recognises that children with allergies will require a case specific management plan.

**Procedure:**

1. During enrolment, each Centre must gather all details as possible from the child's parent(s)/guardian(s)/carer(s) regarding allergies. This should include the 'Allergy Details' form (see attached).
2. If reaction to an allergy is known, a case specific management plan must be obtained from a doctor and attached to the 'Allergy Details' form.
3. All primary contact staff, including the cook, must be informed of the child's allergy.
4. Case action management plan must be displayed in each room and kitchen confidentially.
5. In an emergency situation, staff should follow the specific case management plan.
6. Parent(s)/Guardian(s)/Carer(s) are to be notified immediately.
7. If no improvement is shown, call an ambulance **IMMEDIATELY**.

Source: [www.health.vic.gov.au](http://www.health.vic.gov.au)

[www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)

Community Childcare

Health & Safety in Children's Centres: Model Policies & Practices 2003

**ALLERGY DETAILS**

(To be completed by parent/guardian/carer)

Child Care Centre: \_\_\_\_\_

Child's first name: \_\_\_\_\_ Child's second name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: Male  Female

Language spoken at home:  
\_\_\_\_\_

Does your child have any allergies? Yes  No

If yes, please give specific details? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your child's usual signs and symptoms when exposed to an allergy-causing agent?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How soon does your child usually display these symptoms?

- |   |   |
|---|---|
| <input type="checkbox"/> First 5 minutes    | <input type="checkbox"/> 5-10 minutes   |
| <input type="checkbox"/> 10-20 minutes      | <input type="checkbox"/> 20 – 30minutes |
| <input type="checkbox"/> Within a few hours | <input type="checkbox"/> Varies         |

Please outline the procedure to follow if your child is exposed to an allergy-causing agent:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other information:  
\_\_\_\_\_  
\_\_\_\_\_

A case specific management plan must be provided by your child's doctor and attached to this form.

## DIABETES POLICY

**Objective:** To ensure children with diabetes are cared for appropriately.

**Policy:** Council's Children's Services recognise that children with diabetes will require a case specific management plan.

**Procedure:**

1. During enrolment, each Centre must gather as many details as possible from the child's parent(s)/guardian(s)/carer(s) regarding the child's diabetes.
2. A case specific management plan including detailed procedures must be obtained from a doctor and attached to the enrolment form.
3. All primary contact staff, including the cook, must be informed of the child's condition.
4. Case action management plan must be displayed in each room behind the storeroom door and in the kitchen.
5. In an emergency situation, staff should follow the specific case management plan.
6. Parent(s)/Guardian(s)/Carer(s) are to be notified immediately
7. If no improvement is shown, call an ambulance **IMMEDIATELY**.

Source: Diabetes NSW

## ASTHMA POLICY

**Objective:** To ensure children with Asthma attending Council's childcare centres receive the necessary and appropriate treatment for their condition.

**Policy:** Council recognises that children with Asthma in care require a management plan and may also need medication to be administered while attending the Centre. This may be for three reasons:

1. when a child requires preventative medication;
2. when a child becomes ill or suffers an Asthma attack at the Centre and requires EMERGENCY (reliever) treatment;
3. when a child requires reliever medication for a number of days following an acute attack of Asthma.

**Procedure:**

1. During enrolment each Centre must gather as many details as possible from the child's parent(s)/guardian(s)/carer(s) regarding the child's Asthma condition. The following forms should be completed by parents/guardian in consultation with their doctor:

FORM 1	Asthma Record Care: Asthma Details, Asthma Action Plan, Individual Asthma Emergency Action Plan (to be completed by Doctor)
FORM 2	Parent(s)/Guardian(s)/Carer(s) Emergency Medication Authorisation

Asthma First Aid Plan to be displayed in both rooms at the back of the store room door.

Parent(s)/Guardian(s) in consultation with the child's doctor should provide the following information:

- (a) any preventative medication required
- (b) the name and dosage of reliever medication to be taken when Asthma symptoms develop.

2. Parent(s)/Guardian(s) must also complete an entry in the Medication Book daily or as medication is required. Medication to be administered as per medication policy.

3. When a "known" Asthma sufferer develops Asthma symptoms staff should follow the child's Asthma action plan and notify parent(s)/guardian(s). In emergency situations staff should follow the individual child's emergency Asthma plan. Parent(s)/guardian(s) to be notified immediately if no improvement is shown call an ambulance IMMEDIATELY.

4. If a child at the Centre has an Asthma attack for the first time or the child does not have an individual action plan, staff should implement the General Asthma Emergency Plan. Each Centre must have an accessible Asthma kit on the premises containing the following:

- a Breath-a-tech spacer and instructions for its use;
- a copy of the Centre's Emergency Plan;
- a list of children at the centre with Asthma;
- individual Asthma Plans
- CPR/resuscitation chart.



5. If a child develops exercise induced Asthma the staff should:
  - (a) stop the child exercising immediately;
  - (b) calm the child and sit the child in a comfortable position;
  - (c) give the child his/her reliever medication in accordance with carer(s)/doctors instructions.

Department of Health guidelines indicate that all Asthma equipment is designed for single person use due to concerns about infection control.

**Recommendations:**

1. Staff should be trained to recognise the symptoms of Asthma.
2. Staff should be trained how to administer Asthma medication using Asthma devices and how to maintain these devices.
3. An annual staff in-service training should be organised to keep up to date with the developments in Asthma treatment.
4. An annual guest speaker for the parents should be organised to educate parents about Asthma.
5. Staff should communicate with children about Asthma in a positive way thus developing understanding, awareness and acceptance of Asthma in our community.
6. Where possible Centres should make use of Asthma resources to further develop Asthma awareness.

**FORM 1: ASTHMA DETAILS**

CHILD CARE CENTRE (Insert Centre's name here): \_\_\_\_\_

ASTHMA DETAILS TO BE COMPLETED BY PARENT / CARERS:

\_\_\_\_\_  
(Child's First Name)

\_\_\_\_\_  
(Child's Family Name)

\_\_\_\_\_  
(Date of Birth)

Sex: [ ] Male [ ] Female

\_\_\_\_\_  
(Language Spoken at Home)

Please tick (✓) appropriate box

**Does your child suffer from asthma?**

1.  Yes - go to Question 2  No

**2. What are your child's usual symptoms when they have an asthma attack?**

- |  |   |
|--|---|
| <input type="checkbox"/> Wheezing (whistling noise from the chest) | <input type="checkbox"/> Tightness in Chest             |
| <input type="checkbox"/> Coughing                                  | <input type="checkbox"/> Difficulty with Breathing      |
| <input type="checkbox"/> Breathing difficulties in outdoor play    | <input type="checkbox"/> Feeding Difficulties (infants) |
| <input type="checkbox"/> Other _____                               |   |

**3. Are any of the following factors known to trigger an asthma attack in your child?**

- Dust
- Perfume (Please specify: \_\_\_\_\_)
- Cleaning products (Please specify: \_\_\_\_\_)
- Food/food additives (Please specify: \_\_\_\_\_)
- Temperature change
- Pets-feathers/fur (Please specify: \_\_\_\_\_)
- Plants/pollen (Please specify: \_\_\_\_\_)
- Respiratory tract infections (Please specify: \_\_\_\_\_)
- Exercise (Please specify: \_\_\_\_\_)
- Other (Please specify: \_\_\_\_\_)

**4. What type of medicines has the child been prescribed?**

- | Relievers                            | Preventers                          |
|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Ventolin    | <input type="checkbox"/> Becotide   |
| <input type="checkbox"/> Bricanyl    | <input type="checkbox"/> Becloforte |
| <input type="checkbox"/> Respolin    | <input type="checkbox"/> Pulmicort  |
| <input type="checkbox"/> Other _____ |                                     |

Dosage: \_\_\_\_\_

**5. By which method does the child take the medicines?**

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Spacer with mask    | <input type="checkbox"/> Nebuliser |
| <input type="checkbox"/> Spacer without mask | <input type="checkbox"/> Other     |

SOURCE: Adapted from Auburn Primary School Asthma Program Record Card

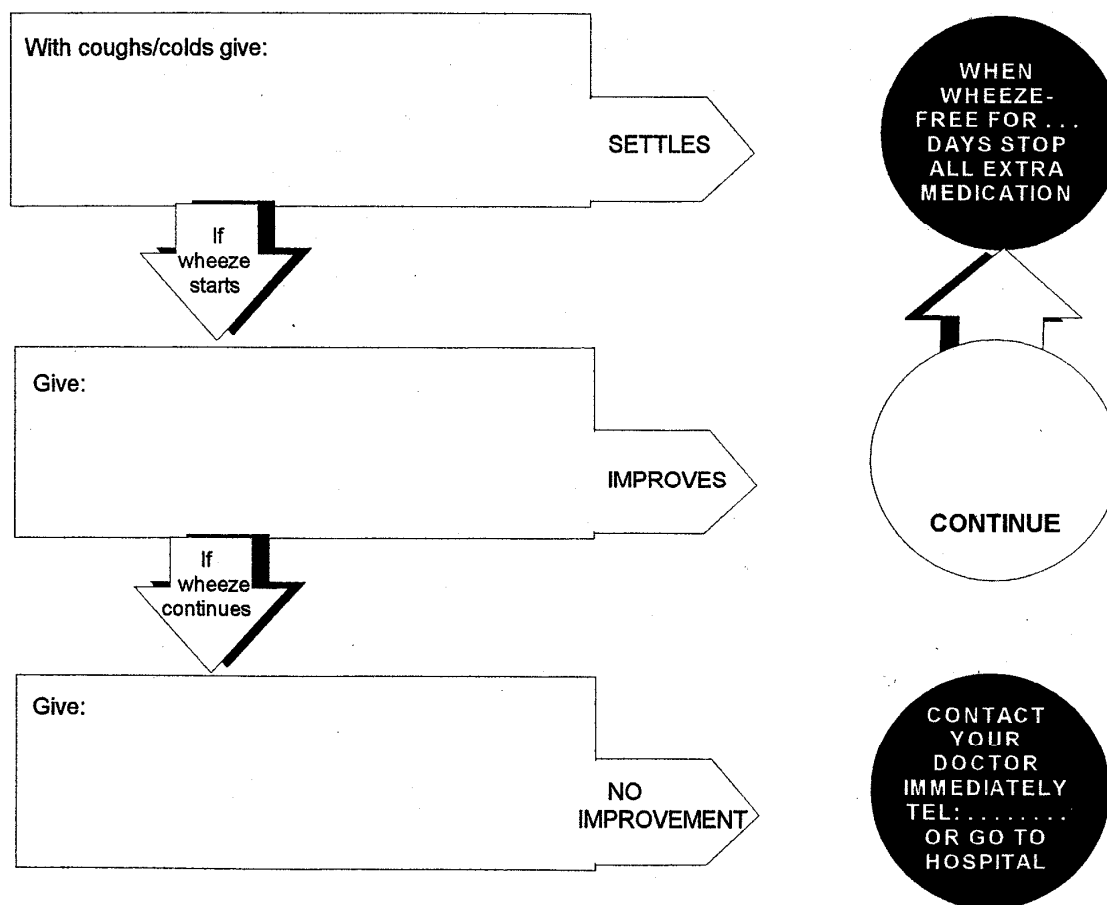
FORM 2: ASTHMA ACTION PLAN

Instructions for Home/Centre Management of Asthma

(A) WHEN WELL:

Daily medications

(B) WHEN NOT WELL:



Your next appointment is on: .....

With doctor: .....

SOURCE: Camperdown Children's Hospital: Boehringer

## FORM 3: INDIVIDUAL ASTHMA EMERGENCY PLAN

**TO BE COMPLETED BY CHILD'S DOCTOR****Doctors: Please complete the shaded areas below**

Child's Name: .....

<b>STEP 1</b>	<ul style="list-style-type: none"> <li>• Be calm and reassuring</li> <li>• Sit the child/infant comfortably</li> <li>• Do not leave child/infant alone</li> </ul>
<b>STEP 2</b>	<p><b>Doctors Instruction</b></p> <p>Procedures to be followed in a crisis situation</p> <p>_____ PUFFS OF _____ MEDICATION</p> <p>USING A BREATH-A-TECH SPACER OR AEROCHAMBER (With / without mask as appropriate)</p>
<b>STEP 3</b>	<ul style="list-style-type: none"> <li>• Observe response for 4 minutes. If little or no improvement go to Step 4</li> </ul>
<b>STEP 4</b>	<p>Call ambulance (000) if:-</p> <ul style="list-style-type: none"> <li>• there is still little or no improvement</li> <li>• there is SEVERE BREATHING DIFFICULTY</li> <li>• there is BLUENESS around the mouth</li> <li>• you are still concerned</li> </ul>
<b>STEP 5</b>	<ul style="list-style-type: none"> <li>• Record the event on appropriate forms</li> </ul>

<b>Doctor's Stamp:</b>	<b>Doctor's Telephone No:</b>
<b>Doctor's Signature:</b>	<b>Date:</b>

SOURCE: Adapted from Auburn Primary School Asthma Program

**PARENT EMERGENCY MEDICATION AUTHORISATION**

If the parent/carer cannot be contacted and your child has an asthma attack, then the Centre will administer an appropriate dose of emergency medication via a Breath-a-Tech spacer and mask as specified by the Centre's emergency plan. If your child has an individual management plan, then this will be followed.

I give permission for Ventolin or other appropriate asthma reliever medication to be administered to my child if he/she is suffering from an asthma attack.

Parents/carers will be notified immediately if medication is administered to your child.

.....  
(Signed)

.....  
(Witness)

.....  
(Date)

SOURCE: Adapted from Eastern Sydney Area Health Service, 1993

# GENERAL EMERGENCY ASTHMA PLAN

## ASTHMA EMERGENCY PLAN for 2-5 year olds TO BE FOLLOWED BY CHILD CARE STAFF

For infants under 2 follow plan as provided by child's doctor  
or centre's protocol for emergencies

- ◆ Be CALM and REASSURING
- ◆ SIT the child comfortably
- ◆ For INFANTS make sure the child is propped UPRIGHT
- ◆ Do NOT leave the child alone
- ◆ USE the child's medication if available following guidelines specified by parent/doctor



If there is:

- ◆ SEVERE BREATHING DIFFICULTIES or
- ◆ BLUENESS AROUND THE MOUTH

call an ambulance immediately THEN call the  
child's doctor and parent/carer. Give  
EMERGENCY MEDICATION using a  
Breath-a-Tech spacer

If there is:

- ◆ BREATHING difficulty
- ◆ COUGHING and WHEEZING
- ◆ TIGHTNESS in chest

give EMERGENCY MEDICATION using a  
Breath-a-Tech spacer

For Ambulance  
Call 000



### EMERGENCY MEDICATION (Ventolin/Bricanyl puffer)

- ◆ SHAKE puffer and ATTACH to spacer
- ◆ PLACE mask over child's nose and mouth
- ◆ CHECK mask gives good seal
- ◆\* FIRE 2 puffs into spacer
- ◆\* Child to BREATHE 4 breaths
- ◆\* WAIT 4 minutes and REVIEW symptoms

If symptoms persist, REPEAT last 3 steps (marked with \*)



If there is STILL NO improvement OR if in doubt,  
CALL an AMBULANCE (000)

then call PARENT/CARER or CHILD'S DOCTOR  
and while WAITING for the AMBULANCE



Keep ADMINISTERING EMERGENCY MEDICATION every 4 minutes

SOURCE: Adapted from WSAHS Primary School Asthma Program

## **EPILEPSY POLICY**

**Objective:** To ensure children with Epilepsy attending Council's childcare centres receive the necessary and appropriate treatment for their condition.

**Policy:** Council recognises that children with Epilepsy in care require a management plan and may also need medication to be administered while attending the centre.

**Procedure:**

1. During enrolment each Centre must gather as many details as possible from the child's parent(s)/guardian(s)/carer(s) regarding the child's Epileptic condition.
2. Parent(s)/guardian(s) in consultation with the child's doctor should provide the following information:-
  - (a) the name and dosage of any preventative medication required;
  - (b) any case specific management strategies in the event of a seizure.
3. Parent(s)/Guardian(s) must also complete an entry in the Medication Book daily or as medication is required. Medication to be administered as per medication policy.
4. In the event of a seizure staff should follow the Seizure First Aid plan. Parent(s)/guardian(s) to be notified immediately.

5.

**SEIZURE FIRST AID**

- ▼ Stay calm.
- ▼ Time the seizure.
- ▼ *Do not* try to restrain the person.
- ▼ *Do not* put anything in the mouth.
- ▼ *Do not* apply CPR.
- ▼ Protect the person from obvious injury.
- ▼ Clear the area of harmful objects.
- ▼ Loosen tie or collar.
- ▼ Place something soft under head and shoulders.
- ▼ As soon as possible roll the person onto their side to keep the airway clear.
- ▼ Stay with and reassure the person until they have fully recovered.

**Call an ambulance if:**

- if the active or jerking movements of the seizure last more than five minutes
- if another seizure quickly follows
- if the person has been injured or
- if in doubt.





## **D. STAFF RELATED POLICIES & PROCEDURES**



**PARRAMATTA CITY COUNCIL**  
**Community Development Unit**



# ***CHILD CARE LEARNING AND DEVELOPMENT CENTRES***

***Staff Related***

***POLICY AND  
PROCEDURES***

# CODE OF CONDUCT

Adopted by Council on 12 December 2000

## Parramatta City Council

### Summary Code of Conduct

#### Introduction

Parramatta City Council is committed to maintaining a reputation of responsibility, integrity and fair dealing. In order to maintain these standards we must set a good example and conduct ourselves in a way that demonstrates the highest ethical standards.

This Code of Conduct will assist you to deal with ethical problems you may encounter in your work and in your role as a representative of the Council. This is a summary of our Code of Conduct. The full Code of Conduct will contain this summary together with policies contained in Council's Human Resources Manual. A copy can be obtained from your manager at your location or from the Human Resources Section.

Our Code of Conduct has been developed with the assistance of Councillors and employees. The Code applies equally to all Councillors and employees as well as contractors and Council delegates and will give you a basis for making day-to-day decisions.

Our community is entitled to expect that the business of Council will be conducted with efficiency, impartiality and integrity and that your duty to the public will always have absolute priority over your private interests.

Our Code of Conduct reflects our determination to attract the highest level of confidence from our community and I commend it to you.

Terry Barnes  
General Manager

### **Purpose**

Parramatta Council recognises the importance of ethical behaviour and fairness to all parties. The Local Government Act, 1993, requires every council to adopt a Code of Conduct for observance by Councillors, members of staff and delegates representing the Council. This Code has been prepared taking into account the provisions of the Local Government Act and will assist you to:

- understand our standards of conduct and behaviour; and
- deal with ethical problems you may encounter in your work.

### **Ethical Standards of Councillors and Employees**

It is important that at all times you act in a manner that enhances community confidence in our Council. The community is entitled to quality service and a positive helpful attitude. While on duty, as an employee, you are to give the whole of your time and attention to the business of the Council. You need to keep up to date with advances in your area of responsibility and carry out your duties conscientiously, honestly, fairly and impartially. When given lawful directions you are to carry out the lawful policies, decisions and practices of the Council regardless of whether or not you agree with or approve of them. Where a direction, policy or practice is unclear as to whether it is lawful or unlawful, clarification should be requested from your Unit Manager, Group Manager or the General Manager.

You are required to:

- be frank and honest in your dealings with each other;
- act, and be seen to act, properly and in accordance with the requirements of the law and the terms of this Code;
- act in good faith (i.e. honestly, for the proper purpose, without exceeding your powers) in the interests of the council and the community.
- refrain from any form of conduct, in the performance of your duties, which may cause
- any reasonable person unwarranted offence or embarrassment;
- refrain from taking advantage of your position to improperly influence other members or employees in the performance of their duties or functions, in order to gain undue or improper (direct or indirect) advantage or gain for yourself or any other person or body.
- Ensure compliance with the proper and reasonable administrative practices and conduct, and professional and responsible management practices.

### **Equitable Treatment**

You are expected to be honest and fair in your dealing with councillors, employees and anyone you have dealings with in the course of your duties with the Council. You are required to treat all people with courtesy and sensitivity concerning their rights.

You must not discriminate against anyone in connection with your Council duties on grounds of sex, religious conviction, race, marital status, pregnancy, physical or intellectual impairment, sexual preference or political conviction.

### **Conflicts of Interest**

A conflict of interest arises if it is likely, that a private interest could conflict, or be seen to conflict, with the performance of your public or professional duties. It is essential that members of the public, when dealing with our Council, can be confident that when making decisions employees and Councillors are free of any conflicts of interests.

If any conflict exists between your interests and those of the Council it must always be resolved to the satisfaction of Parramatta Council.

Conflicts of interests can be of two types –

1. Pecuniary Interest

Is an interest that you have in a matter because of a possibility of a reasonable financial gain or loss to you, or to another person with whom you are associated. This would include your spouse, de facto partner or a relative. (Section 442(1) Local Government Act provides the legal wording).

2. Non-Pecuniary

Is a private or personal interest, which you have, and does not relate to money. For example, a friendship, family, membership of a club and the like where a financial gain or loss is not involved. When considering non-pecuniary interest it is important to look at how others would view the situation.

A conflict of interest would exist where:

- you have a personal interest that would lead you to be influenced in the way you carry out your Council work or public duties.
- you have a personal interest that could lead a fair person to think you could be influenced in the way that you carry out your Council work or public duties.
- you have knowledge that a family member, relative, friend, associate or anybody else close to you has an interest that could lead to you being influenced, or a fair person to think that you could be influenced, in a way that you carry out your Council work or public duties.

If as an employee you believe that you are faced with, or could be seen to be faced with, a conflict or pecuniary interest you must advise your Group Manager or the General Manager in writing. In the case of the General Manager, advice must be given to the Council or if this is not practical then advice must be given to the Lord Mayor and subsequently to Council.

At the commencement of any Council or Committee meeting, Councillors, if they have an interest in any matter listed on the agenda of that meeting, must make a disclosure of any interest and the nature of the interest whether it is pecuniary or not, in relation to the matter so that it can be recorded in the Minutes of that meeting.

The onus is on every employee or Councillor to identify and declare possible conflicts or pecuniary interests to which no statutory exemption applies, and declare those interests or conflicts in a written return or at a meeting as required under the Local Government Act.

### **Outside Employment or Business by Employees**

You must ensure that any employment or business that you are considering will not:

- conflict with your official duties;
- interfere with your Council work;
- involve confidential information or resources that are obtained through your work with the Council;
- be done whilst on duty; or
- discredit or disadvantage the Council.

If you consider any of the above issues apply or there could be a conflict, or there may be perception that there could be a conflict, you must seek written approval from the General Manager prior to engaging in the outside employment or business.

### **Interaction Between Councillors and Council Employees**

The General Manager is responsible to the Council for performance and direction of all employees. Councillors seeking information on any policy issues and day to day matters, in the exercise of their statutory role as a member of the Council, should contact the General Manager, Group Manager or Unit Manager responsible for the carriage of the matter, provision of the service or completion of the project.

All interactions between Councillor and employees should be in accordance with the Council's policy on Councillors Access to Information and their interaction with Employees.

This policy has been designed to meet the requirements and expectations of the Independent Commission Against Corruption and the Department of Local Government. Adherence to the principles in this policy will ensure “independent advice” whilst not inhibiting interaction between Councillors and employees. The results at a public level will be better outcomes arising from independent advice and meaningful discussions.

### **Gifts and Benefits**

Councillors and employees must never demand or request any gift, or benefit for themselves or anyone else, in connection with Council work or public duties. Never accept any token or non-token gift or benefit if you think that the gift is designed to influence you, or a fair observer might think that you could be influenced in the way you do your job as a result of the gift. You must not accept cash under any circumstances.

Token gifts and benefits may only be accepted if the gift is not likely to be seen to be compromising Councillors or employees. If you have any doubt if the gift/benefit is token or not you should discuss it with Unit Manager. Token gifts and benefits are those, which do not have a significant monetary value, are inconsequential or trivial, are not offered on a frequent basis and ideally can be shared amongst employees. Examples could include a bunch of flowers, box of chocolates, offer of a cup of coffee to field staff, six pack of beer at Christmas etc. Acceptance of these gifts should be avoided, however if it is unlikely to be seen as compromising you as a Councillor or employee, and you consider that refusal may offend, it may be accepted.

Non-token gifts and benefits are those with a significant value, such as restaurant lunches, quantities of alcohol, theatre and sporting tickets and gifts from overseas visitors. Non-token gifts are rarely acceptable. If you consider that accepting the gift or benefit will be of benefit to the Council, or that acceptance of the non-token gift or benefit is unavoidable, the gift or benefit must be declared to the General Manager in writing. All non-token gifts or benefits that are accepted will be recorded in the Council’s Gifts and Benefits Register. Details of non token gifts will be recorded by your Unit Manager, with the Manager Governance maintaining the central Gifts and Benefits Register for the Council.

### **Alcohol and Other Drugs**

Do not come to work or return to work, or attend Council meetings, committees or functions, if you are under the influence of alcohol or other drugs that impair your ability to make decisions or do your work, or cause danger to yourself and others. If you are using prescribed drugs that may have an affect on your performance you must inform your supervisor.

### **Use of Information**

It is important that the community has confidence that confidential information acquired by Council is only used for Council purposes.

To maintain this level of confidence Councillors and employees must:

- protect confidential information;
- only access it when you need it for your work;
- not use confidential information for any unofficial purpose outside the Council; and
- only release confidential information if you have authority to do so.

If you are uncertain if the information is confidential you should contact the Council’s Freedom of Information (FOI) officer. You are only allowed to release information in accordance with established Council policies and procedures. Councillors and employees who have access to Council information are to comply with the Council’s Policy that aims at reducing the risk of data theft, fraud, breaches of privacy and inadvertent data loss. Work related information must not be used for outside work purposes and remember that private and personal information must remain private and personal.

After ceasing employment with the Council you may use job knowledge and skills gained during your employment however information identified as confidential by the Council must not be released or used until it becomes publicly available.

### **Councillor's and Employees - Use of Council Resources & Equipment**

You must use Council property, facilities, equipment efficiently, economically and carefully and must not allow others to abuse these resources. You are expected to devote your time and attention while at work to the business of Council, as per the provisions of the Local Government Act or the Local Government (State) Award.

The primary responsibility for compliance with the Code of Conduct lies with each user. The secondary responsibility for ensuring compliance with the Code of Conduct will lie with the immediate supervisor/manager of each authorised staff member.

Council resources may only be used for work and family purposes if permission from your Manager/Supervisor has been obtained, in accordance with the General Manager's Guidelines. Council recognises the need to balance work and family, and accepts that from time to time your work activities may require you to communicate with members of your family. Therefore, minimal use of telephones, faxes and photocopiers for private purposes may be permitted. Unauthorised STD telephone calls are not to be made, and Council mobile telephones must be used in accordance with the Council policy, having regard to the above statement on work and family recognition. Council resources, equipment and your work time must not be used, under any circumstances, in relation to a second job or other business.

E-mail and internet facilities are provided in the workplace so that Councillors and employees are able to perform their public functions to the required standard. Council's internet connection must only be used by authorised users for purposes consistent with the normal daily business and research operations of Council. Council accepts that reasonable yet minimal private use of these facilities will occur, consistent with work and family values. Council's e-mail must only be used for purposes consistent with the normal daily business and research operations of the council. As e-mail is a key information technology medium, it is recognised that your work activities may impact on work and family arrangements and minimal use of e-mail for these purposes is acceptable.

Having regard to the principles inherent in this Code as well as the NSW Anti-Discrimination Act and Council's EEO policy, access to inappropriate internet sites and the use of email to distribute or store offensive or inappropriate material will not be tolerated under any circumstances. Abuse of these facilities will lead to disciplinary action that will include the removal of email and internet privileges. Council has the technology to monitor the use of these facilities and constantly does so.

### **Expenses**

Council accepts that Councillors and employees will incur expenses in the performance of their public duties and undertakes to meet those costs and make appropriate reimbursement in accordance with any policy. Councillors and employees should only claim or accept travelling and sustenance expenses related to matters which have a direct bearing on the services, policies or business of the council.

### **Public Comment**

Only the General Manager, Lord Mayor or employees specifically delegated to do so, may make media or public comment on behalf of the Council. Councillors are permitted to make public comment on behalf of the Council when authorised to do so by the Lord Mayor or by resolution of the Council. As a member of the community Councillors and employees have the right to enter into public debate on political, professional and social issues.

You need to take care, however, not to allow the impression to be gained that such comments are official comment on behalf of the Council.

### **Corruption, Maladministration, Serious & Substantial Wastage**

Our Council is committed to maintaining high ethical standards. Therefore it is everyone's responsibility to not only act honestly but to report any instances of possible corruption, maladministration or serious and substantial wastage. Anyone who acts in an unethical manner can not only damage the reputation of the Council but also its Councillors and employees.

You can report suspected instances to your Unit Manager, Group Manager, Disclosure Coordinator (9806 5311) or General Manager. You can also report suspected corruption to the Independent Commission Against Corruption (9318 5999) and suspected maladministration to the Ombudsman (9286 1000).

The procedure for reporting such instances is contained in the Council's Internal Reporting Policy. If you voluntarily make a report in accordance with this policy you will be protected under the Protected Disclosures Act, which makes it a criminal offence for anyone to take detrimental action in reprisal against a person who makes a protected disclosure. The Council is committed to ensuring that Councillors and employees are not victimised as a result of reporting.

All employees who report corrupt conduct, maladministration or substantial waste will be treated fairly. Any matter reported will be handled confidentially, and employees will be advised of the result of any investigation. Allegations or complaints, which are proven to be vexatious and malicious may be considered as wilful misconduct.

### **Breaches of the Code**

Parramatta Council is committed to the standards in this Code. Breaches of this policy by employees may result in disciplinary action in accordance with Award provisions, statutory requirements (eg. ICAC legislation), and operational management policies.

Sanctions against Councillors breaching this policy may include:

- Passing a censure motion at a Council Meeting
- Council may decide to make a public disclosure of inappropriate conduct
- Requesting a formal apology
- Issuing a reprimand
- Counselling the councillor
- Prosecuting any breaches of the law.

In all cases where a criminal offence has been committed the matter shall be referred to the police.



## CONFIDENTIALITY

**Objective:** To have an agreed procedure in respect to confidentiality in Council child care centres that complies with the Department of Community Service regulations relating to matters concerning children, families and staff.

**Policy:** All written and verbal information kept by the Centre will comply with the guidelines set forth in this policy and in accordance with the Centre Based and Mobile Children Care Services Regulation (No 2) 1996 Clause 17 part (18).

### Procedure

1. Children's records, staff records and other formal documents are to be kept in a locked location when not attended.
2. Information being relayed or received is to be done so at an appropriate time in a professional manner. Such information is not to be discussed in front of children, parents, relief staff and students.
3. Set of complete data and backup discs to be kept in the safe at the Centre and at one other place outside the Centre.
4. All verbal and documented confidential issues should be passed on to the Coordinator to act on accordingly.
5. Access to children's individual files is reserved to permanent primary contact staff, Department of Community Services officers and other authorised people.
6. Access to staff records is restricted to the individual Centre Coordinator, management and DOCS.
7. Staff are not to discuss individual child(ren) with other parent(s) at the Centre or out of the Centre.
8. Staff are only to discuss general child development and early childhood issues, daily routines and their child's development with individual parents. Centre issues must be referred to the Coordinator.

**Source:** NSW Children's Services Regulations 2004

## **OCCUPATIONAL HEALTH AND SAFETY**

### **Objective:**

- **To maintain a safe and healthy workplace environment within Children's Services by reducing:**
  - **The numbers of hazards in our centres**
  - **The consequences of risks present**
  - **The number of accidents, injuries and reportable incidents**
  - **The number of Worker's Compensation claims**
- **To develop and maintain safety standards at the Centre through consultation with staff**
- **To ensure safety standards are implemented by staff, families, volunteers and visitors**

### **Policy:**

**Council's Children's Services advocate the provision of a work environment that will ensure the health, safety and welfare of staff by conforming with Council's Safety Policy and all relevant Acts and Regulations**

### **Procedure:**

1. Centres will liaise with Government agencies and relevant peak industry bodies to ensure its OH&S management system meets the requirements of the OH&S Act.
2. The OH&S policy will be:
  - Provided to and discussed with all employees upon commencement at the Centres
  - Available in the foyer at each centre
  - Included in the staff, parent and student handbooks
  - Discussed with students, visitors, volunteers, contractors and suppliers to the service.
3. The Centres will ensure effective OH&S information, instruction, training and supervision is provided to all employees, to increase their personal understanding of workplace hazards and the need to follow safe work practices.
4. The Centres will facilitate the identification of unsafe workplace practices.
5. All staff will be consulted with, and involved in implementing our risk management approach to OH&S.
6. All staff will take reasonable steps to prevent risks to health and safety and will notify the Centre Co-ordinator of any matter that may affect OH&S. All staff at the centre will then be consulted and the appropriate risk management plan will be devised.
7. All staff must use the protective equipment provided at the Centres.

8. All centres will provide a safe and healthy service environment by developing documented procedures for:
  - Employer and employees OH&S roles and responsibilities
  - Workplace consultation
  - Risk management for OH&S
  - Audit and review procedures
  - Record keeping and document control
  - Appropriate work practices
  - The use of equipment
  - The provision of first aid
  - Emergency procedures
  - The reporting and investigating of accidents, hazards and near misses
9. The OH&S policy and the service's performance against the objectives will be reviewed annually and/or in line with any changes to any legislative/regulatory requirements.
10. Council is committed to providing employees with effective rehabilitation programs to ensure their recovery and return to work at pre-injury capacity, wherever possible.

Sue Tarrant (Lady Gowrie), Managing OHS In Children's Services.

## CLOTHING POLICY

All children at the centre will wear hats that protect the face, neck, ears and crown of the head for outdoor activities.

All staff will wear hats that protect the face, neck, ears and crown of the head for outdoor activities.

Staff will wear legionnaire style caps or broad brimmed hats when outdoors.

The Centre will provide hats for staff at reasonable cost – max \$20.00.

Parents will be requested to dress children in clothing that gives protection from the sun.

Parents will be advised on enrolment of the requirement to dress children in sun protective clothing, ie shirts or dresses with collars or high necks and sleeves; trousers, longer shorts or skirts and made from closely woven material.

Spare clothing will be kept if children attend the service inadequately dressed and a reminder note concerning clothing requirements will be sent home that day.

Staff will wear clothing that gives protection from the sun when outdoors.

Staff will wear sun protective clothing when outdoors, ie shirts or dresses with sleeves; trousers, longer shorts or skirts and made from closely woven material.

Parents will be requested to wear appropriate clothing and hats when involved in service activities.

Source: The cancer Council NSW (2007) Sun Smart childcare: A policy guide for Service Providers. Sydney

## Child Care Staff Immunisation & Infectious Disease Issues

**Objective:** To ensure that child care staff are provided with immunisation to prevent the transmission of illness and infectious diseases. To implement other infection control strategies as a method of minimising the risk of infectious diseases.

**Policy:** To prevent the spread of infectious disease by providing immunisation for child care staff and implementing standard infection control strategies.

### Procedure:

To minimise the risk of exposure to infectious diseases transmitted from children in their care and prevent illness and other risks from vaccine preventable diseases by appropriate immunisation, centres should:

Follow the infection control policies already in place

Provide information to all centre staff on their current recommended immunisations for all children's centre staff in accordance with current Australian Standards Vaccination Schedule and the current edition of the Immunisation Handbook.

1. All Australians should have received vaccination in childhood against diphtheria, tetanus, pertussis, polio, measles, mumps and rubella. Adults who have not received these vaccinations should seek advice from their own doctor in relation to the requirements of the latest edition of the Australian Immunisation Handbook before commencing employment in child care.
2. Recommended Immunisation for children's centre staff:
  - Hepatitis A
  - Measles, Mumps, Rubella (MMR)
  - Varicella
  - Adult Diphtheria, Tetanus, acellular Pertussis (adult DTPa)
  - A dose of DTPa vaccine is recommended as a booster for children's centre staff providing they have previously received a full course of vaccination for diphtheria and tetanus.
  - MMR vaccine is recommended for children's centre staff born during or since 1966. Staff should have evidence of receiving two doses of MMR vaccine. Children's centre staff should have their rubella antibody status checked before employment and if seronegative they should have two doses of MMR vaccine one month apart, and have their rubella immunity checked to ensure they are seropositive before employment in children's services. Pregnant children's centre staff should not receive MMR vaccine, and MMR vaccine should be given at least one month before planning a pregnancy.

- Varicella vaccine is recommended for children's services staff who have not had varicella or are uncertain if they have had varicella. Such staff should seek advice from their own doctor in relation to the requirements of the latest edition of the Australian Immunisation Handbook before commencing employment in child care.
  - Hepatitis B is not recommended for children's centre staff because of low risk of exposure. However the NOHSC Consensus Statement on Hepatitis B and the workplace states "Vaccinations should be offered by employers to those people working in occupations where there is a risk of exposure to human blood or body fluids". If a child care staff member is likely to be involved in any emergency procedure or giving first aid to children, or they are at risk of exposure to blood or body fluids, they should discuss the risk of hepatitis b exposure with their doctor and have hepatitis b vaccination if indicated.
3. Recommended immunisation booster for adults:
- Diphtheria and tetanus (DTPa) aged 15-17 and 50 years
  - Pneumococcal vaccine for those aged 65 years and over
  - Pneumococcal vaccine for Aboriginal and Torres Strait Islander people aged 50 years and over
  - Annual influenza vaccine for those aged 65 years and over
  - Annual influenza vaccine for Aboriginal and Torres Strait Islander people aged 50 years and over.

Advise all staff before commencing work that the above recommendations for immunisation will minimise transmission and risks of those infectious diseases in children and staff. If a staff member has concerns about these diseases or immunisations they should seek advice from their doctor before commencing work.

Advise all staff that if an outbreak of a vaccine preventable disease occurs in the centre, staff should inform the centre director if they are not immunised against that disease. Non-immunised staff should consult their doctor to determine if it is appropriate for them not to attend work during the outbreak and discuss any issues relating to their immunisation or other medical management.

Source: Health & Safety in Children's Centres: Model Policies & Practices

## STAFF EXCHANGE AND ROTATION POLICY

**Objective:** To facilitate teamwork and promote staff development within Children's Services.

To assist Centres in meeting budgetary requirements and regulations pertaining to qualifications.

**Policy:** To exchange and rotate staff within Council's child care services.

### Staff Exchange

Is a long-term arrangement that may be requested by a Coordinator or staff member.

### Staff transfer

If staff are required in other Centres due to licensing requirements.

May be requested if a position becomes vacant.

The final decision in this situation may be subject to the needs of both centres concerned.

### Staff Rotation

Refers to a short requirement of exchange of staff between Centres. This may also occur if a Centre has low utilisation and excess staff can be used in lieu of casual staff at other Centres.

### These arrangements may be utilised for the following purposes

To facilitate teamwork across the centres

To meet budgetary requirements

To fill a vacant position at a Centre

For staff development

To meet staffing regulations

### Exemptions

The following situations may allow staff exemption from staff exchange and/or rotation:

Staff with a child in care or

Other circumstances as approved by the Coordinator.

**NB:** This policy should be read in conjunction with the Memorandum of Understanding (4).

## Memorandum of Understanding

### 4. Movements between Centres

- 4.1 Council maintains the responsibility for the employment of employees within Children's Services and to ensure the continuation of an effective and competitive service requires employees to accept the potential for change in their work circumstances. One of the ways in which Council can respond to fluctuations in service demand is through the movement between Centres.
- 4.2 Movement between Centres will only occur when it is the best available remedy to the problem faced within the Children's Services. Movement between the centres will occur consistent with the procedures detailed below:
- a) An opportunity to move from one Centre to another will be made available to those employees with appropriate skills to meet the shortage initially through invitation.
  - b) The duration of the move will be agreed at the time the invitation is extended.
  - c) Only where the shortage cannot be met through a voluntary process will employees be directed to move.
- 4.3 Employees who wish to move from one Centre to another can record their interest with their Coordinator or the Children's Services Development Coordinator.



## **STAFF MEETING/FUNCTION POLICY**

**Objective:** For all staff to be aware that they may be requested to attend some meetings and/or functions outside of their normal working hours (as per job descriptions).

**Policy:** It is Council's expectation that staff will attend staff meetings/ functions when requested by their supervisor.

### **Procedure**

Staff meetings are held in the evenings for the following purposes:

- Confidentiality,
- Productive meetings,
- Relaxed environment to focus on the issues at hand.

Staff meetings are to be held once a month after hours or as discussed with the Children's Services Development Coordinator.

Upon request by the Coordinator, staff may be required to attend other meetings and/or functions, for example: accreditation meetings, parent information nights, special occasions.

If requested to attend by the supervisor, accumulated hours will be granted to the specified time decided prior to the function/meeting, as per accumulated hours in the Memorandum of Understanding (3.3).

### **3.3 Accumulated Hours**

- a) Where work requirements extend beyond the normal starting and finishing times of the employee the recognition of the additional time shall be made through the accumulated hours provisions. The payment of overtime shall be used, as a final option in exceptional circumstances and with the prior agreement of the Coordinator, where no potential for accrual of accumulated hours is feasible. Total accumulated hours shall not exceed ten (10) hours at any one time.
- b) The responsibility lies with the employee and the Coordinator to ensure that accumulated hours do not exceed 10 at any one time. To keep within this limit, employees nearing the maximum of 10 hours may be directed by their Coordinator to take time off.
- c) An employee, with the approval of the Coordinator, may take time off from work equivalent to the actual accumulated hours worked, or part thereof. The Coordinator shall determine requests for accumulated hours to be taken consistent with the principles established in achieving this Agreement and such requests for leave shall not be unreasonably refused.

### **3.4 Accumulated Hours Records**

Staff shall record accumulated hours on the sheets provided by the Coordinator who counter-signs the entry.

## **ACCIDENTS TO CHILD CARE STAFF**

**Objective:** To make accident prevention and investigation easier in child care centres.

**Policy:** All accidents and incidents involving child care staff are to be recorded on the appropriate form and returned to Human Resources at Council.

**Procedure:**

1. All accidents and incidents involving staff at the child care centre are to be recorded in a staff register of injuries and treatment.
2. The accident form must be forwarded to Human resources within 48 hours.
3. A memo concerning any accidents requiring an ambulance taking the staff to hospital for first aid treatment shall be sent within 48 hours to Human Resources, and the Manager - Community Services and Development at Parramatta City Council on the appropriate form via the Children's Services Development Co-ordinator.
4. A record of the physical circumstance of the accident is to be filed at the child care centre.
5. Council's Occupational Health and Safety Policy must be available to all staff.

## **CHILDREN OF STAFF MEMBERS ATTENDING CENTRE**

**Objective:** To ensure that Council staff have equitable access to Council's child care centres.

**Policy:** Council has determined that all Council employees shall have access to care on the same basis as other members of the community.

**Procedures:**

1. Employees can apply for child care at the Centre where they work by filling in the appropriate form;
2. Normal conditions apply to the placement in terms of confidentiality and Child Care Benefit;
3. Staff are not to be permitted to include his or her child in their focus group;
4. Should such child placement adversely affect the work environment, a review is to occur within three months of the adverse condition arising;
5. If the situation is irretrievable, alternative care is to be sought.

## RELIEF STAFF

**Objective:** To maintain a current database of relief child care staff to use in Council child care services.

**Policy:** It has been determined by Parramatta City Council's Children's Services that relief staff are an important part of our child care services. Relief staff will be used in the child care services to maintain regulatory requirements, in relation to staff levels and service provided, during staff absence from service delivery.

**Procedures:**

1. The relief list will be updated regularly through a recruitment process or as required.
2. All relief staff must undergo a pre-employment medical and sign a "Working with Children" check form.
3. There is no minimum number of hours a relief staff member can work but the maximum is 38 hours/week.
4. Relief staff who do not perform to the expected standard will be removed from the list.
5. When a casual first arrives at the Centre the Authorised Supervisor or delegated permanent staff member will provide a brief induction. This induction must include:
  - Signing in/out procedure
  - Locker assigned for the day
  - Staff facilities, including where the toilet is located
  - Occupational health and safety, including hand washing procedure: point at relevant posters.
  - Point our exits and evacuation plan
  - Inform casual staff member that only permanent staff are to give medication, discuss issues with parents in relation to the running of the centre and take general phone inquiries.
  - Inform casual staff member of the location of the Policy register – and to read through policies on display such as behaviour management and accident policies.
  - Permanent staff in the room need to inform casual staff of any children suffering from allergies or other relevant conditions to the specific needs of a child.

## **VOLUNTEERS IN CHILD CARE CENTRES**

**Objective:** To encourage volunteers to gain work experience in a child care environment; to encourage volunteers to participate in the running of Council's child care centres and the wider community.

**Policy:** The Council decision is that volunteers are welcome to become involved with working at the child care centres subject to Council's Policy being observed.

**Procedure:**

1. All potential volunteers are required to complete the Application for Voluntary Services Form and sign the "Working with Children Check" forms.
2. A copy of this completed form is to be forwarded to the Children's Services Development Coordinator who then forwards the form to Human Resources.
3. The minimum age requirement is 14 years and 9 months.
4. Volunteers are selected on the basis of application and interview, demonstration of interest, and the needs of the child care centre to be completed by the Centre coordinator.
5. Volunteers work from a 2-hour minimum to a maximum of 38 hours in any one week.
6. The hours of work need to be specified and the volunteer to sign in and out in the centre's day book/visitor's book.
7. Volunteers are never to be left alone with the children.
8. Volunteers are not to change nappies.
9. Volunteers are able to participate in routine tasks and activity interactions with children.
10. Volunteers are to be familiar with emergency procedures.

## Volunteer Application Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone (h): \_\_\_\_\_ (m): \_\_\_\_\_

Previous work experience: \_\_\_\_\_

Qualifications (If applicable): \_\_\_\_\_

Please describe briefly why you are interested in volunteering: \_\_\_\_\_

Are you willing to volunteer:

- Weekly  
 Fortnightly  
 Monthly

Day available: Mon  Tue  Wed  Thur  Fri

Time available: \_\_\_\_\_

Please give the name and telephone number of two people who are prepared to act as referees for you:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

I, \_\_\_\_\_ have read and understood (1) Council's Code of Conduct, (2) OH&S Policy, (3) guidelines for volunteers and (4) the Code of Conduct in DoCS licensing guidelines and will abide by them while working as a volunteer at the centre. I understand that I am required to attend the volunteers inservice by the centre.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Authorised Supervisor: \_\_\_\_\_

## **STAFF ENGAGING IN PRIVATE CHILD CARE ARRANGEMENTS**

**Objective:** To ensure that Council's integrity is not compromised by staff action, and to ensure compliance with Section 353 Clause 2 of the *Local Government Act*.

**Policy:** Council recognises that individuals have the right to work at another job in their own time. Council has determined to respect this right and insists that the integrity of its professional staff be maintained at all times. Council's image in the community must be promoted positively by staff.

**Procedure:**

1. Arrangements for private child care provisions between staff and parents are not permitted to be made while staff are on duty.
2. Staff are not permitted to transport children to/from the child care centre as part of private care arrangements.
3. No confidential information is to be released by the staff member in the course of providing private care.
4. Council Centre employees must advise the Centre's Coordinator and the General Manger of any second employment.

## **E. PROCEDURES**



## BUILDING AND EQUIPMENT SAFETY

**Objective:** To ensure the reduction of exposure to risk and maintain the safety of children's centre buildings and equipment.

**Policy:** The centre will maintain buildings and equipment to minimise the risk of accidents, injuries and exposure to hazardous substances.

**Procedure:**

**A health and Safety Checklist** will be carried out every morning for the indoor and outdoor environment and any hazards will be addressed immediately.

**Access for children and adults with disability** – ensure safe access into, within and out of the centre, security and toilet and washing facilities and check for hazards for wheelchairs and people with impaired sight, hearing or mobility.

**Bikes and wheeled toys** – it is recommended that correctly fitted helmets be worn every time children use bikes and wheeled toys

**Building maintenance**, regularly maintain and check for hazards, check building is in a safe, clean and hygienic condition. An audit of the building will be conducted annually and an Engineer's report produced with a schedule of works.

**Centre car park** – ensure family members are aware of pedestrian safety rules such as holding their child's hand and alighting children from the safety door. Encourage families to always supervise their children in the car park to prevent accidents and injuries which could occur as a result of reversing vehicles.

**Choking hazards**, eg small toy parts, beads, nuts, blind and curtain cords, plastic bags, sandwiches, balloons.

**Cleaning products**, use safe, non-toxic alternatives

**Climbing and play equipment** – stable, maintained, meets relevant Australian Standards.

**Fence** off securely and effectively all sides of outdoor play areas from roads, water hazards, and driveways, maintain fence, have correct height, and install childproof self-locking devices on gates.

**Furniture** and nursery equipment – stable, maintained, meets safety standards.

**Garbage** – safe and prompt disposal. Use lidded secure bins that prevent child access and maintain in a clean and safe condition. Encourage recycling.

**Garden** and renovation debris removed regularly trim branches and bushes.

**Hazardous indoor and outdoor plants** identify and remove

**Heating, cooling, ventilation, lighting** – comfortable, safe, maintained, guarded.  
**Hot water** – ensure the hot water supply is regulated so as to keep it below the temperature at which a child can be scalded (the current Kidsafe recommendation is below 43.5°C).

**Hygienic**, regularly cleaned, maintained conditions protect against vermin, bacteria, mildew and dust allergens.

**Non-slip** floors, stairs, steps, non-porous indoor floors for easy cleaning.

**Pesticide residue** – dangerous chemicals should not be used to remove vermin.

**Pets and animals** – inform families of pets being kept on the premises and plans to obtain new pets. Ensure pets are clean and healthy. Keep pet accessories such as pet food and pet toys away from children. Keep children-pet interactions minimal and supervise interaction times.

**Safety glass** installed according to the Regulation and Australian Standards on all glass doors and windows accessible to children, and safety decals on both sliding doors and plate glass doors at child and adult eye level.

**Sandpit** – cover when not in use, regularly clean, rake, and remove sand soiled by faeces or blood. Sweep sandpits at end of each day.

**Security** – minimising unauthorised access with appropriate fencing and locks.

**Spills** – clean away as they occur.

**Softfall** – appropriate ground cover under outdoor climbing and play equipment, meets standards

**Supervision and visibility of children** – ensure children are visible and supervised at all times. High risk areas are climbing and other outdoor equipment.

**Toys** – meet safety standards, age appropriate, maintained and non-toxic

**Window fly screens** securely fitted, maintained, permanent.

## FOOD STORAGE/HANDLING

**Objective:** To ensure the hygienic storage and handling of food in Council's child care centres.

**Policy:** The Council decision is that all food storage/handling at Council child care centres must comply with the requirements set down by the Department of Health.

**Procedure:**

1. The cook is responsible for the rotation of stable foodstuffs in storage.
2. All raw meat must be stored in the refrigerator on the lowest shelves or in the freezer.
3. A thermometer is to be used in the fridge and one to test the temperature of food, documenting temperature.
4. All fresh foodstuffs must be stored in ventilated containers in the middle shelves of the refrigerator or pantry lower shelves.
5. All chopping boards and knives must be use-specific, that is, separate board/knife for raw meat; fruit/vegetables; bread; onions.
6. All chopping-boards must be clearly marked, indicating their purposes.
7. All chopping-boards must be scrubbed in hot, soapy water with a scouring pad after use. This scrubbing must be followed by one hot water rinse.
8. Council health inspectors must inspect child care centres annually and provide a written report on the inspection.
9. All prepared food not eaten within a 24-hour period must be discarded.
10. Staff must wash their hands with soap and warm water at the entry of the kitchen and before, and following, the handling of any foodstuffs.
11. Disposable gloves are to be used in the preparation of food.
12. All fresh foodstuff must be washed and, where necessary, peeled before being offered for consumption.
13. The cook must check the expiry dates on all packaged goods before use.
14. Goods which have exceeded their expiry dates must be discarded.
15. No cardboard boxes are to be used to transfer food supplies to the kitchen.
16. Staff with long hair should have it tied back, hats to be worn.
17. Aprons to be worn while preparing food.

**Source:** Caring For Children  
[www.health.vic.gov.au](http://www.health.vic.gov.au)

## USE OF NURSERY EQUIPMENT

**Objective:** to ensure the safety and well-being of all children using nursery equipment.

**Policy:** Council determines that nursery equipment be used only for its specific intended purpose and be in good working condition and properly maintained.

**Procedure:**

1. All equipment must meet Australian Standards.
2. All equipment must be well maintained and in proper working condition.
3. Children must be supervised at all times when using nursery equipment. Children should not be left unattended when using such equipment.
4. Nursery equipment must be cleaned after each use and stored appropriately. Damaged equipment must not be used
5. Information will be available to parents regarding safety of nursery equipment.
6. Nursery equipment must only be used for its intended purpose;

Prams and Strollers; are to be only used to transport babies and toddlers on walking excursions to and from the centre. Child restraints must be fastened securely and upon arrival at the destination the child should be taken out of the stroller or pram.

High/Low Chairs; are to be only used when feeding children. Children are to seated in the chair only whilst eating and should be removed from the chair immediately upon finishing eating. Chairs should be cleaned thoroughly after each use. Child restraints must be fitted properly whilst the child is in the chair.

Bouncers and Rockers; are to be used by immobile babies . Children should be placed in the bouncer//rocker for no longer than 10 to 15 minutes. Children should instead be encouraged to have tummy time. To avoid cross-infection, a separate bouncer/rocker should be assigned for each child. Child restraints must be securely fastened when the bouncer/rocker is use.

Swings; may be used when there is adequate space to do so, close supervision and when the safety of the other children in the environment is not compromised. Prior to its use, the supports must be tested to ensure it can hold the child's weight. Child restraints are to be securely fastened. A staff member must stay with the child whilst using the swing. Children should be placed on the swing for no longer than 10 to 15 minutes. After use, the swing should be taken down and stored appropriately.

Cots; are to be used only for sleeping by children under 18 months of age. To avoid cross-infection, a cot will be assigned for each child where possible and if cots have to be shared each child will have separate bedding and each cot will be disinfected prior to each use. When a child is in a cot, both sides of the cot must be up and should be checked to ensure it is secure. Children sleeping in cots will be constantly monitored and removed from the cot once awake.

SOURCE; <http://www.betterhealth.vic.gov.au> Baby Furniture

## USE OF CHEMICALS

**Objective:** to ensure that chemicals used within the centre are used, mixed and stored correctly and that children do not have access to these potentially harmful substances.

**Policy:** All chemicals used in the centres are to be correctly labelled, have directions for use, material safety data sheets and be stored in restricted areas and secured with child-proof locks.

**Procedure;**

1. The centre keeps a register of all chemicals used in the centre.
2. All containers containing hazardous substances are correctly labelled with the product information label.
3. Material safety data sheets for all chemicals used are collected and kept in an accessible location familiar to all staff.
4. Risk assessments on the use of each chemical in the service are completed with the least toxic option being used where possible. Work method statements are completed for each chemical used and for any spills that may occur.
5. Adequate information, training, documented procedures and workplace instruction is provided to staff regarding the use of hazardous chemicals within the centre.
6. Each chemical substance is used in accordance to the manufacturer's instructions and determined work method statements. Staff must read the MSDS and the label on the product prior to using it.
7. Chemicals are stored in restricted areas and secured with child safety locks or in lockable cupboards. Doors are kept closed and there are signs on cupboards where chemicals are stored..
8. Appropriate personal protective equipment (PPE) is provided for staff.
9. The Poisons Information Centre telephone number is displayed next to the telephone and will be contacted when required.
10. Adequate, appropriate first aid resources are available in the event of an accident.
11. In the event of a spill there is appropriate cleaning up equipment and documented procedures to follow when dealing with a hazardous chemical spill.
12. All staff have current first aid training and will administer first aid as necessary.
13. There is adequate ventilation in areas where chemicals are used or stored.
14. Parents are provided with information regarding the safe storage of chemicals

**SOURCE;** Managing OH&S in Children's Services; A Model for Implementing an Occupational Health And Safety System in Your Children's Service (Tarrant, 2002)

## USE OF HAZARDOUS SUBSTANCES

**Objective:** to protect children and adults from the potential risk of harm from hazardous substances and other dangerous materials.

**Policy:** to minimise the use of toxic substances within Council's child care centres.

**Procedure:**

1. Environmentally friendly natural products should be used in place of chemicals where possible.
2. Material Safety Data Sheets should be supplied for all products used in the centre and staff using these products should be familiar with them.
3. Material Safety Data Sheets are to be used as a tool when selecting and purchasing materials with the least toxic option being selected.
4. Each product used at the centre is to be assessed according to the level of risk and where there is a threat to health and the risk cannot be managed, the product should not be used.
5. If in doubt about the effect of a substance upon health, the product should not be used but seen as a potential risk.
6. The centre will provide information to parents about the potential risk of hazardous substances.

**SOURCE:** The Toxic Playground; A Guide to Reducing the Chemical Load in Schools and Childcare Centres (Immig 2000)

***EMERGENCY  
CONTROL  
PLAN***

**FOR**

**COUNCIL**

**CHILD CARE CENTRES**

## **NATURAL EMERGENCIES/STORM/TEMPEST**

**Objective:** Council has determined to protect and keep safe the children staff and visitors in its child care centres.

**Policy:** Council recognises that occasionally child care centres are affected by natural emergencies. When the Authorised Supervisor proclaims a Storm/Tempest emergency the following procedures must apply:

**Procedure:**

1. Children/staff/visitors must assemble in the strongest part of the building.
2. Close the curtains, doors and windows: stay away from glassed areas.
3. Buffer the windows and glass doors by banking with mattresses.
4. Have working order torches in each playroom and a battery-operated radio.
5. Keep calm and low.
6. Inform all relevant authorities when safe to do so.
7. Evacuate only by direction of Emergency authorities.
8. Turn off gas/electricity.



## **NATURAL EMERGENCIES/AFTER THE STORM/TEMPEST**

### **Procedure:**

1. Account for all children/staff.
2. Watch out for fallen power lines, broken glass etc.
3. Listen to the radio at regular intervals for announcements from the police or civil authorities and obey their instructions.
4. Do not use any appliance until told it is safe to use.
5. Until advised to the contrary, boil all water.
6. Keep well clear of damaged buildings or leaning walls.
7. Beware of injured animals.
8. Notify the parents to collect children if the Centre is in-operable.
9. Notify Council's (9806 5114) Children's Services Development Coordinator.
10. The Authorised Supervisor retains the responsibility to close the Centre following an emergency pending investigation by Council.

## EARTHQUAKE

The responsibility for the safety of personnel and children is delegated to the Authorised Supervisor and their assistants on all floor/areas within the building. Prior to any emergency they should work out where safe refuge points would be during an earthquake. (In consultation with the Safety Project Officer)

### Procedures:

1. Stay in your own play area and do not leave the building if possible.
2. Take cover under immediately available protection such as desks, doorframes, archway, bench, etc;
3. Keep clear of heavy wall mounted items such as shelves and large glassed areas.
4. If you are in an open area and the earthquake is severe enough to throw you off balance, lay flat.
5. Stay clear of power lines and trees.

### After the Earthquake

When the earthquake stops, the Authorised Supervisor should direct all personnel and children to remain in their present safe refuge points until they have carried out a safety check. Further tremors may follow the first one at unpredictable times. Authorised Supervisor should then inspect their floor/area and report to the Council Emergency Services: 9806 5000, 0411 176 586, 000

1. Ensure that everyone is accounted for.
2. Note any injuries their nature and severity, and who is giving which first aid.
3. Identify and report any hazard such as fallen beams or exposed electrical wires.
4. Turn off any damaged gas, water or electrical mains.
5. No naked flames are to be allowed in case of gas leaks, eg. lit cigarettes, matches.
6. Ensure that staff are kept informed of the situation. **Stop any rumours immediately.**
7. Do not use telephones other than for emergency use.

If considered safe to do so the Authorised Supervisor will direct personnel and children to assemble in safe areas, as close as possible to emergency exits or out doors and await further instructions.

The Authorised Supervisor will then contact Council/Emergency Services, report on the area, and then stand by for further instructions.

**Note:** When Emergency Services arrive they are in charge of the situation. Follow their instructions and advise Council accordingly.

## **MAN MADE - EMERGENCIES**

### **BOMB THREAT**

**Policy:** Council recognises that occasionally child care centres are affected by man-made emergencies. In the event of a centre receiving a bomb threat the following procedure shall apply:

**Procedures:**

On receiving a **bomb threat** staff should observe the following: -

1. Keep calm.
2. Keep the caller on the line as long as possible (DO NOT HANG UP - EVEN WHEN THE CALLER HAS).
3. Use the bomb threat check list provided.
4. Obtain as much detail as possible about the bomb and its location.
5. Listen carefully for any background noises, speech mannerisms, accents, etc, that might give a clue to the age, sex and location of the caller.
6. Do not discuss the call with other occupants of the Centre.
7. Immediately after the bomb threat, contact the Authorised Supervisor who will notify the police and evacuate the building (see evacuation).
8. Complete the bomb threat report form and hand the bomb threat checklist and the report form to the Authorised Supervisor and Council who will advise the police on their arrival.
9. Notify Council

### **BOMB THREAT (AFTER HOURS)**

Should a bomb threat be received outside normal working hours, the recipient should report the matter to the police. Evacuate the building. Do not re-enter until advised by police it is safe to do so.

- Search public areas first, including lobbies, reception areas, waiting rooms fire cabinets.
- Remember - you are looking for something that does not belong where it is.
- If you find anything suspicious -

**DON'T TOUCH IT!!**

**DON'T MOVE IT !!**

- Notify your Authorised Supervisor who will notify the police.

### **EVACUATION**

- Evacuate after the threat has been evaluated, and evacuation route has been cleared.
- Take all personal belongings.

**AUSTRALIAN BOMB DATA CENTRE**  
**Australian Federal Police**  
**Headquarters, Canberra, ACT**

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*Place this card under your telephone*

**BOMB THREAT CHECK LIST**  
**Questions to Ask:**

1. When is the Bomb going to explode?
  2. Where did you put the Bomb?
  3. When did you put it there?
  4. What does the Bomb look like?
  5. What kind of Bomb is it?
  6. What will make the Bomb explode?
  7. Did you place the Bomb?
  8. Why did you place the Bomb?
  9. What is your name?
  10. Where are you?
  11. What is your address?
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**EXACT WORDING OF THREAT:**

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**ACTION**

Report call immediately to: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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**REMEMBER KEEP CALM –**

**DON=T HANG UP**

# BOMB THREAT

## CALLER=S VOICE

Accent (specify): \_\_\_\_\_  
 Any impediment (specify): \_\_\_\_\_  
 Voice (loud, soft, etc): \_\_\_\_\_  
 Speech (fast, slow, etc): \_\_\_\_\_  
 Diction (clear, muffled): \_\_\_\_\_  
 Manner (calm, emotional, etc): \_\_\_\_\_  
 Did you recognise the voice? \_\_\_\_\_  
 If so, who do you think it was? \_\_\_\_\_  
 Was the caller familiar with the area? \_\_\_\_\_

## THREAT LANGUAGE

Well spoken: \_\_\_\_\_  
 Incoherent: \_\_\_\_\_  
 Irrational: \_\_\_\_\_  
 Taped: \_\_\_\_\_  
 Message read by caller: \_\_\_\_\_  
 Abusive: \_\_\_\_\_  
 Other: \_\_\_\_\_

## BACKGROUND NOISES

Street noises: \_\_\_\_\_ House noises: \_\_\_\_\_  
 Aircraft: \_\_\_\_\_  
 Voices: \_\_\_\_\_ Local Call: \_\_\_\_\_  
 Music: \_\_\_\_\_ Long distance: \_\_\_\_\_  
 Machinery: \_\_\_\_\_ STD: \_\_\_\_\_  
 Other: \_\_\_\_\_

## OTHER

Sex of caller: \_\_\_\_\_  
 Estimated age: \_\_\_\_\_

## CALL TAKEN

Date:     /     /                    Time: \_\_\_\_\_  
 Duration of call: \_\_\_\_\_  
 Number called: \_\_\_\_\_

## RECIPIENT

Name (print): \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Signature: \_\_\_\_\_

## CIVIL DISORDER/INTRUDERS

**A civil disorder that threatens the safety of those in the child care centre can occur in the building, or in the vicinity of the building, or by unauthorised entry into the building by a person or group, or knowing that such an event is imminent.**

### **Procedure:**

As soon as the Authorised Supervisor is aware of a civil disorder or intruder, the Supervisor must:

1. Notify the police and request assistance;
2.
  - a. Restrict access to the building;
  - b. Confine intrusion as far as is possible;
  - c. Prevent contact between the intruders and the building's occupants as far as it is safe.
3. Notify the Children's Services Development Coordinator (9806 5114, or 0414 980 703).
4. Lock office.
5. Promote an air of confidence and calmness, stand side on to the intruder, avoid eye contact.
6. Be the contact person when the police arrives and follow their instructions.
7. Should the intruder try to forcibly remove a child – inform DoCS 13 36 27 in addition to the above steps.

## AN APPARENT DEATH IN CHILD CARE

**Objective:** To ensure compliance with statutory requirements in case of a death in Council's child care centres.

**Policy:** Council has determined that the following procedure is to be implemented in the unlikely event of a death in care.

**Procedure:**

1. In the event of the sudden death of a child in care, staff must immediately implement resuscitation procedures until instructed otherwise by paramedics.
2. Another child care staff member must telephone immediately for an **intensive care ambulance on 000**:
3. A chart indicating information needed by paramedics must be displayed beside **all phones** in each child care centre;
  - Name of Centre;
  - Location;
  - Nearest cross street/distinguishing feature;
  - Nature of emergency ie no heartbeat, no breathing, air obstructed, catastrophic blood loss, unconscious, or other details;
  - Age of child;
  - Treatment being given;
  - Call back phone number
4. The Authorised Supervisor must contact the parent(s), stating that the child is "seriously ill" and is being transferred to hospital by ambulance and is accompanied by (name) staff member. Name the hospital;
5. Staff, when asked for further details say, "No further details are available at this time. I want you to attend (name hospital) to be available to your child (name), and the hospital staff;
6. The Authorised Supervisor must contact:
  - the police;
  - Department of Community Services; Director General
  - Manager Community Development /Children's Services Development Coordinator.
7. A record of the incident must be completed before any staff leave the child care centre (staff accompanying the child excepted) to comply with accident procedures.
8. An appropriately worded letter from Council must be given to all parents, outlining the tragedy.
9. Counselling for all staff/children/parents must be available on the day following the tragedy.
10. The Children's Services Development Co-ordinator is responsible for making arrangements for step nine exclusively.

Source: Department of Community Services

## **CLEANING SCHEDULE**

**Objective:** To maintain a clean environment in Council's child care centres.

**Policy:** The Council decision is that all child care centres are to be cleaned as defined in the procedure below.

**Procedure:**

1. Projects and Facilities Department invite tenders for the cleaning of the childcare centres.
2. No contract is to be valid for more than a 12-month period.
3. The cleaning company must carry out these duties.



**CLEANING SPECIFICATIONS  
PREPARED FOR**

<b>COMPANY</b>	Parramatta City Council
<b>LOCATION</b>	Northmead Redbank Children's Centre Dundas Child Care Centre Ermington Possum Patch Child Care Centre Frances Fisk Child Care Centre Jubilee Park Child Care Centre Westfield Occasional Child Care Centre
<b>DAYS PER WEEK</b>	5 Days
<b>AREAS TO BE SERVICED</b>	As per Cleaning Specification

**MAIN EXTERNAL ENTRANCE****FREQUENCY**

- |   |            |
|---|------------|
| ▪ Remove all cob webs around entrance doors | Daily      |
| ▪ Entrance to be swept and wash clean       | 2 x weekly |

**RECEPTION & OFFICE**

- |  |            |
|--|------------|
| ▪ Sweep and mop clean vinyl flooring                                     | Daily      |
| ▪ Buff clean vinyl flooring  | 2 x weekly |
| ▪ Wash clean entry glass doors   | Daily      |
| ▪ Dust and polish hand rails   | Daily      |
| ▪ Empty waste paper bins and clean                                       | Daily      |
| ▪ Vacuum all carpet areas with particular attention to corners and edges | Daily      |
| ▪ Wipe down all furnishings to be dust free                              | Daily      |
| ▪ Polish all bright work   | Daily      |
| ▪ Damp clean and polish reception desk and counter                       | Daily      |
| ▪ All skirting boards and window sills to be dusted                      | Daily      |
| ▪ Spot clean all walls and doors   | Weekly     |
| ▪ Vacuum all furniture   | Weekly     |

**GENERAL AREAS**

- |   |            |
|---|------------|
| ▪ All rubbish removed   | Daily      |
| ▪ All surface including but not limited to desks, bench tops, filing cabinets, picture frames, information boards, cupboards, partitions, tables to be free of dust, rubbish and stains | 2 x weekly |
| ▪ All skirting to be dusted   | Weekly     |

- Horizontal and vertical blinds to be dusted Monthly
- Window sills and ledges to be cleaned of dust, stains and rubbish where accessible Daily
- Clean all utility cupboards Daily
- Dust spot clean walls, doors and light switches where necessary Daily
- All vinyl floors to be swept and mopped Daily
- All vinyl floors to be buffed 2 x weekly
- Thoroughly vacuum all corners & edges and under furniture Daily
- Spot clean partition glass Weekly
- Use neutral detergent to clean telephones Weekly
- Clean computers Quarterly

### DUSTING GENERAL

- Damp dust all furniture including exposed portions of desks, chairs, counter tops, picture frames, cupboards, filing cabinets, etc. Weekly
- Damp dust all window ledges Weekly
- Damp dust ledges and sills above 2 meters from floor level Monthly

### CARPETED FLOORS

- Vacuum clean all main passage way Daily
- Thoroughly vacuum all corners, edges and under furniture to all carpet areas Daily
- Spot clean marks, stains and spills with approved cleaner As required
- Steam cleaning of carpets \$1.10 p/sq mtr

### VINYL FLOORING

- Sweep and mop clean to remove obvious soil, paying particular attention to all corners and edges Daily
- Machine buff vinyl flooring 2 X WEEKLY
- Strip and seal vinyl flooring  
Note: all floors to be left in a non slip and safe condition Yearly

### TOILETS & WASHROOM

- All rubbish to be removed Daily
- Mirrors cleaned and free of fingermarks Daily
- Clean hand basins, taps, glass, shelves, stainless steel and chrome fittings Daily
- All requisitions filled (from current stock) Daily
- Pans, urinals, seats, shelves, stainless steel and chrome fittings cleaned and disinfected Daily
- Floors cleaned and all stains removed (especially in front of vanity units and urinals in male wc) Daily
- Floor in front of urinals to be scrubbed Daily
- Dust removed from all horizontal surfaces including return air grate in doors Daily

- Scuff marks removed from skirting boards (including doors) Daily
- Walls, partitions and doors cleaned where necessary As required

### **KITCHENS**

- All stainless steel fittings and surfaces cleaned with disinfectant Weekly
- All cabinets and appliances wiped clean Weekly
- Remove dust and marks from outside faces of cupboards, refrigerator, microwave ovens and walls Weekly
- Empty and clean garbage containers and replace bins Daily
- Floors cleaned and mopped with germicidal disinfectant Daily
- Floors polished and buffed 2 x weekly

### **RUBBISH**

- Empty waste paper and garbage containers Daily
- Remove all rubbish to collection point Daily
- Wash out waste paper bins As required
- Replace liners from client's stock As required
- Ensure separation of recycled and non-recycled waste is maintained Daily

### **GLASS CLEANING**

- Spot clean any glass top desk, tables and other glass topped surfaces Daily
- Spot clean door panels Daily
- Spot clean glass partitions Daily
- Wash and clean all inside of windows (price to be agreed) On request
- Clean outside surface of all windows (price to be agreed) On request

### **SECURITY**

- All cleaners will be identified by uniforms and photo Id badges At all times
- All external access doors to be kept locked while cleaners are on site At all times
- All lights to be switched off before leaving premises At all times

### **IMPACT CLEAN**

- Free of charge

## **Specification Glass Cleaning**

Dust and remove all cobwebs and carefully remove all blotches and stain prior to washing clean with proprietary brand cleaning product suitable for use on glass to manufacturers recommendations, to areas and heights agreed on site inspections, all to EPA standards.

Ensure glass is cleaned up to seals, both sides, top and bottom leaving glass clean and streak and smear free. Remove debris and wipe and clean frames and ledges.

Cleaning systems are to guarantee that glass or glazing seals are not damaged in any way as a result of the cleaning process. Ensure no damage occurs to adjoining equipment, furniture, surfaces or gardens. Report any damage or defects found at the time of cleaning.

All work to be carried out in accordance with Council's standard conditions and requirements. All insurance policies to be maintained current throughout.

Work to be performed as requested by the customer in writing.

## **FIRE SAFETY AND EQUIPMENT MAINTENANCE**

**Objective:** To ensure that risk of injury and damage in Council's child care centres in the event of fire is minimal.

**Policy:** The Council decision is that all child care centre staff must be aware of fire risk. All centres must have operational extinguishers.

### **Procedure:**

1. Each child care centre must have a site map showing emergency exit points and the positions of fire-fighting equipment in the building identified; - "fire order".
2. Each child care centre must have written fire drill instruction.
3. Such drill must be practised quarterly at different times on different days.
4. A written evaluation of each drill must be kept at each child care centre.
5. All fire-fighting equipment must be inspected annually by Technical Services Department staff.
6. Should re-pressurisation/repairs to that equipment be necessary they must be dealt with immediately.
7. Staff are to be trained in the practical use of extinguishers bi-annually.

### **AUTHORISED SUPERVISOR CHECKLIST FOR EMERGENCIES**

1. Authorised Supervisors are to be fully conversant with duties and responsibilities and operation of fire fighting equipment.
2. Staff are aware that the instructions of the Authorised Supervisor are to be followed exactly. Authorised Supervisor must wear the white hard hat in an emergency.
3. Fire orders are to be posted in each room, fire drills are practised at least quarterly.
4. Passage ways and exits are to be kept clear of all materials/supplies at all times.
5. All staff (casuals included) are to be familiarised with emergency procedures.
6. Emergency Control Organisation (E.C.O.) instructions are reviewed and validated quarterly.
7. All E.C.O. equipment - helmets torches are readily visible. Torch batteries are to be checked each quarter.
8. Emergency contacts cards are posted by all phones in the Centre.
9. Mobile phone in fire emergency bag/kit.

## VIOLENT PERSON'S POLICY

**Objective:** To have a procedure in place to ensure that staff are aware of a threatening person on the child care premises.

**Policy:** To ensure that all staff are familiar with the procedure for dealing with violent persons.

### Procedure

In the event of a person acting in a threatening or aggressive manner on the Parramatta City Council Childcare premises, staff need to be aware of the following procedures.

Such events may include:

- A non-custodial parent or relative seeking to remove a child from the Centre,
- A person under the influence of drugs or alcohol entering the premises,
- A person becoming aggressive or violent with staff or children whilst at the Centre,

In any instance where the Authorised Supervisor in charge of the Centre feels that the staff or children are at risk, the following procedures should be implemented:

(a) In the case of a non-custodial parent or relative seeking to remove a child from the Centre, staff should:

- Remain calm
- Discuss the matter quietly and calmly with the person whilst he/she remains calm and rational eg point out that you were expecting someone else to collect the child and can only release the child with written permission **OR** you have been instructed by Police/Courts that you are unable to release the child to him/her.
- If practical inform the custodial parent of the situation.
- If the non-custodial parent or relative insists on removing the child, the staff should not put themselves or the other children at any risk and should release the child as requested.
- Inform Police immediately and Children's Services Development Coordinator.
- If possible details of the time, car registration number, and any suggestion of where the child might have been taken should be recorded.

(b) In the case of someone entering the Child Care Centre whilst suffering the effects of drugs or alcohol staff should:

- Remain calm.
- Attempt to keep the children physically removed from the inebriated person.
- Ask the person to leave the centre, if not:
- Contact the police 000 or Council security as quickly as possible to request the removal of the person in question.
- Ring the emergency contacts for the child if applicable
- If the inebriated person is seeking to collect a child from the Centre, do what is sensible, practical, and will not cause risk to staff or children, to deter them from taking the child. However it may not be possible to prevent them from removing the child.
- Ring the emergency contacts for the child if applicable.

- Council's Children Services Team is beginning the process of introducing a policy and procedure for situations where staff may have an agitated or violent person come to the centre.
- For the time being our centre will be following these guidelines.

(c) In the case of a person acting in a violent or aggressive manner whilst in the Centre, staff should:

- Remain calm and avoid further contact with the person if possible.
- Ensure that the children are removed from the aggressor if possible.
- Contact the Police and Council security as quickly as possible to request the removal of the aggressor.

The Authorised Supervisor should ensure that staff are kept informed of any potential conflicts such as those outlined above and are reminded of the appropriate procedures to be taken.

Such situations should be documented as soon as possible in case further investigation is required.

In every instance, staff should attempt to ensure the safety of child care centre staff, children and other parents or personnel within the Centre.