



Tatura Community Cubby House

(License SE-00015865, Service Provider PR-00009029)

Policies and Procedures October 2023

Tatura Community House and Tatura Community Cubby House and their community acknowledge the Traditional Custodians of the Land on which we work and live and recognise their continuing connection to lands, waters and the Community. We pay respect to Elders, past, present and emerging.

Glossary

ACECQA	Australian Children Education & Care Quality Authority
CCCFR	Community Child Care Fund - Restricted
CCS	Childcare Subsidy
CCYP	Commission for Children and Young People
COM	Committee of Management of the Tatura Community House and Tatura Community Cubby House
CPR	Cardiopulmonary Resuscitation
The Cubby	Tatura Community Cubby House
DEEWR	Department of Education, Employment and Workplace Relations
DET	Department of Education and Training
DHHS	Department of Health and Human Services
Educators	Staffing, Carers, Employees
EYLF	Early Years Learning Framework for Australia
FAO	Family Assistance Office
MSDS	Material Safety Data Sheets
NHACE	Neighbourhood Houses and Adult Community Education Centres Collective Agreement 2016
NQF	National Quality Framework
NQS	National Quality Standards
QARD	Quality Assessment and Regulation Division
QIP	Quality Improvement Plan
SIDS	Sudden Infant Death Syndrome
TCH	Tatura Community House
VEYF	Victorian Early Years Framework
WWCC	Working With Children Check

Scope

These policies & procedures apply to COM, TCH Management, staff, volunteers, students, parents, guardians, contractors and visitors of Tatura Community House and Tatura Community Cubby House.

These Policies and Procedures include the following references:

Section:	Children's Services Act 1996
Regulation or Reg:	Children's Services Regulations 2020
Element:	National Quality Standards

Associated Laws, Regulations, Quality Standards and Frameworks, Policies, Procedures and Documents

These policies and procedures should not be read in isolation. They form part of a number of laws, Regulations, quality standards and frameworks, policies, procedures and documents, such as:

- All policies and procedures of Tatura Community House
- Adopted Model Rules for Incorporated Associations
- Children’s Services Act 1996
- Children’s Services Regulations 2020
- National Quality Standards and Framework (ACECQA)
- Child Safe Standards Victoria
- Reportable Conduct Scheme
- Child Wellbeing and Safety Act 2005
- Family Law Act 1975
- Children, Youth and Family Act 2005

- Charter of Human Rights and Responsibilities Act 2006
- Early Childhood Australia’s Code of Ethics
- Equal Opportunity Act 2010

- Privacy Act 1988
- Information Privacy Act 2000
- Freedom of Information Act 1982
- Health Record Act 2001
- Victorian Public Records Act 1973

- Neighbourhood Houses and Adult Community Education Centres Collective Agreement 2016
- Children’s Services Award 2010 including current pay tables
- Working with Children Act 2005
- Working with Children Regulations 2006
- Workplace Injury Rehabilitation and Compensation Act 2013

- Occupational Health and Safety Act 2004
- Occupational Health and Safety Regulations 2017

- Road Safety Road Rules 2017
- Victorian Food Safety Act 1984
- Australian Standard for Cots (AS2172)

Commissions and Ombudsmen

- Victorian Equal Opportunity and Human Rights Commission
- Australian Human Rights Commission
- Commission for Children and Young People
- Office of the Australian Information Commissioner
- Office of the Victorian Information Commissioner
- Disability Services Commissioner
- Victorian Ombudsman (to ensure fairness for Victorians in their dealings with the public sector and improve public administration)

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A) SERVICE MANAGEMENT

1. HOURS OF OPERATION AND SERVICE PROVIDED

The Cubby is a federally subsidised childcare provider offering care for up to 15 children.

Occasional Care is offered when available and only for families already enrolled at The Cubby.

The Cubby provides childcare for children aged 6 weeks to 6 years.

The Cubby is open for a minimum of 40 weeks per calendar year and operates during school terms. Whether or not The Cubby operates during school holidays is at the discretion of the COM. The Cubby is closed on Victorian public holidays.

The hours of operation are Tuesday, Wednesday, Thursday and Friday from 8:30am to 4:00pm.

Review

Date reviewed	COM	Adopted
30/09/2022 NP	Jen Pagon – President	12/01/2023

2. MEDIA

Purpose

To ensure media coverage of any occasion or event is within confidentially guidelines and TCH and The Cubby policies.

Policy

1. No comment is to be made to media or any other person in respect to action or non-action taken at The Cubby as a result of an incident. It is the responsibility of TCH Management to represent The Cubby in these situations. Any statement made in a crisis situation may prejudice The Cubby, TCH, its insurer and/or staff.
2. Where staff wishes to notify media of a Cubby activity, this must be approved by TCH Management, who must also be notified before the media is approached. Staff may be required to provide details of the activity for approval and for media information.
3. Staff must ensure that parents/guardians have signed the media release section of the enrolment form before allowing the release of any photographs or any information pertaining to those children to media.
4. Staff must ensure that the wishes of any family who has not given permission for photographs or media coverage of their child/children are respected.

Review

Date reviewed	COM	Adopted
30/05/2017		
01/06/2018	John Kriesfeld – President	26/06/2018
30/09/2022 NP	Jen Pagon – President	12/01/2023

3. GOVERNANCE AND MANAGEMENT

The Cubby is managed by a Committee of Management in accordance with the Adopted Model Rules for Incorporated Associations of Tatura Community House Inc.

Responsibilities of Approved Provider – General:

- ensure that obligations under the Children’s Services Act (1996), Children’s Services Regulations (2020) are met, as well as all other laws relevant to governance and management of the service,
- display the prescribed information in section 112 (Regulation 116),
- provide information to the regulatory authority upon request in relation to being a fit and proper person,
- ensure that the service is insured and keep evidence of this (section 50; Regulation 121),
- ensure that the number of children at the service does not exceed the maximum in the service approval (section 50),
- ensure that the family of a child at the service is allowed to enter the premises (Regulation 106),
- adopt quality governance and management processes, procedures and practices, in line with the National Quality Standard, especially Quality Area 7 – Governance and Leadership,
- establish systems of risk management, financial and internal control, and performance reporting. Monitor management and financial performance to ensure the solvency, financial strength and good performance of the service,
- develop, review and approve the service philosophy and purpose, strategic direction and initiatives (Element 7.1.1),
- take reasonable steps to ensure that nominated supervisors, educators and volunteers follow the Governance and management policy and procedures,
- ensure that copies of the policy and procedures are readily accessible to nominated supervisors, educators, volunteers and families, and available for inspection,
- notify families at least 14 days before changing policies and procedures if the changes will affect:
 - the fees charged or the way they are collected or
 - the service’s education and care of children significantly or
 - the family’s ability to utilise the service significantly.

Responsibilities of Approved Provider – Notifications and Reporting

- ensure that all reporting and reporting requirements are met regarding the National Quality Framework, family assistance, taxation, child protection, and other relevant laws,
- notify the regulatory authority about the approved provider and operational changes, and changes in relation to the nominated supervisor, as detailed in section 113 (Regulation 117),
- notify the regulatory authority about changes to the ‘fit and proper’ status of the approved provider, any serious incidents, and complaints relating to a serious incident or that the Law has been contravened (section 114; Regulations 118, 119).

Responsibilities of Approved Provider – Health, Safety and Wellbeing

- ensure the health, safety and wellbeing of children in the service and take every reasonable precaution to protect children from harm and hazard (section 50, NQS Area 2).

Responsibilities of Approved Provider – Quality Improvement Plan (QIP)

- ensure there is an effective self-assessment and quality improvement process in place, including a QIP that is kept at the premises and is made available for inspection and to families (NQS 7.2.1),
- ensure that the QIP is reviewed at least annually

Responsibilities of Approved Provider – Space, Equipment, Facilities

- ensure that requirements relating to the physical environment, space, equipment and facilities are met, including Regulations 73, 75, 76, 77, 78, 79, (NQS Area 3).

Responsibilities of Approved Provider – Educational Needs and Program

- ensure that children’s educational and developmental needs are met (section 50; NQS Area 1).

Responsibilities of Approved Provider – Educators and Staff

- ensure that requirements relating to staffing are met, including implementing the Staffing policy and procedures (including Regulation 53),
- ensure that roles and responsibilities are clearly defined, understood, and support effective decision making and operation of the service (NQS 7.1.3),
- ensure that the performance of educators is regularly evaluated and individual plans are in place to support learning and development (NQS 7.2.3),
- ensure that a nominated supervisor, educators, volunteers and contractors to whom a prohibition notice applies are not engaged by the service (section 129),
- ensure the educational leader is supported to lead the development and implementation of the Educational Program and assessment and planning cycle (NQS 7.2.2).

Responsibilities of Approved Provider – Nominated Supervisors and Responsible Person

- ensure that requirements relating to the nominated supervisor and responsible person are met, including implementing staffing policies and procedures (including sections 103, 104, Regulation 86, 87).

Responsibilities of Approved Provider – Records and Confidentiality

- keep a record of the service’s compliance with the information listed in Regulation 111,
- keep a record of enrolment and other documents listed in section 115 at the service and be available for inspection by an authorised officer,
- ensure that records are kept confidential and not divulged except as permitted under Regulations 122, 123,
- ensure that records are stored safely and securely for the period set out in Regulation 123,
- keep enrolment and attendance records (Regulations 107, 108, 109, 110) and other documents listed in Regulation 108, ensure they are accurate and available to families on request (section 115). If a service approval is transferred, the documents must be transferred to the receiving approved provider (Regulation 124).

Responsibilities of Nominated Supervisor – General

- ensure that regulatory obligations are met in relation to governance and management
- adopt quality governance and management processes, procedures and practices, in line with the National Quality Standard, especially Quality Area 7 – Governance and leadership
- implement systems of risk management, financial and internal control, and performance reporting. Monitor management and financial performance to ensure the solvency, financial strength and good performance of the service
- develop and review the service philosophy and purpose, strategic direction and initiatives (NQS 7.1.1)
- ensure that the family of a child at the service is allowed to enter the premises when the child is being educated and cared for (Regulation 106).

Responsibilities of Nominated Supervisor – Notifications and Reporting

- ensure that all notification and reporting requirements are met regarding the National Quality Framework and other relevant laws.

Responsibilities of Nominated Supervisor – Health, Safety and Wellbeing

- ensure the health, safety and wellbeing of children in the service and take every reasonable precaution to protect children from harm and hazard (NQS Area 2).

Responsibilities of Nominated Supervisor – Quality Improvement Plan (QIP)

- ensure there is an effective self-assessment and quality improvement process in place (NQS 7.2.1).

Responsibilities of Nominated Supervisor – Educational Needs and Program

- ensure that children’s educational and developmental needs are met (NQS Area 1).

Responsibilities of Nominated Supervisor – Educators and Staff

- ensure that roles and responsibilities are clearly defined, understood, and support effective decision making and operation of the service (NQS 7.1.2)
- ensure that the performance of educators is regularly evaluated and individual plans are in place to support learning and development (NQS 7.2.3)
- ensure that requirements relating to staffing are met, including implementing the Staffing policy and procedures (NQS Area 4)
- ensure that the educational leader is supported to lead the development and implementation of the Educational Program and assessment and planning cycle (NQS 7.2.2.).

Responsibilities of Nominated Supervisor – Records and Confidentiality

- ensure that requirements relating to records and confidentiality are met.

Responsibilities of Educators:

- must be aware of and follow the Governance and management policy and procedures,
- must be familiar with and implement the service’s policies and procedures, philosophy, QIP and code of conduct
- ensure that requirements relating to records and confidentiality are met.

Review

Date reviewed	COM	Adopted
30/09/2022 NP	Jen Pagon – President	12/01/2023

4. CONFIDENTIALITY, PRIVACY, ENROLMENT AND RECORDS

Purpose

The Cubby aims to ensure that all information provided regarding the child and the family will be treated with strict confidentiality and within the guidelines of the Information Privacy Act 2000 (Vic) and the Health Record Act (2001).

Policy

All confidential information will be stored in a secure, lockable place.

The Cubby will ensure that information kept in a record under the Children's Services Regulations is not divulged or communicated, directly or indirectly, to another person other than:

- to the extent necessary for the education and care or medical treatment of the child to whom the information relates,
- a parent of the child to whom the information relates, except in the case of information kept in a staff record,
- the Regulatory Authority or Authorised Officer,
- as expressly authorised, permitted or required to be given by or under any Act or law or with the written consent of the person who provided the information,
- information will be given to parents about programming on request and of the child's participation in the program (Regulation 45).

Records to be kept

1. Attendance records must be kept listing the name (including surname), time of arrival and time of departure of each child. The person dropping off and picking the child up must sign their child in and out electronically.
2. Accident, illness or medication records must be kept listing
 - accidents or injuries received by a child or any illness which becomes apparent while attending The Cubby,
 - all action undertaken by educators in relation to the accident, injury, illness or medication,
 - parent/guardian's signature,
 - date and time.

The above records are to be held until the child is aged twenty-five (25) years.

3. Enrolment records will be reviewed on an annual basis and records will be destroyed if a child has not attended for a period of one year.
4. Childcare Subsidy notices and all relevant documentation are required to be kept for a period of three years.
5. Excursion forms are to be kept and reviewed on an annual basis. Excursion forms shall be destroyed if they are over 12 months old.
6. Children's journals are to be kept for up to 2 years.
7. Disposal and destruction of records will be in accordance with the requirements of the Victorian Public Records Act (1973).
8. Records for archiving are to be filed in archive boxes with details of the service, content, year of archiving and year of expiry.

Records will only be available to:

- parents (those pertaining to their own child),
- Children’s Services advisor (Department of Education and Training),
- Child Protection (after relevant consultations),
- police upon issue of a warrant form,
- solicitors and/or court upon issue of subpoena of records,
- early childhood professionals (e.g. Special Children’s Services) to whom the child has been referred with parental permission,
- TCH Management.

All archived records will be archived in the store room or electronically via The Cubby’s Kidsoft management system.

Regulations

All state Regulations referring to the storage of records can be found in the Children’s Services Regulations 2020.

Review

Date reviewed	COM	Adopted
23/05/2017		
01/06/2018	John Kriesfeld – President	26/06/2018
30/09/2022 NP	Jen Pagon – President	12/01/2023

5. DETERMINING THE RESPONSIBLE PERSON PRESENT

Purpose

This policy will provide guidelines to assist in determining the Responsible Persons/Nominated Supervisors at The Cubby.

Background

Under the Children's Services Act, it is an offence to operate an approved centre-based children's service unless a Responsible Person is present. Legislation requires that a Responsible Person is physically in attendance at all times the service is educating and caring for children. The Responsible Person is either the Approved Provider (or the person in management or control of the service), the Nominated Supervisor of the service, or a Certified Supervisor who has been placed in day-to-day charge of the service.

An Approved Provider must not operate a service unless there is a Nominated Supervisor appointed for that service. The Nominated Supervisor does not have to be present at the service at all times, but in their absence, a person with a Supervisor Certificate (a Certified Supervisor) is to be placed in charge, ensuring there is always someone on the service premises who has been assessed as fit and proper by the Regulatory Authority. It is important to note that a Certified Supervisor placed in day-to-day charge of a service **does not** have the same responsibilities as the Nominated Supervisor.

Legislation

Children's Services Act 1996 and Children's Services Regulations 2020: Regulations 32, 98, 112(2)(i)(ii), 116, 117(1)

NQS 4.1: Staffing arrangements enhance children's learning and development and ensure their safety and wellbeing

NQS 7.1.5: Adults working with children and those engaged in management of the service or residing on the premises are fit and proper

Working with Children Act 2005 (Vic) Working with Children Regulations 2006 (Vic)

Definitions

Approved Provider: An individual or organisation that has completed an application form and been approved by the Regulatory Authority as fit and proper to operate one or more children's services.

Approved Service: An children's service for which a service approval exists. A request for service approval must be made in writing to the Regulatory Authority and include prescribed information including details of the Nominated Supervisor and their written consent to be nominated as such.

Nominated Supervisor: A person who is a Certified Supervisor and has been nominated by the Approved Provider of the service under Part 3 (55) of the Act to be the Nominated Supervisor of that service, and who has consented to that nomination. The Nominated Supervisor has day-to-day responsibility for the service in accordance with the Children's Services Regulations. All services must have a Nominated Supervisor. All Nominated Supervisors employed by TCH will have approved child protection training and they have signed an agreement to be The Cubby's Nominated supervisors which is stored in the manager's office and electronically on Sharepoint.

Responsible Person: An educator approved as being a Responsible Person (in accordance with the Children's Services Regulations) who may consent to being placed in day-to-day charge of the children's service. The designation must be made by the Approved Provider or the Nominated Supervisor and accepted in writing. A Responsible Person placed in day-to-day charge of a service **does not** have the same responsibilities under the Children's Services Act as the Nominated Supervisor. Applications for Responsible Persons are done by The Cubby's Nominated Supervisors and TCH and The Cubby will ensure all responsible persons have child protection training and this is updated annually.

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

Responsibilities of Approved Provider

- ensuring there is a Responsible Person on the premises at all times The Cubby is delivering education and care,
- ensuring that a person eligible to be nominated as a Responsible Person is approved by TCH Management does so in writing by signing a form and has appropriate skill level, experience, qualifications and approval to work with children, as required under the Children’s Services Act and Regulations,
- ensuring that the name and position of the Responsible Person in charge of The Cubby is displayed and easily visible from the main entrance of the service (Children’s Services Act: Section 112),
- ensuring that The Cubby does not operate without a Nominated Supervisor, and that this person has given written consent and holds a Responsible Person’s clearance ensuring that the name of the Nominated Supervisor is displayed prominently at The Cubby,
- ensuring that information about the Nominated Supervisor, including name, address, date of birth, evidence of qualifications and approved training, and a Working with Children Check is kept on the staff record (Regulation 98),
- notifying the Regulatory Authority in writing if there is a change of person in the role of Nominated Supervisor (Section 55, Regulation 32),
- ensuring that, in the absence from the service premises of a Nominated Supervisor, another person, Responsible delegated person, is placed in day-to-day charge of the service,
- ensuring that the Nominated Supervisor and Responsible Person have a sound understanding of the role of Responsible Person,
- ensuring there are sufficient educators nominated to be Responsible Person to meet the legislative requirement for a Responsible Person at The Cubby during periods of leave or illness,
- ensuring details of Responsible Persons are recorded in HR records,
- notifying the Regulatory Authority in writing if there any changes to:
 - the name of the Approved Provider,
 - the appointment or removal of a person with management or control of the service operated by the Approved Provider,
 - the status of the Approved Provider as fit and proper,
 - notifying the Regulatory Authority if a Nominated Supervisor or Responsible Person has their Working with Children Check card or teacher registration suspended or cancelled, or if they are subject to any disciplinary proceedings under the law.

Responsibilities of Nominated Supervisor

- providing written consent to accept the role of Nominated Supervisor,
- ensuring that, in their absence from the service premises, another person with a Responsible Person is placed in day-to-day charge of the service,
- ensuring they have a sound understanding of the role of Responsible Person,
- ensuring that the name and position of the Responsible Person in charge of the service is displayed and easily visible from the main entrance of the service,
- developing rosters in accordance with the availability of Responsible Persons, hours of operations and the attendance patterns of children,
- notifying the Approved Provider and the Regulatory Authority within 7 days of any changes to their personal situation, including a change in mailing address, circumstances that affect their status as fit and proper, such as the suspension or cancellation of a Working with Children Check card or teacher registration, or if they are subject to disciplinary proceedings,
- notifying the Approved Provider if the Regulatory Authority cancels their Nominated Supervisor for any reason.

Responsibilities of Responsible Persons

- providing written consent to accept the role of Responsible Person by signing The Cubby’s Responsible Person form,
- checking that the name and position of the Responsible Person in charge of The Cubby is displayed and easily visible from the main entrance,
- informing the Approved Provider and/or Nominated Supervisor in the event of absence from the service due to leave or illness so they can be replaced by another Responsible Person,
- ensuring they have a sound understanding of the role of Responsible Person,
- abiding by any conditions placed on the Responsible Person,
- understanding that a Responsible Person placed in day-to-day charge of an approved service does not have the same responsibilities under the law as the Nominated Supervisor,
- notifying the Approved Provider and the Regulatory Authority within 7 days of any changes to their personal situation, including a change in mailing address, circumstances that affect their status as fit and proper, such as the suspension or cancellation of a Working with Children Check card or teacher registration, or if they are subject to disciplinary proceedings,
- notifying the Approved Provider if the Regulatory Authority cancels their Responsible Person for any reason.

Responsibilities of Educators

- applying to the Regulatory Authority and obtaining a Responsible Person if they wish to accept nomination as a Responsible Person,
- ensuring they have a sound understanding of the role of Responsible Person,
- providing written consent if accepting the nomination to be a Responsible Person.

Responsibilities of Parents/Guardians

- reading and understanding this policy,
- being aware of the Responsible Person at the service on a daily basis.

Date reviewed	COM	Adopted
30/09/2022 NP	Jen Pagon – President	12/01/2023

B) EDUCATIONAL PROGRAM & PRACTICE REQUIREMENTS

6. NATIONAL QUALITY FRAMEWORK OVERVIEW – Q.I.P.

The Cubby is regulated by the Children’s Services Act 1996 and the Children’s Services Regulations 2020. The children’s services regulatory regime was reformed in 2020 to align it with the National Quality Framework (NQF), where appropriate. The reform simplified licensing arrangements for providers and ensures more consistent minimum standards across the two regulatory regimes.

The National Quality Framework (NQF) provides a national approach to Regulation, assessment and quality improvement for early childhood education and care and outside school hours care services across Australia. The Victorian Children’s Services Act and Regulations in conjunction with the National Quality Framework aim to raise quality and drive continuous improvement and consistency in education and care. This will be done through:

- the Victorian Legislation Framework
- the National Quality Standard
- the National Quality rating and assessment process (through CCCFR funding)
- a national body called ACECQA

Victorian Legislative Framework

This framework is established through an applied law system and consists of:

- Children’s Services Act 1996
- Children’s Services Regulations 2020

TCH and The Cubby acknowledge and support these legislative documents as well as the framework documents encouraging more consistent practices and policies.

National Quality Standard

The National Quality standard is divided into seven Quality Areas

- Educational Program and practice
- Children’s health and safety
- Physical environment
- Staffing arrangements
- Relationships with children
- Collaborative partnerships with families and communities
- Leadership and service management

Quality Improvement Plan of The Cubby

The Cubby acknowledges these quality standards as a valuable resource in implementing change and working towards continuous improvements by using a Quality Improvement Plan (Q.I.P). When our service becomes assessed against these quality standards by the CFFFR we aim to improve on all areas as recommended by this regulatory authority. The Department of Education and Training is the Regulatory Authority for Victoria. Information resources for children’s services are available from the Australian Children’s Education and Care Quality Authority website www.acecqa.gov.au.

Information resources with specific information for Victorian children’s services are available from the Department of Education and Early Childhood Development.

Date reviewed	COM	Adopted
30/09/2022 NP	Jen Pagon – President	12/01/2023

7. EARLY CHILDHOOD CURRICULUM (EARLY YEARS FRAMEWORK)

The Early Years Framework has been designed to assist families and early childhood educators to guide children's learning and development in the first eight years of life. The Cubby is committed to implementing all elements of the Frameworks.

The Curriculum consists of the below elements

1. Practice principles for learning and development
2. Family
3. Child
4. Community
5. Victorian Early Years Outcome

The Early Childhood period is described in the National Early Years Learning Framework of Australia as a Children's time of:

1. Belonging
2. Being
3. Becoming

The Framework uses five outcomes to describe the key elements of children's learning and development. These are:

1. Children have a strong sense of – Identity
2. Children are connected with and contribute to their world – Community
3. Children have a strong sense of – Wellbeing
4. Children are confident and involved learners – Learning
5. Children are effective communicators – Communication

The Victorian Early Years Framework encourages childcare centres to assist children with their learning and development to become successful learners. The Cubby supports this curriculum and incorporates it into all practices within our play-based learning environment. Educators and management will always support educators in learning and understanding the frameworks to ensure we are ultimately giving every child the best start to their early childhood education.

The Cubby will incorporate all aspects of the VEYF and EYLF into our planning practices. Educators will meet the children's needs and interests on any given day to guide their practices.

Date reviewed	COM	Adopted
30/09/2022 NP	Jen Pagon – President	12/01/2023

8. THE CUBBY EDUCATIONAL PROGRAM

Policy

An Educational Program which is culturally relevant and gender inclusive will be planned by qualified staff on a developmentally appropriate basis and in consideration of individual and group needs and to meet the requirements of the Children’s Services Regulations 2020.

Procedure

1. The program will incorporate activities and experiences which consider the children’s changing needs in the areas of physical, cognitive, creative, language, social and emotional developments.
2. The program will foster an environment, which accepts equal rights and provides equal opportunities for all children and will reflect cultural diversity and promote understanding and acceptance of difference cultures, including the Aboriginal and Torres Strait Islander culture.
3. Parental and community involvement will be encouraged in the development of the program through input and use of available skills and resources.
4. The program will be implemented through the use of professional skills and by coordinating the efforts of staff and parents.
5. The staff will collaborate and communicate with each other as to the aims and requirements of the program and delegate duties as required.
6. An outline of the program will be on display in The Cubby with additional information being provided to parents through staff/parent interaction (such as verbal discussion, parent involvement in activities) and newsletters.
7. Evaluation of the program will be an ongoing process, to review objectives and strategies and to aid future planning.
8. Although the programming style may differ between staff and services it is the responsibility of The Cubby Coordinator to ensure that the program meets all requirements of Regulations and acts and regardless of style there is a clear guideline available at all times documenting the planning process and current program status.
9. The Educational Program will be displayed and accessible to educators, volunteers, students, parents and guardians.

Date reviewed	COM	Adopted
30/05/2017		
01/06/2018	John Kriesfeld – President	26/06/2018
30/09/2022 NP	Jen Pagon – President	12/01/2023

C) ACCESS OF CARE

9. PRIORITY OF ACCESS

Policy

The Cubby aims to be accessible to all families, regardless of income, cultural background or disability.

Procedure

Existing families of The Cubby already in attendance will receive priority of care for term bookings. Available places will be allocated on a 'first come first serve' basis. The Cubby Coordinator and TCH Management will note the entry date of each term booking form to determine allocation of available places. The Cubby will however, endeavour to accommodate all preferences. Any person not receiving a place will be placed on a waiting list (refer waiting list policy).

Date reviewed	COM	Adopted
30/09/2022 NP	Jen Pagon – President	12/01/2023

10. SOCIAL JUSTICE, INCLUSION, EQUITY, REDUCING DISCRIMINATION

Policy

The Cubby is committed to providing all children with the opportunity to access childcare regardless of income, additional needs, cultural background or disability. We will review our practices and policies regularly to ensure discrimination is never evident in The Cubby and that all children and families using our service feel valued, respected and included. Staff shall respect the diversity of children’s backgrounds and abilities and accommodate the individual needs of each child. Staff shall facilitate an environment that is free from bias and prejudice for children, adults and staff.

Procedure

1. Staff will offer programs that are based on individual needs and in consideration of gender, cultural background, religion, additional needs and/or disability.
2. Staff will model anti-bias and gender equity attitudes and will discuss with children options for anti-bias play and promote inclusion in all areas of the program for all children.
3. Staff will challenge sexist attitudes and behaviours and correct any incorrect assumptions from children and/or staff. Explanations shall be given in regard to what is unfair about such attitudes and behaviours that are displayed.
4. Resources shall reflect the diversity within the community.
5. Staff shall protect the person who has been treated unfairly.
6. Additional needs should be identified by a recognised professional in the early childhood area (e.g. specialist, children’s services, paediatrician).
7. Where additional support/funding is required to ensure inclusion in the service, every effort will be made to seek such support/funding prior to the child commencing childcare. Staff will liaise with appropriate agencies to ensure positive outcomes for each child.
8. For children with additional needs, all persons involved, including caregivers, child (if appropriate), staff, specialists, shall be consulted and included in decision making.
9. Staff will encourage the participation of parents/guardians. Both educators and families are encouraged to observe and reflect on the child’s progress and develop strategies for the child on a continuing basis to ensure they are inclusive.
10. Staff will be encouraged to attend training on anti-bias, cross-cultural and affirmative-action issues and seek out any relevant community information.

Date reviewed	COM	Adopted
30/05/2017		
01/06/2018	John Kriesfeld - President	26/06/2018
30/09/2022	Jen Pagon – President	12/01/2023

11. WAITING LIST

Policy

The Cubby will use a waiting list process to ensure that all enrolments are treated equally and that families are kept informed regarding their place on the waiting list.

Procedure

1. If no place is available upon enrolment then the family will be placed on the waiting list.
2. Parents and guardians are to receive a letter confirming that their child is on the waiting list or contacted by telephone or Kidsoft text message and that the parent will be contacted should a vacancy become available.
3. Waiting lists shall be reviewed on a monthly basis or earlier if needed. Parents/guardians shall be contacted in writing or by phone, requesting that they confirm by a certain date that care is still required. Should the parent/guardian fail to contact The Cubby and confirm that care is still required by the date requested, their child/ren shall be removed from the waiting list
4. When a vacancy occurs at The Cubby, a place will be offered to the first child on the waiting list according to
 - a. the priority of access guidelines and
 - b. the date of application when the enrolment form was submitted.
5. If a parent/guardian does not wish to take up the offer of a place for their child it shall be offered to the next family on the list.
6. Consideration for places will always be given to The Cubby's existing families.

Date reviewed	COM	Adopted
30/09/2022 NP	Jen Pagon – President	12/01/2023

12. ENROLMENT AND ORIENTATION

Policy

The Cubby aims to ensure that our enrolment and orientation processes meet the unique needs of each child and family. This will support them during their transition to childcare at The Cubby and help to develop a relationship between families and The Cubby.

Procedure

1. All children aged 6 weeks to 6 years are eligible for enrolment at The Cubby.
2. In line with the Children's Services Regulations and our license a maximum of 15 children can attend The Cubby at any one time.
3. Parents/guardians enrol their children for a whole term on a fixed-term basis.
4. Parents are encouraged to visit The Cubby to meet with The Cubby Coordinator and discuss relevant issues prior to application for a place.
5. A parent information booklet and enrolment form containing details regarding The Cubby will be given to the family. The enrolment form including The Cubby's fee policy needs to be filled in completely, signed and returned. A copy of the child's immunisation history statement must be attached to the enrolment form. An 'up-to-date' immunisation status of the child is a prerequisite for enrolment at The Cubby.
6. Once a booking has been confirmed, an orientation plan will be discussed and implemented to meet the needs of the child and family.
7. The Cubby Coordinator will inform staff about new children attending before their start date.
8. The Cubby staff will encourage family members to stay with their child at The Cubby for as long as it takes for both the family and child to comfortably settle in. Settling in is tailored to meet the family's and child's needs.
9. Staff will work with the family to plan positive and new experiences for the child.
10. Parents/guardians will be given regular information and updates regarding their child's progress in settling in at The Cubby.
11. Parents/guardians are encouraged to contact The Cubby at any time to check on their child's progress. Parents/guardians may be encouraged to pick up their child at an earlier time during the settling in process if their child is having difficulties adjusting.

Responsibilities of Approved Provider

- ensuring that obligations under the Children's Services Act and Children's Services Regulations are met,
- ensuring that an enrolment record is kept for each child which contains all the information set out in Regulation 108, as well as authorisation from parents relating to medical treatment, health information, excursions and transport,
- keeping prescribed enrolment and other documents as set out in Regulation 120, including a medication record and children's attendance record,
- keeping records confidential, and stored safely and securely for the relevant period listed in Regulation 123,
- considering quality practice approaches to enrolment and orientation,
- taking reasonable steps to ensure that nominated supervisors, educators, staff and volunteers follow the enrolment and orientation policy and procedures,
- ensuring that copies of the policy and procedures are readily accessible to nominated supervisors, coordinators, educators, staff, volunteers and families, and available for inspection.

Responsibilities of Nominated Supervisor

- ensuring that regulatory obligations are met in relation to enrolment and orientation,
- implementing procedures for enrolment and orientation,
- ensuring that an enrolment record is kept for each child which contains all the prescribed information,
- supporting families' involvement at The Cubby and contribution to service decisions regarding the enrolment and orientation of their child,
- ensuring families are aware of relevant policies and procedures at time of enrolment, such as:
 - acceptance and refusal of authorisations
 - dealing with medical conditions in children
 - incident, injury, trauma and illness,
- promoting quality practice approaches to enrolment and orientation,
- keeping records confidential.

Responsibilities of Educators

- being familiar with regulatory requirements,
- supporting families' involvement in The Cubby and contribution to service decisions regarding the orientation of their child at The Cubby,
- sharing information with families to support the child's transition into The Cubby,
- respecting the culture, values and beliefs of families, and incorporate their decision-making in their child's learning and wellbeing,
- familiarising themselves with the information supplied by the family about the child and use this to support the child to transition into the service.

Responsibilities of Parents/Guardians

- completing all documentation required by the service,
- providing any required authorisations, such as for the approved provider, nominated supervisor or an educator to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and, if required, transportation by an ambulance service,
- notifying The Cubby upon enrolment of any specific health care needs of the child, including any medical conditions and allergies and any medical management plans that need to be followed,
- ensuring all information about the child and family held by The Cubby is kept up-to-date.

Date reviewed	COM	Adopted
30/05/2017		
01/06/2018	John Kriesfeld (Orientation)	26/06/2018
22/06/2018	John Kriesfeld (Enrolment)	26/06/2018
30/09/2022 NP	Jen Pagon – President	12/01/2023

D) FEES – SERVICE MANAGEMENT

13. PAYMENT OF SERVICE FEES AND PROVISION OF A STATEMENT OF FEES CHARGED BY THE SERVICE

Policy

We are committed to providing all families the opportunity to enrol their children at The Cubby with a clear, transparent, fair and inclusive fee structure. Fees are established according to the need for The Cubby's financial viability and within the limits approved by COM.

Procedure

1. Childcare sessions will be provided only on a fixed-term basis per term.
 - a. Casual care is only available during school holidays – if places are available.
2. Childcare fees are set by COM and reviewed annually.
3. Families will be billed on a weekly basis on a Monday. Fees are to be paid two weeks in advance for one week of care, at all times. Invoices include the following details:
 - a. centre provider number
 - b. debtor number
 - c. child's name
 - d. week date ending
 - e. date payment is due
 - f. amount outstanding (if applicable) and
 - g. the total amount owing.
4. Parents/guardians can make payments via bank transfer (preferred), by card (over the phone or in person at TCH)
5. Fees are required to be paid within 7 days issue of invoice.
6. Parents/guardians are encouraged to inform TCH Management of issues they are encountering with the payment of fees. TCH Management will endeavour to establish a suitable arrangement for payment of fees (refer Outstanding Fees and Debt Collection Policy).
7. The Cubby retains the right to withdraw a child from the service if the account remains unpaid.

Please refer to our Termination of Childcare -Cease of Care Policy.

Responsibilities of Approved Provider

- ensuring that obligations under the Children's Services Act and Children's Services Regulations are met,
- setting fees for children to enrol at The Cubby and ensuring policies and procedures are in place relating to the fee schedule and payment options,
- taking reasonable steps to ensure that nominated supervisors, educators and volunteers follow the payment of service fees and provision of a statement of fees charged by the service policy and procedures,
- ensuring that copies of the policy and procedures are readily accessible to nominated supervisors, coordinators, educators, volunteers and families, and available for inspection,
- notifying families at least 14 days before changing the policy or procedures if the changes will:
 - affect the fees charged or the way they are collected or
 - significantly impact the service's education and care of children or
 - significantly impact the family's ability to utilise the service.

Responsibilities of Educators

- being familiar with the policy and procedures regarding fees and service management,
- supporting families to approach the person whose role it is to collect fees with any fee-related questions.

Responsibilities of Parents/Guardians

- paying fees by the due dates,
- ensuring they understand The Cubby's fee requirements and expectations at enrolment and any ongoing changes,
- meeting the fee requirements,
- raising any fee-related questions with the person responsible for fee collection at The Cubby
- informing The Cubby if their child is withdrawing from the service by providing at least 2 weeks written notice.

Date reviewed	COM	Adopted
04/06/2018	John Kriesfeld - President	26/06/2018
08/12/2020		
30/09/2022 NP	Jen Pagon – President	12/01/2023
23/07/2023 NP	Jen Pagon – President	24/08/2023

This policy comes into operation/effect on the first day of term 4 2023, Monday 2nd October 2023. On that day, families will receive their first invoice for two weeks' care in advance. TCH Management will encourage families to discuss payment plans for the last weeks of term 3, the term 3/4 school holidays and the first two weeks of term 4.

14. CHILD CARE SUBSIDY (CCS)

General Information

The Department of Education and Training (DET) requires some basic requirements to be satisfied for an individual to be eligible to receive Child Care Subsidy for a child. These include:

- the age of the child (must be 13 or under and not attending secondary school),
- the child meeting immunisation requirements,
- the individual, or their partner, meets the residency requirements.

In addition, to be eligible for CCS the individual must be liable to pay for care provided, the care must be delivered in Australia by an approved childcare provider, and not be part of a compulsory education program.

How does it work

There are three factors that will determine a family's level of Child Care Subsidy. These are:

- combined family income
- activity test – the activity level of both parents
- service type – type of childcare service

The Child Care Subsidy will be paid directly to The Cubby to be passed on to families as a fee reduction. Families will make a co-contribution to their childcare fees and pay to the provider the difference between the fee charged and the subsidy amount.

Additional Child Care Subsidy (ACCS) provides extra help with fees to families facing barriers to early childhood education and care. ACCS will usually cover all of a child's fees and is available for children at risk, for grandparents who are primary carers, for families facing financial hardship and for parents transitioning to work (www.dese.gov.au/child-care-package/additional-child-care-subsidy).

Date reviewed	COM	Adopted
01/06/2018	John Kriesfeld - President	22/06/2018
30/09/2022 NP	Jen Pagon – President	12/01/2023

15. FEES DURING ABSENCES

Policy

The Cubby childcare fees apply to every booked day for the term, regardless of non-attendance, inclusive of sick days and annual leave. Fees are not payable for public holidays (refer Hours of Operation and Service Provided Policy) or when The Cubby is closed for school holidays, due to staff shortage or for professional development days.

Parents should note that Child Care Subsidy is only payable on absences of up to 42 days per financial year.

Date reviewed	COM	Adopted
30/09/2022 NP	Jen Pagon – President	12/01/2023

16. LATE DEPARTURE FEES

Procedure

A late fee of \$3.00 per minute per child will be charged to parents who arrive to collect their child after the end of the booked session or closing time.

The late fee will be applied at TCH Management’s discretion. This determination will be decided on a case by case basis, as deemed by TCH Management. In the case of dispute, the matter is to be referred to the COM.

If it becomes a reoccurring issue, TCH Management reserves the right to double the late departure fee from \$3 to \$6 per minute per child. This determination will be decided on a case by case basis, as deemed by TCH Management. It is at this time that the issue will be discussed with the family reserving the right to put in a long-term individual management plan for the future to ensure there are no reoccurring late pickups beyond our closing time.

Payment of the late fee will be required within seven days. Non-payment will incur the same penalty as outstanding fees.

Date reviewed	COM	Adopted
04/06/2018	John Kriesfeld - President	26/06/2018
08/12/2020		
30/09/2022 NP	Jen Pagon – President	12/01/2023
31/07/2023 NP	Jen Pagon – President	24/08/2023

17. OUTSTANDING FEES AND DEBT COLLECTION

Policy

To ensure appropriate cash flow is generated to enable the ongoing and future viability of The Cubby.

Procedure

1. All debtors exceeding 7 days will be sent an email or a message through The Cubby's Kidsoft management system.
2. If no payment is received or arrangements are not made within a further 7 days (debt is now effectively two weeks outstanding), a further email or text will be sent stating amount owing and the date payment is due. This date will also be considered the cease of care date.
3. If payment is not made by the cease of care date, The Cubby will contact the customer and inform them that their account has now defaulted. The total amount outstanding on their account will then need to be paid before the child concerned can attend their next scheduled day of care. If payment is defaulted again, care will be withdrawn and the child will be withdrawn from care and placed onto The Cubby's waiting list (refer to Waiting List Policy) until the debt is paid.
4. A payment arrangement for overdue fees may be available but the child may not attend the service while payments are in arrears. If payment arrangements are made, debt collections agencies will not be involved if customers pay late fees according to the arrangement.
5. If fees are not paid or an arrangement agreed and adhered to, then TCH Management will refer the issue to a debt collection agency for follow-up and the child will not be able to attend the service. The original outstanding debt **plus any costs associated with this procedure will be forwarded to the customer.**

Where a family is experiencing financial hardship, it is requested that The Cubby Coordinator and TCH Management be contacted to discuss the situation and ascertain whether any special arrangements or assistance may be available.

TCH Management will be notified and reserves the right to make decisions regarding any special/appropriate arrangements.

Date reviewed	COM	Adopted
04/06/2018	John Kriesfeld - President	26/06/2018
08/12/2020		
30/09/2022	Jen Pagon – President	12/01/2023

E) COLLABORATIVE PARTNERSHIP WITH FAMILIES & COMMUNITIES

18. ACCEPTANCE AND REFUSAL OF AUTHORISATIONS

Policy

This Policy outlines the correct authorisation under the Children's Services Act and Children's Services Regulations. It details the options available to The Cubby when deciding to accept or refuse an authorisation. The Cubby will ensure that an unauthorised person does not remain on the premises while the children are being cared for, unless the person is under the direct supervision of an educator at The Cubby.

Background

The Children's Services Regulations require services to obtain written consent from parents, or person named in the enrolment form as authorised, in matter relating to the administration of medication, medical treatment including transportation by an ambulance service and excursion (including regular outings).

Procedure

Where activities require authorisation, either to comply with Children's Services Regulations, or to comply with The Cubby's policies and procedures, our service requires that the authorisation is provided in writing and is dated. These activities include:

1. administration of medication,
2. administration of medical treatment, general first aid products and ambulance transportation,
3. excursions including regular outings,
4. incursions,
5. taking photographs by people who aren't educators,
6. enrolment of children including naming of authorised nominees and persons authorised to consent to medical treatment or trips outside the service premises.

The Cubby does not accept verbal authorisation in any circumstances except in situations requiring emergency administration of medication, including emergencies involving anaphylaxis or asthma.

The above information requested is to be documented on The Cubby's enrolment form before a child begins care. All authorisation forms received (other than the initial enrolment form) from parents or guardian are to be checked for completion and checked that the authoriser (name and signature) is the nominated parent or guardian on the enrolment form. If incomplete or inappropriately signed, the authorisation form should be returned to the parent or guardian for correction.

Responsibilities of Approved Provider

- ensuring that obligations under the Children’s Services Act and Children’s Services Regulations are met,
- ensuring that an enrolment record is kept for each child that includes authorisations signed by a parent or a person authorised to consent to the medical treatment of the child if relevant, in relation to:
 - i. seeking medical treatment from a registered medical practitioner, hospital or ambulance service,
 - ii. transportation by an ambulance service,
 - iii. regular outings and transportation (Regulations 108, 109),
- ensuring that a medication record is kept that includes the authorisation to administer medication signed by a parent or a person named in the enrolment record (Regulation 61),
- ensuring that medication is only administered or self-administered if authorised or, in an emergency, authorisation is provided verbally by:
 - i. a parent or a person named in the enrolment record,
 - ii. a registered medical practitioner or an emergency service if the parent or person named in the enrolment record cannot be contacted (Regulations 62, 65),
 - iii. in the case of an anaphylaxis or asthma emergency, medication may be administered without authorisation (Regulation 63),
- ensuring that children only leave the service premises with a parent, an authorised nominee named in the enrolment record, or a person named in the enrolment record to collect the child (Regulation 68),
- ensuring all children have appropriate authorisation to leave the service on an excursion or regular outing (Regulation 71),
- ensuring systems requiring authorisations are in place for other legal requirements or quality practices, e.g. photos of children and privacy,
- ensuring authorisations are kept up-to-date.

Responsibilities of Nominated Supervisor

- implementing this policy,
- ensuring that the child’s family completes and signs authorisations in the enrolment record and medication record (if relevant) before the child commences at the service,
- ensuring no child is transported by the service without an authorisation from their parent or other person named in the enrolment record,
- ensuring that medication is only administered or self-administered if authorised or, in an emergency, authorisation is provided verbally by:
 - i. a parent or a person named in the enrolment record,
 - ii. a registered medical practitioner or an emergency service if the parent or person named in the enrolment record cannot be contacted,
 - iii. in the case of an anaphylaxis or asthma emergency, medication may be administered without authorisation,
- ensuring that children only leave the service premises with a parent, an authorised nominee named in the enrolment record, or a person named in the enrolment record to collect the child,
- ensuring all children have appropriate authorisation to leave the service on an excursion or regular outing,
- implementing and overseeing authorisation systems for other legal requirements or quality practices, e.g. photos of children and privacy,
- ensuring authorisations are kept up-to-date,
- implement processes for circumstances where authorisations may be refused/not applicable.

Responsibilities of Educators

- ensuring all action plans are carried out in line with this policy,
- ensuring that the child’s family completes and signs authorisations in the enrolment record and medication record (if relevant) before the child commences at the service,
- ensuring that medication is only administered or self-administered if authorised or, in an emergency, authorisation is provided verbally by:
 - i. a parent or a person named in the enrolment record,
 - ii. a registered medical practitioner or an emergency service if the parent or person named in the enrolment record cannot be contacted,
 - iii. in the case of an anaphylaxis or asthma emergency, medication may be administered without authorisation,
- ensuring that children only leave the service premises with a parent, an authorised nominee named in the enrolment record, or a person named in the enrolment record to collect the child.

Responsibilities of Parents/Guardians

- completing and signing authorisations in the enrolment record and medication record (if relevant) before their child commences at the service,
- completing and signing the authorisation for their child to attend excursions and/or to be transported by the service,
- ensuring any changes to authorisations or contact details are kept up-to-date,
- being familiar with circumstances where authorisations may be refused or not applicable.

Date reviewed	COM	Adopted
30/09/2022 NP	Jen Pagon – President	12/01/2023

19. CHANGE OF DETAILS

Policy

Ensure that all records are kept up to date with accurate medical and contact details.

Procedure

It is the responsibility of the parent/guardian to provide The Cubby with accurate details and to keep The Cubby informed of any changes to these especially in regards to children's immunisation status.

Any other details required on the enrolment form e.g. details of emergency contacts, which have been changed, must also be provided.

Details of a change in the child's medical status, including medical conditions and allergies, that may have been discovered since the time of enrolment should be provided to The Cubby Coordinator. An individual health management plan should be completed as necessary.

Date reviewed	COM	Adopted
30/09/2022 NP	Jen Pagon – President	12/01/2023

20. TERMINATION OF CHILDCARE – CEASE OF CARE

Policy

Ensure correct notification is given to The Cubby when care is no longer required.

Procedure

1. A minimum of 2 weeks written notice is required when a childcare place is no longer required.
2. Fees will continue to apply until a written cancellation (email is acceptable) of the booking is received. If children do not attend The Cubby for any days of those last two weeks, without medical certificate, full fees apply and families will not be able for Childcare Subsidy).

Date reviewed	COM	Adopted
30/09/2022 NP	Jen Pagon – President	12/01/2023

21. DELIVERY OF CHILDREN TO, AND COLLECTION FROM THE CUBBY

Policy

The Cubby will ensure that all documentation relating to a child's attendance at The Cubby is accurate and completed by an authorised person.

Procedure

1. Parents must sign in and out each day using The Cubby's approved Kidsoft management system.
2. Parents will notify educators of any change to the normal collection arrangements for their child by:
 - verbal or written notification, or
 - a phone call from a nominated authorised person.
3. Parents will provide The Cubby with a list of persons authorised to deliver and/or collect their child and will inform the educator of any changes to this list, as specified in the child's enrolment form. All changes in details must be noted on the child's enrolment form.
4. No child will be allowed to leave The Cubby unless collected by an authorised person. All authorised persons must show proof of identity when requested by any educator.
5. Educators will check the attendance software throughout the day to ensure information is accurate.
6. Parents shall contact an educator upon arrival and prior to departure to ensure educators are aware of a child's arrival and departure and to allow for exchange of any relevant information.
7. Persons bringing or delivering a child (other than the parents/guardian of the child) must be 18 years or over of age unless written permission (verbal permission is not acceptable) is given for a person of 16 or 17 years of age.
8. If the authorised person is unable to collect a child then The Cubby is to be contacted by an authorised person and given details of the person collecting the child. The latter person must provide proof of identity. Educators are to record any phone authorisation with time and date.
9. If an unauthorised person delivers or comes to collect a child, The Cubby Coordinator will ring parents/guardians for authorisation and if parent/guardian is not reachable, they will send an SMS. The educator is to record phone authorisation with time and date.
10. If an educator has concerns for the health and safety and wellbeing of a child leaving the service e.g.: the person who is present to collect the child appears to be affected by drugs or the person collecting the child isn't an authorised collector, it is the educator's responsibility to take every step possible to not release the child into their care. However, if this is impossible an educator must contact TCH Management asap and if required the Department of Education and Training in Benalla.
11. Under no circumstances can an employee of The Cubby be an authorised person to collect a child in regards to taking a child home on the conclusion of their shift if they are **not** related to the child.
12. Any parent of a child being educated and cared for at The Cubby may enter the premises at any time that the child is present at The Cubby (Regulation 106).

Responsibilities of Approved Provider

- ensuring that obligations under the Children's Services Act and Regulations are met,
- ensuring that an attendance record is kept with: each child's name; the date and time they arrive and depart; and the signature of the person who delivers or collects the child, a nominated supervisor or educator (Regulation 107),

Responsibilities of Approved Provider (continued)

- ensuring systems are in place so that children only leave the service premises:
 - i. if they are given into the care of a parent, an authorised nominee named in the child’s enrolment record, or a person authorised by the parent or authorised nominee,
 - ii. in accordance with the written authorisation of the child’s parent or authorised nominee,
 - iii. if they are taken on an excursion provided or arranged by the service, with written authorisation from the parent or authorised nominee,
 - iv. if they are given into the care of a person or taken outside the premises because the child requires medical, hospital or ambulance care or treatment, or because of another emergency (Regulation 68),
- ensuring that an enrolment record is kept for each child which contains the information set out in Regulations 108 and 109, including authorisations from families,
- ensuring all supervision requirements are met during delivery of children to, and collection from, the service premises, including relevant educator to child ratios (Regulations 89 and 90),
- should any incidents occur relating to the delivery of children to, or collection from, the service premises (e.g. a child being released to someone other than family or an authorised nominee), ensuring that the response meets all regulatory requirements, including implementing your “Incident, injury, trauma and illness policy and procedures” (Regulations 55 and 56),
- taking reasonable steps to ensure that nominated supervisors, educators, staff and volunteers follow this policy,
- ensuring that copies of the policy and procedures are readily accessible to nominated supervisors, co-ordinators, educators and staff, and available for inspection.

Responsibilities of Nominated Supervisor

- implementing this policy,
- ensuring that an attendance record is kept with: each child’s name; the date and time they arrive and depart; and the signature of the person who delivers or collects the child, a nominated supervisor or educator (Regulation 107),
- implementing systems so that children only leave the service premises:
 - i. if they are given into the care of a parent, an authorised nominee named in the child’s enrolment record, or a person authorised by the parent or authorised nominee,
 - ii. in accordance with the written authorisation of the child’s parent or authorised nominee,
 - iii. if they are taken on an excursion arranged by the service, with written authorisation from the parent or authorised nominee,
 - iv. if they are given into the care of a person or taken outside the premises because the child requires medical, hospital or ambulance care or treatment, or because of another emergency (Regulation 68),
- ensuring that an enrolment record is kept for each child which contains the information set out in Regulations 108 and 109, including authorisations from families,
- ensuring all supervision requirements are met during delivery of children to, and collection from, the service premises, including relevant educator to child ratios (Regulations 89 and 90),
- communicating any changes to children’s delivery and collection arrangements to educators and staff,
- should any incidents occur relating to the delivery of children to, or collection from, the service premises (e.g. a child being released to someone other than parents or an authorised nominee), ensuring that the response meets all regulatory requirements, including implementing your “Incident, injury, trauma and illness policy and procedures” (Regulations 55 and 56).

Responsibilities of Educators

- being aware of and following this policy,
- ensuring that the attendance record is completed when children arrive and leave, including: each child's name; the date and time they arrive and depart; and the signature of the person who delivers/collects the child, a nominated supervisor or educator,
- ensuring that, when leaving the service, children are:
 - i. given into the care of a parent, an authorised nominee named in the child's enrolment record, or a person authorised by the parent or authorised nominee,
 - ii. given into the care of a person in accordance with the written authorisation of the child's parent or authorised nominee,
- meeting the supervision requirements during the delivery of children to, and collection from, the service premises, including relevant educator to child ratios,
- being aware of the requirements should any incidents occur.

Responsibilities of Parents/Guardians

- be aware of the Delivery of children to, and collection from, service premises policy and procedures,
- provide authorisations in their child's enrolment form and ensure the information is kept up-to-date,
- complete the attendance record when their child arrives and leaves, including: their child's name; the date and time they arrive and depart; and their signature,
- provide written authorisation should they require a person (other than the people listed in the enrolment record) to collect their child from the service.

Date reviewed	COM	Adopted
01/06/2018	John Kriesfeld – President	26/06/2018
04/07/2022 NP	Jen Pagon – President	12/01/2023

22. LATE COLLECTION OF CHILDREN

Policy

The Cubby will ensure that they are responsible for children while they are in our care from the time that the children are signed into The Cubby until they are signed out.

A fee will be charged if children are collected **after** the normal closing hours of The Cubby as outlined in “Hours of Operation and Services Provided Policy and Procedure”.

Procedure

1. It can be upsetting for children who are not collected at the appropriate time. If unforeseen circumstances prevent prompt collection of any child, educators should be notified in advance or as soon as possible.
2. If educators have not been notified that the parent/guardian will be late, they will ring all contact numbers for 15 minutes after closing time and will continue ringing at regular intervals if no answer is received.
3. After 15 minutes, if no contact has been made, the educators are to notify TCH Management and they will be directed to try for a further 15 minutes.
4. If after a further 15 minutes of telephoning (30 minutes after The Cubby’s normal closure time), contact cannot be made, the TCH Management is to be notified again.
5. TCH Management may inform the police regarding the child’s situation. If educators at any time have genuine concerns regarding the welfare of a child who is not collected, then they are to ring Child Protection 1300 360 391.
6. Where a child has not been collected after closure time, two educators will stay with the child and shall follow the above procedure.
7. Where a child is taken off the premises of The Cubby and The Cubby has closed, educators must leave a notice on The Cubby door advising the parents to contact TCH Management or Child Protection or the police.
8. As a childcare centre needs to cover the costs of remaining open after closing time or extending a booked time, the parent/guardian will be charged additional fees according to “Late Departure Fees Policy”, unless exceptional circumstances apply, as determined by TCH Management on a case by case basis.

Consistent Late Collection of Children

1. Where a child is collected up to 15 minutes late on more than 5 occasions, TCH Management should provide formal notification to the parent/guardian that this situation is unsatisfactory. TCH Management shall inform the parent/guardian of the number of late pick-ups accrued and explain The Cubby’s legal responsibilities in regard to caring for children out of operating hours.
2. If late pick-ups continue to occur, a meeting shall be arranged between TCH Management, The Cubby Coordinator and the parents/guardians to discuss the situation and determine further action, including the termination of care.

Date reviewed	COM	Adopted
01/06/2018	John Kriesfeld – President	26/06/2018
04/07/2022 NP	Jen Pagon – President	12/01/2023
31/07/2023	Jen Pagon – President	24/08/2023

23. FAMILY LAW/CUSTODY RIGHTS

Policy

To ensure the safety, care and protection of children attending the service at all times.

Procedure

1. Educators will undertake training (as available) for high risk situations.
2. Parents/guardians are required to inform The Cubby of any parenting plans, parenting consent orders or other orders under the Family Law Act, in relation to children attending the service.
3. Parents/guardians must provide the service with a current copy of orders and/or plans, to ensure that educators can legally abide by these orders.
4. Parents/guardians should provide a list of people who are allowed contact with the child.
5. Parents/guardians should inform the service immediately if they believe a court order/parenting plan may be violated.
6. If a person not entitled under any Family Law Act Orders arrives to collect the child (and the educators have a copy of the order), they will advise the person that they have a legal obligation to refuse to hand over the child to that person.
7. If that person insists on taking the child, the educators should:
 - Discourage the person and explain the service's policy and legal obligations.
 - Refer the person to other services for advice if appropriate.
 - Make every effort to contact the police for attendance before the child is removed.
 - If the person is still insistent on removing the child and the educator considers that their safety and/or the safety of children are at risk:
 - The educator should allow the child to depart with that person.
 - Telephone the police and the parent who has parental responsibility immediately or any emergency contacts if parent is unavailable.
 - Record full details of the person, incident, including a description of any vehicle used, registration number of the vehicle, etc.
 - Notify TCH Management with all relevant details as soon as circumstances allow.
8. In extreme circumstances, educators may need to consider emergency procedures such as those for evacuation/hostage situations etc. (see Emergency Management Plan for TCH and The Cubby).

Date reviewed	COM	Adopted
30/05/2017		
01/06/2018	John Kriesfeld – President	26/06/2018
04/07/2022 NP	Jen Pagon – President	12/01/2023

24. COMMUNICATION

Policy

To ensure good communication and information sharing practices between parents and educators. This enables The Cubby to provide the best possible environment to meet all children's needs.

Procedure

1. The Cubby newsletters will be printed regularly (at least once per term).
2. We encourage parents to approach The Cubby staff with suggestions, opinions or ideas. We believe that families are a wonderful resource and welcome their contributions. Educators will encourage families to become involved in The Cubby's planning and operations.
3. If parents wish to discuss a particular matter with staff, an appointment should be made. TCH has rooms that are separate from the childcare so that privacy can be maintained. It is also essential that children are not exposed to conversations that should only be conducted between adults.
4. The Cubby Coordinator shall meet with families upon enrolment to establish specific communication channels – this may be a communication book for parents of babies who require detailed information regarding feeding and sleeping.
5. We require families to inform us immediately if personal details change, especially contact details like phone numbers and email addresses.
6. The Cubby will adopt different communication methods to ensure information is being provided to the family. These may include the use of newsletters, notice boards, posters, face to face meetings, Facebook posts or information on our website.
7. Daily updates on the child's day will be provided to families, and educators will encourage families to discuss activities and events that the child is participating in outside The Cubby.

Date reviewed	COM	Adopted
30/09/2022 NP	Jen Pagon – President	12/01/2023

25. ENGAGING THE CUBBY IN OUR ABORIGINAL & TORRES STRAIT ISLANDER CULTURES

The Cubby is committed to providing comprehensive early learning experiences that teaches children about the importance of compassion, understanding and cultural awareness.

Programs that Promote Understanding

To underline the importance of reconciliation, The Cubby’s educators have incorporated Aboriginal and Torres Strait Islander learnings into The Cubby’s Educational Program. To facilitate this, educators have and will continue to have opportunities to engage in training sessions to be better equipped to build awareness of Aboriginal culture, not only within The Cubby but in the wider community as well.

This focus is then sustained throughout the year through activities and excursions, such as visits to our local library where children enjoy storytelling sessions.

Understanding and respecting Indigenous and other cultures helps children learn many important values. It also helps them understand the story of their country and enables them to develop a sense of being and belonging.

Date reviewed	COM	Adopted
30/09/2022 NP	Jen Pagon – President	12/01/2023

26. CONCERNS AND COMPLAINTS

Policy

The Cubby recognises that families, educators and the community need to feel confident that any concerns or issues they may raise will be handled promptly, courteously and professionally. We will provide effective complaints management which meets our family's needs and refer to other approved sources where appropriate.

Procedure

The Cubby is committed to fairness in resolving disputes and complaints whatever their source. We believe that both the complainant and the complained against should be treated with respect.

We believe that both parties to a dispute have the right to confidentiality against which should be balanced the right of a person to know who is complaining against them.

We believe that openness by COM to hearing and dealing with complaints will lead to an improved service for both parents and children as the causes of complaints are addressed.

1. In the first instance, parents will be encouraged to discuss any concerns with The Cubby Coordinator.
2. The Cubby Coordinator is required to inform TCH Management of any concerns or complaints as soon and as discreetly as practicable and possible.
3. TCH Management is required to report the matter to the nominated Committee of Management representatives who have been assessed as being fit and proper to exercise control over the operation of the children's service.
4. If the concern or complaint is unresolved, the complainants can then discuss concerns with TCH Management and all parties will attempt to resolve the issue.
5. If the concern or complaint is still unresolved, the matter can be referred to an outside mediator in accordance with TCH's Grievance & Dispute Policy.
6. TCH Management will be responsible for keeping all parties to the dispute informed about ongoing progress of the grievance, concern or complaint.
7. For matters concerning adherence to the Children's Services Regulations or Children's Service Act, parents may also contact:

Authorised Officer
Department of Education and Training
Quality Assessment and Regulation Division
PO Box 403 Benalla 3672 VIC
Phone: (03) 5771 4471 or 1300 307 415
Email: hume.qar@edumail.vic.gov.au

Responsibilities of Approved Provider

- ensuring that obligations under the Children's Services Act and Children's Services Regulations are met,
- ensuring the name and contact number of the person to whom complaints can be made is clearly displayed at the service,
- ensuring that the regulatory authority is notified in writing within 24 hours of any complaints alleging that a serious incident has occurred at the service or that the Children's Services Act or Regulations have been violated,
- discussing the complaint with the complainant and make notes from the meeting or discussion,
- taking reasonable steps to ensure that nominated supervisors, educators and staff follow this policy,
- ensuring that copies of the policy and procedures are readily accessible to nominated supervisors, educators and available for inspection,

Responsibilities of Approved Provider (continued)

- notifying families at least 14 days before changing the policy or procedures if the changes will:
 - i. affect the fees charged or the way they are collected or
 - ii. significantly impact the service’s education and care of children or
 - iii. significantly impact the family’s ability to utilise the service,
- regularly reviewing the policy and procedures to ensure serious incidents and complaints are investigated promptly, fairly and thoroughly,
- ensuring that complaints result in reviews of relevant policies, procedures and practices.

Responsibilities of Nominated Supervisor

- ensuring that regulatory obligations are met in relation to dealing with complaints,
- implementing procedures for dealing with complaints,
- informing families and the broader service community of this policy,
- discussing the complaint with the complainant,
- ensuring the approved provider is aware of the complaint, if it is a notifiable complaint, or if a complaint cannot be resolved,
- ensuring the complaint is documented,
- working co-operatively with the approved provider, staff and/or the complainant during the investigation or resolution of a complaint,
- regularly reviewing the policy and procedures to ensure serious incidents and complaints are investigated promptly, fairly and thoroughly,
- ensuring that complaints result in reviews of relevant policies, procedures and practices.

Responsibilities of Educators

- understanding and implementing this policy,
- reporting all complaints received to the nominated supervisor and/or approved provider promptly so timeframes can be adhered to,
- supporting the nominated supervisor and approved provider in the investigation and/or resolution of complaints.

Responsibilities of Parents/Guardians

- being familiar with and following this policy,
- raising any issues or complaints in line with the policy and procedures,
- cooperating with service representatives dealing with complaints.

Date reviewed	COM	Adopted
23/05/2017		
01/06/2018	John Kriesfeld – President	26/06/2018
04/07/2022 NP	Jen Pagon – President	12/01/2023

27. NOT-IN-CARE CHILDREN – SIBLINGS AND TODDLERS

Policy

To ensure The Cubby is not held responsible for siblings, toddlers and visitors present at The Cubby but not booked in for care. Conditions of public liability insurance will apply.

Procedure

1. Any children (e.g. siblings, toddlers, visitors) present in The Cubby but not booked in for care are the sole responsibility of the parent/guardian and The Cubby staff have no responsibility for their care and supervision.
2. TCH and The Cubby will accept no liability.

Date reviewed	COM	Adopted
30/09/2022 NP	Jen Pagon – President	12/01/2023

F) RELATIONSHIPS WITH CHILDREN AND ENVIRONMENTS

28. INTERACTIONS WITH CHILDREN

Policy

The Cubby recognises the importance of respectful and positive relationships that children have with each other and with educators, and we encourage a child-centre approach that promotes self-expression, self-reliance and self-esteem and maintains each child's dignity and rights. We are committed to meeting our regulatory requirements in relation to interactions with children.

Procedure

Educators perform a significant role in modelling relationships with children. They will help children to feel secure, safe and to always have a sense of belonging. Educators contribute to children's sense of identity and offer opportunities to learn about how to interact with others, about respect, be appropriately assertive, caring and supportive. Educators will always assist and support children to age-appropriately resolve conflicts with positive communication techniques and guidance.

At The Cubby we believe children's relationships build and grow stronger over time and through their everyday encounters. The practices which promote these relationships always include:

- Consistent clear guidelines, limits and rules will be developed in consultation with parents and through discussions with children and these will be known and understood by all educators, staff, volunteers, parents/guardians and children.
- Behaviour guidance will always encourage the individuality, confidence and self-esteem of all children.
- Staff will recognise that for behaviour guidance and self-Regulation to be effective children need:
 - A genuine sense of caring
 - A non-judgemental and secure environment
 - A positive sense of self
 - A sense of trust in caregivers
 - Empathic understanding.
- The environment will provide each child with opportunities for quiet, reflective periods.
- Educators will consult with parents regularly on behaviour and will find constructive solutions to any difference in values.
- External professional help may be sought with parental permission and the parent/child referred as appropriate.
- Educators' expectations of children's behaviour will be developmentally appropriate and realistic for the situation.
- Behaviour guidance will be seen as helping a child know what to do (in a positive way) e.g. "The blocks are for building, balls are for throwing".
- No child will be subjected to any form of physical punishment, immobilisation or any other humiliating or frightening techniques.
- Educators will not use competition, comparison blackmail or criticism.
- Educators will work with children in a helpful and supportive way by acknowledging and accepting a child's feeling of anger, frustration and jealousy. Educators will acknowledge and separate the feeling from the behaviour so that is the behaviour that is not appropriate rather than the feeling e.g. "I can see you are angry".
- Educators will support children to develop empathy for others by discussing their feelings and those of other children involved in any behaviour/incident.

Procedure (continued)

- Educators will use differential attention to reinforce acceptable behaviour by acknowledging children behaving in a desirable way and giving positive attention that is rewarding for the child (e.g. encouragement, special job, sticker etc.).
- Educators may ignore inappropriate behaviour on a minor scale by withholding attention but maintaining supervision, as attention given may reinforce the behaviour, or they may choose to discuss the behaviour with the child. This is not appropriate if any person's welfare is threatened or if there is the likelihood of damage to property.
- Educators will recognise that testing limits and expressing opposition to adults is a part of developing a healthy sense of self as a separate autonomous individual. Other methods of guidance will include:
 - Redirection to keep a disruptive child occupied
 - Anticipating and eliminating potential problems
 - Encouragement using actions and words to guide a child
 - Adapting the environment to eliminate the inappropriate behaviour
 - Giving choices when it is appropriate and intended that the child truly has a choice
 - Providing the child with an opportunity for a quiet activity/period with a staff member sitting with the child or very near by
 - Using natural/logical consequences (e.g. if a child doesn't come for story, the child misses out).
- Where educators are having difficulties with a child, a meeting will be arranged with the parents/guardians where behaviour guidance strategies will be discussed.
- If after a reasonable period the behaviour has not changed, a meeting shall be arranged with the parent, TCH Management and The Cubby Coordinator.
- If after a further agreed period, the behaviour has not changed, further behaviour guidance strategies will be discussed and an appropriate referral made, if needed, to support the child.
- If the above measures are unsuccessful in managing behaviour which is consistently inappropriate or endangering the safety of other children and/or educators, as a final option, The Cubby reserves the right to withdraw service for a set period of time.
- Educator's showing children respectful and equitable relationships, which are responsive and show warmth that the children are welcome and that they are happy to see them and share humour with them.
- Respecting children's uniqueness and communicating that respect to them through interactions.
- Educators actively looking for each child's strengths and sharing those with the children, their families and other educators to support the acquisition of skills for life and learning.
- Educators know the children well by being able to offer children the needed help and support to deal with and identify their feelings.
- Educators create and take full advantage of one-on-one times with the children.
- Educators understand and respond appropriately to both verbal and non-verbal communication from children, respond respectfully and encourage children's own language and to share thoughts and ask questions.
- Educators support children to manage their own behaviour, to respond appropriately to the behaviours of others and communicate effectively with them to resolve conflicts. The children are supported to understand how their own actions affect others.
- Educators are accessible, available and interested in the children and their play, they encourage independence while communicating that they are available to help.
- Educators help children to form relationships with children and other educators.
- Educators will preserve the dignity and the rights of the child at all times.
- Educators will always research their own pedagogy to improve their practices and perspectives in maintaining and establishing relationships with children. They will investigate and research current Early Childhood literature to ensure children are always supported in their learning.

Responsibilities of Approved Provider

- ensuring that obligations under the Children’s Services Act and Children’s Services Regulations are met,
- ensure that the service provides education and care to children in a way that:
 - i. encourages the children to express themselves and their opinions,
 - ii. allows the children to undertake experiences that develop self-reliance and self-esteem,
 - iii. maintains at all times the dignity and rights of each child,
 - iv. gives each child positive guidance and encouragement toward acceptable behaviour,
 - v. has regard to the family and cultural values, age, and physical and intellectual development and abilities of each child (Regulation 104),
- ensuring that the service provides children with opportunities to interact and develop respectful relationships with each other and with educators, staff and volunteers, having regard to the size and the composition of the groups in which children are being educated and cared for (Regulation 105),
- ensuring the service meets minimum educator and staff requirements, such as qualifications and educator to child ratios,
- ensuring all educators and staff have undertaken current child protection legislation training, including for the mandatory reporting requirements and obligations in their jurisdiction,
- ensuring that no child is subjected to any form of corporal punishment, or any discipline that is unreasonable or inappropriate in the circumstances,
- taking reasonable steps to ensure that nominated supervisors, educators, staff and volunteers follow the interactions with children policy and procedures,
- ensuring that copies of the policy and procedures are readily accessible to nominated supervisors, coordinators, educators, staff, volunteers and families, and available for inspection.

Responsibilities of Nominated Supervisor

- implementing the interactions with children policy and procedures,
- devising methods to lead the development and implementation of quality practices across the service that ensure that the requirements of Regulations 104 and 105 are met,
- supporting educators to promote quality practice approaches to interactions with children,
- ensuring minimum educator and staff requirements are met, such as qualifications and educator to child ratios,
- ensuring all educators and staff have undertaken current child protection legislation training, including for the mandatory reporting requirements and obligations in their jurisdiction,
- ensuring that no child is subjected to any form of corporal punishment, or any discipline that is unreasonable in the circumstances.

Responsibilities of Educators

- contributing to the development of, and implement, quality practices that ensure that the requirements of Regulations 104 and 105 are met,
- promoting quality practice approaches to interactions with children,
- being aware of current child protection legislation, including the mandatory reporting requirements and obligations,
- monitoring and maintaining staff to child ratios to ensure adequate supervision of children.

Date reviewed	COM	Adopted
01/02/2017		
01/06/2018	John Kriesfeld – President	26/06/2018
04/07/2022 NP	Jen Pagon – President	12/01/2023

29. INCLUSION SUPPORT

Policy

Educators will provide each child, regardless of their additional needs and abilities with a supportive and inclusive environment that allows each child to fully participate in their education and care at the service. Educators will ensure that all children are treated equally and fairly and that each child will have the opportunity to grow and develop to their individual potential.

Procedure

1. Ensure the indoor and the outdoor environment will be suitable for children with additional needs. The physical environment will be arranged so it is suitable for all persons regardless of mobility to minimise barriers to participation.
2. Ensure the program meets the needs of all children, including children with additional needs.
3. Encourage families to meet with the educators who will be working with the child before the child commences care, allowing the educators to discuss and understand the child's needs and ensure the appropriate resources and support are provided to both the family and the child.
4. Access professional development for educators to help the service meet the needs of each child with additional needs.
5. Seek assistance, training and where possible, financial funding from inclusive support agencies to promote the development of skills in children with identified additional needs.
6. Ensure no information regarding a child will be given out to a person who is not that child's parent or guardian, without the parent's/guardian's permission.

Responsibilities of Educators

- Educators will treat all children equally and fairly regardless of perceived differences and ensure each child is supported to participate in the program.
- Educators will act as advocates for all children's rights.
- Ensure the environment and equipment used by educators will be flexible and be able to adapt to each child's needs within the service to support the inclusion of children with additional needs.
- Educators will program experiences for each child to suit individual abilities, strengths and interests while also considering any professional support plans for the child.
- Educators will support children to treat all peers equally and fairly, with programming experiences that allow children to explore emotions such as compromise and empathy. Educators will listen carefully to children's concerns and discuss diverse perspectives on issues of inclusion and exclusion and fair and unfair behaviour.
- Educators recognise families as having expert knowledge about their child's needs, abilities and interests and will consult with them regularly to collaborate and create a continuity of learning in conjunction with professional support plans and cohesive practices from home.
- Educators will work with other professionals who play a role in supporting the child's development. Educators will seek specific professional intervention and training to support children enrolled at The Cubby.
- Information documented about the individual child with additional needs may be used to develop an individual support plan that will be kept on file at The Cubby and shared with families, the child's medical practitioners and/or professional support services.

Responsibilities of Educators (continued)

- Educators will act as role models by displaying appropriate behaviour and language, being consistently aware of and responsive to children who may require additional support, attention or assistance.
- Educators will discuss a wide range of emotions, thoughts and views constructively with the children within a supportive environment.
- Educators will not judge or compare one child’s development with another.

Date reviewed	COM	Adopted
30/09/2022 NP	Jen Pagon – President	12/01/2023

30. INDIGENOUS, TORRES STRAIT ISLANDER AND CULTURAL ACKNOWLEDGMENT OF COUNTRY

“Tatura Community House and Tatura Community Cubby House and their community acknowledge the Traditional Custodians of the Land on which we work and live and recognise their continuing connection to the Lands, Waters and the Community. We pay respect to Elders, past, present and emerging”

Policy

We share the Early Childhood Australia’s vision for Reconciliation that begins with our acknowledgement of the Aboriginal and Torres Strait Islander people as the original custodians of the land and recognises that their cultures shape the cultural heritage of all Australians. We provide early childhood education that is culturally relevant, gender inclusive, includes routines and meets the needs of any children with special needs and will be planned by qualified educators on a developmentally appropriate basis and in consideration of individual and group needs. Furthermore, this means children in our service will learn about different backgrounds, represent different cultures and communities and learn to enjoy and appreciate the world in which we live.

Procedure

1. The program will incorporate activities and experiences which consider the children’s changing needs in the areas of physical, cognitive, creative, language, social and emotional development and will incorporate elements of the Victorian and National Early Years Frameworks, while also being mindful of the Early Childhood Code of Ethics.
2. The Cubby will strive to create an environment which promotes equal rights and provides equal opportunities for all children including those with additional needs.
3. The Educational Program will reflect cultural diversity and promote understanding and acceptance of different cultures, including the Aboriginal and Torres Strait Islander culture.
4. Parental and community involvement will be encouraged in the development of the program through input and use of available skills and resources.
5. The Educational Program will be implemented through the use of professional skills and by coordinating the efforts of educators and parents. Educators will collaborate when establishing the aims and requirements of the program and will delegate duties as required.
6. An outline of the Educational Program will be on display in The Cubby with additional information being provided to parents through educator/parent interaction (such as verbal discussion, parent involvement in activities) and newsletters.
7. Individual portfolios/child learning will be kept on each child and will be available to parents on request as this is used to guide a child’s assessment for learning. The information from these individual records will be treated in a confidential manner.
8. Evaluation of the Educational Program will be an on-going process and strategies and to aid future planning. The Cubby will provide opportunities for confidential discussions between families and educators if required.
9. The Cubby acknowledges the importance of using natural and recycled materials and very much sees the importance of engaging in both formal and spontaneous experiences which intentionally teach the children about flora, fauna and the world in which we live.

Date reviewed	COM	Adopted
30/09/2022 NP	Jen Pagon – President	12/01/2023

31. THE CUBBY ROUTINE AND TRANSITION FOR LEARNING

Policy

The Cubby educators plan the day around extended play periods indoors and out. Therefore, we have routines and transitions throughout the day which allow the children to anticipate what is happening next and can be used as a valuable learning opportunity for the children to develop self-control, independence and decision making. All our routines support active learning and meet individual children's needs and challenges.

Routines and Transitions throughout the day can include: arrival time, self-selected activities, meal breaks, rest time and group times.

Procedure

- Involve children in the transition/routine with an intention to assist them to build self-help skills, confidence and to work towards achieving outcomes within the Early Years Learning Framework.
- Consider each routine and transition in terms of what children are learning.
- Use songs, sensory cues for moving around the room during transitions.
- Ensure educators are aware of what happens during routines and transitions.
- During routines and transitions times minimise the waiting times for children as it can be stressful.
- Routines and transitions provide ample opportunities for social development including turn taking, empathy and respect for others.
- Reflect on the cultural backgrounds of children and families when developing routines to be consistent with best practice and positive outcomes for all stakeholders, which are sensitive to culture traditions.
- Educators will form relationships with children so they understand the signs and cues of the child, knowing when they are ready for a nap or bottle.
- Routines are to be used to encourage children to be confident and involved.

Meal Time Routines:

To provide a mealtime environment that promotes culturally appropriate social, communication and self-help skills.

- Educators are to promote socially acceptable meal time behaviours by role modelling and setting simple rules e.g. sitting at the table while eating.
- Educators model positive attitudes towards healthy foods and encourage children to try new foods.
- Educators will sit with the children at the table and encourage independent skills such as serving own foods, scraping of their own bowls, washing their own hands before meals and using face washers if deemed appropriate. This process is flexible according to children's needs.
- Tables and chairs will be arranged in small groups and educators will sit with the children, use language to promote positive conversations and to role model using utensils and be available for assistance when needed.

Date reviewed	COM	Adopted
30/09/2022 NP	Jen Pagon – President	12/01/2023

32. NATURAL ENVIRONMENT AND SUSTAINABILITY

Policy

The Cubby strives to give children the knowledge, skills and attitudes to assist them to be environmentally responsible, especially within their natural environments. Children are encouraged to participate in environmentally sustainable activities to encourage the children's sense of empowerment and to provide opportunities for them to connect with and embrace the natural world.

Procedure

1. Provide a setting that includes a variety of fauna and flora both indoors and outdoors e.g. indoor and outdoor plants and animals that occur naturally in The Cubby's environment.
2. Use natural materials to set up play areas e.g. pebbles, logs, twigs and large rocks rather than manufactured barriers.
3. Use recycled and homemade equipment e.g. plastic bottles for sand scoops, old pots and pans to extend on the children's creativity.
4. Use natural materials within other aspects of the curriculum e.g. seed pods, pebbles, leaves and sticks for collage or sorting, matching and counting games, painting with natural implements.
5. Encourage and maintain environmental sustainability projects e.g. vegetable and herb garden, encourage recycling projects and limiting the usage of power where possible.
6. Children are encouraged to be involved in environmental issues and events within the community that occur e.g. national recycling week and are encouraged to be involved in the research of these issues and events through television, media, papers and internet.
7. Where possible encourage families to be a part of The Cubby's environmental curriculum e.g.. nature walks, treasure hunts, utilising and encouraging recycled materials from the home environment.
8. Initiate and support children's, educators' and families' interest within the environment by enhancing their learning through DVD resources, books, videos, posters, puzzles and games.
9. Ensure all educators, children, families and local community organisations are involved in The Cubby's environmental activities if possible to ensure we form a collaborative approach.
10. The Cubby will ensure our outdoor environments especially enable the children to explore and experience the natural environment while also inviting open ended interactions, spontaneity, risk taking, exploration, discovery and connection with nature.
11. The Cubby acknowledges the Early Years Frameworks and the outcome "Children are connected to and contribute to their world" and endeavours to ensure children and families have this connection. The Cubby's natural environments are the arena in which children learn about the world in which we live.

Date reviewed	COM	Adopted
30/09/2022 NP	Jen Pagon – President	12/01/2023

33. PHYSICAL ACTIVE PLAY, OUTDOOR ENVIRONMENTS, LEARNING SPACES

Policy

To prioritise safe active play for children while also encouraging them to take risks and be challenged, The Cubby encourages educators, children and families to be aware of the benefits of daily active play by incorporating physically challenging experiences within our Educational Program.

The Cubby believes being active every day is important for the health and growth and development of infants, toddlers and pre-schoolers.

Procedure

1. Every child is provided with equal encouragement to allow them to acquire skills and develop confidence.
2. Gender, culture, age and individual differences are considered when planning activities.
3. Educators will ensure that a variety of indoor and outdoor active play experiences such as dance, drama, moving to music, climbing, building, digging, jumping, ball skills, obstacle courses, moving through equipment of various heights are planned to encourage all children and to cater for a range of abilities.
4. Educators will try to ensure that groups for structured active play are not too large. It is important that most of the children are active for most of the time during the structured active play session.
5. Active play is presented in a fun way and the children's attempts at activities are acknowledged and promoted in a positive manner.
6. Educators need to be positive role models, by participating in the physical activity with the children and promoting the importance of regular physical activity for healthy life.
7. In adverse weather conditions, outdoor playing time is attempted where possible and replaced with equivalent indoor activities.
8. Children will learn about the importance of physical activity for future health.
9. Equipment and play spaces are varied, safe, creative and well-maintained. These spaces are designed to challenge and encourage children to explore, extend and test limits.
10. Children are given opportunities to learn about the importance of active play and physical activity.
11. A caring and positive play environment is planned with the involvement from children, families and educators.
12. Educators and parents act as role models for positive physical activity behaviours.
13. Active play, movement opportunities, including outdoor active play, are frequent throughout the day.
14. The Educational Program is appropriate for children of all abilities.
15. Play areas offer a variety of play spaces and equipment.
16. Road safety education is incorporated into the Educational Program.
17. Walking excursions within the local community promoting physical activity and safe active travel are encouraged as part of the Educational Program.
18. Active transport such as walking and riding to the service is promoted and encouraged.
19. An appropriate balance between inactive and active time is maintained each day.
20. Educators access resources, tools and professional learning to enhance their knowledge and capacity to engage in adult guided active play and physical activity with children.
21. The Cubby staff work with local health professionals, services and other organisations to increase their capacity to deliver and promote active play and physical activity initiatives.

Date reviewed	COM	Adopted
23/05/2017		
01/06/2018	John Kriesfeld – President	26/06/2018
30/09/2022 NP	Jen Pagon – President	12/01/2023

34. ANIMALS

Policy

Educators will take all necessary precautions to ensure the safety of children in The Cubby when pets and domestic animals are resident or visiting. It is recognised that animals can provide a positive experience for children.

Procedure

1. All animals in The Cubby (whether visiting or permanent) will be kept clean and healthy with regular worming and vaccination where appropriate.
2. Educators must ensure that play areas within The Cubby are free from animal hair.
3. Animals must be kept in a separate area from children, whether indoors or in the yard. A protected run, whether inside or out, must be maintained to separate the animal and the children securely. All fencing must restrict penetration by small fingers.
4. Any direct contact with animals must be closely supervised by the educators and be under their control e.g. holding rabbit or guinea pig.
5. Educators are to ensure that children wash their hands thoroughly after touching the animals. On the occasion that animals are in the eating area, educators must also ensure that tables are disinfected before any meal sitting.
6. Educators must ensure that garden areas, including sandpits, are kept free from animal excrement.
7. Educators must ensure that animal food, bowls and litter trays etc. are inaccessible to children and are kept in a hygienic condition.
8. Only animals appropriate for small children will be allowed at The Cubby.
9. Birdcages are not to be kept in food preparation areas. Feathers, droppings and seeds are to be cleared away at regular intervals. Cages are not to be cleaned while children are at The Cubby and should be wet down before cleaning.

Date reviewed	COM	Adopted
23/05/2017		
01/06/2018	John Kriesfeld – President	26/06/2018
30/09/2022 NP	Jen Pagon – President	12/01/2023

35. EXCURSIONS & INCURSIONS

Policy

Excursions and regular outings are seen to be broadening children's awareness and enriching the childcare experience through activities not available at The Cubby. Excursion is defined as any trip, journey or activity authorised in accordance with this policy where children attending The Cubby are taken outside or beyond the Tatura Community Hub complex (The complex includes The Cubby, TCH, Tatura Children's Centre and Tatura Library). Excursions provide the opportunity for children to learn and practice about traffic safety, being a safe pedestrian and transport safety. Incursion is defined as special guests or groups visiting.

Excursion Ratio Requirements:

Ratios will be determined according to the Children's Services Regulations and according to the needs and requirements of the attending children and after The Cubby Coordinator for the excursion has reviewed the Risk Assessment.

Procedure

1. The Cubby Coordinator must complete an Excursion Risk Management Plan for all excursions and the Risk Management Plan must be kept on file at the service and available for families to view.
2. Staff shall ensure that all children attending an excursion, have the appropriate written permission from parents/guardians through the completion of an excursion form.
3. Staff will ensure that the educator-child ratio is met at all times.
4. The Cubby Coordinator will ensure a qualified educator is nominated to carry the first aid kit, emergency contact details for each child, mobile phone, sunscreen (if required), and medications for children (if required).
5. Children will be supervised at all times.
6. The number of children and adults participating will be monitored at regular intervals, by checking children and adults against the list of those participating in the excursion.
7. Where children are being ferried via transport e.g. bus, train, attendance must be checked prior to getting on transport, after being seated on transport and disembarking from transport. The Cubby Coordinator is responsible for doing a final check of the transport mode to ensure that no children, staff or helpers remain on the transport. A final attendance check will be completed on return of the excursion.
8. From time to time emergency evacuation drills will be conducted, if possible parents will be notified in advance, however there may be times where no advance warning is given.
9. No siblings are to attend excursions or incursions.

TCH Management is responsible for approving an excursion. Items to be considered may include:

- The cost of the excursion to The Cubby, TCH and families.
- Supervision elements: Deciding on the number of educators required to attend. This may be influenced by such things as the need to cross a major road or to access public transport on the excursion.
- Ensuring the requirements of the Children's Services Regulations and the Children's Services Act can be met for all children remaining at The Cubby and determining what impact the disruption to normal operating times could have on the users of The Cubby.
- Any changes to the usual working arrangements of educators due to the excursion, in accordance with the appropriate awards or agreements.
- The provision of facilities at the proposed destination, including toileting, access to water, shade, safety considerations such as proximity to water, roads, bush or crowds.

- The Cubby Coordinator is responsible for submitting a written request for an excursion to TCH Management detailing:
 - date, time and destination
 - how the excursion relates to the program provided for the children
 - objectives, proposed activities, and desired outcomes of the excursion
 - method of transport
 - proposed educators and educator-child ratio for the excursion
 - cost
 - effects, if any, on the children’s current attendance times
 - if any children with additional needs attend the curriculum whether additional resources be required to ensure their participation in the excursion

RISK ASSESSMENT (preparation time for the excursion)

Responsibilities of Approved Provider

- assessing the requirements for the excursion,
- booking the transport and venue(s),
- informing parents/guardians, at least two weeks prior, of the details of the planned excursion and the cost if it is outside a regular excursion,
- requesting adult participation in the excursion, clearly stating if it is appropriate for other siblings to attend,
- collecting completed permission forms and excursion fee (if outside regular excursion), if required, for each child participating in the excursion,
- arranging for a suitably equipped first aid kit, mobile phone and sunscreen (if required) to be taken on the excursion,
- notifying parents/guardians immediately of any change, or delay to the proposed excursion,
- ensuring educator-child ratios, as per the regulatory requirements are met for children not participating in the excursion,
- if the excursion is an approved regular excursion, making sure the families have all signed an excursion form and the enrolment form,
- making sure all risk assessments are completed and include Transportation information as a part of the assessment.

Responsibilities of Nominated Supervisor

- providing adults who have volunteered to participate in the excursion with the aims and objectives of the excursion and any other information necessary for its smooth operation.
- arranging for the details of the telephone number of any person who is to be notified of any accident, injury, trauma or illness involving the child and the child’s medical details to be taken on the excursion. Information is to be carried by a qualified educator at all times.
- ensuring that the educator-child ratio approved by the Nominated Supervisor is in place before the children depart The Cubby.
- cancelling the excursion if any requirements as per the Children’s Services Act and Children’s Services Regulations aren’t met, the educator-child ratio is not met,
- notifying TCH Management and parents/guardians.
- arranging for an educator, parents/guardians or a committee member to be available, if the excursion is late returning, to advise parents/guardians collecting children at The Cubby of the estimated time of arrival back at The Cubby,
- ensuring that only those children whose parents/guardians have completed and returned the permission form attend the excursion,
- ensuring the route of travel is assessed for potential hazards using the risk assessment form as a tool.

Responsibilities of Educators

- discussing with the children the aims and objectives of the excursion, and items of special interest to them,
- informing parent/guardians of any items the children require for the excursion e.g. hat, coat and snack.

PRIOR TO AND DURING THE EXCURSION

Responsibilities of Nominated Supervisor

- Parents, guardians and volunteers are provided with a written outline of the excursion risk assessment to be carried with them at all times. This may include a list of children in attendance, a list of the names of educators in attendance, a telephone number to be used if they become separated from the group, timetable for the excursion, and any other information identified by The Cubby as relevant to the excursion,
- a list of those participating in the excursion is cross-referenced against Kidsoft and attendance sheet, excursion forms etc,
- a qualified educator is nominated to carry the first aid kit, emergency contact details for each child, mobile phone, sunscreen (if required), and medications for children (if required),
- the number of children and adults participating is monitored at regular intervals, by checking children and adults against the list of those participating in the excursion,
- the educator, parent/guardian, or committee member, delegated to notify parents/guardians if the excursion has been delayed, is notified if this occurs.

Responsibilities of Educators

- providing children with the opportunity to use toileting facilities or nappies changed by an educator prior to departure,
- signing all children out of The Cubby at the start of the excursion and signing them back in when they return,
- informing parents, guardians, volunteers prior to commencing the excursion that if a child indicates they need to use toilet facilities or need a nappy change that they are to notify an educator. The educator will attend to the toileting or nappy changing needs,
- ensuring parents, guardians, volunteers participating in the program are aware of persons who are staff members, for example, staff members to wear name tags,
- ensuring all children are to be clearly identifiable and supervised at all times during the excursion, for example, centre labels, red hats etc. It is not recommended to use the child's name as an identifier as it informs strangers of their name.

Parents, guardians, volunteers are responsible for

- reading the excursion details provided by The Cubby and asking for additional information if required,
- informing an educator immediately if a child appears to be missing from the group,
- informing an educator if a child needs to use toilet facilities or needs a nappy change. The educator will attend to the toileting and nappy changing needs.

Date reviewed	COM	Adopted
30/05/2017		
01/06/2018		
22/04/2020	John Kriesfeld	
04/07/2022 NP	Jen Pagon – President	12/01/2023

36. SPECIAL ITEMS FROM HOME

Policy

The Cubby recognises that:

- toys and items from home can be a comfort for children,
- that violent toys are inappropriate for constructive play,
- some toys can contribute to the Educational Program, and
- educators cannot take responsibility for toys that are lost or broken while brought to The Cubby.

Procedure

1. Comfort toys e.g. dummies, security blankets etc. may be brought into The Cubby according to the individual child's needs. Recognition shall be given that an individual child's needs can vary greatly in regard to their dependence on these items and their need to have them. The length of time that a child requires these comfort items is to be determined by a joint discussion between parent and the Childcare Coordinator and should be guided by the child's needs.
2. Comfort toys are to be labelled clearly.
3. Violent toys e.g. guns, swords are discouraged to be brought to The Cubby. Parents will be asked to remove them from The Cubby or they will remain in the child's bag for the day.
4. Children are welcome to bring other toys that would be relevant to the Educational Program and can be shared by the children. These could include tapes, CDs, books, games, puppets, musical instruments, items from other cultures. A discussion with educators prior to bringing the item to The Cubby may clarify the suitability of the item. Items are to be labelled clearly.
5. Staff cannot accept responsibility for toys or play equipment that the child has brought into The Cubby.

Date reviewed	COM	Adopted
30/05/2017		
01/06/2018	John Kriesfeld	26/06/2018
04/07/2022 NP	Jen Pagon – President	12/01/2023

37. SAFE TRANSPORTATION OF CHILDREN

Transportation of children is sometimes provided as part of our children's service. Compliance with the Children's Services Act and the Children's Services Regulations is mandatory to ensure the safety of children at all times and new provisions and amendments to these Regulations are reflected in our procedures and policy for transportation and the safe handover of children.

We acknowledge our ensuring duty of care obligations by adhering to relevant legislation providing adequate supervision of children at all times, maintaining correct educator-child ratios, maintaining accurate attendance records and providing appropriate child restraints for children under our care.

Purpose

We aim to ensure that all children being educated and cared for by our service are adequately supervised at all times. This includes ensuring educator-child ratios are met whenever and wherever the service is operating including providing transportation for excursions.

The safety of children enrolled at our service is paramount. Every reasonable precaution is taken to protect children from harm and from any hazard likely to cause injury.

Appropriate safety measures have been implemented through our comprehensive risk assessment process to ensure supervision is adequate at all times including transportation. Educator-child ratios are adhered to in addition to ensuring the maximum numbers on the service approval are not breached at any time. Adequate supervision is therefore not static as it is dependent upon a range of considerations documented in risk assessments.

Definitions (effective 1 October 2020)

Regular outing, in relation to children's service, means a walk, drive or trip to and from a destination that the service visits regularly as part of its Educational Program and where the circumstances relevant to the risk assessment are substantially the same on each outing

Transport specific Risk Assessment

As per the Children's Services Act, our service will "ensure that every reasonable precaution is taken to protect children from harm and from any hazard likely to cause injury" (Section 107). Our Service will conduct comprehensive transport specific risk assessments to minimise and manage all potential risks for transporting children before authorisation is sought to transport a child. (Regulation 70, 71).

A risk assessment will be undertaken for all excursions where transport is involved. All of The Cubby's approved regular excursions use the method of walking and therefore do not require transportation. All risk assessments will be regularly assessed and evaluated as to facilitate continuous improvement in our service.

Our Risk Assessment Process is guided by:

- identifying any hazards or potential hazards that transporting the child may pose to the safety, health and wellbeing of the child,
- assessing the risk of harm or potential harm using a risk matrix,
- specifying how the identified risks will be managed by eliminating or minimising the impact using control measures,
- evaluating the current risk or potential harm by implementing control measures,
- reviewing and monitoring the risk or potential harm to ensure it continues to be managed as a low risk.

Our Risk Assessment will consider all of these:

- the proposed route and duration of the transportation,
- the proposed pick-up location and destination,
- the means of transport,
- any requirements for seatbelts or safety restraints (as per the law of our jurisdiction),
- any water hazards,
- the number of adults and children involved in the transportation,
- given the risks posed by transportation, the number of educators or other responsible adults to provide supervision and whether any adults with specialized skills are required,
- whether any items should be readily available during transportation (mobile phone, list of emergency contact numbers),
- the process for entering and exiting The Cubby premises,
- the pick-up location or destination (as required),
- procedures for embarking and disembarking the means of transport, including how each child is to be accounted for on embarking and disembarking.

Responsibilities of Nominated Supervisor

- risk assessments are carried out prior to seeking authorisation for transporting children from the Approved Provider,
- details of the safest route for travel, type of vehicle and required restraints are included in the risk assessment,
- every reasonable precaution is taken to protect children from harm and hazards likely to cause injury,
- compliance with first aid requirements of Regulation 95 are met at all times,
- parents/guardians complete a written authorisation for transportation of their child and a copy of this is filed with their enrolment form,
- children are instructed on processes for entering and exiting The Cubby premises and are aware of the pick-up and destination locations,
- children's attendance is checked against an accurate attendance record showing when children are within the care of The Cubby. The record of attendance must record the time that the child arrives and departs the service and signed by the nominated supervisor or educator,
- children's attendance is checked by the supervising educator before departure from the designated pick up location and marked as present as they disembark from the vehicle,
- educator to child ratio requirements are maintained at all times,
- children exit the vehicle using the 'safety door',
- children wear approved seatbelts or restraints whilst the vehicle is in motion,
- ensure children are never left unattended in the vehicle
- safety rules are developed with children to ensure a clear understanding of appropriate and inappropriate behaviour,
- staff are aware of appropriate procedures to be followed in the event of a vehicle crash involving staff and children from the service,
- a working mobile phone is provided in case of emergency,
- a list of emergency contact numbers for the children being transported is available,
- every effort will be made to notify parents/carers of delays returning to the Service if applicable,
- relevant criminal history requirements and Working with Children Checks are made for any person transporting children. WWCC is recorded in staff records,
- the person driving the vehicle or bus holds a current Australian driver's licence,
- any allegation of misconduct of the educator or staff member will be reported immediately as per the Reportable Conduct Scheme detailed in our policies and procedures.

Safe Maintenance of Transportation Vehicle – Responsibilities of Nominated Supervisor

- the transportation vehicle is fitted with the required child restraints, approved by the Roads and Traffic Authorities (see Rule 266 of the Australian Road Rules),
- the vehicle has enough fuel to transport the children each day as in accordance to schedule,
- the vehicle is registered, roadworthy and insured (general legal requirements and best practice standards are adhered to),
- any repairs are completed as soon as possible by a qualified mechanic,
- drivers hold a current Australian driver's licence, licenced to carry the required number of passengers for the vehicle,
- in the event of any mechanical or other breakdown, children will be kept safe, comfortable and occupied with suitable activities,
- every effort will be made to notify parents/carers of delays returning to the service if applicable,
- an easily recognised and suitably equipped first aid kit is easily accessible during transportation,
- at least one staff member accompanying children during transportation holds:
 - an approved first aid qualification,
 - a current approved anaphylaxis management training qualification and
 - an approved emergency asthma management training qualification.

Picking up Children and during Transportation

- the vehicle or bus will be parked in a safe location where children are not required to cross any roads (if this is unavoidable, a risk assessment and dedicated procedure for crossing the road will be completed),
- the children's attendance record is checked by the supervising educator as children assemble in a predetermined location prior to boarding,
- children are continuously supervised during transportation by a designated educator sitting in a location that provides clear vision of all children,
- children are to remain seated until the vehicle or bus has completely stopped,
- the designated driver of the vehicle or bus complies with all appropriate road, safety and transport Regulations,
- under no circumstances will the driver of the vehicle or bus and educators supervising the children use handheld mobile phones unless safely parked,
- under no circumstances will the driver and educators and employees supervising children be under the influence of alcohol or drugs,
- the designated driver of the vehicle has the right, if required to stop in a safe place until the children conform to the safety guidelines. Parents will be notified if their child continues to be challenging and/or behaving in a dangerous manner.

Dropping off children

- children are to remain seated until the vehicle or bus has completely stopped,
- a designated staff member will assist children to safely disembark the vehicle or bus,
- children will exit the vehicle or bus using the 'safety door' or door located near the kerb,
- the children's attendance record will be checked by the supervising educator as they assemble in a predetermined location at the end of the journey and verified by a witness,
- educators conduct a final sweep of the vehicle or bus, checking on and under seats to ensure there are no children or belongings left behind,
- once inside (or on location) the children are signed in which will provide an additional attendance check to confirm all are present,
- educators will record the time when children are signed in to the service or other venue.

Responsibilities of Educators/Drivers

- driver’s licence is current, and they are licenced to carry the required number of passengers for the purpose,
- every reasonable precaution is taken to protect children from harm and from any hazard likely to cause injury,
- they adhere to the road rules and Regulations mandated by law within each state/territory,
- children remain seated and do not behave in a dangerous or inappropriate manner,
- the vehicle is parked in a secure and safe location for children to access,
- the number of passengers does not exceed the legal requirement,
- a working mobile phone is taken in case of an emergency,
- a fully equipped first aid kit is easily accessible,
- once all children have exited the vehicle/bus, a final sweep of the vehicle will be made checking that there are no children or belongings left behind.

Responsibilities of Parents/Guardians

- ensure written permission for transportation of their child by the Service is granted by either the parent or authorised nominee named in the child’s enrolment record,
- update emergency contact numbers regularly.

Date reviewed	COM	Adopted
04/07/2022 NP	Jen Pagon – President	12/01/2023

38. WATER SAFETY (INCLUDING SAFETY AROUND WATER PLAY ACTIVITIES)

Policy

To ensure safety of any play involving water play at The Cubby. Direct and constant supervision is required at all times when children are near water.

Procedure

1. Water play helps children to learn and explore new skills and promotes sensory development and scientific and mathematical concepts including volume and space.
2. When water troughs are in use, they must be directly supervised, regardless of the volume of water. Water troughs must not be filled until an educator is available to supervise the activity at all times. If, for any reason it cannot be supervised, the water needs to be tipped out immediately.
3. Water play activities must only be offered in a water trough that is in a stand, or on a table. Troughs will not be used on the ground.
4. Children should be discouraged from drinking the water from the trough. If the water becomes contaminated from children drinking or spitting in it, it needs to be tipped out, and the trough disinfected before refilling.
5. At the end of each water play activity the trough must be emptied and cleaned immediately. It must never be left full in the outdoor yards – always empty before going inside.
6. When tipping water troughs out, manual handling procedures must be adhered to.
7. Educators will undertake a risk assessment looking at potential risks associated with proposed water play activities including:
 - a. identifying potential hazard and harms
 - b. assessing the likelihood and consequences of each
 - c. risk assessment and subsequent controls will take into account the age, ability, interests and experiences of children likely to be involved in the experience or activity.
8. Educators will ensure all excursions planned have assessed the potential of managing risks around water.

Responsibilities of Approved Provider

- ensuring that obligations under the Children’s Services Act and Children’s Services Regulations are met,
- keeping a child safe environment,
- ensuring that there is adequate supervision provided given the ages and developmental needs of children undertaking water activities (including educator-child ratios),
- ensuring risk assessments are undertaken and water hazards and risks associated with water-based activities are taken into consideration,
- taking reasonable steps to ensure that the policy and procedures are current, reviewed regularly, and communicated to educators, staff and stakeholders,
- taking reasonable steps to ensure that nominated supervisors, educators, staff and volunteers follow the policy and procedures.

Responsibilities of Nominated Supervisor

- ensuring that there is adequate supervision provided given the ages and developmental needs of children undertaking water activities (including educator-child ratios),
- informing families about water safety practices at the service,
- ensuring first aid and CPR qualifications and requirements are met at all times,
- ensuring that at least one educator, staff member or nominated supervisor who holds a current approved first aid qualification attends all times that children are being educated and cared for by the service,
- undertaking risk assessments for excursions near water and for water-based activities,
- taking reasonable steps to ensure that the policy and procedures are current, reviewed regularly, and communicated to educators, staff and stakeholders,
- taking reasonable steps to inform and support educators and staff of their responsibilities in implementing the policy and procedures at all times,
- guiding and mentoring educators and staff to be able to follow the policy and procedures.

Responsibilities of Educators

- reinforcing water safety messages within the children’s education program,
- making sure water hazards are managed as outlined in your procedure, e.g. water trough is emptied and packed away as soon as play has ended,
- ensuring buckets that contain liquids are not accessible to children,
- emptying, safely covering or making inaccessible to children all water containers when they are not in use, e.g. mop buckets, nappy buckets, bathtubs, water troughs, pet water containers,
- ensuring water troughs or containers for water play will be supervised at all times and containers or troughs will be emptied after use,
- inspecting indoor and outdoor environments for potential water hazards, particularly during and after wet weather.

Date reviewed	COM	Adopted
30/06/2022 NP	Jen Pagon – President	12/01/2023

G) CHILDREN'S SAFETY, HEALTH AND WELLBEING

39. NUTRITION, FOOD & BEVERAGES, DIETARY REQUIREMENTS

Policy

This policy promotes healthy food options and discourages food high in fat, salt and sugar. The Cubby will ensure that meal times will provide positive learning experiences for children whilst encouraging the development of healthy eating choices. The Cubby educators aim to promote the health of staff, educators, family and children by creating an environment that supports healthy eating. The formation of good eating habits are paramount for children in the 0-6 age group, as what children learn about food, eating and health during these ages will carry on and play a significant role in adult life in regard to food and life style choices.

Background

Healthy eating and good nutrition have a major influence on children's health and wellbeing and a direct impact on their growth and development. The important social and cultural role of food, and the wide range of attitudes to it, is acknowledged within the service. The Cubby is committed to educating children and their families about nutritious food and healthy eating habits.

Definitions

Healthy eating: Eating a wide variety of foods from the five food groups each day. These are:

Fruit, vegetables and legumes, beans, grain (cereal) foods, mostly wholegrain, milk, yoghurt, cheese, and alternatives, lean meat, poultry, fish, eggs, tofu, nuts and seeds and legumes, beans.

Healthy eating also means eating in a way that is socially and culturally appropriate, having regular meals and snacks and eating food to satisfy hunger, appetite and energy needs.

Procedure

1. Parents/guardians will supply morning tea and lunch. Families are asked to bring healthy food. Foods high in fat, salt and sugar are discouraged.
2. Safe drinking water (including tap water) will be available to the children throughout the day and is the preferred drink. Sweetened drinks such as fruit juices, cordials and soft drinks are not provided. Ensure children have an adequate fluid intake during their care. Children under 12 months will only consume boiled water on premises.
3. Meal times will be treated as social occasions. Educators will sit with and interact with the children to encourage good eating habits and an appreciation of a variety of foods. The Cubby will encourage children to broaden their knowledge of different foods by pointing out the variety of colours, textures, flavours and aromas. The Educational Program will include the promotion of healthy food choices and behaviours. Opportunities to learn about food and healthy eating are embedded in the Educational Program. Children will be assisted where required but will be encouraged to be independent and to help themselves wherever appropriate in the serving and clearing of food and drink and in managing utensils, pouring, drinking and eating.
4. No child will be forced to eat what they do not want. The Cubby encourages children to eat healthy and natural food like fruit and vegetables before packaged and processed food. Food will not be used as a reward, incentive or comforter. Nor will it be used as a method of behaviour management. Instead children are provided with positive feedback and encouragement.
5. Healthy body image and an enjoyment of eating are encouraged by the service.
6. The Cubby Coordinator will need a list of ingredients for food provided for special occasions.
7. Food practices from diverse cultural backgrounds and traditional beliefs are respected
8. In emergency situations (power failure, break in, floods) appropriate food will be provided such as sandwiches, water and dry biscuits.

9. Our service supports mothers who wish to provide breast milk to their children whilst in our care. If a parent wishes to return to the service to breast feed while the child is in care, a comfortable arm chair will be provided for you. If provided with expressed breast milk the following procedure shall be followed.
 - a. Expressed milk must be provided in sterilised containers, clearly marked with the date and time it was expressed. If the breast milk is frozen, the date and time it was removed from the freezer is to be noted.
 - b. A minimum of five clean sterilized bottles should be provided if staff are to portion the breast milk.
 - c. Staff will adhere to food handling procedures if portioning breast milk.
 - d. Staff will warm breast milk by placing the bottle in boiling water until it reaches the desired temperature.
10. When supplying formula bottles the following procedure shall be followed:
 - a. Formula milk must be provided in named and sterilised bottles made up in accordance with direction on the packaging.
 - b. Staff will adhere to food handling procedures when heating formula in accordance with National Childcare Accreditation Council guidelines.
11. When a child has a reaction to a certain food provided, parents/guardians shall be notified and the reaction will be documented and signed in the accident/injury book by both staff and families. Steps will be put in place to manage suspected intolerances and allergies. Staff will share information with families regarding allergies and intolerances.
12. If the child suffers from a medical emergency the child's action plan is followed. Each child with an allergy or intolerance will have an action plan. Refer to Individual Child's Medical Information Sheet, Anaphylaxis Plan and Anaphylaxis Policy.
13. Cooking and food experiences provided in the service focus on healthy food options and promote fruit and vegetables. Educators will sit with children to encourage and role model good eating habits and an appreciation of a variety of foods.
14. Educators are supported to access a range of resources to increase their capacity to promote healthy eating initiatives for children.
15. Educators, staff, children and families are seen as key partners in promoting and supporting healthy eating initiatives at The Cubby.
16. The service works with local health professionals, services and other organisations to support educators and staff to deliver and promote healthy eating initiatives
17. Educators are supported to access a range of resources to increase their capacity to promote healthy eating and oral health initiatives to children.

Food Safety

- All food on the premises intended for consumption is to be protected at all times from contamination.
- Staff will list individual children's food allergies and consult this when planning activities involving food.
- Children who have special dietary requirements for health or medical reasons, will have their requirements made known to everyone responsible for preparing or serving food to them.

Responsibilities of Approved Provider

- ensuring that obligations under the Children’s Services Act and Children’s Services Regulations are met,
- ensuring adequate health and hygiene practices are followed, as well as safe premises, equipment and practices for handling, preparing and storing food, in line with Australian food safety standards and any jurisdictional requirements,
- ensuring children have access to safe drinking water at all times and are offered food and beverages appropriate to each child’s needs on a regular basis throughout the day,
- ensuring that child enrolment records include any special considerations for the child, such as cultural or religious dietary restrictions, as well as any health-related dietary restrictions,
- ensuring risk minimisation plans are developed for children with medical conditions that can be impacted by food,
- ensuring that healthy eating is promoted,
- taking reasonable steps to ensure that nominated supervisors, educators, staff and volunteers follow nutrition, food and beverages, dietary requirements policy and procedures.

Responsibilities of Nominated Supervisor

- ensuring that regulatory obligations are met in relation to nutrition, food and beverages, and dietary requirements,
- implementing procedures for nutrition, food and beverages, and dietary requirements,
- ensuring adequate health and hygiene practices are followed, as well as safe practices for handling, preparing and storing food, in line with Australian food safety standards and any jurisdictional requirements,
- ensuring children have access to safe drinking water at all times and are offered food and beverages appropriate to each child’s needs on a regular basis throughout the day,
- ensuring that child enrolment records include any special considerations for the child, such as cultural or religious dietary restrictions, as well as any health-related dietary restrictions,
- for children with medical conditions that can be impacted by food, working with families to develop risk minimisation plans and ensuring educators and staff implement these plans,
- ensuring that a system for ongoing communication is developed and maintained between families, educators and staff, so that all are aware of children’s nutrition and any special dietary requirements,
- developing program planning that promotes healthy eating and knowledge of nutrition by children and families, and involves children in decision-making about healthy food and beverage choices.

Responsibilities of Educators

- implementing the Nutrition, food and beverages, dietary requirements policy and procedures,
- handling, preparing and storing food using safe practices, in line with Australian food safety standards and any jurisdictional requirements,
- ensuring safeguards are in place to prevent children being provided the wrong food or breast milk,
- ensuring children have access to safe drinking water at all times and are offered food and beverages appropriate to each child's needs on a regular basis throughout the day,
- monitoring children's food and beverage intake to ensure it is adequate and appropriate to each child's needs,
- being familiar with the individual needs and action plans for the children in your care with specific dietary requirements, and ensuring those requirements are taken into consideration, including on excursions,
- maintaining ongoing communication with families and other members of staff (including the Nominated Supervisor) about any changes to children's dietary requirements and ensure these changes are reflected in the mealtimes,
- implementing and reflecting on program planning to:
 - promote healthy eating and knowledge of nutrition by children, e.g. eating with the children, conversations during mealtimes around food
 - promote healthy eating among families
 - involve children in decision-making about healthy food and beverage choices, e.g. having them.

Responsibilities of Parents/Guardians

- ensuring the service is advised of their child's dietary requirements – relating to their child's growth and development needs, as well as any specific cultural, religious or health requirements – at the time of enrolment, and that this information is kept up-to-date,
- should their children have a medical condition that can be impacted by food, working with the service to develop risk minimisation plans,
- ensuring that packed morning tea and lunch are nutritious and plentiful and that they are in line with service requirements (e.g. that they do not contain allergens that could harm other children at the service).

Date reviewed	COM	Adopted
30/05/2017		
01/06/2018	John Kriesfeld – President	26/06/2018
30/09/2022 NP	Jen Pagon – President	12/01/2023

40. FOOD SAFETY INFORMATION (STORAGE AND HEATING FOOD/DRINK)

Policy

To ensure The Cubby has appropriate procedures in place to secure safe food handling and hygiene practices that meet The Victorian Food Safety Act 1984, Children's Services Regulations, National Quality Standards Area 2 and The Healthy Eating and Physical Activity Guidelines for Early Childhood settings.

Kitchen Environment

1. Food will be prepared and stored hygienically. All educators involved in food handling and preparation will be food safe accredited (refer Food Handling and Safety Policy).
2. Cold food will be kept cold (below 5°C) and hot food will be kept hot (above 60°C).
3. Food will be cooked thoroughly to a temperature of 75°C or above.
4. Raw food will be kept separate from cooked and ready to eat food to prevent any possible cross contamination.
5. Different knives, chopping boards or other equipment will be used for raw and cooked or ready to eat food. If this is not possible, the equipment will be thoroughly washed in hot soapy water between uses.
6. Fruit and vegetables will be thoroughly rinsed in clean water.
7. Clean utensils will be used to serve cooked or ready to eat food.
8. If food needs to be stored, it will be stored in a container that is clean, non-toxic and strong enough to hold the contents.
9. Food and beverages will be served with tableware that is in good condition and not chipped, broken or cracked.
10. Guidance on safe food handling will be provided to families that provide food from home. If food is provided from home, once it arrives at The Cubby, it is the responsibility of the educators to handle and store it hygienically and safely.
11. Educators will comply with policies on handwashing, cleaning and sanitising.
12. High risk products e.g. meat, poultry, eggs and dairy products will not be left out in the "temperature danger zone" (between 5°C and 60°C) to ensure there is no risk of bacterial growth occurring.

Food Preparation and Serving

- adequate facilities and equipment will be provided including hot and cold running water, waste disposal, light ventilation, refrigeration, storage space and personal hygiene facilities.
- no live animals will be allowed in food preparation, serving or eating areas.

Children Involvement

Educators will encourage children to adopt hygienic and safe food practices by discussing:

- not sharing utensils or food handled by another child,
- washing hands before preparing or eating food,
- handling kitchen utensils with care,
- sitting down when eating to prevent choking.

Safe Food Practices (Heating of Food and Drink)

- Cooked foods that are potentially hazardous, such as meat, poultry, eggs and dairy products, should not be left out for longer than one hour. Once cooled, the food should be immediately placed in the refrigerator and cooled to below 5°C.
- When reheating these foods, a heat process should be used that rapidly heats the food to a temperature of 75°C.
- Food will never be stored with chemicals and cleaning equipment, clothing or the personal belongings of educators.
- Canned food will be stored in a sealed container once it has been opened.

Cleaning and Sanitising (Storage Area)

- Food preparation areas will be cleaned daily as well as before and after food preparation.
- Drinking and eating utensils will be cleaned and sanitized between uses.

General

1. Educators are encouraged to drink water whilst in the presence of children to act as role models.
2. Educators will maintain a professional and respectful approach to consuming and serving food while on The Cubby's premises.

The Cubby is committed to ensuring each educator has adequate training and knowledge of allergies, anaphylaxis and emergency procedures (refer to Anaphylaxis and Asthma Policies).

Allergies, Intolerances and Special Diets

1. Children with food allergies, cultural, religious and personal food differences are respected at The Cubby.
2. A list of children with special dietary requirements will be displayed in the kitchen and in the rooms. This list will specify all foods to which a child is known to be allergic and must be made known to everyone responsible for preparing and serving foods.
3. In the case of severe allergies, educators may request that all parents refrain from sending specific foods to The Cubby.
4. Nuts, peanut butter, Nutella and other nut products (spreads, bars, dips etc) are not permitted at The Cubby. If a child brings these products into The Cubby, they will be removed. Parents will be notified by The Cubby Coordinator when this occurs.

NOTE: Educators cannot check all food items brought into The Cubby and will not remove items labelled as "may contain traces of nuts" or "made on equipment where traces of nuts may be".

Special Occasions and Birthday Treats

1. Food may be provided by parents/guardians for celebrations such as birthdays in line with this section of the nutrition policy and our Food Safety program.
2. Should parents wish to supply birthday cakes, slices or biscuits, a list of ingredients must be supplied to The Cubby.
3. All food products must be purchased from a registered business in the original container and include the list of ingredients and use-by-date.
4. The products should be delivered to an educator who shall ensure that they are covered and stored in the refrigerator. Upon being received, the product is labelled and stored according to Section 4.2 Food Safety Act
5. The product must be approved by The Cubby Coordinator before being given to the children. Products involving meat, poultry or seafood are not permitted.
6. Children will be encouraged to drink water after eating sweets (swishing the water around their teeth).

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30/05/2017		
01/06/2018	John Kriesfeld – President	26/06/2018
30/09/2022 NP	Jen Pagon – President	12/01/2023

41. BOTTLE FEEDING

Policy

To meet a child's emotional needs, wherever possible a child is to be held when given or having a bottle.

Procedure

1. Staff are to respect and attempt to accommodate parent's specific wishes to the child's normal routine when having their bottle – subject to safety procedures, age and developmental abilities of a child.
2. There are times when staff have numerous bottles to give. Where a decision is being made to allow a child to hold their own bottle safety, age and developmental abilities of that child must be considered. Children holding their own bottle must be supervised at all times.
3. Where a child is having a bottle itself steps are to be taken to ensure adequate supervision of the child during this time:
 - A staff member may need to sit beside the child or staff are to be within safe hearing and visual distance of the child.
 - Due to the inability to maintain safe supervision of a child holding a bottle in the busy and/or noisy periods of the room e.g. while children are moving from lunch to bed, nappies are being done etc. children are not to be given bottles to hold at this time.
 - In these circumstances the baby or child is to be held, at the staff member's side or wait until the room settles down and the noise level subsides where the child is within a safe hearing and visual distance to educator.
4. No babies' bottles are to be heated in the microwave. Babies' bottles are to be heated using a bottle warmer or in a jug of hot water which is never to be placed in reach of children.
5. Staff will discard unused formula after feed (do not reheat any bottles).
6. When heating bottles, warm only the amount needed.

Formula

1. Bottles of formula milk must be made up according to the directions on the packaging, clearly labelled with the infant's name, today's date and a lid and stored in the refrigerator. Parents/guardians must supply enough milk for the child's needs for the day.
2. Discard bottle content that has been of room temperature for longer than one hour.

Breast Milk

1. Bottles of breast milk must be clearly labelled with the infant's name and the date of which the breast milk was expressed and stored in the refrigerator.
2. Parents should provide adequate milk for the child's attendance.

Please note: Staff will offer infants cooled boiled water throughout the day if still breast milk fed and cold filtered water for all other children.

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23/05/2017		
01/06/2018	John Kriesfeld – President	26/06/2018
30/09/2022 NP	Jen Pagon – President	12/01/2023

42. BREASTFEEDING AND BREAST MILK

Policy

The Cubby recognises the importance of breast feeding and encourages mothers to breast feed. Breast feeding mothers will be supported and a comfortable area for this will be available. Parents are welcome to come to The Cubby to breast feed their children.

Procedure

1. Mothers need to inform staff of their breast-feeding requirements.
2. Staff will contact the parent if their child requires feeding at an earlier than expected time.
3. Expressed milk can be stored in the refrigerator for 3 days from the date expressed or in the freezer section of the refrigerator for up to 3 months from the date expressed. If milk is refrigerated or frozen it needs to be placed in the refrigerator or freezer immediately after expressing.
4. Bottles of expressed breast milk must be clearly labelled with:
 - the infant's name
 - the date expressedand must be stored in the refrigerator.
5. Expressed milk needs to be heated only to room temperature and heated in a bowl of warm water, not heated in microwave. Test how warm the milk is by dropping a little on your wrist. It is right when it feels warm. Be careful not to overheat the milk as it will evaporate all of the good nutrients from the milk.
6. Discard any unused breast milk after feed.
7. Staff will offer cooled boiled water to infants as an alternative fluid. If a child's breast milk has ran out, please ask the child's parents if water is ok to be given. Although this is a recommended alternative, the parent may choose to come to The Cubby and drop off more.
8. Proper sterilization procedures are followed for bottles, teats and other utensils.

The Cubby acknowledges that the following needs to be managed when feeding babies:

- Bottles must be properly sterilised and prepared.
- Correct formula, as per instructions must be used.
- Formula or breast milk must be refrigerated at the correct temperature.
- The temperature of the milk and ways of warming the bottle must be safe.
- Not putting babies to sleep while drinking from a bottle.

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23/05/2017		
01/06/2018	John Kriesfeld – President	26/06/2018
30/11/2022 NP	Jen Pagon – President	12/01/2023

43. DENTAL AND ORAL HEALTH CARE

Policy

This Policy promotes healthy food options and discourages food high in fat, salt and sugar. Also, The Cubby will promote the importance of oral health to staff, educators, families and children through creating healthy physical and social environments, learning and skills, and developing community links and partnerships. All members of The Cubby, including educators, staff, families and children will be supported in implementing this policy.

Background

Oral health behaviours have a major influence on children's health and wellbeing and a direct impact on their growth and development. Early childhood education and care services play an important role in promoting young children's oral health. This is a time when lifelong oral health behaviours are being formed. Oral health is essential for children's overall health and wellbeing. Oral diseases can negatively affect individuals through pain, discomfort, general health and quality of life. The main oral health condition experienced by children is tooth decay, affecting over half of all Australian children, making it five times more prevalent than asthma. Tooth decay is Australia's most prevalent health problem despite being preventable.

Procedure

The Cubby systematically incorporates information on dental health practices into the Educational Program, including talking to the children about tooth brushing and why that is important, 'tooth friendly' snacks, and visiting the dentist.

Healthy Policies

Staff, families and children are active participants in the development and implementation of the whole service oral health policy. Staff and families are provided with information about policy requirements.

Healthy Physical Environment

Sometimes foods and sweetened drinks (juices, cordial and soft drinks) are discouraged from being sent from home. The service seeks to ensure any sponsorship, advertisements or marketing of food and drinks are consistent with the service's healthy eating and oral health policies.

Fundraising Activities

Reflect the oral health policy and promote healthy lifestyle messages, for example, fundraising using toothpaste and toothbrushes, fruit and vegetable boxes direct from growers, etc. children undertake oral hygiene practices in the service where appropriate.

Healthy Social Environment

As role models, staff and families are encouraged to bring foods and drinks that are in line with the service's healthy eating and oral health policies. Staff role model good dental health practices by not having sweets on premises at any times. Oral health practices from diverse cultural practices and traditional beliefs are respected and valued within this service. Staff talk to children about age appropriate tooth brushing and why this is important. Staff is supported to access a range of resources to increase their capacity to promote oral health initiatives for children.

Safe drinking water (preferably tap) will be available to children throughout the day.

The Cubby encourages healthy eating habits and drinking water at all times. Children will be encouraged to rinse their mouths with water to remove food debris after every meal or snack.

Engaging Children, Educators, Staff and Families

Educators, staff, children and families are key partners in developing and supporting oral health initiatives. The Cubby will provide information to families on dental health principles relating to different age groups of children, as recommended by the Australian Dental Association (ADA).

Families and children from culturally diverse backgrounds are consulted to ensure cultural values and expectations about oral health are respected.

Staff will report to the family any sign of tooth caries, any accident, injury or suspected injury to teeth and gums, gum swelling, infection in the mouth, or problems, pain or discomfort the child has with chewing, eating or swallowing.

When feeding young infants breast milk or formula milk, The Cubby uses the Supporting Nutrition for Australian Childcare (SNAC) recommendations.

Community and Educator Partnerships

The service works with local health professionals, services and other organisations to support educators and staff to deliver and promote oral health initiatives.

Families and children from culturally and religiously diverse backgrounds are consulted with to ensure beliefs around oral health are respected. Educators are supported to access a range of resources to increase their capacity to promote healthy eating and oral health initiatives to children.

The Cubby will provide families with information on how and where to access local dental services, promoting the use of local public dental services. The Cubby strives to work with local health professionals and staff to deliver and promote oral health initiatives.

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30/11/2022 NP	Jen Pagon – President	12/01/2023

44. BEHAVIOUR GUIDANCE MANAGEMENT AND BITING

Policy

The Cubby will ensure that a positive approach to guidance and discipline is adopted with children attending The Cubby, with the aim of children developing self-discipline, or behaviour based on control of self and understanding, and appreciation of other people's needs, rights and feelings.

Procedure

Adults perform a significant role as a model for the behavioural education of children. Children learn to behave in a socially acceptable way through the role modelling and positive reinforcement of adults. Children learn from observing.

Behaviour Guidance teaches children to be self-disciplined and to understand how their actions affect themselves and more importantly, others around them. When expectations are clear and understood, self-esteem is improved resulting in happy, confident children.

1. Staff will recognise that for discipline to be effective, children need:
 - a genuine sense of loving care
 - a non-judgmental and secure atmosphere
 - a positive sense of self
 - a sense of trust in educators
 - empathic understanding
2. Staff will consult with parents regularly on disciplinary matters and will seek constructive solutions to any difference in values.
3. External professional help may be sought with parental permission and the parent/child referred as appropriate.
4. Staff's expectations of children's behaviour will be developmentally appropriate and realistic for the situation.
5. Discipline will be seen as helping a child to know what to do in a positive way (e.g. "the blocks are for building, balls are for throwing"). Adults will only say NO when prohibition is required quickly e.g. to prevent hurt, danger or damage.
6. No child will be subjected to any form of physical punishment, immobilisation or any other humiliating or frightening techniques. Staff will not use competition, comparison, blackmail or criticism.
7. If physical restraint is necessary, educators should be as gentle as possible but firm enough that the child cannot slip away. Parents will be notified if physical restraint is/has been required. DET are to be informed of the situation.
8. Staff will work with children in a helpful and supportive way by acknowledging and accepting a child's feeling of anger, frustration or jealousy. Staff shall distinguish the feeling from the behaviour so that it is the behaviour that is unacceptable rather than the feeling e.g. "I can see you are angry, but people are gentle here, as I am gentle with you".
9. Educators will work with children in a helpful and supportive way rather than seeing non-conforming behaviour as an attack upon the educator's authority (e.g. avoid power struggles).
10. Staff will help children develop empathy for others by discussing their feelings and those of other children involved rather than forcing them to apologise (a fairly meaningless thing for younger children).

11. Staff will use differential attention:
 - a. To reinforce acceptable behaviour
 - Staff will acknowledge children behaving in a desirable way and give attention that is rewarding for that child (e.g. cuddle, encouragement, special job, sticker, attention).
 - The attention given should be immediate, obvious, consistent and frequent (especially in the early stages).
 - b. To deal with unacceptable behaviour:
 - Educators will, whenever possible, ignore undesirable behaviour as attention given may reinforce the poor behaviour. This is suitable on a minor scale while maintaining supervision.
 - Ignoring is not appropriate if any person's welfare is threatened or if there is the likelihood of damage to property.
 - Ignoring will be a total withholding of attention (educators will be aware of body language) and should be immediate, obvious and consistent.
 - Educators must not allow undesirable behaviour to be the best way to gain attention.
12. Educators will recognise that testing limits and expressing opposition to adults is part of developing a healthy sense of self.
13. Other methods of guidance will include:
 - redirection to keep a disruptive child occupied,
 - anticipating and eliminating potential problems,
 - encouragement using actions and words to guide a child,
 - adapting the environment to eliminate the inappropriate behaviour,
 - giving choices, but only when it is appropriate and when the child truly has a choice,
 - providing the child with an opportunity for a quiet activity or period with a staff member sitting with the child or very nearby,
 - using natural and logical consequences (e.g. if a child doesn't come for story, the child misses out).

Redirection (Cool Down Period)

Where educators find a child is displaying continual inappropriate behaviours (e.g. a pattern is emerging in relation to bullying, harassment, hitting, smacking, kicking or swearing):

- A meeting shall be arranged between the educator and the parent/guardian where behaviour management strategies shall be discussed.
- If after a reasonable period the behaviour still has not changed (e.g. the emerging pattern has continued), then another meeting shall be arranged with the parent/guardian, The Cubby Coordinator, TCH Management (and other staff members – if appropriate) and further behaviour management strategies will be discussed.
- If after a further agreed period, the behaviour has not changed, further behaviour guidance strategies will be discussed and an appropriate referral made, if needed, to support the child.
- A follow up meeting shall take place after 2-4 weeks involving the parent/guardian, The Cubby Coordinator, TCH Management (and educators – if appropriate) to assess how the behaviour management strategies are going and what further action is needed.
- If the above measures are unsuccessful in managing behaviour which is consistently inappropriate or endangering the safety of other children or educators, as a final option, The Cubby reserves the right to withdraw service for a set period of time. This is a last resort and an action we don't take lightly.

Redirection Guidelines

Where 'redirection' is being implemented:

- The child is to be separated from other activities, in a 'solitary activity' with an educator sitting with the child or very nearby.
- The child is not to be isolated with nothing to do, e.g. in a corner, on a mat etc.
- There is not to be a designated redirection location, either inside or outside.

Biting

- Where a child has been bitten, the circumstances are to be written up in the accident/illness book (as per Regulation requirements) and the parent of the child bitten will then be notified.
- Where the skin is broken and/or blood is drawn the parents of both the bitten and biting child shall be notified.
- The names of children and parents of either party will remain confidential.

Offence to use Inappropriate Discipline

The Cubby will ensure that no child being educated and care for is subject to any form of corporal punishment or discipline (Law 166). The Cubby will ensure their screening systems at employment reflects the required employment checks e.g. WWCC, Police check and current child protection training. The Cubby has a strong commitment to training and will ensure behaviour guidance is available to educators to enhance their behaviour guidance skills (Law 106).

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01/02/2017		
01/06/2018	John Kriesfeld – President	26/06/2018
30/11/2022 NP	Jen Pagon – President	12/01/2023

45. TOILET TRAINING

Procedure

1. Parents are to inform the staff if they are commencing toilet training in the home so that The Cubby staff can support the process. Parents will develop a plan with The Cubby staff so that they can support the process. Parents are to be asked if they wish their child to be toilet trained prior to any training being commenced.
2. Parents are to be consulted on an ongoing basis while toilet training is undertaken.
3. Where possible, staff will accommodate similar training routines to those undertaken at home.
4. In respect to toileting of children, staff will:
 - ensure that each child is comfortable during toileting procedures,
 - interact with each child during toileting procedures,
 - assist each child with toileting where required,
 - assist and support children and families to promote self-help skills,
 - ensure the effective supervision of older children while respecting their dignity and need for privacy,
 - encourage parents to provide clothing to facilitate self-help,
 - ensure the health and safety of each child,
 - take full advantage of every opportunity for a focused, positive interaction with children during toileting times, however brief these might be.
5. The Cubby will ensure that adequate and age appropriate toileting and hand washing facilities are provided for the use of children being cared of.

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30/05/2017		
01/06/2018	John Kriesfeld – President	26/06/2018
30/11/2022 NP	Jen Pagon – President	12/01/2023

46. NAPPY CHANGING

Procedure

All educators are to talk respectfully towards each child before each nappy change and toileting procedure. We respect each child as individuals and will always make these processes enjoyable, calming and respectful.

1. No comforters or toys are to be taken into the bathroom.
2. Any child requiring nappies need to bring their own to The Cubby.
3. Staff member puts on a pair of disposable gloves.
4. Staff member removes the nappy and uses baby wipes to clean the child. Wipes are to be used once only and in a front to back motion.
5. Gloves are then disposed of with the nappy and used wipes.
6. Place soiled nappies into a nappy bag before disposing in bin.
7. If child requires nappy rash cream apply using clean gloves.
8. A new nappy is put on.
9. Staff members then assist the child down from the nappy change area and encourage the child to wash their hands with soap.
10. Staff members must then spray the nappy change mat with approved sanitizer and wipe the area down with disposable towels.
11. Towels are discarded and staff member washes their hands following each nappy change.
12. All nappy changing and toilet routines are to be recorded on the nappy chart.
13. All individual children's creams and The Cubby's approved creams are to be placed in the basket between the change mats.
14. Staff will use this chart as a way of conveying information to families about their child's daily nappies and toileting routines.
15. All nappy charts are to be kept for 2 weeks before disposing of.

Date reviewed	COM	Adopted
30/11/2022 NP	Jen Pagon – President	12/01/2023

47. SLEEP AND REST FOR CHILDREN

Policy

The purpose of this policy is to ensure the safety, health and wellbeing of children attending our service and appropriate opportunities are provided to meet each child's need for sleep, rest and relaxation. The Cubby will ensure that all children have a period of rest as we believe sleep and rest time are important components in a child's growth and development. We also believe SIDS is a serious condition and we will continue to practice the preventative guidelines which are in line with Red Nose recommendations.

A Sleep and Rest Risk Assessment is conducted every twelve months or more often if necessary.

Procedure

1. Educators endeavour to ensure sleep and rest routines are positive experiences by providing opportunities to meet each child's sleep, rest and relaxation needs. To accommodate different ages and developmental stages of children, the designated sleep area is closed off from the play area, soft music is playing to soothe children and playtime during sleep times is taking place in the second room or outdoors if the weather allows it. Educators will ensure that all children are provided with a high level of safety when sleeping and resting. This includes adequate lighting to enable effective supervision and ventilation for children. Every reasonable precaution is taken to protect them from harm and hazards. Staff will provide a higher level of supervision for children with colds, chronic lung disorders or specific health care needs while sleeping.
2. Top sheets will not be placed in cots or on children until they are supervised and have fallen asleep. Staff will then tuck in the top sheets so that children can't move them.
3. No foreign objects are allowed in cots. This includes, but is not limited to hanging objects. Bottles and items containing liquids are not allowed in cots. Comfort items to help children settle, fall and stay asleep are allowed. These items will be moved and kept away from airways by educators.
4. All children have rights and where appropriate, should have choice about sleeping and resting within the day. No child will be made to sleep during organised sleep times. Children that are not sleeping will be given activities to complete in quiet time allowing the sleeping children to rest without interruption.
5. Parents are to be asked if they have any requests for sleep times (e.g. child not to have a sleep time or child to stay in a cot where possible). Staff will endeavour to accommodate diverse, cultural and other individual needs as long as safety and supervision of children are not impeded.
6. Wherever possible staff are to accommodate parent requests in regard to comfort toys or particular routines at sleep time.
7. The Cubby follows 'SIDS and KIDS' recommendations to reduce the risk of SIDS at all times. The following procedures are in place at The Cubby according to SIDS and KIDS recommendations. These are the following and are adhered to at all times:
 - Babies will be placed on their back, feet to the bottom of cot with blankets tucked in firmly.
 - Babies head will be kept uncovered.
 - Babies will always be cared for in a smoke free environment.
 - Babies dummies will not be attached to a child's clothing with a cord device/dummy chain.
 - Dummies and comfort items will be checked regularly before every sleep time for wear and tear and discarded if considered unsafe.
 - Children under 7 months will not be permitted to have soft teddies/toys or large teddy blankets in their cots (comfort items) while sleeping.
8. Children sleeping and resting will always be adequately supervised so that educators can supervise children's safety and wellbeing. Educators will be able to visually check the child's sleeping position, breathing and the colour of the child's lips and skin, body temperature, head position, airway and the child's head and face, ensuring they remain uncovered. Staff will record their check on the Daily Sleep Register (NQS 2.1.1.).

9. Children that are able to stand up and are tall enough and able to fall over the rails of cots are not allowed to sleep in cots. Staff will move these children to sleep on mattresses without falling hazards.
10. Children should be dressed with consideration to the room temperature. They should be warm but not hot to touch centrally (i.e. on the chest or abdomen). Bedding or clothing should be removed if the infant is hot to touch, or is flushed or sweating. Any clothing that could pose a strangulation or choking hazard must be removed before the children are placed in the sleep space. This includes but is not limited to hoodies and scarves. For this reason, any type of jewellery is not allowed at The Cubby. This includes, but is not limited to teething necklaces. Small stud earrings are allowed.
11. All equipment must be safe and only used in a way that was originally intended by the manufacturer. Children are not allowed to sleep in bassinets, car seats, prams, baby carriers, and any other items that are not cots or mattresses. Cots must meet the Australian Standard for Cots (AS2172). Cot sides must be secured safely when placing child in cot. Mattresses are firm and flat and meet the new Voluntary Australian Standard (AS/NZS 8811.1). Prams are allowed in The Cubby under strict supervision and only for sitting up purposes while the child is awake. If children start to fall asleep sitting in a pram, they must be moved to a cot or mattress. Educators undertake daily checks on the condition of equipment, such as cotton threads and holes in sheets, elasticity on corners of fitted sheets, stability and functionality of cots and firmness and condition of mattresses.
12. Equipment such as bumpers, infant positioners, inclined sleepers, or additional padding, mattresses, pillows and other soft items shall not be used in the sleep and rest environment.
13. Cots and beds must be placed away from any objects that could pose a danger, e.g. cords, including electrical cords, curtains, electrical appliances and objects that might fall into the cots. Mobiles are not allowed at The Cubby.
14. Educators keep the rooms in The Cubby well ventilated and at a steady temperature. Fresh air from open doors or split systems in appropriate settings support a healthy room climate. The Cubby is heated by split systems. No additional heater units are allowed in the rooms. Educators will check on these conditions regularly.

Responsibilities of Approved Provider

- ensuring that obligations under the Children’s Services Law and Children’s Services Regulations are met,
- ensuring staff members receive information and induction training to fulfil their roles effectively, including being made aware of the sleep and rest policies, their responsibilities in implementing these, and any changes that are made over time,
- taking reasonable steps to ensure that nominated supervisors, staff and volunteers follow the policy and procedures,
- ensuring the needs for sleep and rest of children being educated and cared for by the service are met, having regard to the ages, developmental stages and individual needs of the children,
- ensuring the premises, furniture and equipment are safe, clean and in good repair,
- ensuring that each child has access to sufficient furniture, materials and developmentally appropriate equipment suitable for the education and care of that child,
- ensuring that the indoor spaces used by children are well ventilated, have adequate natural light and are maintained at a temperature that ensures the safety and wellbeing of children,
- ensuring sleep and rest environments are free from cigarette or tobacco smoke,
- ensuring that the premises are designed to facilitate supervision,
- ensuring copies of the policy and procedures are readily accessible to nominated supervisors, educators, staff and volunteers, and available for inspection.

Responsibilities of Nominated Supervisor

- ensuring the needs for sleep and rest of children being educated and cared for by the service are met, having regard to the ages, developmental stages and individual needs of the children,
- ensuring staff understand and follow the service’s policies and procedures,
- ensuring procedures are tailored to the specific service or home environment,
- ensuring staff understand their legal roles in the implementation of the policies and procedures.

Responsibilities of Educators

- ensuring procedures are relevant to their particular service type,
- having a good understanding of the service’s policy and procedures, and embed practices that support safe sleep into everyday practice,
- identifying and suggesting any potential improvements to service procedures and practice,
- identifying and removing potential hazards from sleep environments,
- documenting children’s sleep and rest needs and providing information to families about their child’s sleep and rest patterns,
- consulting families to gather information about individual children’s needs and preferences,
- modelling and promoting safe sleep practices and make information available to families.

Date reviewed	COM	Adopted
30/11/2022 NP	Jen Pagon – President	12/01/2023
September 2023 NP	Jen Pagon – President	01/10/2023

48. DEALING WITH MEDICAL CONDITIONS – ASTHMA AND ANAPHYLAXIS

Policy

To ensure that all children at The Cubby are administered medication appropriate for their age and that it is administered with the written permission of the parent/guardian. When families enrol a child with a diagnosed medical condition, The Cubby will provide a copy of our medical conditions policy document and a copy of our related Asthma and Anaphylaxis policies if required (Reg 60).

Responsibilities of Approved Provider

- ensuring the Dealing with medical conditions in children policy and procedures are met, the appropriate medical management plans and risk assessments are completed, and all relevant actions are managed to minimise the risks to the child's health (Regulation 59),
- ensuring families of children that have a specific medical condition have been given a copy of this policy (Regulation 60) and any other relevant policies,
- in consultation with families, developing risk minimisation plans for children with medical conditions or specific health care needs,
- ensuring all educators and staff have training as part of the induction process and ongoing training for the management of medical conditions (e.g. asthma, anaphylaxis and specific requirements for the enrolled child in your care),
- ensuring a written plan for ongoing communication between families and educators is developed as part of your risk minimisation plan, relating to the medical condition and any changes or specific needs. It should be in place before a child commences at the service, or as soon as possible after diagnosis for children already attending,
- if a child is diagnosed as being at risk of anaphylaxis, ensuring that a notice is displayed in a position visible from the main entrance to inform families and visitors to the service,
- taking reasonable steps to ensure that nominated supervisors, staff and volunteers follow the policy and procedures,
- ensuring copies of the policy and procedures are readily accessible to nominated supervisors, staff and volunteers, and available for inspection.

Responsibilities of Educators

- ensuring all the action plans are carried out in line with this policy,
- ensuring they monitor the child's health closely and are aware of any symptoms and signs of ill health, with families contacted as changes occur,
- ensuring that two people are present any time medication is administered to children,
- ensuring communication with families is regular and all staff (including the nominated supervisor) are informed of any changes to a child's medical condition,
- understanding the individual needs of and action plans for the children in their care with specific medical condition,
- ensuring a new risk assessment is completed and implemented when circumstances change for the child's specific medical condition,
- ensuring all children's health and medical needs are taken into consideration on excursions (first aid kit, personal medication, management plans, etc.),
- maintaining current approved first aid, CPR, asthma and anaphylaxis training,
- undertaking specific training (and keep it updated if required) to ensure appropriate management of a child's specific medical condition.

Responsibilities of Parents/Guardians

- Parents need to provide signed documents from a doctor for action plans before a child attends.

ASTHMA

Policy

The Cubby is committed to providing a safe and healthy environment for all children enrolled at The Cubby, in which children with asthma can participate, in order to realise their full potential.

The aim of this policy is to ensure that all children at The Cubby who have asthma receive appropriate attention as required, and that staff are able to respond to the needs of children who have not been diagnosed with asthma and who may have an initial attack at the service.

Procedure

1. The Cubby will, where appropriate, organise Emergency Asthma Management training for staff members every 3 years. At least one educator who has accredited training will be immediately available at all times when children attend The Cubby.
2. All parents/guardians, as part of the enrolment procedure prior to their child's attendance at The Cubby, will be asked whether the child has diagnosed asthma and to document this information on the child's enrolment record. Parents/guardians are responsible for ensuring that The Cubby has current written information regarding their child's asthma. Open communication will be encouraged between parents/guardians and educators regarding the status and impact of a child's asthma, including consultation in relation to health and safety of their child and the supervised management of the child's asthma.
3. Families whose child has asthma will have to complete an 'Asthma Action Plan' Form which is available from their doctor. This form will include an Action Plan developed through consultation between parents/guardians and staff and signed by the child's doctor. This plan will include action to be taken where the parent/guardian has provided asthma medication, and in situations where this may not be available. The plan needs to be updated yearly. This record will be attached to the child's enrolment record and stored in The Cubby. It will also be clearly displayed in view for staff near the first aid kit.
4. A list of children with Asthma will be compiled and placed in an appropriate and readily accessible location that is known to all staff, together with the location of reliever medication. A child's Asthma medication must be taken on all excursions with a copy of their Asthma Plan.
5. An Asthma Foundation of Victoria poster "4 Step Asthma First Aid Plan" will be displayed in key locations.
6. Asthma triggers will be identified and where possible minimised through the use of an 'Asthma risk assessment minimisation form'. Risk minimisation plans must be completed for every child with asthma in consultation with the parent/carer.
7. Staff will promptly communicate any concerns to parents if it is considered that a child's asthma is limiting their ability to participate fully in all activities.
8. Where necessary any possible activities will be modified for the child with asthma in accordance with their current needs.
9. All regularly prescribed asthma medication will be administered in accordance with the child's written Asthma Action Plan. If this is not available, educators will use the nationally recognised "4 step Asthma First Aid Plan".
10. Parents/guardians will communicate all relevant information and concerns to educators as the need arises (e.g. if asthma symptoms were present the previous night).
11. Staff will provide parents/carers with a copy of The Cubby's asthma policy upon enrolment.
12. Staff is aware of The Cubby's asthma policy upon employment and what their responsibilities are in regards to managing a child in their care with asthma.
13. Staff can identify children in their care with asthma and know the location of their medication and spacer and asthma action plan.
14. Parents and carers of all children with asthma provide reliever medication and a spacer (including a child's face mask if required) at all times their child is attending the service.

Asthma First Aid Kits

1. Staff ensure adequate provision and maintenance of asthma first aid kits.
2. Staff ensure that each asthma first aid kit contains reliever medication (a blue/grey metered dose inhaler containing salbutamol), two small volume spacer devices, two children's face masks, instructions for the first aid procedure and a record form.
3. Staff ensure that reliever medication within the asthma first aid kits are regularly replaced and have not expired, and that spacers and face masks are replaced after each use.

Asthma Plans: Staff must have a recent copy of the child's Asthma Plan signed by the child's doctor. Asthma plans are advised to be reviewed every 12 months or upon notification of a change in the child's condition by the parent/doctor.

Action to be taken if a Child suddenly collapses or has Difficulty breathing with a possible Asthma Attack

Asthma First Aid – Follow the written first aid instructions on the child's Asthma Action/Care Plan.

If no specific and signed instructions are available, the instructions are unclear, or the child does not have an Asthma Action/Care Plan, begin the first aid procedure immediately (as authorised by the Children's Services Regulations).

Call Emergency Assistance to attend (000) if

- the child's asthma symptoms are severe or life threatening,
- the child suddenly stops breathing,
- the child's asthma symptoms continue to worsen,
- there is no Asthma Action/Care Plan for the child,
- blue/grey reliever medication is not available,
- you are unsure what is causing the breathing difficulty.

Children with known Asthma Condition

- An ambulance will be called for a severe or life-threatening attack. For a mild to moderate attack, the child's Asthma action plan will be followed.
- Staff will follow the agreed plan of action for the child for the emergency treatment of an asthma attack.
- The parent/guardian will be contacted.

When educators are not aware of a child's pre-existing asthma

- Educators will sit child down and remain calm to reassure them.
- Educators will call an ambulance immediately by calling 000 (state clearly that the child is "having difficulty breathing").
- Educators with Emergency Asthma Management Accreditation will administer medication and follow the steps set out below.
- Without delay shake a blue reliever puffer and give 4 separate puffs through spacer. Use one puff at a time and ask the child to take 4 breaths from the spacer after each puff. Shake the puffer before each puff.
- Wait 4 minutes. If there is no improvement repeat step 1.
- If still no improvement after a further 4 minutes repeat steps 1 and 2 until ambulance arrives.
- This treatment could be lifesaving for a child whose asthma has not been previously recognised and it will not be harmful if the collapse was not due to asthma. Reliever puffers are extremely safe, even if the child does not have asthma.
- The parent/guardian will be contacted.

Cleaning of Spacers

Spacers from the first aid kit are single person use and should not be washed and re-used. The spacer should be disposed of or given to the child it was used on.

ANAPHYLAXIS AND ALLERGY MANAGEMENT

Policy

The Cubby believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility. The Cubby is committed to:

- providing, as far as practicable, a safe and healthy environment in which children at risk of anaphylaxis can participate equally in all aspects of the children's program and experiences,
- raising awareness about allergies and anaphylaxis amongst the service community and children in attendance,
- actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for their child,
- ensuring each educator and other relevant adults have adequate knowledge of allergies, anaphylaxis and emergency procedures,
- facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

Purpose

The aim of this policy is to:

- minimise the risk of an anaphylactic reaction occurring while the child is in the care of the children's service,
- ensure that educators respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenaline auto-injection device.

Scope

The Children's Services Regulation 2020 requires proprietors of licensed children's services to have an anaphylaxis management policy in place. This policy will be required whether or not there is a child diagnosed at risk of anaphylaxis enrolled at the service. It will apply to children enrolled at the service, their parents/guardians, staff and licensee as well as to other relevant members of the service community, such as volunteers and visiting specialists. The Children's Services Regulations 2020 include the matters to be included in the policy, practices and procedures related to anaphylaxis management and educator training.

Background and Legislation

Anaphylaxis is a severe, life-threatening allergic reaction. Up to two per cent of the general population and up to five per cent (0-5 years) of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow milk, sesame, bee or other insect stings and some medications.

Young children may not be able to express the symptoms of anaphylaxis.

A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline auto-injection device.

The licensee recognises the importance of all educators responsible for children at risk of anaphylaxis undertaking training that includes preventative measures to minimise the risk of an anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of an adrenaline auto-injection device.

Educators and parents/guardians need to be made aware that it is not possible to achieve a completely allergen-free environment in any service that is open to the general community. Educators should not have a false sense of security that an allergen has been eliminated from the environment. Instead the licensee recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimise the presence of the allergen in the service.

Definitions

Allergen: A substance that can cause an allergic reaction.

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

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

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

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

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

Anaphylaxis management training: Anaphylaxis management training that has been recognised by ACECQA and includes strategies for anaphylaxis management, recognition of allergic reactions, risk minimisation strategies, emergency treatment and practice using a trainer adrenaline auto-injection device. Current courses that are accredited and recognised are:

- 10313NAT Course in Anaphylaxis Awareness
- 22099VIC Course in First Aid Management of Anaphylaxis

There are a number of qualifications which meet the requirements. They are published on www.acecqa.gov.au/qualifications

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

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

Anapen®: Is another adrenaline auto injection device containing a single dose of adrenaline, recently introduced to the Australian market.

NB: The mechanism for delivery of the adrenaline in Anapen® is different to EpiPen®.

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

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

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

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

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

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

Communication plan: A plan that forms part of the policy outlining how the service will communicate with parents and staff in relation to the policy and how parents and staff will be informed about risk minimisation plans and emergency procedures when a child diagnosed at risk of anaphylaxis is enrolled in the service.

Risk minimisation: The implementation of a range of strategies to reduce the risk of an allergic reaction including removing, as far as is practicable, the major sources of the allergen from the service, educating parents and children about food allergies and washing hands after meals.

Risk minimisation plan: A plan specific to the service that specifies each child's allergies, the ways that each child at risk of anaphylaxis could be accidentally exposed to the allergen while in the care of the service, practical strategies to minimise those risks, and who is responsible for implementing the strategies. The risk minimisation plan should be developed by families of children at risk of anaphylaxis and staff at the service and should be reviewed at least annually, but always upon the enrolment or diagnosis of each child who is at risk of anaphylaxis. A sample risk minimisation plan is outlined in Schedule 3 of this document.

Service community: all adults who are connected to the children's service.

Treat box: A container provided by the parent/guardian that contains treats, for example, foods which are safe for the child at risk of anaphylaxis and used at parties when other children are having their treats. Non-food rewards, for example stickers, stamps and so on are to be encouraged for all children as one strategy to help reduce the risk of an allergic reaction.

Procedure

The Cubby shall:

1. ensure that all educators have completed accredited and nationally recognised first aid/asthma and anaphylaxis management training,
2. ensure there is an anaphylaxis management policy in place containing the matters prescribed in the Children's Services Regulations 2020,
3. ensure that the policy is provided to a parent or guardian of each child diagnosed at risk of anaphylaxis at the service,
4. ensure that all educators in all services whether or not they have a child diagnosed at risk of anaphylaxis undertakes training in the administration of the adrenaline auto-injection device and cardio-pulmonary resuscitation every 12 months recording this in the staff records It is recommended by DEECD that is best practice to undertake training regularly, such as quarterly.

In Services where a Child diagnosed at Risk of Anaphylaxis is enrolled the Proprietor shall also:

1. assess the potential for accidental exposure to allergens while child/ren at risk of anaphylaxis are in the care of the service and develop a risk minimisation plan for the service in consultation with educators and the families of the child,
2. ensure a trained educator is always on duty whenever a child diagnosed at risk of anaphylaxis is being cared for or educated have completed training in the administration of anaphylaxis management and that practice of the adrenaline auto-injection device is undertaken on a regular basis, preferably quarterly, and recorded,
3. ensure that all relief educators in a service have completed training on the administration of anaphylaxis management including the administration of an adrenaline auto-injection device, awareness of the symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, the individual anaphylaxis medical management action plan and the location of the auto-injection device kit,
4. ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service, without the device,

5. implement the communication strategy and encourage ongoing communication between parents/guardians and educators regarding the current status of the child's allergies, this policy and its implementation,
6. display an Australasian Society of Clinical Immunology and Allergy Inc (ASCI) generic poster called Action Plan for Anaphylaxis in a key location at the service, for example, in the children's room, the staff room or near the medication cabinet,
7. ensure that a child's individual anaphylaxis medical management action plan is signed by a Registered Medical Practitioner and attached to the enrolment record for each child. This will outline the allergies and describe the prescribed medication for that child and the circumstances in which the medication should be used. This action plan will be displayed beside the first aid kit,
8. ensure that all educators at THE CUBBY know the location of a child's anaphylaxis medical management plan and that it is kept with the auto-injection device kit,
9. ensure that the educator accompanying children outside the service carries the anaphylaxis medication and a copy of the anaphylaxis medical management action plan with the auto-injection device kit.

Responsibilities of Educators

- ensure a copy of the child's anaphylaxis medical management action plan is visible and known to staff in a service,
- follow the child's anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to anaphylaxis,
- in the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:
 - i. Call an ambulance immediately by dialling 000 if there is not an auto injector for general use in the first aid kit. Under the new NQF educators can immediately begin treatment if there is one available
 - ii. Commence first aid measures
 - iii. Contact the parent/guardian
 - iv. Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.
- practice the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and "anaphylaxis scenarios" on a regular basis, preferably quarterly,
- ask all parents/guardians as part of the enrolment procedure, prior to their child's attendance at the service, whether the child has allergies and document this information on the child's enrolment record. If the child has severe allergies, ask the parents/guardians to provide a medical management action plan signed by a Registered Medical Practitioner,
- ensure that an anaphylaxis medical management action plan signed by the child's Registered Medical Practitioner and a complete auto-injection device kit (which must contain a copy the child's anaphylaxis medical management action plan) is provided by the parent/guardian for the child while at the service,
- ensure that the auto-injection device kit is stored in a location that is known to all educators, including relief educators; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat,
- ensure that the auto-injection device kit containing a copy of the anaphylaxis medical management action plan for each child at risk of anaphylaxis is carried by a staff member or family day carer accompanying the child when the child is removed from the service or the home e.g. on excursions that this child attends,

Responsibilities of Educators (continued)

- regularly check the adrenaline auto-injection device expiry date. (The manufacturer will only guarantee the effectiveness of the adrenaline auto- injection device to the end of the nominated expiry month),
- provide information to the service community about resources and support for managing allergies and anaphylaxis,
- ensure they maintain current training so a child without an authorised plan can be administered first aid, asthma pump or Anaphylaxis treatment accordingly if deemed required and/or advised by Emergency Services (Reg 94).

Responsibilities of Parents/Guardians

- inform educators at the children’s service, either on enrolment or on diagnosis, of their child’s allergies,
- develop an anaphylaxis risk minimisation plan with service educators,
- provide educators with an anaphylaxis medical management action plan signed by the Registered Medical Practitioner giving written consent to use the auto- injection device in line with this action plan,
- provide educators with a complete auto-injection device kit,
- regularly check the adrenaline auto-injection device expiry date,
- assist educators by offering information and answering any questions regarding their child’s allergies,
- notify the educators of any changes to their child’s allergy status and provide a new anaphylaxis action plan in accordance with these changes,
- communicate all relevant information and concerns to educators, for example, any matter relating to the health of the child,
- comply with the service’s policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service or its programs without that.

Related Documents

Related documents at the service:

- Enrolment checklist for children at risk of anaphylaxis
- Sample Risk Minimisation Plan
- Brochure “Anaphylaxis – a life threatening reaction”, available through the Royal Children’s Hospital, Department of Allergy

Contact Details for Resources and Support

- Australasian Society of Clinical Immunology and Allergy (ASCIA), at www.allergy.org.au, provides information on allergies. Their sample Anaphylaxis Action Plan can be downloaded from this site. Contact details for Allergists may also be provided.
- Anaphylaxis Australia Inc, at www.allergyfacts.org.au, is a non-profit support organisation for families with food anaphylactic children. Items such as storybooks, tapes, auto-injection device trainers and so on are available for sale from the Product Catalogue on this site. Anaphylaxis Australia Inc provides a telephone support line for information and support to help manage anaphylaxis. Phone 1300 728 000.
- Royal Children’s Hospital, Department of Allergy, at www.rch.org.au, provides information about allergies and the services provided by the hospital. Contact may be made with the Department of Allergy to evaluate a child’s allergies and if necessary, provide an adrenaline auto-injection device prescription, as well as to purchase auto-injection device trainers. Phone (03) 9345 5701.
- Royal Children’s Hospital Anaphylaxis Advisory Support Line provides information and support about anaphylaxis to school and licensed children’s services staff and parents. Phone 1300 725 911
- Department of Education and Early Childhood Development website at www.education.vic.gov.au/anaphylaxis provides information related to anaphylaxis, including frequently asked questions related to anaphylaxis training.

Training

- Access the Department of Education and Early Childhood Development website for information about training for staff members in services where there is a child diagnosed at risk of anaphylaxis enrolled at: www.education.vic.gov.au/anaphylaxis .
- There are a range of providers offering anaphylaxis training, including Royal Children’s Hospital Department of Allergy, first aid providers and Registered Training Organisations. Ensure that where there is a child diagnosed at risk of anaphylaxis enrolled in the service the anaphylaxis management training undertaken is accredited.

Evaluation

Responsibilities of Approved Provider

- discuss with educators their knowledge of issues following educator participation in anaphylaxis management training,
- selectively audit enrolment checklists (e.g. annually) to ensure that documentation is current and complete,
- discuss this policy and its implementation with parents/guardians of children at risk of anaphylaxis to gauge their satisfaction with both the policy and its implementation in relation to their child,
- respond to complaints and notify the Department within 48 hours,
- review the adequacy of the response of the service if a child has an anaphylactic reaction and consider the need for additional training and other corrective action,
- The Cubby Coordinator will conduct ‘anaphylaxis scenarios’ and supervise practise sessions in adrenaline auto-injection device administration procedures to determine the levels of educators competence and confidence in locating and using the auto-injection device kit. This shall be done in staff meetings regularly,
- routinely (e.g. monthly) review each child’s auto-injection device kit to ensure that it is complete and the auto-injection device is not expired,
- liaise with the licensee and parents of children at risk of anaphylaxis. Parents/guardians shall:
 - read and be familiar with the policy
 - identify and liaise with the nominated staff member
 - bring relevant issues to the attention of both staff and approved provider.

Schedule 1 – Risk Minimisation Plan

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

In relation to the child at risk:

- This child should only eat food that has been specifically prepared for him/her by the parent/guardian.
- All food for this child should be checked and approved by the child's parent/guardian and be in accordance with the risk minimisation plan.
- Bottles, other drinks and lunch boxes, including any treats, provided by the parents/guardians for this child should be clearly labelled with the child's name.
- There should be no trading or sharing of food, food utensils and containers with this child.
- In some circumstances it may be appropriate that a highly allergic child does not sit at the same table when others consume food or drink containing or potentially containing the allergen. However, children with allergies should not be separated from all children and should be socially included in all activities.
- Parents/guardians should provide a safe treat box for their child.
- Where this child is very young, provide their own high chair to minimise the risk of cross-contamination.
- When the child diagnosed at risk of anaphylaxis is allergic to milk, ensure non- allergic babies are held when they drink formula/milk.
- Increase supervision of this child on special occasions such as excursions, incursions or family days.

In relation to other practices at the service:

- Ensure tables, high chairs and bench tops are washed down after eating.
- Ensure hand washing for all children before and after eating and, if the requirement is included in a particular child's anaphylaxis medical management action plan, on arrival at the children's service.
- Restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies of particular children.
- Educators should discuss the use of foods in activities with the parent/guardian of a child at risk of anaphylaxis and these foods should be consistent with the risk minimisation plan.
- All children need to be closely supervised at meal and snack times and consume food in specified areas. To minimise risk children should not 'wander around' with food.
- Educators should use non-food rewards, for example stickers, for all children.
- Food preparation personnel should be instructed about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food – such as careful cleaning of food preparation areas and utensils.
- Parents/guardians will be asked not to send food containing specified allergens or ingredients as determined in the risk minimisation plan.

Schedule 2 – Enrolment Checklist for Children at Risk of Anaphylaxis

- A risk minimisation plan is completed in consultation with the parent/guardian, which includes strategies to address the particular needs of each child at risk of anaphylaxis, and this plan is implemented.
- Parents/guardians of a child diagnosed at risk of anaphylaxis have been provided a copy of the service's Anaphylaxis management policy.
- All parents/guardians are made aware of the Anaphylaxis management policy.
- Anaphylaxis medical management action plan for the child is signed by the child's Registered Medical Practitioner and is visible to all educators. A copy of the anaphylaxis medical management action plan is included in the child's auto- injection device kit.
- Adrenaline auto-injection device (within expiry date) is available for use at any time the child is in the care of the service.
- Adrenaline auto-injection device is stored in an insulated container (auto-injection device Kit), in a location easily accessible to adults (not locked away), inaccessible to children and away from direct sources of heat.
- All educators, including relief educators, are aware of each auto-injection device kit location and the location of the anaphylaxis medical management action plan.
- Educators who are responsible for the child/ren diagnosed at risk of anaphylaxis undertake accredited anaphylaxis management training, which includes strategies for anaphylaxis management, risk minimisation, recognition of allergic reactions, emergency treatment and practice with an auto-injection device trainer, and is reinforced at quarterly intervals and recorded annually.
- The service's emergency action plan for the management of anaphylaxis is in place and all educators understand the plan.
- A treat box is available for special occasions (if relevant) and is clearly marked as belonging to the child at risk of anaphylaxis.
- Parent/guardian's current contact details are available.
- Information regarding any other medications or medical conditions (for example asthma) is available to educators.
- If food is prepared at the service, measures are in place to prevent contamination of the food given to the child at risk of anaphylaxis.

Schedule 3 – Sample Risk Minimisation Plan for Anaphylaxis

The following suggestions may be considered when developing or reviewing a child’s risk minimisation plan in consultation with the parent/guardian.

How well has the children’s service planned for meeting the needs of children with allergies who are at risk of anaphylaxis?	
1. Who are the children?	<ul style="list-style-type: none"> List names and room locations of each of the at-risk children
2. What are they allergic to?	<ul style="list-style-type: none"> List all of the known allergens for each of the at-risk children List potential sources of exposure to each known allergen and strategies to minimise the risk of exposure. This will include requesting that certain foods/items not be brought to the service
3. Does everyone recognise the at-risk children?	<ul style="list-style-type: none"> List the strategies for ensuring that all staff, including relief staff and cooks, recognise each of the at-risk children Confirm where each child’s Action Plan (including the child’s photograph) will be displayed
Do families and educators know how the service manages the risk of anaphylaxis?	
<ul style="list-style-type: none"> Record when each family of an at-risk child is provided a copy of the service’s Anaphylaxis management policy. Record when each family member provides a complete auto-injection device kit. Test that all staff, including relief educators, know where the auto-injection device kit is kept for each at risk child. Regular checks of the expiry date of each adrenaline auto-injection device are undertaken by a nominated educator and the families of each at risk child. Service writes to all families requesting that specific procedures be followed to minimise the risk of exposure to a known allergen. This may include requesting the following are not sent to the service: <ul style="list-style-type: none"> Food containing the major sources of allergens, or foods where transfer from one child to another is likely, for example peanut, nut products, whole egg, chocolate, sesame. Food packaging of risk foods (see known allergens at point 2), for example cereal boxes, egg cartons and so on. A new written request is sent to families if the food allergens change. Ensure all families are aware of the policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service without that device. The service displays the ASCIA generic poster, an action plan for anaphylaxis, in a key location and locates a completed emergency contact card by the telephone/s. The auto-injection device kit including a copy of the anaphylaxis medical management action plan is carried by an educator when a child is removed from the service eg excursions. 	

Do all educators know how the children’s service aims to minimise the risk of a child being exposed to an allergen?

- Think about times when the child could potentially be exposed to allergens and develop appropriate strategies, including who is responsible for implementing them (See following section for possible exposure scenarios and strategies).
- Hygiene procedures and practices are used to minimise the risk of contamination of surfaces, food utensils and containers by food allergens.
- Consider the safest place for the at-risk child to be served and consume food, while ensuring they are socially included in all activities, and ensure this location is used by the child
- Service develops procedures for ensuring that each at risk child only consumes food prepared specifically for him/her
- NO FOOD is introduced to a baby if the parent/guardian has not previously given this food to the baby
- Ensure each child enrolled at the service washes their hands before and after eating and on arrival if required as part of a particular child’s medical management plan
- Teaching strategies are used to raise awareness of all children about anaphylaxis and no food sharing with the at-risk child/ren and the reasons for this
- Bottles, other drinks and lunch boxes provided by the family of the at-risk child should be clearly labeled with the child’s name
- A safe ‘treat box’ is provided by the family of each at risk child and used by the service to provide ‘treats’ to the at-risk child, as appropriate.

Do relevant people know what action to take if a child has an anaphylactic reaction?

- Know what each child’s anaphylaxis medical management action plan says and implement it.
- Know who will administer the auto-injection device and stay with the child; who will telephone the ambulance and the parents; who will ensure the supervision of the other children; who will let the ambulance officers into the service and take them to the child
- All educators with responsibilities for at risk children have undertaken anaphylaxis management training and undertake regular practice sessions for the administration of the auto-injection device.

How effective is the service’s risk minimisation plan?

- Review the risk minimisation plan with families of at-risk children at least annually, but always upon enrolment of each at risk child and after any incident or accidental exposure

Possible exposure scenarios and strategies

Scenario	Strategy	Who
Food is provided by the children’s service and a food allergen is unable to be removed from the service’s menu (for example milk)	Menus are planned in conjunction with parents of at-risk child/ren and food is prepared according to parent’s instructions. Alternatively, the parent provides all of the food for the at-risk child.	Childcare Coordinator, Parent
	Ensure separate storage of foods containing allergen	Childcare Coordinator
	Cook and staff observe food handling, preparation and serving practices to minimise the risk of cross contamination. This includes hygiene of surfaces in kitchen and children’s eating area, food utensils and containers.	Childcare Coordinator & Staff
	There is a system in place to ensure the at-risk child is served only the food prepared for him/her.	Childcare Coordinator & Staff
	An at-risk child is served and consumes their food at a place considered to pose a low risk of contamination from allergens from another child’s food. This place is not separate from all children and allows social inclusion at mealtimes.	Childcare Coordinator & Staff
	Children are regularly reminded of the importance of no food sharing with the at-risk child.	Childcare Coordinator & Staff
	Children are supervised during eating.	Childcare Coordinator & Staff
Party or celebration	Give plenty of notice to families about the event.	Childcare Coordinator, Staff & Parents
	Ensure a safe treat box is provided for the at-risk child.	
	Ensure the at-risk child only has the food approved by their parent/guardian.	
	Specify a range of foods that families may send for the party and note particular foods and ingredients that should not be sent.	
Protection from insect sting allergies	Specify play areas that are lowest risk to the at-risk child and encourage him/her and peers to play in the area.	Coordinator & Staff Proprietor
	Decrease the number of plants that attract bees.	
	Ensure the at-risk child wears shoes at all times outdoors.	Proprietor
	Quickly manage any instance of insect infestation. It may be appropriate to request exclusion of the at-risk child during the period required to eradicate the insects.	
Latex allergies	Avoid the use of party balloons or contact with latex gloves.	Educators
Cooking with children	Ensure parents/ guardians of the at-risk child are advised well in advance and included in the planning process. Parents may prefer to provide the ingredients themselves.	Educators

Date reviewed	COM	Adopted
23/05/2017		
01/06/2018	John Kriesfeld – President	26/06/2018
30/11/2022 NP	Jen Pagon – President	12/01/2023

49. THE ADMINISTRATION OF FIRST AID

Policy

The Cubby is committed to providing an environment that promotes children's health, safety and wellbeing, which includes ensuring the implementation of clear policies and procedures for the administration of first aid. All educators employed at The Cubby will have current First Aid qualification and are required to administer first aid when needed. TCH Management will provide educators with appropriate training on the use of relevant emergency equipment provided in The Cubby on an annual basis.

Procedure

1. All medication must be in the original container, bearing the original label. All medication must be prescribed for the child and must state on the label the date of prescription, child's name, dosage and intervals to be administered.
2. Storage of medication: This is not to be kept in children's bags. All medication is to be handed to an educator and kept out of reach of children at all times. If medication needs to be refrigerated it must be placed in a zip lock bag with child's name on. All medical cold packs also need to be stored in a storage container in the freezer or fridge.
3. The dosage and times must be strictly adhered to e.g. before or after food. Where label states "take as directed", the parent must obtain written information about the medication from the doctor or the pharmacist and educators record this information on the child's individual medication form.
4. The Cubby is not to administer the first dose of any medication in case of severe reaction.
5. Antibiotics must state on the label the child's name, dosage and intervals to be administered. A child who has been prescribed antibiotics for an illness should be kept at home for at least 24 hours after the commencement of antibiotics. The Cubby is not to administer the first dose of antibiotics in case of severe reaction.
6. Parent's/guardian's permission must be given for all medication administered. Details must be recorded on the Child's Medication form. Parents are to use one line for every dose or type and time of medication. Parents need to indicate clearly when and under which circumstances medication must be given – "if required" or "when needed" is not acceptable. Parents are to indicate the appropriate time that the medication is required and the form is to include the signature of the person who administered the medication, and the signature of the witness.
7. For non-prescribed medications the child's name must be on the container. Dosage, times and length of period to be administered must be within the recommended use guidelines. These need to be recorded on the Child's Medication form. All creams and ointments (including over the counter and homeopathic) are to be written up unless it is a nappy rash cream that has no limitations on application. Any nappy rash creams that are applied need to be written on the nappy chart sheet and kept for 2 weeks.
8. Written permission must be obtained from the child's doctor (as relevant) for all ongoing medication, and all long-term medication must be reviewed regularly by the child's doctor at a period of time set by the doctor. Ongoing medical conditions and medication must be recorded on a Child's medication form or in the instance of asthma on an "Asthma Action Plan".
9. Medication must not be administered if the expiry date has elapsed (this particularly includes eye drops). Educators must document time and dose following administration of all medication in the Child's Medication Form.
10. If educators believe it is necessary to apply band aids, or any other items commonly found in The Cubby First Aid Kit, this will be recorded in the Medication, Illness, Accident Records. The person collecting the child from The Cubby must be informed and is required to sign the Medication, Illness, Accident Record entry, when practical but no later than 24hrs (Reg 55).

Current First Aid Qualification

Current qualifications are the following qualifications if they have been undertaken within the previous three years:

- Approved first aid qualifications (except for a qualification that relates to emergency life support and cardio-pulmonary resuscitation which must be completed within the previous year)
- Approved anaphylaxis management training
- Approved emergency asthma management training

Asthma, Anapen, Anaphylaxis Plans

The Cubby must have a recent copy of the child's Asthma, Anapen or Anaphylaxis Plan signed by the child's doctor. Asthma and anaphylaxis plans are advised to be reviewed every 12 months or upon notification of a change in the child's condition by the parent/doctor. Refer Asthma and Anaphylaxis policies for more information.

Asthma plans are kept with the child's enrolment form, a copy is kept on the wall beside the first aid kit and another copy kept with the medication. The child's name is also located on The Cubby's "Allergy List".

Anaphylaxis and Anapen plans are kept with the child's enrolment form, a copy is kept on the wall beside the first aid kit and another copy kept with the medication. The child's name is also located on The Cubby's "Allergy List".

Basic Principles for Administration of Medication

- child
- medication
- dose
- method
- date and time; and
- expiry date of the medication

Medication can only be administered when The Cubby medication form has been completed and signed by the child's parent/guardian.

First Aid Kits

The Cubby will ensure First Aid kits are being kept in accordance with Regulation 58. There will be an appropriate number of first aid kits available across The Cubby and they will be available to take on excursions accordingly.

Responsibilities of Approved Provider

- ensuring that obligations under the Children’s Services Act and the Children’s Services Regulations are met,
- taking reasonable steps to ensure that the nominated supervisor, educators, staff and volunteers follow the policy and procedures,
- ensuring at least one educator, staff member or nominated supervisor is in attendance and immediately available in an emergency who:
 - holds a current approved first aid qualification
 - has undertaken current approved anaphylaxis management training
 - has undertaken current approved emergency asthma management training,
- ensuring an appropriate number of first aid kits are kept, having regard to the number of children at the service. The kits must be suitably equipped, easily recognisable, and readily accessible to adults having regard to the design of the service premises and any requirements for excursions and transportation of children, where applicable.

Responsibilities of Nominated Supervisor

- ensuring that obligations under the Children’s Services Act and the Children’s Services Regulations are met,
- taking reasonable steps to ensure that the nominated supervisor, educators and volunteers follow the policy and procedures,
- ensuring at least one educator, staff member or nominated supervisor is in attendance and immediately available in an emergency who:
 - holds a current approved first aid qualification
 - has undertaken current approved anaphylaxis management training
 - has undertaken current approved emergency asthma management training,
- ensuring an appropriate number of first aid kits are kept, having regard to the number of children at the service. The kits must be suitably equipped, easily recognisable, and readily accessible to adults having regard to the design of the service premises and any requirements for excursions and transportation of children, where applicable.

Responsibilities of Educators

- implementing the administration of first aid policy and procedures,
- maintaining current approved first aid qualifications,
- seeking further medical attention if required after first aid has been administered,
- recording information as soon as possible, and within 24 hours after the incident, injury, trauma or illness, in the Incident, injury, trauma and illness record (including any first aid administered), and ensure families are appropriately notified.

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30/05/2017		
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H) CHILDREN'S SAFETY – CHILD PROTECTION

50. CHILD PROTECTION & REPORTABLE CONDUCT SCHEME

The Cubby is committed to providing a child safe environment where children's safety and wellbeing is supported and children feel respected, valued and encouraged to reach their full potential. We will ensure all employees and volunteers understand the meaning, importance and benefits of providing a child safe environment and critically, understand their obligations and requirements as Mandatory Reporters.

At all times, management, staff and volunteers will treat children with the utmost respect and understanding. Our service believes that:

- Children are capable of the same range of emotions as adults.
- Children's emotions are real and need to be accepted by adults.
- A reaction given to a child from an adult in a child's early stages of emotional development can be positive or detrimental depending on the adult's behaviour.
- Children who enhance their understanding of their body's response to a situation are more able to predict the outcome and ask for help or evade a negative situation.

National Quality Standards (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is respected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
2.2.3	Child Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.
CHILDREN'S SERVICES REGULATIONS		
53	Awareness of child protection law	
104	Interactions with children	

Purpose

All educators, staff and volunteers are committed to identifying possible risk and significant risk of harm to children and young people at the service. We comprehend our duty of care responsibilities to protect children from all types of abuse and neglect and will adhere to our moral and legislative obligations at all times. We aim to implement effective strategies to assist in ensuring the safety and wellbeing of all children. Our service will act in the best interest of each child, assisting them to develop to their full potential in a secure and child safe environment.

What is Child Abuse?

Child abuse is any action towards a child or young person that harms or puts at risk their physical, psychological or emotional health or development. Child abuse can be a single incident or can be a number of different incidents that take place over time.

In Victoria, there are eight types of abuse, some of which are further divided into more specific categories:

1. Physical abuse
2. Neglect, incorporates;
 - a) Supervision
 - b) Shelter/environment
 - c) Food
 - d) Hygiene/clothing
 - e) Medical care
 - f) Mental health care
 - g) Education – not enrolled/habitual absence
3. Sexual abuse, incorporates;
 - a) Abuse of a child
 - b) Abuse of a young person
 - c) Problematic sexual behaviour toward others
4. Psychological harm
5. Danger to self or others
6. Relinquishing care
7. Carer concern, incorporates:
 - a) Substance abuse
 - b) Mental health
 - c) Domestic violence
8. Unborn child

Definitions

Maltreatment refers to non-accidental behaviour towards another person, which is outside the norms of conduct and entails a substantial risk of causing physical or emotional harm. Behaviours may be intentional or unintentional and include acts of omission and commission. Specifically, abuse refers to acts of commission and neglects acts of omission. Note that in practice, the terms child abuse and child neglect are used more frequently than the term child maltreatment.

Risk of Significant Harm (ROSH) refers to circumstances causing concern for the safety, welfare and wellbeing a child or young person present to a significant extent. This means it is sufficiently serious to warrant a response by a statutory authority irrespective of the family's consent.

What is significant is not minor or trivial, and may reasonably be expected to produce a substantial and demonstrably adverse impact on the child's or young person's safety, welfare, or wellbeing.

In the case of an unborn child, what is significant is not minor or trivial and may reasonably be expected to produce a substantial and demonstrably adverse impact on the child.

Reasonable grounds refers to the need to have an objective basis for suspecting that a child may be at risk of abuse and neglect based on:

- First hand observation of the child or family
- What the child, parent or other person has disclosed
- What can reasonably be indirect based on observation, professional training and/ or experience

Mandatory reporting is the legislative requirement for selected classes of people to report suspected child abuse and neglect to government authorities. Mandatory reporting laws are not the same across all jurisdictions. In VIC, mandatory reporting is regulated by the Youth Families Act 2005.

Mandatory Reporters

Legislation across all jurisdictions, describes a list of particular occupations that are mandated to report suspected child abuse and neglect to the relevant government authorities. Each jurisdiction may include different groups of people who are mandated to report and differences in the types of abuse to be reported. Please check with your state or territory jurisdiction. Mandatory reporters in Victoria are people who deliver the following services, wholly or partly, to children as part of their paid or professional work:

- Health care (e.g. registered medical practitioners, specialists, general practice nurses, midwives, occupational therapists, speech therapists, psychologists, dentists and other allied health professionals working in sole practice or in public or private health practices)
- Welfare (e.g. social workers, caseworkers and youth workers)
- Education (e.g. teachers, counsellors, principals)
- Children's services (e.g. childcare workers, family day carers and home-based carers)
- Residential services (e.g. refuge workers)
- Law enforcement (e.g. police)
- Registered psychologists providing a professional service as a psychologist
- A person in religious ministry or a person providing religious-based activities to children

All staff have a responsibility to recognise and respond to concerns for safety, welfare and the wellbeing of children and young people, and to report these concerns to management.

According to the Children and Young Persons (Care and Protection) Act 1998, mandated reporters (including people employed in children's services and unpaid managers of these services) must make reports if they suspect on reasonable grounds a child is at risk of significant harm because:

- the child's basic physical or psychological needs are not being met or are at risk of not being met,
- the parents or other caregivers have not arranged and are unable or unwilling to arrange for the child to receive necessary medical care,
- the parents or other caregivers have not arranged and are unable or unwilling to arrange for a school age child to receive an education,
- the child has been, or is at risk of being physically or sexually abused or ill-treated,
- the child is living in a household where there have been incidents of domestic violence and they are at risk of serious physical or psychological harm,
- the parent's or other caregiver's behaviour means the child has suffered or is at risk of suffering serious psychological harm.

Indicators of Abuse

There are common physical and behavioural signs that may indicate abuse or neglect.

The presence of one of these signs does not necessarily mean abuse or neglect. Behavioural or physical signs which assist in recognising harm to children are known as indicators. The following is a guide only. One indicator on its own may not imply abuse or neglect. However, a single indicator can be as important as the presence of several indicators. Each indicator needs to be deliberated in the perspective of other indicators and the child's circumstances. A child's behaviour is likely to be affected if he/she is under stress. There can be many causes of stress and it is important to find out specifically what is causing the stress. Abuse and neglect can be single incidents or ongoing, and may be intentional or unintentional.

General indicators of abuse and neglect may include:

- Marked delay between injury and seeking medical assistance
- History of injury
- The child gives some indication that the injury did not occur as stated
- The child tells you someone has hurt him/her
- The child tells you about someone he/she knows who has been hurt
- Someone (relative, friend, acquaintance, and sibling) tells you that the child may have been abused.

Neglect

Child neglect is the continuous failure by a parent or caregiver to provide a child with the basic requirements needed for their growth and development, such as food, clothing, shelter, medical and dental care, and adequate supervision. Some examples are:

- Inability to respond emotionally to the child
- Child abandonment
- Depriving or withholding physical contact
- Failure to provide psychological nurturing
- Treating one child differently to the others

Indicators of Neglect in Children

- Poor standard of hygiene leading to social isolation
- Scavenging or stealing food
- Extreme longing for adult affection
- Lacking a sense of genuine interaction with others
- Acute separation anxiety
- Self-comforting behaviours, e.g. rocking, sucking
- Delay in development milestones
- Untreated physical problems

Physical Abuse

Physical abuse is when a child has suffered, or is at risk of suffering, non-accidental trauma or injury, caused by a parent, caregiver or other person. Educators will be particularly aware of looking for possible physical abuse if parents or caregivers:

- Make direct admissions about fear of hurting their children
- Have a family history of violence
- Have a history of their own maltreatment as a child
- Make repeated visits for medical assistance

Indicators of Physical Abuse

- Facial, head and neck bruising
- Lacerations and welts
- Explanations are not consistent with injury
- Bruising or marks that may show the shape of an object
- Bite marks or scratches
- Multiple injuries or bruises
- Ingestion of poisonous substances, alcohol or drugs
- Sprains, twists, dislocations
- Bone fractures
- Burns and scalds

Psychological Abuse

Psychological harm occurs where the behaviour of the parent or caregiver damages the confidence and self-esteem of the child, resulting in serious emotional deficiency or trauma. In general, it is the frequency and duration of this behaviour that causes harm. Some examples are:

- Constant or excessive criticism, condescending, teasing of a child or ignoring or withholding admiration and affection
- Excessive or unreasonable demands
- Persistent hostility, severe verbal abuse, and rejection
- Belief that a specific child is bad or 'evil'
- Using inappropriate physical or social isolation as punishment
- Exposure to domestic violence
- Intimidating or threatening behaviour.

Indicators of Psychological Abuse

- Feeling of worthlessness about them
- Inability to value others
- Lack of trust in people and expectations
- Lack of 'people skills' necessary for daily functioning
- Extreme attention seeking behaviours
- Extremely eager to please or obey adults
- May take extreme risks, is markedly disruptive, bullying, or aggressive
- Other behavioural disorders (disruptiveness, aggressiveness, bullying)
- Suicide threats (in young people)
- Running away from home.

Sexual Abuse

Sexual abuse is when someone involves a child in a sexual activity by using their authority over them or takes advantage of their trust. Children are often bribed or threatened physically and psychologically to make them participate in the activity. Sexual abuse includes:

- Exposing the child to the sexual behaviours of others
- Coercing the child to engage in sexual behaviour with other children or adults
- Verbal threats of sexual abuse
- Exposing the child to pornography

Indicators of Sexual Abuse

- The child describes sexual acts
- Direct or indirect disclosures
- Age inappropriate behaviour and/or persistent sexual behaviour
- Self-destructive behaviour
- Regression in developmental achievements
- Child being in contact with a suspected or known perpetrator of sexual assault
- Bleeding from the vagina or anus
- Injuries such as tears to the genitalia

Domestic Violence

Domestic violence, or intimate partner violence, is a violation of human rights. It involves violent, abusive or intimidating behaviour carried out by an adult against a partner or former partner to control and dominate that person.

Domestic violence causes fear, physical, and/or psychological harm. It is most often violent, abusive, or intimidating behaviour by a man against a woman, but can also be these behaviours by a woman against a man. Living with domestic violence has a profound effect upon children and young people and therefore constitutes a form of child abuse. (The NSW Domestic and Family Violence Action Plan, June 2010)

Indicators of Domestic Violence – The child may:

- Demonstrate aggressive behaviour
- Develop phobias & insomnia
- Experience anxiety
- Show signs of depression
- Have diminished self esteem
- Demonstrate poor academic performance and problem-solving skills
- Have reduced social skills including low levels of empathy
- Show emotional distress
- Have physical complaints

NOTE THAT ONLY THE FREQUENTLY REQUIRED CATEGORIES HAVE BEEN INCLUDED HERE. FOR FURTHER INFORMATION ON INDICATORS PLEASE REFER TO THE RESOURCES FOR INDICATORS OF ABUSE AND NEGLECT SECTION OF THIS POLICY.

Implementation

Our Service strongly opposes any type of abuse against a child and endorses high quality practices in relation to protecting children. Educators have an important role to support children and young people and to identify concerns that may jeopardise their safety, welfare, or wellbeing. To ensure best practice, all educators will attend approved Child Protection training certified by a registered training organisation. Educators will continue to maintain current knowledge of child protection and Mandatory Reporter requirements by completing Child Protection Awareness Training annually.

Responsibilities of Approved Provider and Nominated Supervisor

- any person in day-to-day charge of the Service has successfully completed a course in child protection approved by the Regulatory Authority,
- all educators', staff and volunteers' Working with Children Checks are validated unless the person meets the criteria for exemption from a WWCC,
- all employees and volunteers are:
 - provided with a copy of the current Child Protection policy as part of the induction process at the Service
 - aware of their mandatory reporting obligations and responsibilities to report suspected risk or significant risk of harm to the Victoria East Division Child Protection Helpline on 1300 360 391
 - aware of indicators showing a child may be at risk of harm or significant risk of harm,
- training and development are provided for all educators, staff, and volunteers in child protection on an annual basis,
- educators are provided with a reporting procedure and professional standards to safeguard children and protect the integrity of educators, staff and volunteers,
- access is provided to all staff regarding relevant legislations, Regulations, standards and other resources to help educators, staff, and volunteers meet their obligation,

Responsibilities of Approved Provider and Nominated Supervisor (continued)

- records of abuse or suspected abuse are kept in line with our Privacy and Confidentiality Policy,
- notify the regulatory authority (within 7 days) of any incident where it is reasonably believed that physical and/or sexual abuse of a child has occurred or is occurring while the child is being educated and cared for by the Service,
- notify the regulatory authority (within 7 days) of any allegation that sexual or physical abuse of a child has occurred or is occurring while the child is being educated and cared for by the Service,
- notify the Commission for Children and Young People within 3 business days if you believe under reasonable doubt that reportable conduct has taken place by an employee, student, volunteer or contractor,
- refer families to The Orange Door, should they have reason to believe that a child and/or family is vulnerable, but the concerns have a low to moderate impact on the child and the immediate safety of the child is not compromised.

Responsibilities of Educators

- contact the police on 000 if there is an immediate danger to a child and intervene if it is safe to do so,
- be able to recognise indicators of abuse,
- respect what a child discloses, taking it seriously and follow up on their concerns through the appropriate channels,
- comprehend their obligations as mandatory reporters and their requirement to report any situation where they believe, on reasonable grounds, that a child is at risk of significant harm to the Child Protection Helpline (Department of Health and Human Services) on 1300 360 391 (Mon – Fri, 8:45am – 5:00pm) and on 131 278 after hours (After hours Child Protection Emergency Service),
- have completed online training to understand the child protection reporting process at least once a year,
- refer families to appropriate agencies where concerns of harm do not meet the threshold of significant harm,
- promote the welfare, safety, and wellbeing of children at the Service,
- allow children to be part of decision-making processes where appropriate,
- prepare accurate records recording exactly what happened, conversations that took place and what was observed to pass on to the relevant authorities to assist with any investigation,
- understand that allegations of abuse or suspected abuse against them are treated in the same way as allegations of abuse against other people,
- NOT investigate suspicion of abuse or neglect but collect only enough information to substantiate concerns and pass on to the Child Protection Helpline or appropriate authority,
- contact the senior staff member to discuss a situation where concern is held for an unborn, a child or a young person.

Communication with Child Protection Services and other Support Services

- In the event of a service being contacted by Child Protection or other support services regarding the child in their care, staff members are to refer the call to The Cubby Coordinator. Identification is to be provided by the person making contact from Child Protection or other support services. In the case of contact being made by phone, the staff member is to take their name and switchboard number and phone back to confirm their identification.
- If Child Protection or other support services are requesting information about a child as part of an initial investigation, the service is obliged to provide such information.
- Where there is ongoing involvement with a family and Child Protection (or other involved agencies) the service may request a "Release of Information" form that has been signed by the family.
- If Child Protection or other support services wish to visit and/or interview a child at the service, The Cubby Coordinator must be present. TCH Management must be notified before the interview takes place. It is the responsibility of Child Protection and other support services to advise the parents/guardians of the interview at the earliest possible opportunity.
- If Child Protection needs to remove a child from the service, staff must notify TCH Management. It is the responsibility of Child Protection and other support services to advise the parents/guardians of the details at the earlier possible opportunity.
- Should the service have an urgent issue regarding the protection of a child and need assistance out of hours they are to contact DHHS on the above contact details.

Documenting a Suspicion of Harm

If educators have concerns about the safety of a child they will:

- record their concerns in a non-judgmental and accurate manner as soon as possible,
- record their own observations as well as precise details of any discussion with a parent (who may for example explain a noticeable mark on a child),
- not endeavour to conduct their own investigation,
- document as soon as possible so the details are accurate including:
 - child's personal details (name, address, DOB, details of siblings)
 - time, date and place of the suspicion
 - full details of the suspected abuse
 - date of report and signature.

Documenting a Disclosure

A disclosure of harm emerges when someone, including a child, tells you about harm that has happened or is likely to happen. When a child discloses that he or she has been abused, it is an opportunity for an adult to provide immediate support and comfort and to assist in protecting the child from the abuse. It is also a chance to help the child connect to professional services that can keep them safe, provide support and facilitate their recovery from trauma. Disclosure is about seeking support and your response can have a great impact on the child or young person's ability to seek further help and recover from the trauma.

When receiving a Disclosure of Harm, the Service will:

- remain calm and find a private place to talk,
- not promise to keep a secret,
- tell the child/person they have done the right thing in revealing the information but that they'll need to tell someone who can help keep the child safe,
- only ask enough questions to confirm the need to report the matter because probing questions could cause distress, confusion and interfere with any later enquiries,
- not attempt to conduct their own investigation or mediate an outcome between the parties involved,
- document as soon as possible so the details are accurately captured including:
 - time, date and place of the disclosure,
 - 'word for word' record about what happened and what was said, including anything they (the staff member/educator) said and any actions that have been taken,
 - date of report and signature.

In addition, an Educator receiving a Disclosure from a Child will:

- give the child or young person their full attention,
- maintain a calm appearance,
- reassure the child or young person it is right to tell,
- accept the child or young person will disclose only what is comfortable and recognise the bravery and strength of the child for talking about something that is difficult,
- let the child or young person take his or her time,
- let the child or young person use his or her own words,
- don't make promises that can't be kept. For example, never promise that you will not tell anyone else,
- honestly tell the child or young person what you plan to do next,
- do not confront the perpetrator.

Confidentiality

It is important that any notification remains confidential, as it is vitally important to remember that no confirmation of any allegation can be made until the matter is investigated. The individual who makes the notification should not inform the suspected perpetrator (if known). This ensures the matter can be investigated without contamination of evidence or pre-rehearsed statements. It also minimises the risk of retaliation on the child for disclosing.

Protection for Reporters

All reporters are protected against retribution for making or proposing to make a report under amendments to the Children and Young Persons (Care and Protection) Act 1998 effective 1 March 2020. The identity of the reporter is protected by law from being disclosed, except in certain exceptional circumstances. Provided the report is made in good faith:

- The report will not breach standards of professional conduct.
- The report cannot lead to defamation and civil and criminal liability.
- The report is not admissible in any proceedings as evidence against the person who made the report.
- A person cannot be compelled by a court to provide the report or disclose its contents.
- The identity of the person making the report is protected.
- A report is also an exempt document under the Freedom of Information Act 1989.

Breach of Child Protection Policy

All educators and staff working with children have a duty of care to support and protect children. A duty of care is breached if a person:

- does something that a reasonable person in that person's position would not do in a particular situation,
- fails to do something that a reasonable person in that person's position would do in the circumstances or
- acts or fails to act in a way that causes harm to someone the person owes a duty of care.

Managing a Breach in Child Protection Policy

Management will investigate the breaches in a fair, unbiased and supportive manner by:

- discussing the breach with all people concerned and advising all parties of the process,
- giving the educator/staff member the opportunity to provide their version of events,
- documenting the details of the breach, including the versions of all parties,
- recording the outcome clearly and without bias,
- ensuring the matters in relation to the breach are kept confidential,
- reach a decision based on discussion and consideration of all evidence.

Outcome of a Breach in Child Protection Policy

Depending on the nature of the breach outcomes may include:

- emphasising the relevant element of the child protection policy and procedure,
- providing closer supervision,
- further education and training,
- providing mediation between those involved in the incident (where appropriate),
- disciplinary procedures if required,
- reviewing current policies and procedures and developing new policies and procedures if necessary.

Reportable Conduct Scheme-Allegations against Employees, Volunteers or Students (or Contractors)

The Approved Provider has the legislative obligation under the Reportable Conduct Scheme to notify CCYP of reportable allegations and convictions against their employees (including volunteers and contractors), investigate the allegation and advise CCYP of the outcome. In addition, the Approved Provider must take appropriate action to prevent reportable conduct by employees.

The Commission, effective 1 March 2020, defines the head of an organisation as a '**relevant entity**'. An approved children's service is listed at Schedule 1 of the Act as an 'entity'.

The Approved Provider must notify CCYP within 3 business days and The Cubby will wait for clearance from Victoria Police before commencing an internal investigation.

The Approved Provider must ensure an appropriate level of confidentiality of information relating to the reportable allegations as per the Act or other legislation.

The Commission defines reportable conduct as:

- a sexual offence has been committed against, with or in the presence of a child,
- sexual misconduct with, towards or in the presence of a child,
- ill-treatment of a child,
- neglect of a child,
- an assault against a child,
- behaviour that cause significant emotional or psychological harm to the child.

Educating Children about Protective Behaviour

Our program will educate children:

- about acceptable and unacceptable behaviour, and what is appropriate and inappropriate contact at an age appropriate level and understanding,
- about their right to feel safe at all times,
- to say 'no' to anything that makes them feel unsafe or uncomfortable,
- about how to use their own knowledge and understanding to feel safe,
- to identify feelings that they do not feel safe,
- the difference between 'good' and 'bad' secrets,
- that there is no secret or story that cannot be shared with someone they trust,
- that educators are available for them if they have any concerns,
- to tell educators of any suspicious activities or people,
- to recognise and express their feelings verbally and non-verbally,
- that they can choose to change the way they are feeling.

VICTORIA SPECIFICATIONS

In Victoria, under the Children, Youth and Families Act 2005 (Vic.) types of child abuse include:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect
- Medical neglect
- Family violence
- Human trafficking (including forced marriage)
- Sexual exploitation (including pornography and prostitution)

The Children Youth and Families Act 2005 section 182 (1) and 184 states that where the following mandated reporters form the belief on reasonable grounds that a child has suffered, or is likely to suffer, significant harm as a result of physical injury or sexual abuse and the child's parents have not protected, or are unlikely to protect, the child from harm of that type must make a report to Child Protection Services as soon as practicable. Mandatory reporters include:

- registered teachers and early childhood teachers
- early childhood workers
- registered medical practitioners
- nursers
- midwives
- school principals
- school counsellors
- police officers
- out of home care workers (excluding voluntary foster and kinship carers)
- youth justice workers
- registered psychologist
- people in religious ministry

In addition, any person who believes on reasonable grounds that a child needs protection, can make a report the Department of Health and Human Services (DHHS). It is the Child Protection worker's job to assess and, where necessary, further investigate if a child or young person is at risk of harm ensuring a child safe environment is maintained.

All early childhood services and schools operating in Victoria are required to comply with the Child Safe Standards. The focus is to raise awareness and build capacity for organisations to create and maintain a child safe environment. The Child Safe Standards have been introduced to keep children safe from harm and abuse. The Standards are designed to drive cultural change in organisations, so that protecting children from abuse is embedded in the everyday thinking and practice of leaders, staff and volunteers.

This will assist organisations to:

- promote the safety of children,
- prevent child abuse,
- ensure effective processes are in place to respond to and report allegations of child abuse,
- create and maintain a child safe environment under the standards.

Services working to embed or improve the culture of child safety in their organisation should ensure leaders, staff and volunteers know and understand the organisation's commitment to child safety, and can raise and respond to allegations of abuse.

Services in Victoria must have:

- a code of conduct which outlines clear expectations for how all staff and volunteers interact with children,
- a policy or statement of commitment to child safety,
- processes for responding to and reporting allegations of child abuse.

All services should review recruitment, screening and induction processes to ensure staff and volunteers are aware of relevant policies and are trained to minimise the risk of child abuse. Simple and accessible processes will assist Services to promote the participation and empowerment of all children, especially aboriginal children, children from culturally and or linguistically diverse backgrounds and children with a disability. All staff and volunteers need to have an awareness of children's rights and adults' responsibilities regarding child abuse.

To create and maintain a child safe environment, services must implement 7 standards.

Standard 1: Strategies to embed a culture of child safety through effective leadership arrangements.

Standard 2: A Child safe policy or statement of commitment to child safety highlighting the services' zero tolerance of child abuse.

Standard 3: A code of conduct that establishes clear expectations for appropriate behaviour with children.

Standard 4: Screening, supervision, training and other human resources practices that reduce the risk of child abuse by new and existing staff.

Standard 5: Processes for responding to and reporting suspected child abuse.

Standard 6: Strategies to identify and reduce or remove risks of child abuse.

Standard 7: Strategies to promote the participation and empowerment of children

In applying each standard, services must reflect and embed the following 3 key principles:

- Cultural safety of Aboriginal children.
- Cultural safety of children from culturally and linguistically diverse backgrounds.
- Safety of children with disabilities.

Reportable Conduct Scheme

The Reportable Conduct Scheme seeks to improve organisations' responses to allegations of child abuse and neglect by their workers and volunteers. An allegation of 'reportable conduct' could include: sexual abuse, grooming, sexting, inappropriate physical contact or sexualised behaviour with a child. Approved children's services including Family Day Care and Out of School Hours Care services are identified organisations under this scheme.

Working with Children Check Victoria

All adults engaged in paid or voluntary child-related work require a Working with Children Check. This includes: childcare services, family day care, occasional care and outside school hours care.

Teachers and volunteers currently registered as teachers with the Victorian Institute of Teaching (VIT), they are exempt from the Working with Children Check (unless they have been given a Negative Notice). If they have suspended or cancelled their registration, the exemption no longer applies

REPORTING AUTHORITY

Department of Health and Human Services

North Division Intake 1300 664 977

South Division Intake 1300 655 795

East Division Intake 1300 360 391 (our authority)

West Division Intake 1300 664 977

Child Protection Services (After Hours) 13 12 78

National Child Abuse Helpline 1800 991 099 (9:00am – 5:00pm AEST)

The Orange Door Shepparton 1800 634 245

Resources for Indicators of Abuse or Neglect

<https://www.childprotection.sa.gov.au/reporting-child-abuse/indicators-abuse-or-neglect>

<https://www.communities.qld.gov.au/disability/preventing-responding-abuse-neglect-exploitation/identifying-abuse-neglect-exploitation/indicators-signs>

<http://det.wa.edu.au/childprotection/detcms/inclusiveeducation/child-protection/public/recognising-abuse/indicators-of-abuse.en?cat-id=1337568>

<https://www.vit.vic.edu.au/news/news/2017/the-child-safe-standards-and-mandatory-reporting>

NAPCAN- <https://www.napcan.org.au/napcan-brochures/>

CHILD SAFE ORGANISATIONS- <https://chilsafe.humanrights.gov.au>

Sources and Legislation

Australian Government Australian Institute of Family Studies. (2005). National comparison of child protection systems: <https://aifs.gov.au/cfca/publications/national-comparison-child-protection-systems>

Australian Government Australian Institute of Family Studies. (2018). Australian child protection legislation: <https://aifs.gov.au/cfca/publications/australian-child-protection-legislation>

Australian Government: Australian Institute of Family Studies. (2017). Mandatory reporting of child abuse and neglect: <https://aifs.gov.au/cfca/publications/mandatory-reporting-child-abuse-and-neglect>

Belonging, Being and Becoming: The Early Years Learning Framework for Australia. (2009).

Child Protection (Working with Children) Act 2012

Children and Young Persons (Care and Protection) Act 1998

ChildStory Reporter: <https://reporter.childstory.nsw.gov.au/s/>

Early Childhood Australia Code of Ethics. (2016)

Government of Western Australia Department of Communities, Child Protection and Family Support. (2019)

About mandatory reporting legislation

<https://mandatoryreporting.dcp.wa.gov.au/Pages/Aboutmandatoryreportinglegislation.aspx>

Guide to the National Quality Standard (2020)

Revised National Quality Standard. (2018)

The Commission for Children and Young People Act 1998

Victoria State Government Education and Training: (2018). Obligations to protect children in early childhood services: <https://www.education.vic.gov.au/childhood/providers/Regulation/Pages/protectionprotocol.aspx>

Victoria State Government Health and Human Services. Child safe standards:

<https://providers.dhhs.vic.gov.au/child-safe-standards>

Victoria State Government Health and Human Services. Creating child safe organisations:

<https://providers.dhhs.vic.gov.au/creating-child-safe-organisations>

Date reviewed	COM	Adopted
23/05/2017		
01/06/2018	John Kriesfeld – President	26/06/2018
30/11/2022 NP	Jen Pagon – President	12/01/2023

51. PROVIDING A CHILD SAFE ENVIRONMENT

The Cubby is committed to the safety, wellbeing and support of all children and young people. Management, staff and volunteers take every reasonable precaution to protect children in our care and treat all children with the utmost respect and understanding at all times. To protect children from abuse, The Cubby embeds strategies to ensure a culture of child safety by providing a safe environment for the children in our care. We acknowledge that the educators are in a unique position to monitor behavioural and emotional changes, physical injuries, and the general wellbeing of a child due to the development of safe environments and trusting relationships with children and families. Our educators are trained to identify signs and behaviours that may indicate child abuse and thoroughly understand their obligations and responsibilities to respond to incidents, disclosures or suspicions of child abuse as mandated reporters.

We are dedicated in promoting cultural safety for Aboriginal children, cultural safety for children from culturally and linguistically diverse backgrounds and to providing a safe environment for children with a disability. The Cubby takes every reasonable effort to accommodate the diversity of all children in implementing the Child Safe Standards.

The Cubby takes a ‘zero’ tolerance approach to child abuse and is committed to raise awareness about the importance of child safety in our environment and the community.

‘Keeping children safe is everyone’s responsibility.’

Victoria State Government – Education and Training (2019)

National Quality Standards (NQS)

QUALITY AREA 2: CHILDREN’S HEALTH AND SAFETY		
2.2	Safety	Each child is respected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
2.2.3	Child Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.
QUALITY AREA 5: RELATIONSHIPS WITH CHILDREN		
5.1.1	Positive educator to child interactions	Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included.
CHILDREN’S SERVICES REGULATIONS		
53	Awareness of child protection law	
104	Interactions with children	
96	Working with children assessment notice to be read	

Other Relevant Laws

Education and Training Reform Act 2006 – Child safe standards – Managing the risk of child abuse in schools. Ministerial Order No. 870
The Commission for Children and Young People Act 2012
Failure to Disclose 2014
Failure to Protect 2015
The Charter of Human Rights and Responsibilities Act 2006 (Vic)
Working with Children Act 2005 (Vic)
Child Wellbeing and Safety Act 2005 (Vic)
Family Law Act 1975

Purpose

This policy requires all educators within The Cubby to create and maintain a child safe organisation where children are safe and feel safe. Our policy framework incorporates the seven Child Safe Standards. We are committed to identify possible and significant risks of harm to children and young people within our service. We understand our duty of care to protect children from all types of abuse and adhere to our legislative obligations at all times. We aim to implement effective strategies to assist in ensuring the safety and wellbeing of all children. Our service will act in the best interest of the child, assisting them to develop to their full potential in a secure and safe environment.

Implementation

Our Service strongly opposes any type of abuse against a child and endorses high quality practices in relation to protecting children. All educators understand their roles and responsibilities in protecting children from abuse and neglect and maintain up-to-date knowledge of child protection law (Reg 53). Educators will undertake child protection awareness training every 12-24 months, and whenever significant changes are made to the child protection law or reporting requirements. Educators will comply with our Code of Conduct at all times.

Our Commitment to Child Safety

Our service is committed to safety and wellbeing of all children and young people. In our planning, development and implementation of our Child Safe Environment Policy we will:

- create and maintain a child safe environment and comply with Child Safe Standards and Child Wellbeing and Safety Amendment (Child Safe Standards) Act 2015,
- complete regular audits to assess our progress are meeting the requirements of the Child Safe Standards (see Further information and support),
- develop a Child Safety Code of Conduct specific to The Cubby, which all employees have acknowledged and signed,
- include child safety as a regular agenda item at staff meetings,
- adhere to a zero tolerance for child abuse,
- value the input of and communicate regularly with families and carers regarding our Child Safe policies,
- embed the seven Child Safety Standards into our policy and procedures,
- promote the safety of children at all times,
- foster a culture of openness and respect where children and adults feel safe to disclose risk of harm to children,
- listen to and act decisively on any child safety concerns or allegations of abuse that are made,
- recognise, respect and foster children's rights where their voices and views are listened to and valued,
- assess and manage the risk of abuse to children as part of our daily practice,
- recognise the vulnerability of particular groups of children including Aboriginal and Torres Strait Islander children, children with a disability, children in out of home care and children from a culturally and/or linguistically diverse background,
- ensure effective processes are in place to respond to and report allegations of child abuse to the appropriate authorities,
- read and ensure that the approved provider or nominated supervisor, or person in day- to-day charge of the service has read a person's Working with Children Check before the person is engaged as an educator, volunteer or staff member at the Service,
- the approved provider has read a person's Working with Children Check before nominating that person as a nominated supervisor or person in day-to-day charge of the service. (This does not apply to a person who is a registered teacher under the Education and Training Reform Act 2006 and has current registration),
- ensure visitors to our Service implementing professional development are suitable and approved to work with children,

Responsibilities of Nominated Supervisor

- educators have completed approved child protection training,
- they have read each person's Working with Children Check before engaging educators, staff or volunteers in the Service,
- all educators at The Cubby maintain up-to-date knowledge of child protection law and any obligations that they may have under that law,
- human resource procedures within The Cubby/TCH ensure all employees and volunteers recruited display the right personal qualities, skills and experience to provide high quality supervision and care to children in addition to holding a validated Working with Children Check,
- all educators who work with children:
 - understand and are confident implementing our Child Safe Environment Policy
 - know how to identify, assess and minimise risks of child abuse
 - are aware of their role as mandated reporters to immediately report cases where they believe a child is at risk of significant harm
 - promote the cultural safety of Aboriginal children, the cultural safety of children from culturally and/or linguistically diverse backgrounds and safety for children with a disability,
- educators understand the reporting procedures and professional standards to safeguard children and protect the integrity of educators, staff and volunteers,
- access to relevant acts, Regulations, standards and other resources are provided to help educators, staff and volunteers meet their obligations,
- **Child Protection** is contacted as soon as practicable of any incident reasonably believed that physical and/or sexual abuse of a child has occurred or is occurring while the child is being educated and cared for by the Service,
- **Child Protection** is notified as soon as practicable of any allegation that sexual or physical abuse of a child has occurred or is occurring while the child is being educated and cared for by the Service.
- the Quality Assessment and Regulation Division (QARD) are notified of any serious incidents or concerns about the wellbeing of a child within our Service,
- clear and comprehensive documentation related to actions taken in response to incidents, disclosures and allegations of child abuse are kept securely and confidentially in line with our Privacy and Confidentiality policy.

Responsibilities of Educators

- comprehend their legal obligation as mandated reporters under the legislation
- report any situation where they believe on reasonable grounds a child is at risk of significant harm to Child Protection and/or local Child Protection office
- contact the Victorian Police on 000 if there is an immediate danger to a child and intervene instantly if it is safe to do so.
- understand their duty of care to take reasonable steps to protect children at all times
- be able to recognise indicators of abuse
- be aware of the **Four Critical Actions** for responding to Incidents, Disclosures and suspicions of child abuse
- respect a child's disclosure, taking it seriously and respond to their disclosure immediately
- document any incident, disclosure or suspicion that a child has been, or is at risk of being abused using the PROTECT template for Victorian schools
- understand that allegations of abuse or suspected abuse against them are treated in the same way as allegations of abuse against other people
- associate families with referral agencies where concerns of harm do not meet the threshold of significant harm. These services may be located through The Orange Door. Family consent will be sought before making referrals.

Mandatory Reporting is the legislative requirement for selected classes of people to report suspected child abuse and neglect to government authorities. In Victoria, mandatory reporting is regulated by the Children, Youth and Families Act 2005 (Vic) ss. 162, 182, 184 (CYFA). Effective from March 1, 2019 all early childhood educators and other persons employed or engaged in an education and care service or a children's service are mandatory reporters. This also includes all proprietors, nominees of a children's service, approved providers and nominated supervisors of a children's service.

Mandated reporters must respond to an emergency **immediately** if the child is at immediate risk of harm or has just been abused. Mandated reporters must respond to an incident, disclosure or suspicion of child abuse as soon as they witness or form a belief based on reasonable grounds that a child needs protection because:

- the child's basic physical or psychological needs are not being met or are at risk of not being met,
- the parents or other caregivers have not arranged and are unable or unwilling to arrange for the child to receive necessary medical care,
- the parents or other caregivers have not arranged and are unable or unwilling to arrange for a school age child to receive an education,
- the child has been or is at risk of being physically or sexually abused or ill-treated,
- the child is living in a household where there have been incidents of domestic violence and they are at risk of serious physical or psychological harm,
- the parent's or other caregiver's behaviour means the child has suffered or is at risk of suffering serious psychological harm,
- the child has stated they have been abused,
- the child has evidence of abuse,
- To form a belief on reasonable grounds, the reporter may have witnessed behaviour, have a suspicion or received a disclosure of child abuse.

Responding to a Parent, Carer or Guardian of a Child

If a parent, carer or guardian says their child has been abused in our Service or raises concern we will:

- ensure all abuse allegations are taken very seriously,
- explain our procedures as mandatory reporters,
- allow the parent, carer or guardian to talk through the incident in their own words,
- ask about the safety and wellbeing of the child,
- explain that an educator will be taking notes during the discussion to capture all details,
- provide them with any incident reports,
- explain our Service's reporting processes which include informing Victoria Police, Child Protection office,
- report and provide ongoing support as per our procedure of child abuse allegations.

Victoria Child Safe Standards

- Standard 1: Organisations establish a culturally safe environment in which the diverse and unique identities and experiences of Aboriginal children and young people are respected and valued
- Standard 2: Child safety and wellbeing is embedded in organisational leadership, governance and culture
- Standard 3: Children and young people are empowered about their rights, participate in decisions affecting them and are taken seriously
- Standard 4: Families and communities are informed, and involved in promoting child safety and wellbeing
- Standard 5: Equity is upheld and diverse needs respected in policy and practice
- Standard 6: People working with children and young people are suitable and supported to reflect child safety and wellbeing values in practice
- Standard 7: Processes for complaints and concerns are child focused
- Standard 8: Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training
- Standard 9: Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed
- Standard 10: Implementation of the Child Safe Standards is regularly reviewed and improved
- Standard 11: Policies and procedures document how the organisation is safe for children and young people

Definitions

Maltreatment refers to non-accidental behaviour towards another person, which is outside the norms of conduct and entails a substantial risk of causing physical or emotional harm. Behaviours may be intentional or unintentional and include acts of omission and commission. Specifically abuse refers to acts of commission while neglect refers to acts of omission. Note that in practice the terms child abuse and child neglect are used more frequently than the term child maltreatment.

Significant Harm refers to circumstances causing concern for the safety, welfare and wellbeing a child or young person present to a significant extent. This means it is sufficiently serious to warrant a response by a statutory authority irrespective of the family's consent.

What is significant is not minor or trivial and may reasonably be expected to produce a substantial and demonstrably adverse impact on the child's or young person's safety, welfare, or wellbeing. In the case of an unborn child, what is significant is not minor or trivial and may reasonably be expected to produce a substantial and demonstrably adverse impact on the child.

Reasonable grounds refer to the need to have an objective basis for suspecting that a child may be at risk of abuse and neglect based on:

- first hand observation of the child or family
- what the child, parent, or other person has disclosed
- what can reasonably be inferred based on observation, professional training and/or experience that causes the mandated reporter to believe the child has been abused or is likely to be abused or,
- signs of physical or sexual abuse leading to the belief that the child has been abused.

Failure to disclose refers to the failure of a mandated reporter who has reasonable belief that a child under 16 has had a sexual offence committed to them by an adult to make a report to the police.

Failure to protect refers to a person of authority in the organisation who has the power or responsibility, but who negligently fails to reduce or remove the threat of substantial risk of child sexual abuse.

RELEVANT AUTHORITIES

Department of Health and Human Services

East Division Intake 1300 360 391

Child Protection Services (After Hours) 13 12 78

Victoria Police 000

National Child Abuse Helpline 1800 991 099 (9:00am – 5:00pm AEST)

DET Quality Assessment and 1300 307 415

Regulation Division (QARD)

The Orange Door Shepparton 1800 634 245

Sources

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

Belonging, Being and Becoming: The Early Years Learning Framework for Australia. (2009)

Child Protection (Working with Children) Act 2012

Child safe standards page of the Department of Health and Human Services’ Service Providers:
<http://providers.dhhs.vic.gov.au/child-safe-standards>

Child Wellbeing and Safety Act 2005 (Vic)

Children and Young Persons (Care and Protection) Act 1998 Children, Youth and Families Act 2005 (as amended 2014) (Vic)

Commission for children and young people – Being a child safe organisation <https://ccyp.vic.gov.au/child-safety/being-a-child-safe-organisation/>

Community and Disability Services Ministers' Conference. (2005). Creating safe environments for children: Organisations, employees and volunteers: National framework.

Creating child safe organisations page of the Department of Health and Human Services’ Service Providers:
<http://providers.dhhs.vic.gov.au/creating-child-safe-organisations>

Early Childhood Australia Code of Ethics. (2016)

Children’s Services Regulations (2020)

Failure to Disclose 2014 Failure to Protect 2015 Family Law Act 1975

Mandatory Reporting: <https://aifs.gov.au/publications/families-policy-and-law/14-mandatory-reporting-laws>

National Comparison of Child Protection Systems: <https://aifs.gov.au/cfca/publications/national-comparison-child-protection-systems>

Reporting abuse and neglect: <https://aifs.gov.au/cfca/publications/reporting-abuse-and-neglect>

Revised National Quality Standard. (2018).

State of Victoria (Department of Education and Training). (2017). Early childhood guidance: Identifying signs of child abuse: www.education.vic.gov.au

The Charter of Human Rights and Responsibilities Act 2006 (Vic)

The Commission for Children and Young People Act 1998 The Commission for Children and Young People Act 2012

Working with Children Act 2005 (Vic)

Date reviewed	COM	Adopted
23/05/2017		
01/06/2018	John Kriesfeld – President	26/06/2018
30/11/2022 NP	Jen Pagon – President	12/01/2023
11/10/2023 NP	Jen Pagon – President	12/10/2023

52. THE CUBBY CODE OF CONDUCT

The Cubby is committed to the safety and wellbeing of children and young people. We recognise the importance of, and a responsibility for, ensuring our Centre is a safe, supportive and enriching environment which respects and fosters the dignity and self-esteem of children and young people, and enables them to thrive in their learning and development.

This Code of Conduct aims to protect children and reduce any opportunities for child abuse or harm to occur. It also assists in understanding how to avoid or better manage risky behaviours and situations. It is intended to complement child protection legislation, department policy, The Cubby policies and procedures and professional standards, codes or ethics as these apply to staff and other personnel.

The Approved Provider will support implementation and monitoring of the Code of Conduct, and will plan, implement and monitor arrangements to provide inclusive and safe learning environments. The Approved provider of The Cubby will also provide information and support to enable the Code of Conduct to operate effectively and will ensure all educators of The Cubby sign The Cubby's code of conduct statement on employment.

All staff, contractors, volunteers and any other member of The Cubby community involved in child-related work are required to comply with the Code of Conduct by observing expectations for appropriate behaviour below. The Code of Conduct applies in all The Cubby situations, including excursions and in the use of digital technology and social media.

Acceptable Behaviours

As staff, volunteers, contractors, and any other member of The Cubby involved in child-related work individually, we are responsible for supporting and promoting the safety of children by:

- upholding The Cubby's Child Safe statement commitment to child safety at all times,
- treating students and families in The Cubby community with respect both within The Cubby environment and outside The Cubby environment as part of normal community activities e.g. excursions,
- listening and responding to the views and concerns of students, particularly if they are telling you that they or another child has been abused or that they are worried about their safety/the safety of another child,
- promoting the cultural safety, participation and empowerment of Aboriginal and Torres Strait Islander students,
- promoting the cultural safety, participation and empowerment of students with culturally and/or linguistically diverse backgrounds,
- promoting the safety, participation and empowerment of students with a disability,
- reporting any allegations of child abuse or other child safety concerns to The Cubby's Nominated Supervisors and TCH Management,
- understanding and complying with all reporting or disclosure obligations (including mandatory reporting) as they relate to protecting children from harm or abuse,
- if child abuse is suspected, ensuring as quickly as possible that the student(s) are safe and protected from harm.

Unacceptable Behaviours

As staff, volunteers, contractors, and any other member of the school community involved in child-related work we must not:

- ignore or disregard any concerns, suspicions or disclosures of child abuse,
- develop a relationship with any student that could be seen as favouritism or amount to 'grooming' behaviour (for example, offering gifts),
- exhibit behaviours or engage in activities with students which may be interpreted as abusive and not justified by the educational, therapeutic, or service delivery context,
- ignore behaviours by other adults towards students when they appear to be overly familiar or inappropriate,
- discuss content of an intimate nature or use sexual innuendo with students, except where it occurs relevantly in the context of parental guidance, delivering the education curriculum or a therapeutic setting,
- treat a child unfavourably because of their disability, age, gender, race, culture, vulnerability, sexuality or ethnicity,
- photograph or video a child in The Cubby's environments except in accordance with The Cubby's Educational Program's guidelines for documenting children's learning or where required for duty of care purposes.

Date reviewed	COM	Adopted
30/11/2022 NP	Jen Pagon – President	12/01/2023

53. THE CUBBY CHILD SAFETY STATEMENT

The Cubby is committed to safety and wellbeing of all children and young people. This will be the primary focus of our care and decision-making. The Cubby has zero tolerance for child abuse.

The Cubby is committed to providing a child safe environment where children and young people are safe and feel safe, and their voices are heard about decisions that affect their lives. Particular attention will be paid to the cultural safety of Aboriginal children and children from culturally and/or linguistically diverse backgrounds, as well as the safety of children with a disability. Every person involved in The Cubby has a responsibility to understand the important and specific role they play individually and collectively to ensure that the wellbeing and safety of all children and young people is at the forefront of all they do and every decision they make.

In addition, this Statement of Commitment describes The Cubby’s principles for child safety. In its planning, decision-making and operations The Cubby will:

1. Take a preventative, proactive and participatory approach to child safety.
2. Value and empower children to participate in decisions which affect their lives.
3. Foster a culture of openness that supports all persons to safely disclose risks of harm to children.
4. Respect diversity in cultures and child rearing practices while keeping child safety paramount.
5. Provide written guidance on appropriate conduct and behaviour towards children.
6. Engage only the most suitable people to work with children and have high quality staff and volunteer supervision and professional development.
7. Ensure children know who to talk with if they are worried or are feeling unsafe, and that they are comfortable and encouraged to raise such concerns.
8. Report suspected abuse, neglect or mistreatment promptly to the appropriate authorities.
9. Share information appropriately and lawfully with other organisations where the safety and wellbeing of children is at risk.
10. Value the input of and communicate regularly with families and educators.

Date reviewed	COM	Adopted
30/11/2022 NP	Jen Pagon – President	12/01/2023

I) CHILDREN'S HEALTH AND SAFETY

54. HEALTH & HYGIENE – CLEANING, CHANGE MATS, HAND WASHING AND BEFORE MEAL TIMES

Policy

To ensure that children are cared for in a manner that supports safe, clean and hygienic health management and reduces the risk of cross infection.

Procedure

1. Educators will attend to basic hygiene needs of children as soon as they occur.
2. Educators will adhere to hygiene procedures and encourage other adults in The Cubby to do likewise.
3. Children will be encouraged to follow simple hygiene procedure as modelled by educators and other adults in The Cubby, e.g.:
 - wash hands after toilet,
 - wash hands before handling/eating food,
 - wash hands after handling animals,
 - wipe running noses. Educators wash hands or if outside use hand sanitizer,
 - flush toilet,
 - not eating food items which have fallen on the floor or been otherwise contaminated,
 - not sharing drink or eating utensils,
 - not sharing hairbrushes, combs, clips, etc.
4. Children will have access to soap and disposable paper towels at all times.
5. A supply of paper towels will be available in The Cubby at all times for general or emergency use.
6. A supply of facial tissues will be easily accessible to educators and children in The Cubby at all times.
7. A supply of disposable gloves will be easily accessible to educators at all times, such as for use under the conditions in the “Infectious Diseases and Control” policy but not limited to that policy.
8. Educators will ensure that the building, equipment and furnishings are maintained in clean, hygienic conditions at all times. Toilets will be kept clean and checked regularly throughout the day. Educators disinfect toilets several times throughout the day.
9. Soiled clothes will be placed in plastic bags and stored in the child's bag.

Meal times – Children eating and Cleanliness of Tables

Responsibilities of Educators

- encourage children at all times to learn to eat with food in ways, which minimise the risk of illness,
- ensure that children are offered water after each meal/snack,
- check that children's hands are washed before they eat or drink,
- teach children to turn away from food when they cough or sneeze,
- discourage walking around with food,
- ensure that dropped food is not eaten,
- ensure that dropped utensils are not used until they have been washed,
- discourage children from sharing food they have begun to eat,
- discourage children from sharing utensils,
- encourage children to wash their hands and face after eating (especially where hands are used instead of utensils),
- ensure the tables are cleaned before meal times using an approved white king dilution. This spray is to be applied to the tables after they have been wiped down with warm soapy water (NQS 2.1.1).

Children Contact with one another

Educators will encourage children to:

- cover their mouth and nose or turn away from each other if they cough or sneeze,
- wipe or blow noses and wash hands afterwards or if outside use hand sanitizer gel or similar product,
- any dummies that have had contact with the ground or any other child's mouth, needs to be cleaned appropriately with sanitizer (CounterFlu),
- not to touch each other where they are cut or bleeding,
- not to spit,
- dispose of used tissues promptly and appropriately and not to lend them to each other and educators will explain to the children the reasons why to ensure we role model best practice and language to educate children on hygiene and manners.

Educators will encourage parents to keep unwell children at home to prevent the spread of infection.

Toileting of Children

Educators will encourage children to:

- learn behaviours to manage toileting including appropriate bottom wiping,
- wash hands after using the toilet,
- flush the toilet after using it,
- report 'accidents' to educators.

Indoor and Outdoor Environment

- indoor and outdoor environments will be kept as clean as possible and checked daily before children arrive,
- dropped food or food rubbish and dropped drink, indoors or outdoors will be promptly disposed of in the bin,
- food serving implements will be cleared away as soon as possible,
- blood, urine and faeces will be promptly removed using the appropriate disposal procedures as outlined in the Infectious Diseases and Control policy,
- outdoors, the sandpit will be covered when not in use to prevent animals from contaminating it.
- any animal faeces and dead creatures will be promptly removed, disposed of and the area cleaned,
- outdoors – sand, tan bark, paths and lawns will be regularly maintained as a preventative measure e.g. raking, sweeping, mowing,
- indoor floors and surfaces will be regularly cleaned.

Hand Washing - How to wash Hands

- use liquid soap and running water,
- wash your hands thoroughly,
- rinse your hands slowly,
- dry hands well with new paper towel.

Hand Washing – When to wash Hands

- before handling food, including a baby’s bottle,
- before eating,
- before and after changing a nappy,
- after removing gloves,
- after going to the toilet,
- after cleaning up blood, faeces or vomit,
- after wiping a nose or sneezing,
- before giving medication,
- after handling garbage.

Cleaning of Toys

All children’s toys are to be cleaned before returning to the storeroom, but at least twice a day. Any mouth able toys such as babies teething rings or rattles are to be washed daily. Toys are to be washed using warm soapy water, rinsed and dried appropriately. They can also be sprayed with CounterFlu.

Cleaning of Change Mats

Change mats need to be wiped down after every change using CounterFlu.

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30/05/2017		
01/06/2018	John Kriesfeld – President	26/06/2018
30/11/2022 NP	Jen Pagon – President	12/01/2023
31/07/2023 NP	Jen Pagon – President	24/08/2023

55. DANGEROUS PRODUCTS

Policy

The Cubby attempts to minimise the use of toxic products and other potentially dangerous products used within the building. Where chemicals are required, safe storage will be enforced in The Cubby to protect all children from access to these products without jeopardising hygiene.

Procedure

1. Correct measurements of all products shall be used as per manufacturer's directions.
2. All spray bottles must be clearly and correctly labelled.
3. Safety data sheets are to be available and displayed in chemical storage areas.
4. Chemicals and potentially dangerous products are kept up high and out of reach of children, or kept in a locked cupboard at all times.
5. Washing detergents will be used on a daily basis to clean toys and equipment.
6. Sanitisers will not be sprayed on surfaces while children are close (within 1 metre) of the item to be sprayed.
7. Appropriate signage will be placed on all doors/cupboards where chemicals are stored.
8. Any changes in procedures need to be approved by the Committee of Management. Decisions will be based on the manufacturer's guidelines and centre policy before changes are implemented.
9. Educators will be provided with updated information and undergo relevant training in the use of chemicals at The Cubby as required (e.g. change in practice).
10. New educators, volunteers and students are instructed on the use of all chemicals used within The Cubby during their orientation process.
11. Storage facilities which are secure and inaccessible to children will house the following items:
 - all cleaning materials, including detergents,
 - poisonous and other dangerous substances,
 - dangerous tools and equipment,
 - toiletries,
 - medications,
 - first aid equipment,
 - emergency medical equipment and drugs,
 - jagged or sharp objects that pose a hazard to children.

If any of the above items need to be refrigerated, they will be stored in a labelled child resistant container in a part of the refrigerator inaccessible to children.

If bulk chemicals or non-domestic products and quantities are used or stored, have a Hazardous Substances Register and Risk Assessment in accordance with the OHS Act and Regulation. This should record product name, application, whether the product is labelled, whether a MSDS is available, what class risk the chemical is, the controls for prevention of exposure that are required and what first aid, medical or safety action should be taken if a person is exposed.

Follow the manufacturer's instructions for use, storage and first aid instructions and where possible, obtain a MSDS to keep with the substance or where educators can have immediate access to the information in an emergency, and ensure all educators are aware of the safety and first aid information in the MSDS. When disposing of unwanted hazardous chemicals, substances or equipment, do so safely or in accordance with manufacturer's instructions, OHS Regulation, local council Regulation. Do not flush chemicals or medications down the drain, sink, toilet, sewer or gutter.

Wear appropriate personal protective clothing (e.g. gloves, aprons, mask, goggles) in accordance with manufacturer's instructions when using or disposing of hazardous chemicals or substances.

Seek medical advice immediately if poisoning or potentially hazardous ingestion, inhaled, skin or eye exposure has occurred, or call the Poisons Information Line on 13 11 26, or call an ambulance, dial 000.

Please refer to Material Safety Data sheets located at The Cubby or more information

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30/01/2017		
01/06/2018	John Kriesfeld – President	26/06/2018
30/11/2022 NP	Jen Pagon – President	12/01/2023

56. DEALING WITH INFECTIOUS DISEASES AND CONTROL

Policy

Effective infection control procedures will be in place within The Cubby to prevent the spread of infectious diseases.

Procedure

1. The Cubby will at all times follow proper infection control procedures, as outlined below, to minimise the risk of transmission of infectious diseases.
2. The Cubby will ensure that First Aid equipment is available and up to date at all times.
3. All educators will receive basic education on infectious diseases and preventative strategies and will have access to further information and support service as required.
4. Parents/guardians must notify The Cubby Coordinator or TCH Management of any infectious disease nominated on the Victorian Department of Education and Staying Healthy in Childcare Exclusion Chart.
5. Educators must inform all parents/guardians of the occurrence of such an infectious disease. A note will be placed at the front of the building including details about the signs and symptoms and the incubation period of the disease (HIV/Aids is precluded – see HIV/Aids policy).
6. Babies, children and adults suffering from any of the infectious diseases listed on the infectious disease chart, must not attend The Cubby for the period specified under the heading “Exclusion of Cases”. Contacts (those who have had contact with the infected person) will be excluded only if specified under the “Exclusion of Contacts” column on the infectious diseases chart.
7. Where an outbreak of an infectious disease occurs within The Cubby, TCH Management will contact GV Public Health Unit 1800 313 070 and the Department of Education and Training in Benalla. TCH Management shall then take direction from these departments as to further action.
8. Children found to be sick during the day will be isolated from other children, food storage area and food preparation areas to prevent air borne bacteria/viruses from coming into contact with any of the above. Parents will be notified to pick up the child in question. All details will be recorded on the illness record that must be signed, timed and dated when the child is collected.
9. Children with HIV/AIDS will not be excluded (see HIV/AIDS policy).
10. The Cubby will not accept children into care if they are unwell and are unable to participate in normal activities or require additional attention. Parents are requested not to send their child if they have any of the following illnesses (parents may be required to provide a medical certificate at the Coordinator’s discretion, before that child returns to The Cubby):

Definitions

Fever and associated symptoms: A child with a high fever of more than 38°C or a low fever less than 35°C must be kept at home (or will be sent home). **It is advised that the child stay home fever free for at least 24 hours.** Their activity level and appetite should be back to normal as well.

Hospitalisation: Where a child has been hospitalised and is attending The Cubby within 24 hours of discharge, it is advisable for the child’s condition to be discussed with the Coordinator. It is preferred that the child remains at home until they are fully recovered. Individual circumstances will vary; hence decisions may be made on a case by case basis by the Coordinator after consultation with a medical practitioner.

Prescribed antibiotics: A child who has been prescribed antibiotics for an illness should be kept at home for at least 24 hours after the commencement of antibiotics. The Cubby is not to administer the first dose of any medication in case of severe reaction.

Diarrhoea: A child who has watery stools should not return to The Cubby until they have been free of the diarrhoea for 24 hours. All loose bowel actions will be treated as potentially infectious. If the child has a condition which regularly causes diarrhoea, parents/guardians shall alert staff to this when enrolling their child. If a child has three consecutive 'excessive evacuations' of fluid faeces whether in nappies or not, their parents/guardians will be contacted as they will need to go home.

Vomiting: A child who is vomiting should be kept home until the vomiting has ceased for at least 24 hours. Microorganisms that cause vomiting and diarrhoea are highly contagious and will spread through The Cubby very rapidly.

Conjunctivitis: This is an infection of the eyes, characterised by redness, a yellow discharge and watering of the eye. This condition requires specific medical treatment and children may not return to The Cubby until medication has been commenced and discharge from eyes has ceased. A doctor's certificate is required if the condition is believed NOT to be infectious.

Impetigo (school sores): This is a contagious skin infection characterized by crusted sores, which usually first appear on the face. The condition requires specific medical attention and the child should be kept at home until the sores have dried up, or treatment has started and the sores are covered.

Pediculosis (head lice): The child should be excluded until treatment has been commenced. Other members of the family will also need to be checked.

Cold Sores (herpes simplex): These are painful sores usually around the mouth and possibly with an associated fever. The condition requires medical attention if the infection is severe or if the sores become secondarily infected. The child should be excluded until the sores have dried up, particularly where there is a risk of the infected child coming into contact with young babies.

Hand-foot-mouth disease: This is a highly contagious infection that needs medical treatment. It consists of small lesions which tend to spread quickly on the tongue or inside the mouth around the cheek region. It also appears on hands, feet and legs and occasionally they may appear on the buttocks. Parents are asked to keep children away from The Cubby until blisters have dried and they have recovered from the infection. All other communicable disease will be treated in accordance with Department of Health's exclusion table recommendations.

Infectious Control Risk Assessment Procedures

1. Disposable gloves will be worn at all times when contact with body fluids is unavoidable e.g. dealing with blood and other bodily fluids such as vomit, pus, discharge etc.
2. Disposable gloves are for single use only and new gloves need to be used for each child.
3. To remove gloves - peel back from wrists and drop into waste bag. Do not reuse disposable gloves. Wash hands thoroughly after removing gloves.
4. Blood stained clothing should be secured in a plastic bag and sent home with the child.
5. Cleaning and disinfecting -Cleaning is important in order to prevent the spread of infection. This can be achieved by using hot water and detergent or a suitable commercial cleaner. In some instances, disinfectant is recommended – after the area has been cleaned.
6. Toilets must be checked after use and cleaned twice daily (second time done by cleaners on cleaning night) and at other times if necessary.

The Cubby's Legal Obligation to Report

In Victoria, children services centres, such as childcare centres and kindergartens, Family Day Care and Out of School Hours Care, have a responsibility under the Public Health and Wellbeing Regulations 2008 to notify the public health unit about any of the following diseases:

- Whooping cough (Pertussis)
- Polio & Measles
- Mumps & Rubella (German Measles) & Meningococcal Disease
- COVID-19 (refer to current regulations and public health advice)

Management must contact the Department for Health and Human Services immediately if a child is suspected of having one of the six infectious diseases above (follow current public health advice and legislation for COVID19). Management must follow directions from the department regarding alerting parents and guardians, excluding unwell children or displaying signage.

Contact details:

Phone 1300 651 160 (24/7)

Online form: <https://dhvicgovau.powerappsportals.com/outbreak-notification/>

Coronavirus (COVID-19) Management

The Cubby adheres by any and all laws, Regulations and health advice issued by the Federal, State or Local Governments in regards to COVID-19.

Responsibilities of Approved Provider

- ensure that obligations under the Children's Services Act and Children's Services Regulations are met,
- ensure that reasonable steps are taken to prevent the spread of any infectious disease at the service,
- ensure that families or an authorised emergency contact of the children attending are notified of the occurrence as soon as practicable and in a manner that is not prejudicial to the rights of any child, educator or staff member,
- display a notice stating that there has been an occurrence of an infectious disease at The Cubby,
- meet jurisdictional requirements relating to the enrolment or attendance of children who are not up-to-date with their scheduled vaccinations,
- implement exclusion periods consistent with current information from a relevant recognised authority,
- ensure that notification requirements to the regulatory authority are met in relation to an outbreak of an infectious disease that poses a risk to the health, safety or wellbeing of children attending the service,
- ensure the premises, furniture and equipment are kept safe, clean and well maintained, including high risk areas (e.g. bathroom, toilet, nappy change area, sandpit), furniture (e.g. cots), clothing, linen, and equipment (e.g. toys, carpets, mats),
- take reasonable steps to ensure that the nominated supervisor, educators and staff follow the policy and procedures,
- ensure that copies of the policy and procedures are readily accessible to nominated supervisors, coordinators, educators and staff, and available for inspection.

Responsibilities of Nominated Supervisor

- implement the Dealing with infectious diseases and control policy and procedures,
- ensure that reasonable steps are taken to prevent the spread of any infectious disease at the service,
- ensure that families or an authorised emergency contact of children attending are notified of the occurrence as soon as practicable and in a manner that is not prejudicial to the rights of any child, educator or staff member,
- display a notice stating that there has been an occurrence of an infectious disease at The Cubby,
- meet jurisdictional requirements relating to the enrolment or attendance of children who are not up-to-date with their scheduled vaccinations,
- implement exclusion periods consistent with current information from a relevant recognised authority,
- ensure premises, furniture and equipment are kept safe, clean and well maintained,
- promote hygiene practices with all children, families, educators and staff,
- ensure that notification requirements to the regulatory authority are met in relation to an outbreak of an infectious disease that poses a risk to the health, safety or wellbeing of children attending The Cubby.

Responsibilities of Educators

- implement the Dealing with infectious diseases and control policy and procedures,
- monitor children’s health, safety and wellbeing on a daily basis and manage accordingly,
- be immunised against infectious diseases as recommended by recognised authorities,
- stay at home if unwell or have an excludable infectious disease,
- employ and role model good hygiene practices for cleaning hands, nappy changing, toileting and food handling,
- integrate infection control awareness, hygiene and protective practices into educational programming and planning,
- communicate with families about infectious diseases in general and specific expectations within The Cubby.

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30/05/2017		
01/06/2018	John Kriesfeld – President	26/06/2018
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September 2023 NP	Jen Pagon – President	01/10/2023

57. HIV/AIDS & HEPATITIS

Definitions

A.I.D.S: Acquired Immune Deficiency Syndrome

HIV: the virus which causes AIDS, known as Human Immune Deficiency Virus.

Hepatitis: The word "hepatitis" means inflammation of the liver. This can be caused by a number of things, such as chemicals, alcohol, drugs and infection by viruses. The viral hepatitis is a group comprising of several different viral hepatitis infections, which may have similar clinical presentations but which differ in their epidemiology, aetiology, immunology, and pathology. The symptoms of acute viral hepatitis include fever, headache, lethargy, nausea, dark urine, pale stools and jaundice. The most commonly encountered viral hepatitis are type A, type B and type C.

Infectious Control: name given to a combination of basic hygiene measures to prevent the spread of infection.

Hepatitis A

Commonly referred to as infectious hepatitis, hepatitis A is caused by an enterovirus. Infection, particularly in children, may be asymptomatic, or symptoms may be mild, thus the incidence of hepatitis A is difficult to determine.

Symptoms when present, may include abdominal discomfort, loss of appetite, nausea, low-grade fever and tiredness, sometimes followed by jaundice, dark urine and pale faeces. The infectious period is from two weeks before jaundice occurs, then during the first week of jaundice. There is no specific treatment for hepatitis A. Most patients are told to rest for one to four weeks after diagnosis is made, and to avoid intimate contact with other people.

Transmission of infection is by the faecal-oral route, usually by ingesting water or food that has been contaminated with faecal matter containing the virus. Recent significant outbreaks in Australia have been associated with contaminated foods such as oysters.

Prevention: Control of the spread of the infection includes good hygiene, including adequate hand washing and cleaning procedures, excluding employees from work or children from care centres, for seven days after the onset of jaundice or illness, and vaccination of groups at risk. Hepatitis A vaccination is recommended for all children at age 1. Details of Hepatitis A vaccine and vaccination recommendations are available in the Staying Healthy in Childcare 5th edition.

Surveillance and reporting: Hepatitis A is a notifiable disease. Notifications are reported to State and Territory health departments, and then collated nationally in the National Notifiable Diseases Surveillance System (NNDSS). NNDSS data are published in Communicable Diseases Intelligence (CDI) and can be accessed on the department's website.

Hepatitis B

Hepatitis B virus (HBV) belongs to the hepadnavirus family. Most people infected with the virus do not develop clinically recognised illness. It is estimated that less than 10 per cent of children and 30-50 per cent of adults who experience an acute hepatitis B infection will have jaundice. Of those that develop clinical disease, the severity varies considerably, some cases detectable only by liver function tests and others developing into liver failure. Some individuals, who are carriers of the virus for many years, have a very high risk of developing chronic hepatitis and hepatocellular carcinoma later in life. HBV may cause as many as 80 per cent of all cases of hepatocellular carcinoma worldwide.

Transmission occurs by exposure to infective body fluids. After inoculation with the virus, there is an incubation period usually between 45 and 180 days. In infected individuals, hepatitis surface antigen (HBsAg) has been found in most body secretions. Transmission usually occurs from inoculation or mucosal contact with blood or sexual secretions from a person with active infection (HBsAg positive). Known modes of infection include blood transfusion, sharing of needles and syringes, sexual contact and mother to baby during birth. Unlike HIV, HBV is stable in the environment (eg. on surfaces) for several days, posing the risk of indirect inoculation. About 2 to 4 per cent of those infected as adults and most infants, who are infected, will remain so for many years, becoming virus carriers and a potential source of infection to others. All people who are HBsAg positive are potentially infectious. Chronically infected patients who are HBcAg positive may also be infectious.

Prevention: Control of the spread of infection includes avoiding sharing of injecting equipment such as needles and syringes, precautions when handling blood-contaminated items, good hand washing, cleaning and disinfecting practices, covering open sores, cuts and abrasions and prevention of aggressive behaviour such as biting and scratching; and vaccination of groups at risk. **There is currently no cure for hepatitis B.** Hepatitis B vaccination is available and recommended for all infants, older children and adolescents who were not vaccinated previously, and adults at risk for HBV infection.

Surveillance and Reporting: Hepatitis B is a notifiable disease. Notifications are reported to State and Territory health departments, and then collated nationally in the National Notifiable Diseases Surveillance System (NNDSS). NNDSS data are published in Communicable Diseases Intelligence (CDI) and can be accessed on the department's website. Carrier rates are likely to be about 0.1 to 0.2 per cent amongst Caucasians in Australia. Higher carriage rates often occur in Mediterranean and Asian population groups, and can be as high as 10 per cent in some Aboriginal communities.

Hepatitis C

Hepatitis C (HCV) is caused by an enveloped RNA virus which belongs to the family Flaviviridae. While the virus is frequently asymptomatic, infection may result in chronic carriage of the virus in at least 50 per cent of cases. About 20 per cent of these patients develop cirrhosis of the liver within approximately 20 years and 5 to 10 per cent of these will develop liver cancer within 5 to 10 years. **Symptoms** of hepatitis C may include abdominal discomfort, loss of appetite, nausea, fever, tiredness, joint pain, dark urine, and jaundice.

Transmission: Hepatitis C is essentially a blood-borne disease, and the current data suggest that it is spread mainly through the sharing of needles and syringes by injecting drug users. It accounted for up to 90 per cent of all transfusion-related cases of non-A, non-B hepatitis before the screening of blood donations. Mother-to-child transmission may also occur. In Australia, injecting drug use is currently the most frequent route of transmission. The incubation period ranges from two to six months, commonly 6-9 weeks. Hepatitis C is infectious from one or more weeks before the onset of symptoms to indefinitely in most infected persons.

Prevention: Control of the spread of the infection includes avoiding sharing of injecting equipment such as needles and syringes, precautions when handling blood-contaminated items, good hand washing, cleaning and disinfecting practices, covering open sores, cuts and abrasions, prevention of aggressive behaviour such as biting and scratching. There is currently no vaccine for hepatitis C.

Treatment: Recent evidence indicates over 50 per cent of people who are infected and who undergo treatment will be cured with available therapies. People who successfully complete treatment no longer experience hepatitis C related symptoms or progression of severe liver disease.

Surveillance and reporting: Hepatitis C is a notifiable disease. Notifications are reported to State and Territory health departments, and then collated nationally in the National Notifiable Diseases Surveillance System (NNDSS). NNDSS data are published in Communicable Diseases Intelligence (CDI) and can be accessed on the department's website. For further information about the Hepatitis C Virus (HCV) please refer to the National Hepatitis C Resource Manual. It covers essential information on the hepatitis C virus, other hepatitises, reducing transmission, testing, health maintenance, care and support, treatments, preventing discrimination, education and training, and a summary of jurisdictional responses to hepatitis C.

Anti-Discrimination in regards to HIV/AIDS

No educator, prospective educator or child will be discriminated against on the grounds of having, or being assumed to have, HIV/AIDS infection. Being infected with HIV/AIDS is not grounds for exclusion of a child, parent, or educator.

Confidentiality

Information regarding the HIV/AIDS status of any child, parent or educator will remain confidential and all reasonable steps will be taken to develop and implement systems to protect the privacy of that person.

Occupational Health & Safety

Management will ensure that all educators are aware of their responsibilities towards service users, educators, and all people in their care. The service shall at all times follow proper infection control procedures to prevent the risk of transmission of communicable diseases.

No child, parent or staff member will be denied First Aid at any time.

The Cubby will ensure that First Aid equipment for protection against risk of infection from HIV/AIDS/Hepatitis will be available at all times.

Information and Education

Management will ensure that all educators have access to educational material about the basic facts on HIV/AIDS/Hepatitis and to further information and support services.

Procedure for Infection Control

The following statements are based on the principles that all people are potentially infectious and that infection control will be universally practiced.

- All educators will receive education about infection control at induction.
- Educators will have access to in-service training on an annual basis.
- Educators and users will have access to materials that will enable them to implement infection control procedures. (This will include bleach, disposable gloves etc). This First Aid cabinet will be equipped at all times with rubber gloves.

Procedure for Responding to Exposure

- Full details of the incident must be reported.
- Any incidents, which an educator believes may have resulted in exposure to HIV/AIDS, must be reported to TCH Management with appropriate confidentiality controls.
- The educator/user should be told to consult a qualified medical practitioner or an accredited counsellor immediately, to assess need for testing.

Procedure for Confidentiality

- There is no obligation, legal or otherwise for anyone to inform employer, service provider, or service of their HIV status, consequently:
- Such information must not be disclosed without informed consent of the individual (or guardian for a person under the age of 18 years). The appropriate consent form must be used and a pro forma is attached to this policy.
- All such information must be kept securely (under lock and key) within The Cubby, and access to this information must only be available to the person who has been informed.
- No routine or mandatory HIV testing may be carried out on the service users or educator.
- No testing may be carried out without the informed consent of the individual, and provision of pre- and post-test counselling, by an accredited counsellor, or qualified medical practitioner.

Grievance Procedure

TCH Management is responsible for receiving any grievances in relation to HIV/AIDS and Hepatitis issues or policy. Grievances must be made in writing to TCH Management. All grievances must be dealt with in a manner that complies with the legislation.

The Cubby Recommendations

The Cubby recommends that parents inform the Coordinator immediately if their child is infected with any of the above diseases (these are all notifiable diseases under the Health Act, refer list below) so that appropriate measures can be taken.

- The child does need to be excluded if they are displaying the active symptoms of the disease.
- Counselling information and education programs/sessions may be made available on request and/or as required.

Date reviewed	COM	Adopted
30/11/2022 NP	Jen Pagon – President	12/01/2023

58. IMMUNISATION ‘NO JAB NO PLAY’ – EDUCATORS AND CHILDREN

Policy

Under the ‘No Jab, No Play’ legislation, before enrolling a child, The Cubby will first have to obtain evidence that the child is:

- fully immunised for their age OR
- on a vaccination catch-up program (16-week grace period) OR
- unable to be fully immunised due to medical reasons.

The Cubby endeavours to prevent the spread of illness and disease by implementing the following strategies

- promote handwashing and other hygienic practices,
- identify and exclude children and educators with symptoms of an excludable infectious illness or disease,
- maintain clean and hygienic environments,
- encouraging child and adult immunisation.

Procedure

1. Parents will be asked to attach a copy of their child’s immunisation history statement to the enrolment form. Children can only be enrolled if the status on their immunisation history statement is ‘up to date’. Educators will continue to ask parents throughout the year to update their immunisation status.
2. If a child has not been fully immunised, it is the parent’s responsibility to have the immunisations up-to-date before they commence childcare.
3. If the child cannot be immunised due to medical considerations, they will not be enrolled until discussions are had with the child’s doctor, the family and The Cubby Coordinator and TCH Management.
4. If the child is not immunised, parents will be informed of any outbreak of any of the above diseases in The Cubby and offered the option of withdrawing the child from care for the period of the outbreak.
5. A list of non-immunised children must be kept on record by educators within the guidelines of confidentiality.
6. The Cubby refers to current recommendations from recognised health authorities to update centre policies.
7. Educators are encouraged to maintain their immunisation status against diseases.
8. Educators are encouraged to be vigilant in sighting any symptoms of excludable infectious illness or disease (refer to Infectious Diseases and Control policies)

Date reviewed	COM	Adopted
30/05/2017		
01/06/2018	John Kriesfeld – President	26/06/2018
30/11/2022 NP	Jen Pagon – President	12/01/2023

59. SUN PROTECTION

Policy

The Cubby's Sun Smart Policy has been developed to protect all children and educators from the harmful effects of ultraviolet (UV) radiation from the sun, especially since there is a high risk of unprotected sun exposure in the first fifteen years of life significantly increasing a child's risk of developing skin cancer later in life. The educators will endeavour to protect children from excessive exposure to the sun during peak UV radiation periods whenever **UV levels reach three and above, typically from mid-August to the end of April in Victoria.**

Educators and children are encouraged to access the daily local sun protection times sunsmart.com.au or on the free SunSmart app to assist with the implementation of this policy. The sun protection times are a forecast from the Bureau of Meteorology for the time of day UV levels are forecast to reach 3 or higher. At these levels, sun protection is recommended for all skin types. In Victoria, UV levels regularly reach 3 or higher from mid-August to the end of April. SunSmart practices consider the special needs of infants. All babies under 12 months are kept out of direct sun when UV levels are three and above. Physical protection such as shade, clothing and broad-brimmed hats are the best sun protection measures. If babies are kept out of the sun or well protected from UV radiation by clothing, hats and shade, then sunscreen need only be used occasionally on very small areas of a baby's skin. The widespread use of sunscreen on babies under 6 months old is not recommended.

Strategies and Practices

When UV levels are three and above, The Cubby will require children and educators to wear a broad brimmed (minimum 6cm brim), legionnaire or bucket hat which protects the face, neck and ears whenever they are outside. Parents will be encouraged to have winter hats available during the rest of the year. Children will also be required to wear sun protective clothing that covers as much skin as possible (loose fitted shirts/dresses with sleeves and collars or covered necklines, longer style skirts, shorts or trousers) when playing outside from mid-August to the end of April, no midriff, crop or singlet tops will be allowed.

- If a child does not have covering clothing or refuses to wear a hat, or no hat is made available from the family, where possible educators will organize that play equipment be placed in/under shade and children will be encouraged to make use of shaded areas. However, children will ideally be encouraged to remain indoors for indoor play.
- SPF 30 or higher, broad spectrum, water-resistant sunscreen will be provided for educators and children's use as necessary. With parent's permission, educators will apply sunscreen to children at least 20 minutes before outdoor play from mid-August to 30th April and it will be reapplied every 2 hours when outdoors. Sunscreen is stored in a cool place, out of the sun and the expiry date is monitored.
- Older children will be encouraged to apply sunscreen to their own arms and legs and where unable (e.g. 0 to 24 months) educators will assist using a clean tissue per child and following correct hygiene practices. Advice from the National Health and Medical Research Council (NHMRC) states that for children unable to apply their own sunscreen, it is recommended that if an educator is doing 'mass sunscreen applying' they should wash their hands before and after the task. They can use a different tissue for each child when applying the sunscreen, however, unless the child (or the carer) has a visible skin disease or a cold/virus, it is not really an infection-control issue. If a child does have a visible skin disease e.g. eczema or open skin wound, or a cold/virus their sunscreen should be applied last washing hands before and after the task or using gloves or a tissue if preferred.
- Educators will role model and assist children to apply their own sunscreen in an effective independent manner.

- If a new brand of sunscreen is being used for the first time, a small amount will be tested on the child's arm in case of allergic reaction or parents may supply their own sunscreen if they know their child has problems with certain brands.
- The Cubby ensures that there is a sufficient number of shelters and trees providing shade in the outdoor area.
- Excursions and all other outdoor activities will be scheduled to ensure there is shade whenever possible. The availability of shade will be considered when planning excursions and outdoor activities.
- Educators and parents will act as role models by:
 - Wearing appropriate hats and clothing outdoors.
 - Using SPF 30 or higher sunscreen for skin protection.
 - Seeking shade whenever possible.
 - Learning about the sun and how to protect skin from the sun will by incorporating it into programmed activities.
- The Cubby has spare hats, however, will promote for families to bring their own broad brimmed hat.
- The Sun Smart policy will be reinforced in a positive way through parent newsletters, notice boards and meetings.
- Educators and parents will be provided with educational material on sun protection.
- When enrolling their child, parents will be:
 - Informed of the Sun Smart policy.
 - Asked to provide a suitable hat for their child's use.
 - Required to give authority for educators to administer sunscreen.
 - Encouraged to practice Sun Smart behaviour themselves.
- Management and educators will monitor and review the effectiveness of the sun protection policy regularly. Refer to the Cancer Council's guidelines and website sunsmart.com.au for further information.

Responsibilities of Approved Provider

- ensure that obligations under the Children's Services Act and Children's Services Regulations are met,
- take reasonable steps to ensure that the nominated supervisor, educators and staff follow the policy and procedures,
- ensure adequate shading over areas for both active and passive outdoor play,
- ensure access to an adequate supply of in-date sunscreen for children and educators,
- ensure that copies of the policy and procedures are readily accessible to nominated supervisors, coordinators, educators, volunteers and families, and available for inspection

Responsibilities of Nominated Supervisor

- implement this policy, ensuring all action plans that are in place are carried out,
- monitor the UVI daily, identify when and how any sun protection changes need to occur, and communicate this to educators,
- promote sun safe practices with all children, families, educators and within the service.

Responsibilities of Educators

- implement this policy,
- monitor the UVI daily and manage outdoor play and learning accordingly,
- monitor the impact of sun on play equipment and surfaces that children will be touching and using such as soft fall mats, artificial surfacing, etc,
- role-model sun safe practices,
- communicate with families about sun safe practices in general and specific expectations within the service (e.g. wearing protective clothing).

Responsibilities of Parents/Guardians

- be aware of and follow this policy,
- send children to the service in appropriate clothing that offers sun protection.

Date reviewed	COM	Adopted
30/05/2017		
01/06/2018	John Kriesfeld – President	26/06/2018
30/11/2022 NP	Jen Pagon – President	12/01/2023

60. CLOTHING, COMFORT AND SPARE CLOTHES

Policy

The Cubby will ensure that effective clothing, footwear and comfort strategies are implemented for both children and educators, including sun protection clothing (refer Sun Protection policy); to assist children's comfort, security and safety whilst at The Cubby.

Children are more at ease, reassured, satisfied and less anxious when they are dressed for warmth during winter or not over-dressed during summer, or wearing safe footwear when climbing outdoor play equipment. Consideration and consultation will be provided to families regarding their child's individual needs including age, different values, cultures or parenting beliefs which are associated with clothing and footwear.

At The Cubby, the term 'clothing and footwear' encompasses:

- safe sleepwear,
- sun protective clothing (refer Sun Protection policy),
- clothing for messy play,
- appropriate clothing for changing weather conditions and temperature of play environments,
- clothing to facilitate self- help, including role play props,
- safe footwear for play experiences such as climbing and running.

Procedure

1. Children's sleepwear will meet Australian Standards (refer Sleep and Rest for Children policy).
2. Protective clothing for 'messy play' will be provided e.g. a smock will be provided for painting.
3. Safe footwear for play experiences such as climbing and running include closed toe sandals, shoes and sneakers.
4. Appropriate dress will be modelled by educators adhering to both the Sun Protection and Occupational, Health and Safety policies and the Code of Conduct. If educators arrive for work wearing inappropriate attire, they will be directed to change their clothing. The time taken by the educators to meet these requirements will be made up at The Cubby's convenience.
5. Appreciation for children's individuality will be shown by educators in respect of building opportunities for them to make choices in relation to getting dressed and the clothing they wear.
6. If children's clothing is soiled, educators whilst wearing disposable gloves will place clothes in a plastic bag to be sent home at pick up time.

Date reviewed	COM	Adopted
23/05/2017		
01/06/2018	John Kriesfeld – President	26/06/2018
30/11/2022 NP	Jen Pagon – President	12/01/2023

61. OCCUPATIONAL HEALTH & SAFETY POLICY

Policy

This policy affirms The Cubby's commitment to occupational health and safety. This policy is ongoing and applies to all committee, educators, parents/guardians, children, contractors, visitors, volunteers and students attending the service.

Associated Policies/Procedures and Documents

This policy/procedure should not be read in isolation. It forms part of a number of related policies, procedures and documents such as:

- TCH Environmental Health and Safety Policy
- TCH Occupational Health and Safety Procedure
- Children's Services Act 1996
- Children's Services Regulations 2020
- Occupational Health and Safety Act 2004
- OHS Regulations 2007
- Industry Regulations WIRC Act 2014

Procedure

The Cubby commits to provide a safe and healthy environment for employees, parents/guardians, children, contractors, visitors and volunteers.

This policy reflects the value The Cubby places on its employees, children, parents/guardians and visitors by endeavouring to protect the health, safety and welfare of all members of its community. The commitment to occupational health and safety will be evidenced by the integration of that commitment into all organisational activities.

The Cubby will ensure that the management group, employees and volunteers are aware of their health and safety responsibilities as employers, employees, volunteers of The Cubby and TCH.

Systematic identification, assessment and control of hazards will be undertaken. Effective communication and consultation form a fundamental part of the management process, encouraging innovative means of reducing risk in the work environment.

Training will be provided to assist educators to identify health and safety hazards, leading to safe work practices within the service.

The Cubby specifically recognises the need to ensure that:

- statutory requirements are fulfilled. In particular, the provisions of the Occupational Health and Safety Act 2004 and its successors, and that all relevant codes of practice are adopted and accepted as the minimum standard,
- there is a systematic risk management approach to the management of workplace hazards,
- hazards and risks to health and safety are identified, assessed and, where they cannot be eliminated, are controlled effectively,
- measures to control hazards and risks to health and safety are monitored and evaluated regularly,
- adequate instruction is given to employees in safe working procedures and that they are informed of any hazard to their well-being and health which may be known to be associated with the work in which they are involved,
- consultation and cooperation between the management and employees is important for effective translation of objectives into action,
- plant and equipment are maintained in a safe condition,
- procedures are established and control is maintained in the workplace over harmful substances,
- OHS accountability is included in all position descriptions,
- adequate resources are allocated to fulfil the aims of this policy,
- this policy will be displayed in a prominent workplace area.

Date reviewed	COM	Adopted
30/05/2017		
01/06/2018	John Kriesfeld – President	26/06/2018
30/11/2022 NP	Jen Pagon – President	12/01/2023

62. SAFETY CHECKS AND MAINTENANCE OF BUILDINGS AND EQUIPMENT

Policy

The Cubby will conduct regular safety checks of the childcare environment, maintain buildings and equipment effectively to minimise the risk of accidents, injuries and unexpected exposure to safety hazards.

Procedure – Safety of Grounds

1. A daily inspection of the grounds will be undertaken prior to the children being permitted to go outside. This inspection will include perimeters, fences, gates, paths and fixed equipment to preclude any dangerous or inappropriate object including dangerous insects or vegetation.
2. The yard (including the sandpit) will be inspected and maintained on a daily basis prior to being made available to children. In the event of foreign objects being found, educators will wear gloves and use a shovel/tongs (whatever is appropriate) and place in the rubbish to be disposed of.
3. Trees in the grounds will be checked regularly for dead or overhanging branches.
4. Equipment set up in the grounds will be placed no more than one metre high and will not obstruct the sight lines of supervisory educators.
5. It is the responsibility of the Coordinator/nominated supervisor to ensure that educator child ratios are maintained outdoors, and outdoor educators are appropriately situated and actively supervising.

Procedure – Safety of Buildings

1. It is the responsibility of the Coordinator to develop a prioritised curriculum of required maintenance of the building early each calendar year.
2. This policy will be implemented through a variety of individual service procedures designed to ensure educators will inspect and maintain health and safety standards in each room of their service, including: child-proof locks on cupboards and gates; regular inspection and maintenance of electrical apparatus and power points; installation of circuit breakers at all buildings; floors being cleared and cleaned to prevent ripping and slipping; and, proper storage of equipment, including hazardous chemicals, medication and utensils to prevent injuries.
3. All air conditioning, fans and heating equipment will be checked for safety regularly and units stored out of reach of children.
4. The Coordinator will complete a Building Safety Checklist of premises each bi- annually and ensure any maintenance requirements identified are undertaken.
5. Local Government & BCA Regulations in regard to fire ventilation, natural and artificial lighting and safety glass will be adhered to.
6. Where possible wet weather facilities will be developed to allow both indoor and outdoor activities in all weather.
7. Grounds will be maintained to discourage any infestations of snakes, spiders and insects.

Procedures, Discussion, Planning and Professional Development

The Cubby will ensure:

- The Cubby has a systematic procedure for daily safety checks.
- The Cubby has a systematic procedure for identifying and undertaking maintenance of buildings and equipment.
- Educators identify hazards and immediately remove the hazard or secure the area.
- Toys and equipment are made available to children only in areas where they may be used safely.
- Toys and other play material for young children are chosen to minimise risk of swallowing or choking.
- All unused power points that are accessible to children have secure protective caps.
- All electrical cords are out of reach of children or secured.
- Double adaptors and power boards are not accessible to children.

- Climbing equipment, swings and large pieces of furniture have stable bases and/or are securely anchored.
- Climbing equipment, swings and other large pieces of equipment are located over areas with soft fall surfaces recommended by recognised safety authorities.
- The Cubby regularly obtains updated information from recognised safety authorities about selecting, installing and maintaining equipment and furniture and maintaining buildings.
- Educators discuss safety issues with children and, where appropriate, involve them in setting safety rules.
- Educators will actively supervise children to identify risks and therefore minimise injury. Educators will be particularly diligent in attending to areas that pose high risk to children such as fixed playground equipment.
- The Cubby has a plan for playground improvements that is based on current information from recognised child safety authorities and which reflects sound early childhood learning practices.
- Educators regularly review and evaluate The Cubby's policies and procedures relating to safety of building and equipment based on current information from recognised authorities.
- The Cubby actively seeks advice from families about their views on the safety of buildings and equipment.
- The Cubby communicates effectively with families about safety issues that relate to their use of The Cubby.
- The Cubby provides families with information from recognised safety authorities about equipment and furniture for children.
- The Cubby maintains detailed records of equipment and building maintenance and repairs.
- The Cubby encourages educators to acquire professional development in the areas relating to children's safety.

Checklist – Outdoor

- Building maintenance – regularly maintain and check for hazards, check building is in a safe, clean and hygienic condition.
- Doors – hinge protectors.
- Fence off securely and effectively all sides of outdoor play areas from roads, water hazards and driveways. Maintain fence, correct height and install childproof self-locking devices on gates.
- Garbage – safe and prompt disposal. Use lidded secure bins that prevent child access and maintain in a clean and safe condition.
- Garden and debris removed, regularly trim branches and bushes.
- Garages and sheds keep locked or sliding door closed
- Heating, cooling, ventilation and lighting – comfortable, safe, maintained and guarded.
- Hygienic, regularly cleaned, maintained conditions protect against vermin, bacteria, mildew, lead, asbestos and other dust allergens.
- Non-slip floors, stairs, steps, grounds, nonporous indoor floors for easy cleaning.
- Renovation dangers e.g. lead, asbestos, holes, excavations – reduce risks.
- Pesticide residue – dangerous chemicals should not be used to remove vermin.
- Safety glass installed according to the Regulation and Australian Standards on all glass doors and windows accessible to children.
- Security - minimising unauthorised access with appropriate fencing and locks.
- Spills – clean away as they occur.
- Window fly screens securely fitted, maintained, permanent.

Checklist – Indoor

- Access for children and adults with disability – ensure safe access into, within and out of The Cubby, security, toilet and washing facilities, and check for hazards for wheelchairs and people with impaired sight, hearing or mobility.
- Barriers – age appropriate, child proof, kitchen, bathroom, laundry, garden.
- Children at risk – maintain extra security and supervision for children at special risk.
- Choking hazards e.g. small toy parts, beads, nuts, curtain cords, plastic bags, sandwich bags, balloons.
- Decorations and children’s artwork – do not place near fans, air conditioners or heaters.
- Dust mites, pet allergens – regular dusting and vacuuming.
- Doors – use hinge protectors.
- Emergency evacuation – develop an evacuation plan and emergency contact numbers display, inform families, and practice evacuation procedures.
- Fire – fire blanket, extinguisher, fire exits, smoke detectors, electrical safety switch.
- First aid kits with approved contents, maintained and accessible.
- Furniture and nursery equipment - stable, maintained, meets safety standards.
- Guard and make inaccessible to children heaters, coolers, microwaves, power points, and office equipment.
- Hazardous indoor and outdoor plants identify, remove or make inaccessible to children.
- Heaters – ensure that children cannot come in contact with hot surfaces.
- 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).
- Machinery, tools and equipment – ensure all engine operated or other hazardous equipment, tool or machinery are stored securely and are inaccessible to children.
- Noise – reduce excessive exposure.
- Non-slip, non-porous floors.
- Pets and animals – inform families of pets being kept on premises and plans to obtain new pets. Keep pet accessories such as pet food, pet toys away from children. Exclude dogs from children’s play areas. Keep children-pet interactions minimal and supervise interaction times.
- Ramps, corridors, hallways, must be enclosed to keep children secure.
- Record details and notify parents of any child accident.
- Safe play rules, adequate play spaces, discourage running indoors, safe furniture layout to avoid collisions.
- Safety glass used and installed according to the current Regulation, Australian Standards, and Australian Building Codes on all glass doors and windows accessible to children.
- Smoke free, alcohol and drugs free environment in all areas.
- Educator personal items – ensure educators personal items such as bags, sharp instruments, toiletries and medicines are kept secure and are inaccessible to children and are located in staff lockers in staff room.
- Supervision and visibility of children – ensure children are visible and supervised at all times. High risk areas are children in high chairs, playpens and play areas, on change tables, and in nappy change and toilet areas. Have at least two educators on premises at all times with vision of each other and the children.
- Toys – meet safety standards, age appropriate, maintained, and non-toxic.
- Unsafe items stored in child inaccessible places e.g. chemicals, medicines, knives, electrical equipment.

Date reviewed	COM	Adopted
30/11/2022 NP	Jen Pagon – President	12/01/2023

63. DISPOSAL OF NEEDLES, SYRINGES, CONDOMS AND DANGEROUS MATERIALS OR SUBSTANCES

Policy

The Cubby will conduct regular safety checks of the childcare environment, maintain buildings and equipment effectively to minimise the risk of accidents, injuries and unexpected exposure to safety hazards.

Procedure

1. The Cubby will maintain a disposal kit for needles, syringes, condoms and other dangerous materials or substances.
2. Staff will wear vinyl gloves for protection and will use long tongs to pick up needles, syringes, condoms.
3. Staff will use an approved disposable container and take to the site. If an approved container is not available use an empty hard plastic container, such as a detergent bottle. DO NOT USE GLASS.
4. If the needle, syringe, condom is difficult to reach, rubbish must be carefully removed from around it. If there is more than one needle, syringe, condom, staff will use tongs or a stick to separate.
5. Needles and syringes must be picked up by the barrel (PLASTIC) end, not the needle end. A needle or syringe must never be recapped even if the cap is discarded.
6. The needle or syringe must be placed needle end first into the container. Container should be placed on a stable surface and NOT HELD BY HAND. The lid on the container must be secured.
7. Hands must be thoroughly washed with soap and water for at least one minute.
8. Needles, syringes, condoms must not be placed in local rubbish bins, drains or toilets.
9. The needle, syringe, condom container must be disposed of by phoning or emailing

Customer Service
Greater Shepparton City Council
90 Welsford Street, Shepparton
Phone: 5832 9700

Date reviewed	COM	Adopted
21/05/2017		
01/06/2018	John Kriesfeld – President	26/06/2018
30/11/2022 NP	Jen Pagon – President	12/01/2023

64. DRUGS, ALCOHOL, ILLEGAL SUBSTANCES

Policy

All educators and adults in The Cubby must be free from the influence of drugs, alcohol and controlled substances while the service is being provided.

Procedure

1. The Cubby is an alcohol and illegal substances free zone.
2. No controlled or illegal substances should be used, taken or stored at The Cubby.
3. Personal prescribed drugs must only be taken in accordance with doctor's instructions and stored out of reach from children. The Cubby Coordinator must be informed about prescribed drugs if they affect the ability to care and supervise children.
4. Long term medication, which may affect the quality of care provided by an educator, must be discussed with the Coordinator and TCH Management on a case-by-case basis.
5. No person adversely affected by drugs, alcohol or illegal substances shall supervise or remain in the presence of any children in The Cubby.
6. Where educators believe that an authorised person collecting a child is under the influence of drugs/alcohol/illegal substances educator should:
 - i. Suggest an alternative person be contacted to collect the child.
 - ii. Release the child if the authorised person insists on taking the child.
 - iii. Contact police if they believe the child's safety may be at risk.
 - iv. Document the incident.
 - v. In the event of such an occurrence TCH Management must be immediately notified.
7. The Cubby advocates for a drug, alcohol and smoke free environment and does this through policies and signs visible around The Cubby and TCH.

Date reviewed	COM	Adopted
24/05/2017		
01/06/2018	John Kriesfeld – President	26/06/2018
30/11/2022 NP	Jen Pagon – President	12/01/2023

65. EMERGENCY AND EVACUATION

Policy

We are committed to ensuring the safety, health and wellbeing of children attending The Cubby by identifying the risks and hazards of emergency and evacuation situations.

Children and educators will regularly rehearse our emergency evacuation procedures to maximize their safety and wellbeing in the event of an emergency or event requiring evacuation.

This policy/procedure should not be read in isolation. It forms part of a number of related policies, procedures and documents, in particular the TCH and The Cubby Emergency Management Plan as well as Children's Services Act 1996 and Children's Services Regulations 2020.

Procedure

In the Event of Fire

Follow Emergency Management Plan – Copies kept on site in Emergency Kit and in the evacuation bag.

In the Event of a Bomb Threat

Follow Emergency Management Plan – Copies kept on site in Emergency Kit and in the evacuation bag.

In the Event of Natural Disasters

Follow Emergency Management Plan – Copies kept on site in Emergency Kit and in the evacuation bag.

In the Event of a Code Red Day

In the event that a Code Red (Catastrophic Day) is determined by the Emergency Management Commissioner in the Northern Country fire district, the service will close.

Staff will notify all parents of the closure.

In the Event of Medical Emergency

A **Child Injury/Accident** including Asthma Attack or Anaphylaxis

1. If necessary, doctor and/or ambulance will be called.
2. Parent/guardian will be contacted by phone immediately, either at home or at work. Emergency contacts will be called if parent/guardian cannot be contacted.
3. The child will be kept warm and comfortable and under observation at all times until parent/guardian or doctor/ambulance arrives. Regular checks will be made for deterioration of the child's condition.
4. Details of the incident will be entered in the accident register and signed and dated by the parent/guardian upon collection of the child, or as soon as possible after the event.
5. Register details of the injury:
 - i. Full name of person involved in accident or injured.
 - ii. Full name of all educators in supervision or witness to the accident or injury.
 - iii. Concise details of the nature of the accident or injury.
 - iv. Concise details of first aid applied.
 - v. Signature of Educator.
6. Parent/Guardian will be contacted by phone for any injury or bump to the child's head as we believe this is best practice and is a duty of care.
7. In the case of a serious accident or injury, where an ambulance has been called or medical treatment has been sought from a medical practitioner or hospital, our regulatory authority must be notified as soon as possible. Educators will be required to complete an incident form.

**In the Event of Medical Emergency
Accident or Illness of Staff, Volunteer, Student or other Adult**

1. Medical assistance will be sought, as appropriate.
 - i. Ensure appropriate First Aid is applied to patient
 - ii. Do not leave the patient
 - iii. Send another staff member to call 000
 - iv. Do not remove patient unless it is req due to their safety
 - v. If a patient is conscious reassure them
2. Replacement of the educator shall be organised as appropriate.
3. Emergency contact for the person shall be notified. Details are located on the employees personnel file in TCH Management offices. Contact TCH Management immediately and Workcover procedures should be initiated, as relevant.
4. Details of the incident will be recorded on TCH's appropriate Worksafe forms as located in the TCH Management offices.

**In the event of Medical Emergency
Critical Injury or Death of Staff, Volunteer, Student or other Adult**

1. It is essential to commence resuscitation IMMEDIATELY.
2. Call an ambulance. Resuscitation to continue until ambulance arrives.
3. Phone police and notify them of emergency. Negotiate with police as to who shall contact next of kin or emergency contact if information available.
4. Phone next of kin or emergency contact if information available and advise emergency if requested by emergency services to do so.
5. Contact TCH Management and notify of details.
6. If possible, an educator should take children to another part of the building.
7. Police will arrive and question educators and other adults present. This is a necessary routine procedure.
8. Educators and other adults present must respect the confidentiality regarding the death of any person, and they are not to make public the fact of any person's death. THIS IS THE FAMILY'S RIGHT.

In the Event of Lockdown, Kidnapping, Hostage, Siege Situation

1. Educators should attempt to engage the person's attention by keeping up a conversation if possible.
2. Educators need to keep moving casually, if possible and not stopping physically, unless it is necessary.
3. Educators need to get the attention of another educator and alert them to the situation (using an emergency code if appropriate).
4. If alerted, the other educator/adult must contact 000 and give details of the situation.
5. Educators should try to the best of their ability to not hand over a child or defy a direct request/order from the person/offender if it may endanger personal safety and/or safety of others.
6. Educators must consider their own safety and that of all children and other adults in The Cubby.
7. The Licensee/s must be contacted as soon as possible with details of the situation.
8. Parents should be contacted as soon as possible.

In the Event of a Chemical Hazard

1. Keep all children and staff inside the building or exit if appropriate.
2. Close all windows, seal with blankets, curtains etc.
3. Turn off all air con units, possible ignition sources, radio.
4. Do not use telephone.
5. Await advice from appropriate Health Department.
6. Evacuate if advised by Police and evacuate as per Code Red procedures.

Evacuations Sites

Follow Emergency Management Plan – Copies kept on site in Emergency Kit and in the evacuation bag.

Responsibilities of Approved Provider

- ensure the Emergency and Evacuation Policy and procedures are in place,
- take reasonable steps to ensure that nominated supervisors, educators, staff and volunteers follow the policy and procedures,
- ensure copies of the policy and procedures are readily accessible to nominated supervisors, educators, volunteers, and available for inspection,
- notify families at least 14 days before changing the policy or procedures if the changes will:
 - significantly impact the service's education and care of children or
 - significantly impact the family's ability to utilise the service,
- ensure a risk assessment has been undertaken to identify potential emergencies that are relevant to the service,
- conduct a risk assessment of emergency evacuation routes and assembly points,
- ensure that a copy of the emergency and evacuation floor plans and instructions,
- are displayed in a prominent position near each exit that forms part of an evacuation route,
- ensure emergency equipment is tested within the timeframes recommended by recognised authorities,
- ensure that designated emergency exits/routes are kept clear at all times to ensure that everyone can exit safely in the event of an evacuation,
- document rehearsals of the emergency and evacuation procedures,
- notify the regulatory authority of any serious incidents, change of circumstances and complaints,
- ensure that the emergency and evacuation procedures are rehearsed every three months by the educators, staff, volunteers, visitors and children present at the service on the day of the rehearsal and the responsible person in relation to the service who is present at the time of the rehearsal.

Responsibilities of Nominated Supervisor

- participate in rehearsals of the emergency and evacuation procedures every three months,
- keep a documented record of each rehearsal and reflections that occurred after,
- collaborate with educators and staff to develop procedures to manage all risks associated with emergency and evacuation situations,
- ensure the development of an emergency evacuation floor plan,
- ensure educators have ready access to an operating telephone or similar means of communication and that emergency telephone numbers are displayed near telephones,
- ensure that designated emergency exits/routes are kept clear at all times to ensure that everyone can exit safely in the event of an evacuation,
- ensure educators have ready access to emergency equipment such as fire extinguishers and fire blankets, and that staff are adequately trained in their use,
- ensure that emergency equipment is tested within the timeframes recommended by recognised authorities,
- ensure that up-to-date portable emergency contact lists are held in each room within the service and that evacuation procedures state who will carry this list during evacuation,
- ensure that emergency and evacuation risk assessments are carried out and reviewed regularly,
- ensure the emergency and evacuation instructions and floor plan are displayed in a prominent position near each exit on the evacuation route and that all educators are aware of these,
- ensure that all educators and staff are trained in the emergency and evacuation procedures and aware of their roles and responsibilities in an emergency or evacuation,

Responsibilities of Nominated Supervisor (continued)

- ensure that all educators and staff are aware of emergency evacuation points,
- ensure that families are regularly reminded of the emergency procedures in place at the service,
- ensure procedures consider collecting children’s medication and managing children’s medical conditions.

Responsibilities of Educators

- rehearsing emergency and evacuation procedures with everyone who is present at the service at least every three months and that the rehearsal is documented,
- communicating with parents about emergency procedures.

Responsibilities of Parents/Guardians

- ensure they have the service’s up-to-date contact details,
- ensure they complete the attendance record on delivery and collection of their child,
- provide emergency contact details on their child’s enrolment form and ensure this is kept up-to-date,
- ensure they are aware of the service’s Emergency and evacuation policy and procedures,
- ask them to reinforce the service’s emergency and evacuation procedures with their child,
- if present at the service at the time, ensure that they follow the directions of educators and staff in the event of an emergency or when rehearsing emergency and evacuation procedures.

Date reviewed	COM	Adopted
22/06/2018	John Kriesfeld – President	26/06/2018
01/11/2019		
30/11/2022 NP	Jen Pagon – President	12/01/2023

66. INCIDENT, INJURY, TRAUMA AND ILLNESS

Policy

The Cubby educators respond to and manage illnesses, accidents & trauma that occur at the service to ensure the safety and wellbeing of children, educators and visitors. This policy will guide educators to manage illness and prevent injury and the spread of infectious diseases.

The Cubby educators are not doctors and are unable to diagnose an illness of infectious disease. To ensure the symptoms are not infectious and minimise the spread of an infection medical advice is required to ensure a safe and healthy environment.

Procedure

Refer to The Cubby Dealing with Infectious Diseases and Control Policy.

Serious Injury, Incident or Trauma

Regulations require the Approved Provider or Nominated Supervisor to notify Regulatory Authorities within 24 hours of any serious incident at the service. Regulatory Authorities are:

Department of Training and Education Victoria
Quality Assessment and Regulation Division (QARD)
Phone: 1300 307 415

Australian Government – Department of Education
Community Child Care Fund – Restricted
Phone: (02) 9246 0766
Email: cccfrestricted@education.gov.au

The definition of serious incidents that must be notified to the regulatory authority is:

- a) The death of a child:
 - i. while being educated and cared for by a Children’s Service or
 - ii. following an incident while being educated and cared for by a Children’s Service.
- b) Any incident involving serious injury or trauma to, or illness of, a child while being educated and cared for by a Children’s Service, which:
 - i. a reasonable person would consider required urgent medical attention from a registered medical practitioner or
 - ii. for which the child attended, or ought reasonably to have attended, a hospital. For example: whooping cough, broken limb and anaphylaxis reaction.

In the Event of a Medical Emergency – Illness of a Child

1. If a child becomes ill at The Cubby, a Child Illness form is completed to ensure the adequate information is reordered to inform families when they pick up their child.
2. Educators are to complete the form in detail and families are to sign the form. It can then be placed in the child’s individual medication file.

In the Event of a Medical Emergency – Critical Injury or Death of a Child

1. It is essential to commence resuscitation IMMEDIATELY.
2. Call an ambulance. Resuscitation to continue until ambulance arrives.
3. Phone police and notify them of emergency. Negotiate with police as to who shall contact parent/guardian.
4. Phone parent/guardian and advise emergency regarding their child if requested by emergency services to do so.
5. Contact TCH Management immediately and notify of details.
6. If possible, an educator should take other children to another part of the building.
7. Police will arrive and question educators and other adults present. This is a necessary routine procedure.
8. Educators and other adults present must respect the confidentiality regarding the death of a child and they are not to make public the fact of a child's death. THIS IS THE FAMILY'S RIGHT.
9. Educators must complete a record of details and action taken during emergency.
10. This is classified as a serious incident and our regulatory authorities must be contacted within 24 hours of death occurring (Section 117 (2) (a) and Regulation 119 (2) (a)).

Responsibilities of Approved Provider

- ensure that obligations under the Children's Services Act and Children's Services Regulations are met,
- ensure that an enrolment record is kept for each child which contains all the prescribed information,
- confidentially storing an incident, injury, trauma and illness record until the child is 25 years old,
- record information as soon as possible, and within 24 hours, after the incident, injury, trauma or illness,
- ensure that a parent/guardian of the child is notified as soon as is practicable, but no later than 24 hours after the incident, injury, trauma or illness,
- notify the regulatory authority of a serious incident,
- ensure that at least one educator, staff member or nominated supervisor who holds a current approved first aid qualification and has undertaken current approved anaphylaxis management and emergency asthma management training is present at all times and immediately available in an emergency,
- take reasonable steps to ensure that nominated supervisors, educators, staff and volunteers follow the policy and procedures,
- ensure copies of the policy and procedures are readily accessible to nominated supervisors, educators, staff and volunteers, and available for inspection.

Responsibilities of Nominated Supervisor

- implement the Incident, injury, trauma and illness policy and procedures,
- investigate the cause of any incident, injury or illness and take appropriate action to remove the cause if required,
- contact emergency services in the first instance then notify parents/guardians immediately after an incident, injury, trauma or medical emergency, or as soon as is practicable,
- ensure each child's enrolment record includes authorisation by a parent or person named in the record, for the approved provider, nominated supervisor or educator to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and, if required, transportation by an ambulance service.

Responsibilities of Educators

- record information as soon as possible, and within 24 hours after the incident, injury, trauma or illness,
- seek further medical attention if required after the incident, injury, trauma or illness,
- be aware of children with allergies and their attendance days, and apply this knowledge when attending to any incidents, injury, trauma or illness,
- complete an Incident, Injury, Trauma and Illness Record,
- keep Incident, Injury, Trauma and Illness Records confidential and store until the child is 25 years old.

Monitoring, Evaluation and Review

This policy will be monitored to ensure compliance with legislative requirements and unless deemed necessary through the identification of practice gaps, The Cubby will review this policy every 12 months. Families and educators are essential stakeholders in the policy review process and will be given opportunity and encouragement to be actively involved.

Date reviewed	COM	Adopted	Notes
30/11/2022 NP	Jen Pagon – President	12/01/2023	
13/04/2023 NP	Jen Pagon – President	04/05/2023	Compliance with CCCF - Restricted

67. DEBRIEFING AFTER EMERGENCIES

Policy

The Cubby and TCH Management will ensure an appropriate process for debriefing and supporting educators, children and others present in The Cubby following an emergency or critical incident.

Definitions

Critical incidents may include:

- Serious injury to a child
- The serious illness of a child
- An abusive, aggressive adult in The Cubby
- An emergency evacuation
- The reporting of child abuse
- Injury to many children and adults
- A hostage situation
- The death of a child

These situations may be significant and result in post trauma distress for those involved. It is imperative that action is prompt and steps are taken to assist the emotional adjustment of those affected by the event.

Procedure

1. The Coordinator will consult with TCH Management whenever an emergency or incident occurs.
2. In the case of children and/or adults (other than educator) involved in the incident, TCH Management in consultation with COM may access external resources which will provide appropriate debriefing. Associated costs will be negotiated as necessary.
3. Individual and group debriefing may be offered and all those involved will be encouraged to participate.
4. The Coordinator and TCH Management will devise a report if needed and distribute it for all educators to reflect upon. It will include recommendations for improvements.
5. COM will be briefed accordingly and also officially at the upcoming Committee meeting in the TCH Management's report.

Date reviewed	COM	Adopted
23/05/2017		
01/06/2018	John Kriesfeld – President	26/06/2018
30/11/2022 NP	Jen Pagon – President	12/01/2023

68. VISITORS WITHIN THE CUBBY

Policy

To assist in ensuring the health and safety of children and educators at The Cubby. The Cubby's Nominated Supervisors will ensure no unauthorized visitors are to enter The Cubby without approved clearance.

Procedure

1. For contractors or council staff, educators are required to gather identification and WWCC to ensure that the identification presented matches the company they are working for.
2. Educators are to assist and supervise visitors as they complete the visitors' log located in The Cubby.
3. Upon completion the visitor will be directed to the area where they will be working, and educators will be informed of their movements.
4. When their work is completed the visitor is to sign out accordingly. Educators can assist with this process.
5. Any authorized or unauthorized persons wanting to enter The Cubby that are clearly deemed impacted by alcohol or other drugs will be refused entry.

Date reviewed	COM	Adopted
30/05/2017		
01/06/2018	John Kriesfeld – President	26/06/2018
30/11/2022 NP	Jen Pagon – President	12/01/2023

69. ACTIVE SUPERVISION

Policy

The Cubby has a duty of care to provide all persons with a safe and healthy environment.

The Cubby is committed to:

- Complying with the Children’s Services Act 1996 and Children’s Services Regulations 2020 and meet the benchmarks of the National Quality Standards.
- Ensuring that children are supervised at all times.
- Ensuring the potential for accidents and injury to children is reduced.
- Consider the design and arrangement of children’s environments to support active supervision.
- Using supervision skills to reduce or prevent injury or incident to children and adults,
- Evaluating supervisory practices.
- Ensuring safety for children when participating in excursions.

It is understood that there is a shared legal responsibility and accountability between and a commitment by all persons to implement the services Supervision Policy, procedures and practices.

The Cubby also complies with OHS National Standards, Code of Practices, Australian Standards and best practice recommendations from recognised authorities.

Responsibilities of Educators

- Never leave a child unattended on the nappy change table/mat.
- Ensure infants are securely buckled into highchairs and the drop side of cots must be raised when children are in cots.
- Never leave a child unattended to eat or drink, including from bottles (choking is often silent).
- Ensure that all children are within sight and/or hearing of educators at all times.
- Ensure that where multiple areas are available to children at the same time (indoor/outdoor activities) all areas are supervised.
- Position themselves (do not sit back to the children).
- Communicate effectively by informing other educators if they are leaving an area.
- Be aware of the ‘Collection of children’ Policy and ensure children are only released to authorised people.
- Be flexible to allow for small groups of children who may require supervision e.g. a group of children who are still eating their lunch.
- Be aware of the cultural and individual supervision needs of each child e.g. a child may require private space but will still need to be supervised.
- Ensure younger children’s safety is not compromised in mixed age groups.
- Regularly evaluate their supervisory practices through staff meetings, staffroom discussions and at other times when required.
- Document changes made to supervisory practices and the reasons for making them.
- Do regular head counts of children in their care (especially when entering the playground & on leaving the playground).
- Discuss best position points of supervision (especially in the playground) to avoid clustering in one spot. Supervision should be active and interacting with the children (not just standing and watching).
- Ensure staff-child-ratios are correct at all times to assist supervision.
- Encourage children to inform educators when they are leaving an area to use the bathroom.

Responsibilities of Educators (continued)

- Question any stranger to The Cubby in a friendly way e.g. “Hello, can I help you?” and observe the person’s actions.
- Ensure supervision of excursions adheres to Regulation guidelines (see Excursions and Incursions Policy).
- Ensure front gates and playground gates are closed after entry and exit.
- The Cubby will not leave educators under the age of 18 alone in accordance with Regulation 88.

Responsibilities of Parents/Guardians

- Hand children over to an educator on arrivals and ensure an educator is informed when departing.
- Inform an educator if someone other than those who are authorised will be collecting the child.
- Ensure the ‘authorised person to collect’ information is up to date.
- Inform educators of any current or pending court orders affecting the child and provide The Cubby with a photocopy of the court order to be kept with the child’s enrolment form.
- Adhere to correct sign in and sign-out procedures.
- Ensure that front gates and playground gates are closed after entry or exit.
- Notify The Cubby if arrangements to collect child has changed.

Date reviewed	COM	Adopted
30/11/2022 NP	Jen Pagon – President	12/01/2023

70. TECHNOLOGY AND MEDIA

Policy

This policy will ensure that all technology and media used at The Cubby is done so in an appropriate manner and used only as an extension to the daily program. Technology and media items will be used as an additional resource, not a substitute.

Background

Technology is an integral part of our lives and a skill that is required in today's society however it's important to monitor a child's screen time. Technology when used in line with Australian Recommended Guidelines may have a positive impact on the implementation of the program and children's engagement with peers, development of mathematical, logical and spatial concepts and turn taking.

This policy also incorporates all relevant and federal laws regarding computer/technology use. Where an educator, or other relevant individual, uses a computer (or other form of technology) at, or in relation to, the service in a way that breaks a law, the service will take the appropriate required action (e.g. reporting the incident to the Victorian Police). Furthermore, the educator or individual will face an enquiry held by TCH Management, COM and other relevant parties to assess whether this conduct will affect their role within the service's operation.

Guidelines for Use of Technology and Media

Educators will ensure technology used within the service

- assists in expanding the content of the daily program and current affairs,
- is suitable to the needs and development levels of each child watching,
- children are to view 'G' rated or 'E' rated programs only,
- educators will notify all families of all viewed programs,
- all content will be socially and culturally considerate and appropriate,
- educators will role model appropriate use of technology to children at all times, including limiting their own screen time and not accessing social media while educating and caring for children,
- all images taken of children will be appropriate and will only be used in line with written parental permission on each children enrolment form,
- access must be from a device authorizes for use by The Cubby (e.g. not a personal mobile phone or other electronic devices.),
- hard drives that belong to the service are not to be removed from the premises,
- educators will sit with children to monitor and discuss any aspects of the program being viewed,
- where appropriate, the children's interests and views will be included in the selection process,
- for children five years and over, screen time will be for a maximum of 30 minutes in duration at a time, and in line with Australian Recommended Guidelines,
- movies rated 'G' are to only be played on special occasions day's e.g. children's week, pyjama day, special school holiday events. (They are not to be used at the end of the day for entertainment). All families will be informed either prior or on the day of these special events.

Date reviewed	COM	Adopted
30/11/2022 NP	Jen Pagon – President	12/01/2023

J) STAFFING ARRANGEMENTS/EDUCATOR SECTION

71. EDUCATOR TO CHILD RATIOS AND EDUCATOR QUALIFICATIONS

Policy

The Cubby will be staffed according to the requirements of the Children’s Services Regulations 2020 and Children’s Services Act 1996.

Procedure

1. All educators (relief and permanent) will have approved qualifications.
2. All educators will have a current:
 - Police check (within 2 years)
 - Working With Children Check
 - Level 2 First Aid
 - Asthma Certificate
 - Anaphylaxis Certificate
 - Have engaged in DET Online child protection course
 - Signed The Cubby’s and TCH’s Code of Conduct
3. The Cubby will comply with required educator ratios:
 - Age Group under 3 years old:
 - Number of Educators: 1 for every 4 children
 - Age Group over 3 years old:
 - Number of Educators: 1 for every 11 children
 - At least 50% of the educators who are required to meet the relevant educator to child ratios must have, or be actively working towards, at least an approved diploma level education and care qualification (Regulation 91 (1) (a)).
 - All other educators who are required to meet the relevant educator to child ratios for the service must have, or be actively working towards, at least an approved certificate III level education and care qualification (Regulation 91 (1) (b)).
4. The Cubby actively encourages all educators to upskill as we believe everyone is equal.

Date reviewed	COM	Adopted
30/05/2017		
01/06/2018	John Kriesfeld – President	26/06/2018
30/11/2022 NP	Jen Pagon – President	12/01/2023

72. POLICE CHECKS AND WORKING WITH CHILDREN CHECKS

Policy

The Cubby is committed to providing the children with trustworthy educators in a safe environment. All educators, employees and volunteers of TCH and COM will be required to undergo a police records check and a WWCC, using the following guidelines to meet Children’s Services Regulations to ensure the safety of all children.

Procedure

1. All educators wishing to be employed at The Cubby, who will be working with children (including casual and relief educators), are required to provide or undergo a current police check (no more than 6 months old) and a WWCC before their employment starts. The same rules apply to all staff, volunteers and students of the TCH.
2. Original police checks for all educators, including relief educators, are to be sighted by TCH Management.
3. TCH Management is responsible for administering police record checks and ensuring the security of the results of record checks.
4. Educators under the age of 17 years cannot obtain a police check. Therefore, they are to be never left alone with a child/group of children and/or must always be under the supervision of another staff member.
5. It is recommended that police record checks on existing educators are conducted every two years or on re-registration of The Cubby or when educator changes occur.
6. Educators on the relief list shall be required to provide updated police checks every two years unless there has been a long period of absence.
7. TCH Management will manage the assessment process (as outlined in Assessment of Criminal Histories Policy) for any applicant returning a positive check.
8. An applicant who may be denied a position because of their police record must be given the opportunity to discuss the details of the record in a personal interview with TCH Management.
9. Information released by Police to The Cubby and TCH under these guidelines will be regarded as strictly confidential. It will not be forwarded to any other individual or organisation, incorporated into any manual or electronic database or filing system, and must be either destroyed or returned to the applicant once the selection process is complete.

Date reviewed	COM	Adopted
23/05/2017		
01/06/2018	John Kriesfeld – President	26/06/2018
30/11/2022 NP	Jen Pagon – President	12/01/2023

73. ASSESSMENT OF CRIMINAL HISTORIES

Policy

An applicant should not be automatically precluded from a position on the basis of having a criminal record.

Procedure

When considering prospective educator, important factors to consider are:

- Certain matters such as a history of sexual offences, matters of violence including assaults and robberies, repeated drug use or dishonesty offences are clearly not acceptable.
- The nature of the offence and the relationship of the offence to the particular position for which the applicant is being considered.
- The length of time since the offence took place.
- Whether the person was convicted or found guilty and placed on a bond.
- Whether there is evidence of an extended criminal history.
- Number of offences committed. An accumulation of individual minor offences may be sufficient to warrant rejection. The question to be decided is whether or not the offences are considered to establish a pattern of behaviour that renders the applicant unsuitable for the position.
- Whether the offence was committed as an adult or a juvenile. Offences of a minor nature committed during youth may be viewed differently to the same offences committed by a person of mature years. In these instances, consideration should be given to the period of time that has elapsed since the last offence.
- Severity of punishment imposed.
- Whether the “offence” is still a crime, e.g. has the offence now been decriminalised?

Date reviewed	COM	Adopted
23/05/2017		
01/06/2018	John Kriesfeld – President	26/06/2018
30/11/2022 NP	Jen Pagon – President	12/01/2023

74. DETERMINING THE RESPONSIBLE PERSON IN CHARGE

Policy

At The Cubby there must be a person present at all times who has been deemed responsible to be in charge as jointly deemed appropriate by TCH Management and The Cubby Coordinator. The Cubby's approved list is located in The Cubby.

A responsible Person in charge must be:

- The approved provider or a person with management or control.
- A Nominated Supervisor.
- A person in day to day charge of The Cubby.

All Responsible persons will have agreed and signed the notification form for the Regulatory Authority.

Date reviewed	COM	Adopted
30/11/2022 NP	Jen Pagon – President	12/01/2023

75. EMPLOYMENT OF EARLY CHILDHOOD EDUCATORS – RECRUITMENT AND ORIENTATION

Policy

To recruit and appoint the best qualified person for the available position. Suitability will be assessed according to merit, including skills, qualifications, prior work performance and attitudes. To ensure a fit between the jobs which applicants want and are skilled to do and those they actually carry out after engagement. The Cubby adheres to all sections, classifications and pay schedules in accordance with the Neighbourhood Houses and Adult Community Education Centres Collective Agreement 2016 (NHACE) and the Children's Services Award 2010.

Procedure

The Cubby has a legal obligation to the employment of Early Childhood Qualified educators and to be compliant with the Children's Services Regulations and Law. To be considered qualified an educator must either hold one of the qualifications approved by ACECQA, which includes Preschool Teachers.

The contents of the NHACE and the Children's Services Award 2010 must be clearly understood and followed when engaging new educators.

Recruitment Steps

1. All educator recruitment requests, including casual educators, are to be submitted to TCH Management. TCH Management will ensure that the position is justified and in line with employment targets agreed to by COM.
2. The final selection decision for educator recruitment is the responsibility of TCH Management and The Cubby Coordinator.

Recruitment Process

1. TCH Management and The Cubby Coordinator discuss requirements and decide on placement of an advertisement where The Cubby is advertising for a vacancy.
2. Keep candidates fully informed of any delays and advise them at the earliest opportunity if their application has been unsuccessful.
3. Ensure each candidate is assessed objectively and fairly.
4. An interview guide form should be used during the interview process but should not limit any other line of questioning which may present itself and which is relevant to the recruitment process.
5. Ensure equal employment policies are carried out. No appointment can be made on the basis of sex, age or ethnic grouping.
6. Advise any candidates of the relevant award, of their employment conditions as per the related job description, their letter of offer, contract and policies and procedures.
7. Make sure unsuccessful applicants are formally thanked for their interest in writing

If a position becomes vacant within 6 months, previous interviewed applicants may be offered employment if deemed appropriate by TCH Management and The Cubby Coordinator. In this situation the position does not need to be re-advertised. Any recruitment advertisements or appointment of external recruitment groups must be coordinated and authorised by TCH Management. Without exception, the individual educator contract shall be signed, witnessed and in the possession of TCH Management prior to commencement of employment.

Orientation of New Educators

All newly appointed educators will be orientated into The Cubby in a warm and respectful manner. When orientating new employees into The Cubby, TCH Management and The Cubby Coordinator will utilise TCH's Induction Checklist.

Date reviewed	COM	Adopted
30/11/2022 NP	Jen Pagon – President	12/01/2023

76. CODE OF CONDUCT/AUSTRALIAN CODE OF ETHICS

Policy

Certain standards of behaviour are required if employees are to carry out their roles with efficiency, fairness, impartiality and integrity. The purpose of this code of conduct is to highlight the responsibilities of employees in terms of their personal conduct as it relates to the discharge of their duties. All educators, relief and volunteer personnel, contractors and other persons present at The Cubby are expected to comply.

Procedure

All employees should familiarise themselves with the code of conduct/Early Childhood code of ethics as it requires the commitment of each individual to its principles and practices. Employees should also be aware that in some cases, breaches of the standards in this code may involve criminal offences or serious breaches of discipline which could result in dismissal.

Associated Policies/Procedures and Documents

This policy/procedure should not be read in isolation. It forms part of a number of related policies, procedures and documents.

- TCH Code of Conduct
- TCH Bullying & Harassment Procedure
- TCH Performance Management Procedure

Confidential Information and Centre Property

1. Information other than that generally published and available regarding the employer's business, operations and systems, financial affairs and structures (e.g. 'confidential information') is of value to the employer and is of a restricted and confidential nature. During the period of employment and for any time thereafter, educators will not use or disclose any such confidential information to any other person, firm or corporation without the previous consent in writing of the educator.
2. On completion or termination of employment the educator will immediately deliver to the employer all books, documents, papers, materials, keys, computer software, uniform or other property which belongs to the employer or which relates to the educator's duties during their period of employment.
3. All educators must agree to practice confidentiality at all times with all matters relating to The Cubby and TCH and, specifically, as outlined:
 - Children's surnames and ages are not to be visible or disclosed to any person other than those directly working with the children.
 - Photographs are only to be taken and displayed in the building if the parents have given authorisation (kept with enrolment form).
4. Educators are required to collect and record information according to the guidelines set down in the Privacy Act 2001 and the Health Record Act 2002 (refer Records Policy and Council's Privacy guidelines).

Any breach in confidentiality is a violation of the position description and will result in disciplinary action.

Outside Employment

1. During their employment with The Cubby, educators will not engage in other employment that conflicts with their ability to perform their duties. Educators will be expected to devote the whole of their time, attention and skill to performing their duties at The Cubby.
2. Educators shall disclose to The Cubby if they have any other positions of employment with other childcare centres.

Educator Restrictions

An educator will not, other than in the normal course of business, or approved and directed by the employer, at any time:

1. Draw, accept or endorse any bill of exchange on behalf of the employer or in any way pledge the credit of the employer or purport so to do.
2. Incur any liability on behalf of the employer.
3. Accept any order on behalf of the employer.
4. Enter into any contract or agreement binding the employer or make or enter into any commitment of any kind on behalf of the employer.
5. Give, make or purport to make any warranty or representation on behalf of the employer.
6. Indicate directly or indirectly that they are acting as an agent of the employer.

Personal and Professional Behaviour

In the performance of their duties, educators should:

1. Keep up to date with advances and changes in their area of expertise.
2. Demonstrate a commitment to safety and provision of quality care.
3. Treat other educators, volunteers or students, parents and children with respect, courtesy, honesty and sensitivity.
4. Provide all necessary and appropriate assistance to other users of The Cubby.
5. Not take or seek to take improper advantage of any information gained in the course of employment.
6. Not harass or discriminate on the grounds of sex, marital status, pregnancy, age, race, colour, nationality, ethnic or national origin, physical or intellectual impairment, sexual preference, religious or political conviction, or any other grounds illegal under State or Federal law, when dealing with their colleagues, parents and children.
7. Not use foul/offensive language.

Educator Presentation

The Cubby is committed to providing a safe environment to work in, providing positive role models for children and presenting a professional image to the users of The Cubby. These guidelines on presentation support these aims.

1. Educator shall wear suitable clothing (Shirt, jackets, suitable pants, skirts or dress shorts) and shoes. They can purchase embroidered clothes at own cost, but are not obliged to do so. Low cut tops, exposed stomachs and sleeveless tops/shirts are not permitted. Low rise pants, tights and sportswear are not permitted. Denim jeans will be permitted as long as they are of acceptable dress code.
2. Suitable footwear that encloses the foot, has a low heel and a non-slip sole is required to be worn at all times. Thongs are not permitted unless there is a medical condition restricting the type of footwear allowed to be worn. Sandals are appropriate if the shoe encloses the toes fully, has a secure strap across the heel and is made of leather.
3. The wearing of jewellery shall be kept to a minimum. Stud or small sleeper earrings, watches and wedding bands are permitted. Necklaces and rings with solitaire settings are not permitted. Body piercing should have settings that ensure they cannot be caught up in children's clothing or equipment (due to OH&S risks) and be worn discretely, else they need to be covered by Band-Aids or a similar product. Tattoos should also be worn discretely, else covered by an appropriate product. It should not be brought to the attention of the children that an educator has body piercing or tattoos.

Educator Presentation (continued)

4. Hair should be kept clean, neat and tidy and long hair must be tied back if it is below the shoulders.
5. Finger nails should be kept short and clean. Nail polish should be maintained.
6. Excessive makeup and perfume should not be worn.
7. Hats and sunscreen shall be worn outside in line with the Sun Smart policy. Educators are permitted to wear personal sunglasses when outside.
8. Any educator whose presentation is deemed inappropriate by The Cubby Coordinator, TCH Management or parent will be notified and individual circumstances will be discussed with The Cubby Coordinator and TCH Management.

NOTE: Exemptions to this dress code may occur when special days are run (e.g. pyjama day or football grand final day).

General Harassment and Bullying

The Cubby

1. endorses the rights of all educators to work in an atmosphere free of harassment and bullying,
2. is committed to preventing all forms of harassment/bullying and redressing harassment and bullying where it has occurred,
3. will ensure that educators are not subjected to harassment and bullying in the course of their work,
4. will ensure that complaints of harassment or bullying are treated seriously, sympathetically and dealt with confidentially.

Punctuality and Reliability

TCH Management and COM expect and value punctuality and reliability. At all times employees are expected to demonstrate a high degree of professionalism. This means punctual reporting to the workplace and being reliable in work performance.

Employment Policies

1. Subject to the operation of appropriate Acts of Parliament, educators are expected to abide by all the policies put in place in The Cubby and TCH with respect to issues such as occupational health & safety, equal opportunities, drugs, alcohol and smoking, sexual harassment, privacy, email, internet and others which may become necessary in the future.
2. Failure by an educator to abide by these policies without reasonable excuse shall be prima facie evidence of 'serious misconduct' and/or 'unsatisfactory performance of conduct' and the provisions of the communication, consultation and dispute resolution policy will apply.

Private Telephone Calls

1. Educators will not be taken away from work to receive private telephone calls, except in cases involving an emergency.
2. Messages will be taken and passed on or the caller will be told the times of breaks when educators will be available to take calls.
3. Likewise, educators must not make outgoing private calls, unless there is an emergency.
4. The use of personal mobile phones is not allowed during working hours (morning tea and lunch breaks excluded). All mobile phones are to remain in the property of the employee's personal locker or handbag. They are not to be seen or used in The Cubby both indoors and outdoors at any time.

Code of Conduct

The Cubby acknowledges the Code of Ethics which is actively promoted by Early Childhood Australia as a useful guide for everyday practice for all educators working within The Cubby. The Code of Ethics is displayed in The Cubby for families and is actively displayed and promoted within The Cubby as a resource which is the national umbrella for Children’s services.

Breaching Code of Conduct

Educators are advised that breaches of the code of conduct will be dealt with in accordance with the procedures outlined in the disciplinary procedures of The Cubby and TCH.

Date reviewed	COM	Adopted
30/11/2022 NP	Jen Pagon – President	12/01/2023

77. SOCIAL NETWORKING

Policy

The Cubby's belief towards social networking is that it is to be considered to be a strictly personal activity, which is restricted on The Cubby and TCH premises – like personal phone calls and visits from family members to the employees break and lunch times.

The definition of “social networking”

Social networking refers to any internet social network platforms (e.g. Facebook, Instagram, TikTok) This policy encompasses new technologies and sites becoming available on a regular basis.

Identifying oneself as an employee of The Cubby

Employees are not allowed to identify themselves as representatives of The Cubby. Most social networking sites have fields in the user profile for work experience, job title, etc. By identifying oneself as an employee of The Cubby a social networker becomes, to some extent, a representative of The Cubby and everything they post has the potential to reflect The Cubby and its image. The Cubby prohibits employees from listing the company name on such sites. The Cubby does not approve of employees advertising their association with The Cubby. It is an individual employee's responsibility to ensure they represent the company in a professional manner. The Cubby Coordinator can post on our private Cubby Facebook group under their personal profile.

Referring to Clients, Customers or Partners

The Cubby's relationships with clients, customers and partners are valuable assets that can be damaged through a thoughtless comment. Even a positive reference could be picked up by a competitor and used to your company's disadvantage. Employees are not to reference any clients, customers, or partners without obtaining their express permission to do so.

Proprietary or Confidential Information

The Cubby's social networking policy reiterates the importance of adhering to this policy and provides specific examples as they relate to the social networking site of Facebook.

Social networking communications are somewhat informal and it is therefore easy for employees to develop “loose lips” – especially when they think they are discussing only among themselves. Examples include referencing their day's happenings, any child-related illnesses, any indirect/direct comments about fellow employees.

Social networking sites have varying levels of security and as public sites, are all vulnerable to security breaches. Proprietary information is not to be discussed or referred to on such sites, even in private messages between site members who have authorized access to the information. Examples of information that is considered to be off limits, include The Cubby's financial information, intellectual property, information about customers and other employees.

Terms of Service

Most social networking sites require that users, when they sign up, agree to abide by a Terms of Service. The Cubby holds employees responsible for reading, knowing, and complying with the Terms of Service of the sites they use. It should not contain rules that require employees to violate the common Terms of Service stipulations. For example, most Terms of Service agreements prohibit users from giving false names or other false information, so the company policy should not require users to use pseudonyms when signing up for social networking sites.

Copyright and Other Legal Issues

The Cubby’s policy requires that employees at all times comply with the law in regard to copyright or plagiarism. Posting of someone else’s work without permission is not allowed. Other relevant laws include those related to libel and defamation of character. A good rule of thumb is the one our mothers taught us long ago: “If you don’t have something good to say, don’t say anything at all.” Defamatory statements can lead to lawsuits against the author of the statement and if that is one of our employees, at the very least it can bring bad publicity for The Cubby.

Productivity Impact

Social networking activities are not to interfere with the employee’s primary job responsibilities.

Disciplinary Action

Violation of this policy can result in disciplinary action, up to and including termination.

Date reviewed	COM	Adopted
30/11/2022 NP	Jen Pagon – President	12/01/2023

78. PROFESSIONAL DEVELOPMENT AND APPRAISALS

Policy

TCH Management, COM and Nominated Supervisor will ensure that the professionalism of the educators at The Cubby is maintained via adequate resources and training provisions. This will include an appraisal for each employee which will be carried out annually.

Procedure

1. The Cubby actively supports a learning environment that encourages all educators to achieve their full potential.
2. Training will be provided to all educators to ensure that they can perform their current roles in a competent and confident manner in order to achieve The Cubby's high-quality standards. Ideally, this training will result in improved childcare and a more satisfied work force.
3. Development opportunities will consider future centre requirements as well as the personal aspirations and abilities of the individual. TCH Management and The Cubby Coordinator will develop a training plan for all educators employed in The Cubby on an annual basis
4. To ensure fair and equitable access to training, the principles of equal employment opportunity shall be applied.
5. The Cubby will continue to review all educators through performance reviews and to maintain a record of each educator's achievements. This should include such details as the name of courses completed, provider, cost, date of course, course outline and a copy of participation certificate.
6. Wherever possible, training will be an accredited course consistent with the educator's own requirements and career goals.
7. Written requests for training including course name, provider, cost, date of course and course outline will be referred from The Cubby Coordinator to TCH Management for approval prior to booking.
8. All information gained from training must be filed at TCH and reported at educator meetings.
9. All educators will engage in a performance review annually with involvement from The Cubby Coordinator and TCH Management. All performance reviews consider an employee's previous appraisal, their individual goals and ambitions, The Cubby's short- and long-term visions, job descriptions, performance questionnaire and personal reflections. The aim of an appraisal is to ultimately improve practices, set goals and reflect on the previous year's happenings with appraisals being underpinned by the National Quality Standards and Early Years Learning Frameworks.

Training Costs

1. The Cubby will cover costs for First Aid Training for regular educators.
2. Any training arranged on behalf of The Cubby shall have the authorisation of TCH Management to ensure that it falls within budgetary restraints and meets the ongoing needs of The Cubby.

Wages paid for Training

1. Where possible, the roster shall be changed to accommodate training.
2. Wherever possible, training will be scheduled around the requirements of the roster including the taking of rostered days off (RDO) and annual leave.
3. Educators who are educating themselves as part of a certificate, diploma or degree course on the care or education of children will, wherever possible, attend classes outside of working hours. Where the classes fall during rostered hours, the consent of TCH Management and the written permission of The Cubby Coordinator is required. This time shall be taken as leave without pay, TOIL, RDOs or annual leave.
4. TCH Management will make any decisions relating to training specifically requested by educators and will determine any subsidy relating to all costs of this training. For training that has not been arranged by The Cubby and where an educator is seeking reimbursement, the details and nature of the training must be submitted to the TCH Management for review prior to registration and payment of fees by the employee. Should this not occur, there will be no reimbursement of associated expenditure.
5. In all cases unless specifically stated, any educator who does not receive a pass and must therefore re-enrol a second time for the same course, will pay for all costs associated with the re-enrolment and completion of this re-training. When a competency pass has not been attained and follow up of any further assignments/tasks to achieve this pass is not completed, the employee may be asked to reimburse the costs involved in providing this additional follow up training.

Date reviewed	COM	Adopted
30/11/2022 NP	Jen Pagon – President	12/01/2023

79. EQUAL OPPORTUNITY & AFFIRMATIVE ACTION

Policy

The Cubby adheres to the Victorian Equal Opportunity Act 1995. The Cubby values its human resources and in recognising the need to make optimal use of those resources, it is The Cubby's policy to conduct its business ensuring fair and equitable employment practices. It aims to provide an environment which maximises the talent, potential and contribution of all employees and which ensures equal opportunity for all.

Procedure

1. Equal opportunity means that educators are treated fairly and equitably. It means that educators are judged on their ability to do the job based on merit (skills, qualifications and experience) rather than any assumptions made about them based on differences such as their sex, race, marital status, disability, pregnancy, breast feeding, religion, age, political belief, parental status, physical features, relatives and associates, lawful sexual orientation, and union activity. It also means promoting a working environment that is free from sexism, racism, sexual harassment and other forms of discrimination. In summary, it means 'the best person for the job gets the job.'
2. The implementation of Equal Opportunity policies and practices provides fair, legally sound, efficient and effective human resource management.
3. Equal opportunity for women aims to identify and remove barriers faced by women in their careers. It uses objective evidence such as overall staff statistics to identify problems and measure progress. It means that women will be encouraged to apply for jobs, including those for which they were previously not considered because of actual restrictions or because it was simply not considered appropriate. Equal opportunity is not reverse discrimination.

Equal Opportunity Embraces the Following Commitments:

1. To recruit and appoint the best qualified person for the job where suitability will be assessed according to merit (e.g. skills, qualifications, abilities, prior work performance and aptitudes).
2. To appraise, reward and promote educators only on the objective assessment of performance, achievement of agreed objectives, skills' development and the individual's potential.
3. To provide opportunities to educators for personal and professional development which are consistent with the organisation's objectives and individual's professional goals.
4. To comply with equal opportunity, anti-discrimination and affirmative action legislation.

Responsibilities of Educators

Every educator has a responsibility to treat all other educators with fairness, equity and respect so that the total working environment is free from discriminatory activities and practices. Educators are legally responsible for their own discriminatory behaviour.

Role of Key People

1. COM and TCH Management will be accountable for their own actions and those of The Cubby, ensuring that the principles of equal opportunity are practiced, e.g. that merit is the criterion on which decisions relating to appointment, promotion, reward, professional development, etc are based.
2. TCH Management and The Cubby Coordinator should ensure that educators are aware of Equal Opportunity principles and that they act in a non-discriminatory manner towards other educators.
3. TCH Management and The Cubby Coordinator must take early corrective action to deal with discriminatory behaviour.
4. TCH Management and The Cubby Coordinator must handle concerns promptly and professionally and provide a support option for educators.

Procedures for Dealing with Concerns

1. COM and TCH Management recognise that communication is essential so that educators can raise their concerns with the assurance of confidentiality and without fear of recrimination. It is only through discussion that issues can be addressed and resolved. Continuous improvement in Equal Opportunity practices is dependent upon each educator accepting some responsibility in this area.
2. Employees with concerns about equal opportunity should in the first instance refer the matter to The Cubby Coordinator or alternatively to TCH Management.

Breaches of This Policy

If any such incident does occur, the allegations made will be investigated by The Cubby in accordance with TCH's Grievance Procedure and TCH's Performance Management Procedure. This will occur despite any civil action which may be undertaken by the educator(s) concerned.

Date reviewed	COM	Adopted
30/11/2022 NP	Jen Pagon – President	12/01/2023

80. EDUCATOR & CHILD MENTAL HEALTH AND WELLBEING

Policy

COM, TCH Management, The Cubby Coordinator and the educators acknowledge the importance of positive mental health and wellbeing that contributes to good health and overall development. This policy confirms our commitment to:

- Ensure the service environment is safe, inclusive and empowering for children, families, educators, volunteers and visitors.
- Embed social and emotional learning in the Educational Program.
- Ensure families, children, educators are key partners in mental health initiatives.
- Engage in partnerships with community networks.

As a health promoting service, we will promote positive social and emotional wellbeing for children, educators and families through learning, policies, creating a safe and healthy physical and social environment, and developing community links and partnerships.

Background

Mental health and wellbeing for young children is about their emotions, what they experience and how they learn to manage and express them, the relationships they form and the child's ability to engage in close and positive relationships. It also covers their engagement with the environment and if they have opportunities to explore and discover. A strong sense of wellbeing and positive mental health provides children with confidence and optimism, which maximises their learning potential, gives them a greater chance of long-term success, and helps them build stronger relationships. Early childhood services play a key role in promoting mental health and wellbeing in children and can affect children's long-term mental health, relationships and learning.

Whole Service Engagement

It is recognised that every member of The Cubby impacts on the children's health and can contribute to creating an environment that promotes positive mental health. All members of our service, including educators, staff, children, families and volunteers, will be supported to meet this policy.

Definition of Mental Health and Wellbeing

For the purposes of this policy and for the Healthy Early Childhood Services Achievement Program, the 'Mental Health and Wellbeing' health priority area focuses on social and emotional wellbeing and resilience.

Mental health in early childhood can be understood as a young child's ability to 'experience, regulate and express emotions, form close and secure interpersonal relationships, and explore the environment and learn – all in the context of family, community and cultural expectations for young children'. Infant mental health is synonymous with healthy social and emotional development.

Procedures and Responsibilities Leadership and Commitment

Educators, staff, families and children are active participants in the development and implementation of the whole service Mental Health and Wellbeing Policy. Educators, staff and families are provided with information about policy requirements, with opportunities to provide feedback and input.

Healthy Physical Environment

Buildings, grounds, furniture, play equipment and resources are safe and accessible for every child. Quiet and reflective spaces are provided for children, educators and families.

Healthy Culture

- Diversity and cultural practices are considered when implementing this policy and mental health and wellbeing practices.
- A safe, inclusive, welcoming environment is created for all community members. There is a culture of respect, fairness and equity.
- Strategies are used to promote positive and responsible behaviour, and to prevent and respond to hurtful and unsafe behaviour.
- Warm, responsive and trusting relationships are actively developed and maintained between children, families and educators.
- Educators and staff model respectful interactions with each other, children and families. A positive approach to mental health and wellbeing is also role modelled.

Child Teaching and Learning

Children are supported to develop social and emotional skills and learn about and care for their own mental health. Educators and staff are supported to access professional development and resources about mental health and wellbeing education and to understand when and how to refer children to additional support.

Supported Staff and Educators

Educators are supported to learn about and care for their own mental health and wellbeing. Mental health and wellbeing information and policy requirements are included in educator and staff orientation/induction. Leadership practices and on-the-ground support, enable a work environment that minimises stress and promotes mental health and wellbeing for educators and staff. Strategies are implemented to promote positive conflict resolution and to prevent and respond to bullying, discrimination and harassment.

Families and Community Partnerships

Mental health and wellbeing information is provided to families and the wider community, such as information about local support services and resources about social and emotional learning. Partnerships are established with relevant organisations and health professionals to support mental health and wellbeing practices where appropriate. There are clear referral options and pathways for children, staff, educators and families to access support services for mental health and wellbeing.

Date reviewed	COM	Adopted
30/11/2022 NP	Jen Pagon – President	12/01/2023

81. SEXUAL HARASSMENT/WORKPLACE BULLYING

Policy

It is unlawful to sexually harass or bully a person in the workplace. The Cubby has a responsibility to provide a workplace free of sexual harassment or bullying and to establish internal channels for redress for educators. It is the responsibility of all levels of management, including supervisors, to ensure that proper standards of conduct, free from sexual discrimination and harassment, are maintained at all times by all employees.

It is the responsibility of all employees to ensure that their behaviour does not create or condone circumstances that may allow or lead to sexual harassment.

Sexual harassment is defined as any behaviour by an employer, supervisory educators or employee towards another person that is sexual, gender or sex-based and which the recipient decides is unwelcome. Sexual harassment is not mutual attraction between people. It is up to the recipient to determine acceptable behaviour and a request to cease unwanted behaviour must be respected. Unwanted attention is deemed to be harassment when a reasonable person having regard to all the circumstances would have anticipated that the other person would be offended, humiliated or intimidated.

Sexual Harassment can be:

- Physical
- Unwanted touching, brushing against another employee Indecent exposure
- Sexual assault or rape
- Verbal
- Suggestive remarks about a person's body/appearance unwelcome remarks about a person's sex or private life, sexual jokes, innuendo, lewd comments
- Offensive telephone calls
- Gender based terms (sweetie, stud, etc)
- Unwelcome sexual propositions or requests for dates
- Non-verbal
- Displaying and using offensive objects, written material, pornographic or sexually suggestive pictures
- Staring, leering, whistling
- Sexually suggestive gesture
- Sexually or offensive computer images or messages

Any person can experience sex-based harassment and it may be at the hands of an individual or group of either or both sexes.

Bullying can be:

- Excluding someone from workplace activities
- Giving someone majority of unpleasant tasks
- Verbal or physical abuse
- Humiliating someone through sarcasm or insults
- Intimidation

Procedure

All educators have a responsibility to ensure that workplaces are free from harassment. COM, TCH Management and The Cubby Coordinator have a greater responsibility as they must maintain a harassment free environment by remaining alert to concerns and addressing those concerns in a positive manner.

The role of key persons involves:

1. COM, TCH Management and The Cubby Coordinator are accountable for their own actions and their employees, ensuring that all steps that can be taken to discourage harassment and discrimination of any kind have been taken.
2. COM, TCH Management and The Cubby Coordinator should ensure that educators are aware of centre expectations about and legal implications of any unlawful harassment.
3. COM, TCH Management and The Cubby Coordinator will be expected to take the most appropriate action in the specific circumstances of a given situation to ensure that:
 - Early corrective action is taken to deal with inappropriate behaviour whether or not a complaint has been made.
 - Concerns are handled promptly and professionally and a support option is provided for educators;
 - Actual complaints are handled in a timely, confidential and sensitive manner.

Role of TCH Management and The Cubby Coordinator

1. Raising awareness about harassment, discrimination and intimidation in the workplace.
2. Being available and prepared, on an impartial and confidential basis, to offer advice and/or information to educators with concerns or complaints about these issues.
3. Being a first port of call for educators with concerns about harassment or Equal Opportunity in general.
4. Providing support in identifying the substance of the issue and assisting in the formulation of possible formal and/or informal options for resolution of the issues.
5. Coaching and supporting an individual employee who wishes to confront the harasser personally.

Procedures to be followed

1. It is crucial that any employee who believes that they are being harassed must tell the harasser to stop the offensive conduct. In such instances, silence is not golden. In reality, silence can be taken to indicate acceptance of the harassment.
2. The educator should keep a record of the incidents and retain evidence such as pictures, notes etc.
3. If the behaviour does not stop, the employee should speak to the Director or second-in-charge or to the specially designated staffing convener.
4. The Cubby undertakes to handle complaints promptly, confidentially and sensitively. The options available will be discussed with the educator making the complaint. Action will be taken to ensure that the person feels safe and does not suffer any detrimental treatment because of a complaint made in good faith.

Conciliation and Further Investigation

1. Where a complainant wishes to proceed with a formal complaint, The Cubby Coordinator will involve TCH Management who will inform, in confidence, the person or persons against whom the complaint is being made of the nature of the complaint. Conciliation and/or mediation will be offered. The object of conciliation is to ensure:
 - No recurrence of the behaviour which gave rise to the complaint.
 - No reprisals for making the complaint.
2. If the complainant has suffered disadvantage as a consequence of resisting the harassment, the situation will be redressed as far as possible to the complainant's satisfaction.
3. Where a complaint is not settled by conciliation or mediation, TCH Management will report the matter to the president of the Committee of Management and a formal investigation may be required.
4. Where it is found after investigation that a complaint is unsubstantiated, the reasons for the finding will be explained to both parties by the person who heard the complaint. In cases where a complaint is found to be frivolous and/or vindictive, formal action under the terms of the disciplinary policy may be instigated against the complainant.
5. In addition to any action taken by the complainant, The Cubby and TCH will deal with the behaviour found to constitute sexual harassment using the provisions of the discipline policy.
6. If an educator does not feel comfortable approaching The Cubby Coordinator or TCH Management, they can contact any member of COM.

Date reviewed	COM	Adopted
30/09/2022 NP	Jen Pagon – President	12/01/2023

82. DRUGS, TOBACCO AND ALCOHOL

Policy

The Cubby is committed to providing a safe working environment for all employees pursuant to the Occupational Health and Safety Act 2004 (OHS 2004) including the recognition of the adverse effects of alcohol and consumption and illegal drug use.

As a health promoting service, we will provide a smoke-free and drug-free environment for children, educators, staff and families, and promote responsible alcohol consumption through learning, policies, creating a safe and healthy physical and social environment and developing community links and partnerships.

Background

The key to tobacco, alcohol and other drugs in the early years is prevention. The most effective means of prevention is providing an early childhood environment that is supportive and protective of all children. Building resilience and developing social and emotional competencies should start early to enhance the potential for children to resist risky behaviours later on.

Whole Service Engagement

It is recognised that every member of the service impacts on the children's health and can contribute to creating a healthy environment that is smoke-free and drug-free and promotes responsible alcohol consumption. All members of our service, including educators, staff, children, families and volunteers, will be supported to meet this policy.

Definitions

Tobacco, alcohol and other drugs: For the purposes of this policy and for the Healthy Early Childhood Services Achievement Program, the 'Tobacco, Alcohol and Other Drugs' health priority area focuses on creating smoke-free and drug-free environments and responsible alcohol consumption.

Tobacco prevention: Involves guided age-appropriate, sensitive discussions about health issues related to tobacco as opportunities arise.

Drug: Refers to any substance taken to change the way the body and/or mind functions.

Alcohol: A depressant drug that slows down activity in the central nervous system.

Procedure

The issue of the adverse effects of alcohol consumption is covered under the Occupational Health and Safety Act 2004 (OHS Act 2004). The Act requires: Employers to provide and maintain a working environment that is safe and without risks to health (Section 21). Without in any way limiting the generality of this duty, employers have duties with respect to plant, substances and systems of work; providing facilities for and information, instruction training and supervision to their employees; monitoring their health and safety and so on (Sections 21(2) and 22).

- Educators and self-employed persons to ensure that persons other than educators (which would include the public) are not exposed to risks to their health or safety arising from the undertaking of the employer or self-employed person (Sections 23 and 24); and
- Educators to take reasonable care for their own health and safety and that of others (for example, ensuring they are not, by use of alcohol, affected in a way that may put themselves or others at risk); and to co-operate with employers in their efforts to comply with OHS requirements (Section 25).

Procedure (continued)

1. This policy applies to every visitor, educator, volunteer or student while they are at The Cubby.
2. The consumption or possession of drugs (excluding prescribed drugs) in the workplace or away from the workplace whilst carrying out work for The Cubby is strictly prohibited.
3. The consumption or possession of alcohol in the workplace is strictly prohibited. This means that alcohol cannot be consumed at the workplace, nor can it be brought onto the premises at any time. (refer OH&S policy).
4. An educator must inform The Cubby Coordinator if their performance is, or may be affected by taking prescription and/or non-prescription medication so that appropriate work assignments can be given.
5. Smoking is not permitted in any of the buildings or grounds belonging to TCH and The Cubby. There are no exceptions to this policy.
6. An educator must not attend work if their performance is adversely affected by drugs or alcohol. An educator who is considered by the Nominated Supervisor to be unfit to perform their duties safely due to the effect of drugs or alcohol shall not be permitted to remain at the workplace. Appropriate pay/leave deductions will be enforced in the next pay period.
7. The educator will be sent home in a taxi and the cost of the taxi will be deducted from the following pay. The educator will not be paid for the remainder of the shift unless the educator can produce medical evidence that the condition was brought on by some other cause other than self-inflicted. When the educator returns to work for the next shift, he or she will be interviewed by the Nominated Supervisor and a TCH Management at which time the appropriate course of action will be decided e.g. it will be determined whether disciplinary proceedings will follow.
8. The Cubby will encourage and assist any educator who believes that he or she has a dependency problem.
9. It is important to note that an employee who breaches the drug, smoking and alcohol policy will be subjected to TCH's and The Cubby's disciplinary procedures. Such a breach could result in termination of employment.

Leadership and Commitment

- Educators, staff, families and children are active participants in the development and implementation of this policy.
- Educators, staff and families are provided with information about policy requirements, with opportunities to provide feedback and input.

Healthy Physical Environment

- There is smoke-free signage that can be easily seen and understood by the whole community.
- All events, on and off site, are smoke-free and drug-free.
- If there is alcohol at a staff or family event, management ensures all legal requirements related to the sale and supply of alcohol are met. Responsible consumption of alcohol is promoted.
- If external organisations use the premises, a formal agreement ensures the service premises are smoke-free, drug-free and responsible alcohol consumption is promoted.

Healthy Culture

- Diversity and cultural practices are considered when implementing this policy and tobacco, alcohol and other drug initiatives.
- Staff, educators, families and visitors are required to adhere to legislation and service policies related to smoke-free areas and are asked not to smoke in sight of children.
- Staff and educators who smoke are encouraged to take appropriate hygiene measures after smoking so that children are not exposed to second-hand smoke.
- Staff, educators and families are encouraged to drink responsibly and refrain from taking drugs, particularly while around children.
- The service avoids encouraging the consumption of alcohol as a part of events, celebrations, awards, gifts and fundraising.

Child Teaching and Learning

- Educators will guide age-appropriate, sensitive discussions about health issues related to tobacco, alcohol and drug use as opportunities arise (e.g. if a child is pretending to smoke).
- Professional development and resources are provided to educators and staff to help them guide age-appropriate, sensitive discussions about health issues related to tobacco, alcohol and drug use as opportunities arise.

Supported Staff and Educators

- Educators and staff who want to quit smoking, drinking or using other drugs are supported and referred to appropriate agencies.
- Tobacco, alcohol and other drug policy requirements are included in educator and staff induction/orientation.
- Resources about the health risks related to smoking, excessive drinking and taking drugs are available to educators and staff.

Families and Community Partnerships

- Information about health risks related to smoking, excessive drinking and using other drugs is available for families and community members, including information about accessing support services.
- Partnerships are established with relevant organisations and health professionals to support smoke-free, drug-free and responsible consumption of alcohol initiatives where appropriate.
- There are no partnerships with organisations that market or supply alcohol or tobacco.

Date reviewed	COM	Adopted
30/11/2022 NP	Jen Pagon – President	12/01/2023

83. INTERNET AND EMAIL

Policy

To ensure the proper use of the internet and make users aware of what The Cubby deems as acceptable and unacceptable use of its computer systems while accessing the internet and using e-mail. The Cubby reserves the right to amend this policy at its discretion. In case of amendments, users will be informed appropriately.

Acceptable Usage of Internet

1. Use of the internet is for business purposes only. Business use includes sites which offer information and/or assistance in relation to educators' day to day duties.
2. Executable programs are NOT to be downloaded from the internet without permission from TCH Management.
3. Downloading of non-business material such as MP3 audio and MPG video files is not permitted.
4. Use of internet radio is not permitted.
5. Material displayed during internet sessions must be suitable for display in a public place.

Email

Email is a business communication tool and users are obliged to use this tool in a responsible, effective and lawful manner. Although by its nature email seems to be less formal than other written communication, the same laws apply. Therefore, it is important that users are aware of the legal risks of email:

- If you send emails with any libellous, defamatory, offensive, racist or obscene remarks, you, TCH and The Cubby can be held liable.
- If you unlawfully forward confidential information, you, TCH and The Cubby can be held liable.
- If you unlawfully forward or copy messages without permission, you, TCH and The Cubby can be held liable for copyright infringement.
- If you knowingly send an attachment that contains a virus, you, TCH and The Cubby may be held liable.
- By following the guidelines in this policy, the email user can minimize the legal risks involved in the use of email.

If any user disregards the rules set out in this email policy, the user will be fully liable and TCH and The Cubby will disassociate itself from the user as far as legally possible and disciplinary proceedings will follow.

Legal Requirements

The following rules are required by law and are to be strictly adhered to. It is prohibited to:

- Send or forward emails containing libellous, defamatory, offensive, racist or obscene remarks. If you receive an email of this nature, you must promptly notify The Cubby Coordinator or TCH Management.
- Send unsolicited email messages e.g. junk mail.
- Forge or attempt to forge email messages.
- Disguise or attempt to disguise your identity when sending mail.
- Send email messages using another person's email account without permission from that person.

Best Practice

- The Cubby considers email as an important means of communication and recognises the importance of useful content and speedy replies in conveying a professional image and delivering good customer service. Users should take the same care in drafting an email as they would for any other communication.
- Do not substitute personal contact with email messages; wherever possible a phone call or personal contact is preferred before e-mail. Therefore, The Cubby wishes users to adhere to the following guidelines:

Writing Emails:

- Write well-structured emails and use short, descriptive subjects.
- The Cubby’s email style is informal. This means that sentences can be short and to the point.
- You can start your email with ‘Hi’, or ‘Dear’, and the name of the person. Messages can be ended with ‘Best Regards’. The use of internet abbreviations and characters such as smileys, however, is not encouraged.
- Signatures must include your name, job title and company name.
- Do not send unnecessary attachments. Compress large attachments before sending them.
- Do not write emails in capitals.
- If you forward emails, state clearly what action you expect the recipient to take.
- Do not send messages containing rude or defamatory language or pictures. Use only language which would be acceptable for general distribution.
- Only mark emails as important if they really are important.

Replying to Emails:

- Emails should be answered within at least 24 working hours.
- Priority emails are emails from existing customers and business partners.
- Delete any email messages of which you do not need to have a copy.

Personal Use

It is strictly forbidden to use The Cubby’s email system for anything other than legitimate business purposes. Therefore, the sending of personal emails, chain letters, junk mail, jokes and executables is prohibited. All messages distributed via the company’s email system are The Cubby’s property.

Confidential Information

Never send any confidential information via email. If you are in doubt as to whether to send certain information via email, check this with the TCH Management first.

Passwords

All passwords must be made known to The Cubby Coordinator and TCH Management. The use of passwords to gain access to the computer system or to secure specific files does not provide users with an expectation of privacy in the respective system or document.

Encryption

Users may not encrypt any emails without obtaining written permission from TCH Management. If approved, the encryption key(s) must be made known to the company.

Mail Retention

There is no automatic deletion of old emails. Users should routinely remove unwanted emails.

System Monitoring

Educators expressly waive any right of privacy in anything they create, store, send or receive on The Cubby’s and TCH’s computer system. The Cubby can, but is not obliged to, monitor emails without prior notification. If there is evidence that educators are not adhering to the guidelines set out in this policy, The Cubby reserves the right to take disciplinary action, including termination and/or legal action.

Date reviewed	COM	Adopted
30/11/2022 NP	Jen Pagon – President	12/01/2023

84. WORKCOVER/WORKSAFE

Please refer to TCH's Workcover Procedure

85. GRIEVANCE AND DISCIPLINARY PROCEDURES

Please refer to TCH's Grievance Procedure and Performance Management Procedure

86. EDUCATOR CONCERNS AND COMPLAINTS

Please refer to TCH's Grievance Procedure

87. WORK EXPERIENCE, VOLUNTEERS AND STUDENTS

Policy

TCH and The Cubby will provide public liability and personal accident insurance of work experience and volunteers under the following conditions.

Procedure

1. Acceptance of work experience placements, volunteers, students will be at the discretion of The Cubby Coordinator and TCH Management. The decision will be based on the particular training needs required by the student, the availability of centre educator to supervise the student/volunteer and the wellbeing of the children. Only one student shall be on placement at any one time.
2. Students must meet with the Nominated Supervisor prior to their placement. Work experience forms will be filled in by the Nominated Supervisor. Assessment forms are to be completed by the Nominated Supervisor and educator involved with the placement. They will be shown through The Cubby and be inducted to:
 - OHS practices and policies e.g. safety rules, emergency evacuation procedures and child behaviour guidance practices and policies
 - Accident, illness and medication folders for children
 - Dress code
 - Times of work and breaks
 - Relevant aspects of the program planning and curriculum
 - Confidentiality
3. All such participants will work under the direct supervision of an educator at The Cubby and within The Cubby's and TCH's policies and procedures and occupational health and safety guidelines.
4. A notice will be placed on the door introducing the student and the student will be encouraged to participate in routines and activities within the room.
5. Any difficulties with a student must be immediately referred to the college or school concerned. TCH Management must be informed of any early termination or concerns/issues with work experience volunteers or students.
6. No student is to be left in charge of children. All students are to be supervised at all times. No student is to be included in the educator ratio, (unless approved by the Nominated Supervisor).
7. The Nominated Supervisor will not accept any student without sighting a valid WWCC and Police Check.

Date reviewed	COM	Adopted
30/05/2017		
01/06/2018	John Kriesfeld – President	26/06/2018
30/11/2022 NP	Jen Pagon – President	12/01/2023

88. EDUCATORS WITH CHILDREN IN CARE

Policy

Children of or directly related to educators are able to attend The Cubby under some conditions.

This relates to educator’s children, grandchildren, stepchildren and guardians.

Conditions:

- The related educator shall not care for the child directly.
- Other educators shall attend to the child’s needs first.
- The Cubby Coordinator can direct educators accordingly.

The Cubby is a small childcare centre and we don’t have separate rooms for different groups of children. We are offering equal opportunities for all our families and do not want to exclude families because of who they are related to.

Educators returning from maternity leave will be offered the same access to childcare as other parents/guardians. However, The Cubby’s obligation is to return the educator to their previous role and respect the overall operation of The Cubby. The Cubby cannot guarantee care for the educator’s child where it conflicts with regulations and policies and procedures.

Date reviewed	COM	Adopted
30/11/2022 NP	Jen Pagon – President	12/01/2023

K) OFFICE SERVICE MANAGEMENT

89. FACEBOOK PAGE (TCH PAGES, THE CUBBY GROUP AND PERSONAL)

Policy

We recognise the benefits and challenges of using Facebook in the early childhood setting. This policy has been developed to provide employees families, volunteers and students with standards of use as they engage in conversations or interactions using Facebook for official, professional and personal use.

Purpose

We aim to ensure that The Cubby, children, educators or families are not compromised in any form on Facebook and that Facebook usage complies with our Service philosophy and code of conduct.

Implementation

We recognise that there are many advantages in using Facebook to network within service operations. It is important to approach usage with caution, via careful and thorough management.

TCH Facebook Account

TCH has a Facebook account to converse and share information with our families and community, which is administered by the Nominated Supervisor. The Cubby has a private Facebook group that is not accessible by the public. Only current families and educators have access to The Cubby Facebook group.

The intent for our Facebook group is to:

- Keep in touch with what's happening at the service, including upcoming events.
- Connect with other parents and share your thoughts about programs, policies and procedures.
- An avenue to ask other parents their thoughts and help with common child rearing issues etc.

Responsibilities of Approved Provider

- Ensure personal information about families, children and staff is not posted on-line
- Ensure high privacy settings on the account
- Ensure all passwords are kept confidential
- Log out of Facebook when not in use and prior to leaving
- Regularly scan online content related to the service to ensure appropriateness. Obtain authorization from a child's parents prior to posting any photos of their child to the page.

Personal Facebook Account

Staff members are to use their own personal discretion when adding a family of the service as a 'friend' on Facebook. It is extremely important not to post information about The Cubby, children or families on personal social media accounts. Families are asked to respect that

The Approved Provider, Nominated Supervisor, educators, staff members, volunteers and students will not:

- Access personal Facebook accounts on any workplace device.
- Access personal Facebook accounts whilst educating and caring for children.
- Post any photos taken of the children enrolled at the service on their personal Facebook account
- Vilify, harass or bully any other person who works at the Service, family or community member connected to the service.
- Post offensive or derogatory comments or information that could bring their professional standing or that of the service into disrepute.
- Use their personal camera or phones to take photos or video while at the service.

The Approved Provider or Nominated Supervisor will:

- Adhere to our Grievance policy and procedures to investigate any occurrences where a person working at the service may:
 - Posts photos or information of the service or children,
 - Defames, harasses or bullies any other person who works at the service, or is connected to the service.
- Any staff or educator found guilty of any Facebook misconduct may result in termination of employment.

Date reviewed	COM	Adopted
30/09/2022 NP	Jen Pagon – President	12/01/2023

90. POLICY REVIEW SYSTEM

Policy

Details on the policy reviews can be found after each policy & procedure. The Cubby policies and procedures are reviewed annually or as they are required throughout the year. This may be due to stakeholder consultation or new updated early childhood correspondence.

Before any change to policies is made The Cubby stakeholders are involved with the consultation and process of review in many formats including surveys, meetings and informal/formal conversations.