



Parent Handbook

Updated October 2008

65 Toorak Road West, South Yarra, 3141

Telephone 9820 2758, Fax 9866 6504

Email faw3206@bigpond.net.au

Table of Contents

<u>1. History and Current Perspective of the Community Centre</u>	1
<u>1.1 Philosophy</u>	2
<u>1.2 Aims and Objectives of the Co-operative</u>	3
<u>2. Operation of the Centre</u>	4
<u>2.1 Hours of opening, Annual Closure & Public Holidays</u>	4
<u>2.2 Enrolments - Calendar Year</u>	4
<u>2.3 Room Groupings and Total Numbers of Children</u>	4
<u>2.4 Types of Care Available</u>	5
<u>2.5 Meetings - Why, When and Where</u>	5
<u>2.6 Maintaining, Facilitating and Revising Policy</u>	5
<u>3. Enrolment and Attendance</u>	7
<u>3.1 Access to the Centre - Eligibility and Priority</u>	7
<u>3.2 Holding of available enrolment place</u>	7
<u>3.3 Orientation for new families</u>	7
<u>3.4 Sign In and Out Book</u>	7
<u>3.5 Washing Hands</u>	7
<u>3.6 No food to be brought into the Centre</u>	7
<u>3.7 Dropping Off - Picking Up</u>	8
<u>3.8 Making Goodbyes a little easier ... for children, parents and staff!</u> .	8
<u>3.9 Late Pick-Ups</u>	9
<u>3.10 Giving Notice</u>	10
<u>3.11 Lost Property</u>	10
<u>4. Accidents and Emergencies</u>	10

4.1	Accident Reporting	10
4.2	Accident Prevention	10
4.3	Structural Safety/Building Maintenance	11
4.4	City of Melbourne Disaster Plan	11
4.5	Evacuations	11
4.6	Health and Safety	11
4.7	Safety Equipment	11
5.	Health, Hygiene and Illnesses	12
5.1	Personal Hygiene	12
5.2	Laundry	13
5.3	Sun Hats	13
5.4	Illnesses	13
5.5	Infectious Illnesses	13
5.6	Asthma	14
5.7	Alternative approaches to health care	14
5.8	Sudden Infant Death Syndrome (SIDS)	15
5.9	HIV/AIDS and Hepatitis A, B and C	15
5.10	Immunisation	15
5.11	Toxic Products	16
5.12	Anaphylaxis	16
6.	Care and Education	16
6.1	Planning and Programming	16
6.2	Programming	16
6.3	Developmental Records	17

6.4	<u>Program Evaluation</u>	17
6.5	<u>Managing Behaviour</u>	17
6.6	<u>Inclusion and Anti-Bias</u>	19
6.7	<u>Environment</u>	19
6.8	<u>Birthdays</u>	20
6.9	<u>Parent Involvement and Volunteers</u>	20
6.10	<u>Students, Volunteers</u>	20
6.11	<u>Excursions/Incursions</u>	21
6.12	<u>Child Protection</u>	21
6.13	<u>Sleeping/Rest time</u>	21
6.14	<u>Toilet Training</u>	22
6.15	<u>Bringing Toys</u>	22
6.16	<u>Road Safety Education</u>	22
6.17	<u>Meals and Nutrition</u>	22
6.18	<u>Allergies</u>	22
6.19	<u>Food Licence</u>	23
7.	<u>Staff</u>	24
7.1	<u>Permanent Staff</u>	24
7.2	<u>Relieving Staff</u>	25
7.3	<u>Training</u>	25
7.4	<u>Persons in Charge</u>	25
8.	<u>Committee of Management</u>	26
8.1	<u>The Function of the Committee</u>	26
8.2	<u>Linking the Committee to the Government</u>	26
8.3	<u>The Structure of the Committee</u>	26

<u>8.4 Roles and Responsibilities</u>	27
<u>9. Fees</u>	30
<u>9.1 Payment of Fees</u>	30
<u>9.2 Co-operative Joining Fee</u>	30
<u>9.3 Security Deposit/Bond</u>	30
<u>9.4 Rates for Care</u>	31
<u>9.5 Full Day Care (5 Days per Week)</u>	31
<u>9.6 Part Time Care (1-4 Days per Week)</u>	31
<u>9.7 Responsibility for fee payment commences upon enrolment of child</u>	31
<u>9.8 Fees charged when a child is absent</u>	31
<u>9.9 Fees for Temporary Vacancies</u>	31
<u>9.10 Nappy Wash</u>	31
<u>9.11 Fundraising Levy</u>	31
<u>9.12 Outstanding Fees</u>	32
<u>9.13 Child Care Benefit</u>	32
<u>9.14 Allowable absences</u>	32
<u>9.15 Change of family circumstances</u>	32
<u>10. Communication Systems</u>	34
<u>10.1 Verbal Communication</u>	34
<u>10.2 Non-Verbal Communication</u>	34
<u>10.3 Grievances and Complaints</u>	34
<u>11. Privacy and Confidentiality</u>	35
<u>11.1 Confidentiality & Security of Children's Records</u>	35
<u>12. Policies and Procedures</u>	36

<u>12.1 Operation of the Centre</u>	36
<u>FPCC 1.01 - Temporary Vacancies</u>	36
<u>FPCC 1.02 - Care in January</u>	38
<u>FPCC 1.03 - Baby Sitting</u>	39
<u>FPCC 1.04 - Staffing Policy</u>	40

13. ENROLMENT AND ATTENDANCE	43
<u>FPCC 2.01 - Priority of Users</u>	43
<u>FPCC 2.02 – Use of enrolled place at Centre</u>	45
<u>FPCC 2.03 - Collection of Children whilst under the influence of alcohol or drugs</u>	45
<u>FPCC 2.04 - Late Departures</u>	47
<u>FPCC 2.05 - Leaving the Centre</u>	48
<u>FPCC 2.06 – Collection of Children</u>	49
14. Accidents & Emergencies	50
<u>FPCC 3.01 - First Aid Procedure</u>	50
<u>FPCC 3.02 - Recording of Accidents/illnesses</u>	51
<u>FPCC 4.01 - Hygiene Practices</u>	52
<u>FPCC 4.02 - Nose Wiping Procedure</u>	54
<u>FPCC 4.03 - Dental Hygiene</u>	55
<u>FPCC 4.04 - Sun Smart Policy</u>	56
<u>FPCC 4.05 – Clothing</u>	58
<u>FPCC 4.06 - Collection of Sick Children</u>	59
<u>FPCC 4.07 - Administration of Medication</u>	60
<u>FPCC 4.08 – Asthma</u>	62
<u>FPCC 4.09 – Immunisation</u>	69
<u>FPCC 4.10 - Infection Control Policy</u>	71
<u>FPCC 4.11 - Staff Immunisation Policy</u>	74
<u>FPCC 4.12 - Nutrition Policy</u>	76
<u>FPCC 4.13 - Nappy Change and Toileting Policy</u>	84
<u>FPCC 4.15 - Anaphylaxis policy</u>	88

15. <u>Care and Education</u>	103
<u>FPCC 5.01 - Guiding Child Behaviour</u>	103
<u>FPCC 5.02 - Ratios for Excursions</u>	105
<u>FPCC 5.03 – Environment</u>	106
<u>FPCC 5.04 - Child Exploration</u>	108
<u>FPCC 5.05 - Road Safety Education</u>	110
<u>FPCC 5.06 - Rest and Sleep Policy</u>	111
<u>FPCC 5.07- Confidentiality and Security of Children’s Records</u>	113
<u>FPCC 5.08 - Child Protection Policy</u>	114
<u>FPCC 5.09 - Inclusion and Anti-Bias Policy</u>	118
16. <u>Communication Systems</u>	120
<u>FPCC 6.01 - Customer Service</u>	120
<u>FPCC 6.02 – Grievance and Complaints Procedure</u>	120
17. <u>Privacy</u>	122
<u>FPCC 7.01 – Privacy Policy</u>	122
<u>FPCC 8.01- Facilitating, Maintaining and Revising FPCC Policy</u>	125
<u>FPCC 9.01- Maintenance and Safety Policy</u>	126

1. HISTORY AND CURRENT PERSPECTIVE OF THE COMMUNITY CENTRE

The current multi-purpose Centre had its beginnings in 1925 as a park kiosk! In 1943 the building was restructured to become a Maternal & Child Health Centre beginning its role as a Community Centre.

Within several years the Centre grew to include morning kindergarten and playgroups, providing further services to young families. From this time on, the Centre building incorporated a senior citizens’ group, a children’s occasional care service, and tennis facilities and provided a venue for community meetings.

In 1986, the City of Melbourne implemented the goal of incorporating the current services within a larger, modernised building structure, thus providing a community centre that incorporated all the services of the past, yet with emphasis on family services for both young and old.

In January 1989, the restructuring and extension of the building was completed and the services of the Fawkner Park Community Centre now include:

Fawkner Park Children's Centre Co-operative Ltd., (full and part-time care, and integrated kindergarten);

The South Yarra Maternal and Child Health Centre;

South Yarra Senior Citizens and Domiciliary Services; and

Tennis facilities (court hire and kiosk).

Mission Statement

Nurturing children

Supporting families

Building communities

1.1 *Philosophy*

The Fawkner Park Children's Centre bases its philosophy on the principles of social justice and the recognition of every child as an individual within a family.

Early childhood is the most formative period of a child's development. These years see children develop skills, attitudes and concepts. We believe the early childhood environment should be secure, warm and caring, promote independence, and build self esteem and self knowledge in each child. We believe that children's rights should be acknowledged, preserved and protected, and their individuality and creativity encouraged. We believe that learning experiences should acknowledge the child's role in their own learning. Their innate willingness to grow and learn through experience should be guided and encouraged.

Specifically, we aim to provide:

A range of opportunities and play based experiences that are informed by up to date research, that enable physical growth, the development of social interaction and language skills, sound values and moral development.

An environment that is inclusive, that recognises, celebrates and builds on the strength of the diverse cultural backgrounds, languages, abilities and special needs of all children and their families and works against bias and prejudice.

A program of open-ended learning and education experiences that takes account of the various ways children learn, that is based on the children's interests and that will instil a love of learning and a belief in each child's unique abilities.

An environment where staff acknowledge that families are a child's most significant relationship, where staff are active in building strong partnerships and involvement with parents on the care, nurturing and education of their children.

An environment where staff as team members show trust, respect and support to each other. Where they share their talents and abilities, taking an ethical and professional approach to children and their families and applying their knowledge and expertise in all aspects of their work.

An environment where local community resources are represented and included in the program and where families are encouraged to make use of services.

An environment that has a strong commitment to the ongoing professional development of staff, so that staff skills and knowledge are constantly being challenged and updated.

A program that seeks to build a connection with and a sense of wonder with regard to nature and concern for present and future sustainability through

growing plants, using tank water, minimizing waste and using/recycling materials thoughtfully.

References: Families and staff values drawn from surveys and discussion.

1.2 Aims and Objectives of the Co-operative

As a Co-operative, the Centre aims to effectively utilise and adhere to the Co-operative Principles as set out within section 6 the *Co-operatives Act 1996*, namely:

- Voluntary association and open membership;
- Democratic control;
- Member economic participation;
- Autonomy and independence;
- Education, training and information;
- Co-operation among co-operatives;
- Concern for the community.

In addition to operating within a co-operative/community framework, the Centre abides by the *Children's Services Regulations* of Victoria. A copy of the Co-operative's Rules is kept in the office for reference and a copy is provided to each new member, in addition to a copy of the last Annual Report.

One of the benefits of being in a co-operative is that the members have a common goal. Fawkner Park Children's Centre is proud of the fact that its parent members are heavily involved in the operation of the Centre, both through the Committee of Management - consisting of parents elected by parents - and through the Regular General Meetings of members of the Co-operative. We encourage parents to think of themselves not as customers of the Centre but as part owners of the centre, in partnership with a group of like-minded owners.

2. OPERATION OF THE CENTRE

2.1 Hours of opening, Annual Closure & Public Holidays

Hours: 7.30 am to 6.00 pm, Monday to Friday.

Annual Closure: The Centre is closed annually for 2 weeks over the Christmas holiday period plus the public holidays and for three Non-Contact days per annum. These Non-Contact days are used by staff to prepare their rooms, in-service training and preparation of reports and records. A list of Non-Contact days will be handed to parents early in the new year.

Public Holidays: No service is provided on all state government approved public holidays. A sign is placed on the front door for Centre closure. These dates will appear on the Event calendar distributed to all families at the commencement of each year.

2.2 Enrolments - Calendar Year

Enrolments are accepted for each calendar year, commencing in the middle of January and ending on Christmas Eve in each calendar year. Our licence conditions limit the number of places that we are able to offer to a maximum of 44 children at any one time. If at any time during the year vacancies exist in any room, further enrolments may be accepted to fill the vacancy.

The year ends on Christmas Eve, or the Friday prior to Christmas. Parents whose children are going to school in the following year need to understand that we are able to offer child care to their child(ren) in the January before commencing school only in exceptional circumstances.

<i>For more information, refer policy - FPCC 1.02 - Care in January</i>

2.3 Room Groupings and Total Numbers of Children

6m-2 Room (Nursery) Age Range: 6 months to approximately 2 years

Total Number: 10 children at any one time

2-3 Room (Toddler) Age Range: 2 and 3 year olds

Total Number: 10 children at any one time

3-5 Room (Kindergarten) Age Range: 3 to approximately 5 years

Total Number: 24 children at any one time

2.4 Types of Care Available

Full Day Care	This involves care from Monday to Friday inclusive during the Centre hours.
Part-Time Care	Daily – This involves the same daily hours as offered with full day care, although it consists of anywhere from one to a maximum amount of four days per week.
Temporary Vacancies	‘TVs’ occur when families are going away on holidays or a child is absent due to illness. Dates are placed in the temporary vacancy book/room diaries. Other families needing extra care can then utilise this place. If the temporary vacancies are not used, families must pay the total holding fee whilst away. TVs provide: financial relief for families who are absent, and additional care for those in need.

For more information, refer policy - FPCC 1.01 - Temporary Vacancies

Kindergarten	The program offers a full time qualified Kindergarten teacher to provide an integrated kindergarten/day care program for eligible four and five year olds equivalent to that of a sessional kindergarten.
--------------	---

2.5 Meetings - Why, When and Where

Regular meetings are important, as the operation of the Centre is parallel to a business. Regular communication on all levels must be kept open. The Centre conducts regular meetings to ensure the operation is running smoothly and any practical problems are quickly identified and rectified.

Regular Committee Meetings are held once a month. These meetings are attended by Committee of Management members who manage the business of the Co-operative, the Co-ordinator and the Staff Representative. Regular General Meetings are held twice a year. The Annual General Meeting is held once a year.

Important Note - All Co-operative Members must attend the Annual and Regular General Meetings. A written apology must be provided if unable to attend.

2.6 Maintaining, Facilitating and Revising Policy

The Committee member responsible for Policy and the Committee regularly assess the Centre's policies. Staff and Committee members review current policies and assess their implementation and relevance. Parents bring issues of concern to the Co-ordinator, who refers matters to the Committee.

Should any need for new policies or amendments to existing policies be identified, the Policy Committee member will develop draft policies for discussion with the Committee and ratification at the AGM/RGM.

For more information refer policy - FPCC 8.01- Facilitating, Maintaining and Revising FPCC Policy

3. ENROLMENT AND ATTENDANCE

3.1 Access to the Centre - Eligibility and Priority

The following access guidelines provide a priority listing to those families on the waiting list. Access Eligibility is governed by federal government policy and is listed within the Service Agreement and Lease between the Centre and The City of Melbourne. Families interested in using the service must be eligible for access. In order to have this eligibility - families must live, and/or work, and/or study within the following areas:

- The City of Melbourne areas of South Yarra (between Punt and St. Kilda Roads, up to the border on this side of Commercial Road);
- The Central Activities District (C.A.D. - perimeters include Spencer St., Flinders St., Spring St., and LaTrobe Streets); and
- St. Kilda Road (within the City of Melbourne boundary).

For full detail on Eligibility & Priority, refer policy - FPCC 2.01 - Priority of Users

3.2 Holding of available enrolment place

It is understood that at times, places at the Centre are accepted and paid for, but that the child does not attend that placement for a period of time. This is particularly the case where an enrolment is for an infant sibling of a child already enrolled and attending the Centre - the place is accepted and paid for to ensure the place is held available for the infant, even though the infant is not yet of an age and / or stage ready to commence actual attendance at the Centre.

To ensure the Centre endeavours to meet the high demand for child care places in the Community, an enrolled child must actually physically commence using that place within 6 months from the date of that enrolment, even where the fees for the placement are being paid. This policy applies to all children enrolled at FPCC, including siblings of children already enrolled and attending the Centre.

Further, when a place at the Centre is accepted and the child is enrolled, that child is considered to have commenced at the Centre and fees shall be charged accordingly (regardless of whether or not the child is actually using that placement).

For full detail on Holding of available enrolment place, refer policy - FPCC 2.02 - Use of enrolled place at Centre

3.3 Orientation for new families

Families will be given opportunities to familiarise themselves with the Centre prior to commencement. This will be done in the following manner:

- Introduction to staff
- Completion of enrolment forms and immunisation details
- Familiarisation with Centre processes e.g.; committee details and payment methods
- Visits to the room
- Copies of the Centre's Policy Manual (Parent Handbook) can be emailed to families. Copies are available for reading in the foyer and the parent library.
- An opportunity to meet other parents of children in the same room is provided at a morning tea held on a Saturday morning early in the year.

The Centre sees orientation as an individualised process and staff will assist in tailoring a program which suits each child and family.

3.4 Sign In and Out Book

The "Sign In and Out" book is an important part of your routine when you pick up and drop off your child. It is a DHS legal document and it is a requirement that it is completed correctly. Each room has its own individual book. The book will always be situated where staff and children are, i.e. if inside, the book will be in the room in the same area each day - if outside, again, the book will be in a familiar position each time staff and children are in that area.

Please remember that the "Sign In and Out" book is the only recorded proof that the Centre has as to who has both dropped off and picked up your child. In cases of emergency/evacuation, it is the record staff use to checklist the children within their room. It is therefore important for the parent or caregiver to sign the sheet and to provide accurate times of arrival and departure.

Further parents are required to record their telephone contact details for that day, each time they sign their child in. This alleviates the need to access a child's enrolment records for contact details in the event of an emergency. Moreover, in a case of an emergency the sign in and out book may be the only document staff will have with them.

For more information, refer policy, & FPCC 2.04 - Late Departures, FPCC 2.06 – Collection of Children

3.5 Washing Hands

It is a requirement of the Centre's anaphylaxis policy that all children must wash

their hands upon arrival at the Centre. It is the responsibility of the caregiver dropping the child at the Centre to ensure the child properly washes their hands with warm soapy water.

This also teaches children habits of good personal hygiene.

For more information, refer policy - FPCC 4.15 - Anaphylaxis Policy

3.6 No food to be brought into Centre

It is a requirement of the Centre's anaphylaxis policy that NO food may be brought into the Centre. This is a blanket rule pertaining to ANY food, for example, a half eaten apple being consumed by a child being dropped off at the Centre is NOT permissible.

The only exception to this is where the Centre specifically invites food to be brought into the Centre, for example for the cake stall at the annual family fun day.

For more information, refer policy - FPCC 4.15 - Anaphylaxis Policy

3.7 Dropping Off - Picking Up

If, for some reason, the parent/s who normally accompany their child to and from the Centre arrange for another caregiver to perform this task - the Co-ordinator or appropriate staff members must be notified in writing, or by telephone, or by the parent personally, of any change in plans.

Under no circumstances will a child be allowed to leave the Centre with an unauthorised person or, in cases of family separation, a person who does not have custody of the child. In terms of custodial arrangements, it is the responsibility of the custodian to provide any relevant information to the Centre Co-ordinator regarding such arrangements. Any details will be recorded on the child's enrolment form.

No person under the age of sixteen will be authorised to collect a child from the Centre.

All children will have their own locker space. This will be either named or have a sign/motif that corresponds to their name (room staff will inform parents of the appropriate sign/motif for their child).

For more information, refer policy - FPCC 2.06 – Collection of Children

3.8 Making Goodbyes a little easier ... for children, parents and staff!

Learning to Say Goodbye

- Spend some time with your child to assist with the settling in process (speak to room staff about time spent in the room).
- Ensure you are positive about the Centre, particularly in the early days when your child may be unsettled about attending.
- When leaving, always say goodbye to your child. It is an important trust factor that they know when you are going.
- Make your departure without any returns. It is far less emotionally draining on both sides if you say goodbye, give your child a good hug, let them know you will be coming back later and then GO.
- Ensure staff receive the appropriate information about home life, i.e. sleeping patterns, any changes to routine, etc.
- Ring the Centre if you are concerned about how your child is coping in those first few weeks. The Centre Co-ordinator will be able to give you the information and peace of mind you need.

Saying Hello Again

- When collecting your child, be on time. All children have a biological time clock - they know exactly when they should be picked up. If you are running late, please ring the Centre. Staff can inform your child you will be a little later than usual.
- Speak to staff about your child's day at Fawkner Park. Apart from your own information gathering, it will be a good conversation point between your child and yourself. Communication between both parent (home) and staff (service) can only assist your child's level of comfort.
- Ensure staff are always aware that you are taking your child home. Apart from the security/courtesy aspect, hellos are just as important as goodbyes.
- If your child has creative work in their locker - please take it home. Encourage them to display it, if only for a short time until it is replaced with something else. Also remember, however, that the learning process is effectively more important than the final product. Your child may not have "actual" work to take home; however, he/she may have spent a very creative morning building a large tower with blocks. In that morning he/she will have been learning about the concepts of space - in, out, over, under ... mathematical concepts of equal to, larger than, matching with, etc. Therefore "doing" is just as, if not more, important than "producing". Clearly, an example of assisting your child in those early days by being interested what they are "doing".

3.9 Late Pick-Ups

The Centre opens at 7.30 am and closes at 6.00 pm sharp. It is important that you pick up your child prior to 6.00 pm. Not only is your child tired and needs to be taken home but please also be considerate of staff. Please ensure that you arrive at the Centre allowing enough time to collect your child and bags so that you will have left the building before 6.00pm. If you are running late, please make contact with the Centre as soon as possible so that appropriate staffing arrangements can be made.

Fee penalties apply if a child is not collected by 6pm.

For more information, refer policy – FPCC 2.04 - Late Departures.

3.9 Giving Notice

Four weeks' notice, in writing, is required when cancelling your enrolment at the Centre or reducing the number of days for children in the **nursery** and the **toddler room**. Children enrolled in the **kindergarten room** (3 to 5) are required to give **nine weeks'** notice when leaving the Centre or reducing the number of days.

For more information, refer policy - FPCC 2.05 - Leaving the Centre.

3.10 Lost Property

If an item belonging to your child is missing, please check the Centre's Lost Property Basket located in the foyer.

Clearly labelling your child's items will assist in locating them if they are missing. The Centre takes no responsibility for any items that are lost.

4. ACCIDENTS AND EMERGENCIES

4.1 Accident Reporting

The Centre will do its utmost to provide a safe environment for children and staff and to minimise the incidence of accidents which result in injury.

If and when accidents occur, staff will respond immediately in accordance with guidelines laid down in the Staff Manual.

At least one staff member within each room must have a current first aid certificate, although all staff are trained with basic paediatric first aid qualifications. All staff are regularly offered the opportunity to update their first aid qualification.

In the case of a minor accident, staff will assess the injury and administer appropriate first aid. If the situation requires further medical treatment, the child's parents will be contacted.

The Incident Report Form will be used by staff in the event of an accident/illness/incident occurring during the time that a child is in attendance at the Centre. As per the Accident Procedure, parents will be requested to sign the report that accompanies a minor/major accident.

All accidents requiring external medical treatment are reported, by the Co-ordinator to the State Government Department of Human Services.

For more information, refer policies FPCC 3.01 - First Aid Procedure & FPCC 3.02 - Recording of Accidents/Illnesses

4.2 Accident Prevention

In the interests of accident prevention, the Centre will, at all times:

- comply with local/state government regulations concerning all aspects of safety; and
- take into account the specific safety requirements of a children's service - ensuring all areas, both indoor and outdoor, are safe for children's activities.

4.3 Structural Safety/Building Maintenance

The general maintenance of the Centre is completed by the local government as per the conditions of the Service Agreement and Lease that it has with the Centre. Maintenance work to ensure a safe environment for the children and staff can be anything from cutting the ends of lavender bushes to deter bees to ensuring that the heating system is working appropriately.

4.4 City of Melbourne Disaster Plan

In the event of a disaster affecting the City of Melbourne Municipality, the Centre is covered by the strategies incorporated by the City of Melbourne Disaster Plan or DISPLAN. A copy of DISPLAN is located in the foyer.

As a local community service the Centre would be contacted by the Community Services Liaison Officer, who would then provide information as to the extent of the disaster and relevant instructions as to the co-ordination efforts in place for emergency relief.

If you become aware of an emergency situation which you think may affect the Centre, and telephone contact cannot be made with the Centre, please ring the **City of Melbourne Hotline on 9658 9999**, for up to date information.

4.5 Evacuations

The Centre has an evacuation procedure. This procedure specifically relates to emergencies that would require the evacuation of children from the Centre. This procedure is listed on the foyer noticeboard. Evacuation drills are conducted regularly by alternate persons in charge.

4.6 Health and Safety

The Centre aims to ensure that the service provides a safe environment for all children and staff. The Centre has a committee member as well as a staff member who assists with OH&S issues. Local Government provides training in aspects of OH&S including handling fire extinguishers, general safety practices in dealing with toxic chemicals and their storage, i.e. turpentine, etc.

The Centre also invites guest speakers and in-service training for staff such as physiotherapists etc.

4.7 Safety Equipment

All the fire safety equipment is maintained by Chubb who check the fire extinguishers and hoses on a regular basis. This arrangement is made via the City of Melbourne

5. HEALTH, HYGIENE AND ILLNESSES

5.1 *Personal Hygiene*

For children Hygiene practices are introduced to children when appropriate and they are ready to understand them, such as washing hands:

- Immediately upon arrival at the Centre, prior to contact with other children
- Before eating
- After using the toilet or having a nappy change
- After wiping their nose
- After any other unhygienic practice
- After handling animals

For staff In addition to the positive modelling set for children regarding personal hygiene, staff maintain a high level of personal hygiene by washing hands:

- On arrival at the Centre
- Before commencing work
- Before handling food
- Before eating
- After handling raw food
- After using the toilet or assisting a child in the toilet
- After changing a child's soiled nappy or clothing
- After cleaning up faeces or blood
- After removing gloves.
- After wiping a nose either their own or a child's
- After touching eyes, ears, nose, hair or mouth
- After any other unhygienic practice
- Before and after administering first aid
- After handling garbage
- After each break
- After handling animals

For more information, refer policies - FPCC 4.01 - Hygiene Practices, FPCC 4.02 - Nose Wiping Procedure & FPCC 4.03 - Dental Hygiene.

5.2 Laundry

Parents provide sheets for their child and are responsible for washing them. Hand towels are allocated to each child and are washed daily by the staff.

5.3 Sun Hats

The Centre has a Sun Smart policy which addresses the risks of exposure to direct sunlight. Sun hats and sun glasses are provided for all children. The Centre supplies sunscreen with a SPF of 30 + (or higher) for children for outdoor play. Sunscreen and insect repellent will be applied to all children whose parents have given written permission.

For more information, refer policy - FPCC 4.04 - Sun Smart Policy.

5.4 Illnesses

The well being of children is of the highest priority in the service. Fawkner Park understands the concerns and needs of working parents and tries to accommodate the difficulties associated with a sick child. The Co-ordinator will keep parents informed about the occurrence of an infectious disease in either children or staff at the Centre.

5.5 Infectious Illnesses

The well being of children is the Centre's highest priority. The Centre's objective is to create a safe and hygienic environment that will promote the health of the children and staff. The Centre will keep cross infection at a minimum to reduce instances of illnesses from infectious diseases

The Centre will always exclude sick staff and children according to the recommendations of National Health and Medical Research Council of Australia. (NHMRC). The complete list of the illnesses requiring exclusion is posted on the wall in the foyer.

Parents are required to keep their children home if they show any of the following symptoms or infections:

- Diarrhoea
- Vomiting
- Fever
- Head Lice

- Contagious Conjunctivitis
- Cold Sores
- School Sores/Impetigo
- Hand-Foot-Mouth Infection
- Rashes

Please respect not only your child's room peers and room staff, but their families as well. If you bring your child in with a contagious ailment IT WILL SPREAD.

If you suspect your child may have an infectious illness such as Measles, Rubella or Chicken Pox etc, please have the condition diagnosed by a Doctor and notify the Co-ordinator. The Co-ordinator is required to place a notice on the Centre door when informed of any infectious illness at the Centre. In certain circumstances (head lice, school sores) the Co-ordinator is required to notify the Local Health Authority of the presence of infection in the Centre.

Refer FPCC 4.10 – Infection Control Policy, FPCC 4.06 – Collection of Sick Children

5.6 Asthma

It is important that parents notify the Centre if their child/ren have suffered or are suffering from asthma. The parents will be required to fill out an Asthma Action Plan outlining the action the Centre should take if the child suffers from an asthma attack.

The child's regular medication should accompany the child to the Centre each day and if parents are aware of impending asthma, they should advise staff of the symptoms to watch for.

Should a child suffer an asthma attack and no medication is available, specific procedures are in place, as recommended by the Asthma Foundation, which Centre staff will follow.

Staff attend Asthma Management training and several have been qualified with a BAN (Bronchodilator Administration Number) by the Asthma Foundation.

The Centre is committed to keeping both parents and staff informed of any new developments in asthma research.

For more information, refer policy - FPCC 4.08 – Asthma.

5.7 Alternative approaches to health care

Every parent has the right to exercise choice in the type of health care they will

seek for their children when illness occurs.

We support this right and staff at the Centre will at all times attempt to respect the wishes of parents in this regard

It is important to point out, however, that in cases of those illnesses which require by regulation the exclusion of children from the Centre for certain periods (as indicated on the foyer noticeboard), a medical certificate from a qualified medical practitioner indicating the child's fitness to return to the Centre is required

Refer – FPCC 4.10 – Infection Control Policy

5.8 Sudden Infant Death Syndrome (SIDS)

The Centre is aware of SIDS (more commonly known as “cot death”) and practices precautionary measures (as advocated by the SIDS Foundation) to reduce the risk of SIDS.

Nursery staff follow the sleeping arrangements recommended by the Sudden Infant Death Research Foundation, namely:

- using light layers of clothing
- sleeping the infant on her/his back
- infant's feet placed at the bottom of the cot with the sheet folded back in the centre of the cot
- pillows, bumper pads and doonas will not be placed in the cot.
- Firm mattress to be used

The Centre will make available information on any new developments that may further reduce the risk of cot death (SIDS)

All cots used in the Centre comply with Australian Safety Standards.

Cots and mattresses will be wiped down after each use

Families are responsible for providing and laundering sheets and blankets.

For more information please refer to policy – FPCC 5.06 - Rest and Sleep Policy

5.9 HIV/AIDS and Hepatitis A, B and C

No one is obliged to inform an employer, service provider or service of their own or their child's HIV/AIDS, hepatitis or other blood borne virus status. If a parent does disclose to the Centre that their child has that status, a child cannot be excluded from the Centre on those grounds.

In addition, this information remains confidential.

No child will be denied First Aid at any time. The Centre will at all times follow proper infection control procedures to minimise the risk of transmission of blood borne viruses.

5.10 Immunisation

Your child's immunisation record will need to be shown to the Co-ordinator at the time of enrolment. Immunisations must be kept up to date and parents are asked to inform the Centre when further immunisations are given. In the case of an infectious disease occurring at the Centre, children who have not been immunised or for whom there is no evidence that s/he has been immunised will be required to stay at home for the duration of the period of the infection.

For more information, refer policy – FPCC 4.09 – Immunisation.

5.11 Toxic Products

The centre endeavours to minimise the use of toxic chemicals without compromising effective cleaning.

Immersion in hot soapy water and fresh air drying is used for toys where possible.

Hot soapy water and vinegar is used for cleaning of benches. Sanitising is done with Bio-check.

Cleaning products are stored out of reach of children and are clearly labelled.

5.12 Anaphylaxis

The Centre has an anaphylaxis management policy in place.

For children who have been diagnosed at risk of anaphylaxis, an individual medical management action plan is attached to the child's enrolment record.

It is crucial that parents notify the Centre if their child/ren are at risk of anaphylaxis.

In meeting its obligations to take all reasonable precautions to protect children at risk of anaphylaxis, the Centre requests ALL families:

- comply with the handwashing policy - that all children must wash their hands upon arrival at the Centre. It is the responsibility of the caregiver dropping the child at the Centre to ensure the child properly washes their hands with warm soapy water.

- comply with the food policy - that NO food may be brought into the Centre. This is a blanket rule pertaining to ANY food, for example, a half eaten apple being consumed by a child being dropped off at the Centre is NOT permissible. The only exception to this is where the Centre specifically invites food to be brought into the Centre, for example for the cake stall at the annual family fun day.

t

For more information, refer policy - FPCC 4.15 – Anaphylaxis policy

6. CARE AND EDUCATION

All the children are provided with developmentally based programs within each room. The Centre aims to provide children with the opportunity to extend all developmental areas within a play based and supportive environment.

The following areas provide parents and staff with practical information concerning the care and education of the children in our care.

6.1 *Planning and Programming*

Planning involves a number of components:

- observing all areas of development of both the group and individual children,
- analysing group/individual observations (incidental/anecdotal),
- discussing any “outside” information (from parents, etc.),
- identifying goals for group and individual children,
- organising appropriate resources for the room, and
- providing programs based on contemporary child development theories.

All permanent room staff are involved in the planning process. Group leaders have four hours planning per week. Group planning involving all permanent room staff takes place once a week or fortnight. Outdoor planning also takes place for two hours per fortnight and involves a staff member from the 2-3 and 3-5 rooms.

The Kindergarten Teacher plans for eight hours per week.

6.2 *Programming*

Programming is the collation of all the information the staff have accumulated

that enable them to produce:

- individual developmental records, and
- a room program for the fortnight.

6.3 *Developmental Records*

Developmental records may be made up of the following components:

Development Checklists - these encompass all the areas of development for the child, i.e. cognitive, social, emotional, intellectual and physical (gross and fine motor skills).

Individual Program - (completed by Room Leader/Teacher) - this is where the Room Leader/Teacher makes use of the observations they have taken of the child. This area is made up of four aspects: Observations, Objectives, and Activities to Assist in the Achievement of These Objectives, and Evaluation.

Each family receives a written report on their child/ren twice a year.

Programs provide a listing of what activities are being done in the room for the fortnight and what developmental areas those activities are assisting. Each room has both a program and a routine listed on their wall.

6.4 *Program Evaluation*

Program evaluation occurs in several ways:

- Room staff check daily to determine if plan requires additions or modifications. Space is allotted for evaluation modifications.
- Each room holds fortnightly group meetings to evaluate the previous plan, and the Room Leader documents this evaluation, linking it to children's needs.
- Programs and evaluations are displayed for each room.
- The Co-ordinator reviews the evaluations regularly and discusses any ideas with the staff.
- Parent feedback is invited and included in the planning process.

6.5 *Managing Behaviour*

As a group of early childhood professionals, the staff believe in the concept of the 'whole child' and as such take into account the influence of parents/siblings/extended family, other educators/caregivers, their culture/background and the environment - both home and the community.

As individuals, we believe children are far more receptive and co-operative if they feel secure within an environment where basic needs are met and a routine has

been established.

Children need positive influences in order to thrive in all areas of development, and therefore we believe in maintaining a high level of trust, respect, self-worth and a sense of belonging for all the children in our care.

We believe that behaviour guidance should be constructive and very much part of their routine. The following guidelines are what staff practise every day with their charges. We find these guidelines most helpful and effective in both group and individual experiences. They are based on proven theory and developmental norms. They have been listed according to age appropriateness; however, some points are applicable for all ages.

The Nursery Room

- Using positives instead of negatives. Rather than saying “don’t throw the sand” say “let’s dig the sand.”
- Routine is very important - young children need to know what is going to happen next.
- Offer appropriate alternatives - a toddler who throws toys about can be given a soft ball to throw.
- Remove a child from a situation when they have shown or performed unacceptable behaviour. Using consistency when they show/perform the same action again.

The Toddler and Kindergarten Rooms

- Consistency is essential. Children learn to feel secure when the routine and behaviour limits are adhered to. They will test the boundaries from time to time but if parents and caregivers are consistent, the children will feel secure and appropriate routines/behaviour patterns will be established.
- Never argue with a two year old.
- Give choices, but choices that you can live with.
- As much as possible keep a routine going. Children feel secure when they know what will happen next and what will be expected of them.
- Decide on appropriate routines and behaviour patterns. Ensure that the children understand what is expected of them and why.
- Use appropriate language when addressing children. It is important to use simple, concise language which is directly related to the matter being discussed. Old sayings and elaborate language are confusing for young children.
- Encouragement for appropriate behaviour is a very positive way of reinforcing acceptable behaviour, eg. “Thank you for sharing with Johnny”. Children like to please and be accepted. This form of positive encouragement goes a long

way to establish acceptable behaviour patterns. Criticism often has the opposite effect.

- Offer choices (one choice or two depending on the situation). If a child has the opportunity to choose between two acceptable alternatives it assists in learning to make a decision (appropriate to the child's developmental age), and enables the child to feel they have some control of their world, eg. "A banana or apple for morning tea?" Give choice at times; at other times give no choice (independence vs. security), i.e. if something needs to be done, make the request a statement not a question - use "it's time to go to the toilet" rather than "do you want to go to the toilet?"

When Unacceptable Behaviour Occurs, Use Appropriate Strategies

- When children behave inappropriately, we remove the child from the situation, explaining to them in simple terms why they are being removed (if the child is upset, we wait for them to calm down). We inform the child about what is acceptable behaviour, and then we ask him/her to choose another play area. We will give the child the opportunity to return to the play area when we feel they can play in an appropriate manner.
- If the child is unable/unwilling to choose an activity - offer two choices that are acceptable to children, eg. would you like to do a painting or would you like to do a puzzle.
- To encourage children to listen we find that maintaining eye contact and getting down to the children's level works well in order to gain their attention and show respect to the child.
- Anger is an emotion that should not be suppressed. It is important that when a child becomes angry he/she does not hurt anyone else or damage property. The adult caregiver needs to provide an acceptable outlet for their anger (pounding clay/ play dough)
- role model verbal conflict resolution strategies.

For more information, refer policy – FPCC 5.01 - Guiding Child Behaviour.

6.6 Inclusion and Anti-Bias

The Centre will ensure that all members of the Fawkner Park community are represented and included in an appropriate manner.

The Centre will provide programs and engage in practices that reflect an anti - bias ethos. We will provide equal opportunities, interactions and experiences for all those in the Centre, irrespective of background, culture, gender or physical ability.

Children with special needs are welcome at the Centre. In order to include the child into the program we draw on the relevant resources available within the

community. The number and intensity of resources used depends on the severity of the need. In some cases grants may be available to provide an extra person to assist in the room

For more information refer to policy - FPCC 5.09 - Inclusion and Anti-Bias Policy

6.7 Environment

The children are introduced to the concept of environmental awareness at the appropriate stage in their development. For example:

- using recycled paper whenever possible,
- utilising a recycle bin for plastics, paper and glass,
- reusing food products (fruit, vegetables) and grass via the compost bin,
- growing vegetables in an outdoor garden,
- using Nappy Wash Service,
- catching rain water in the rain tank,
- using a worm farm in the garden, and
- encouragement of water saving.

For more information, refer policy – FPCC 5.03 – Environment.

6.8 Birthdays

If a parent would like to celebrate their child's birthday at the Centre, the Centre cook can provide a cake for morning or afternoon tea for a small cost. Food Safety and Handling Regulations and allergies prevent us from allowing parents to provide food for consumption within the Centre.

6.9 Parent Involvement and Volunteers

Parents are encouraged to participate in formal and informal events at the Centre throughout the year. We also welcome your feedback in relation to your child's program and in the development of policies.

The Committee of Management is made up of parents who have volunteered to assist in the management of the Centre. In addition, three parents from each room are appointed as room representatives at the start of the year to assist the Committee of Management with specific projects.

From time to time the Committee seeks assistance from parents for help on specific projects.

6.10 Students, Volunteers

The Centre readily accepts students to assist them in practising their theoretical knowledge with the children. The Centre usually accepts students from Swinburne and Melbourne University.

A sign will be placed outside the room to advise parents of the student's name and the duration of their stay. The acceptance and timing of students' visits will be at the discretion of the room staff. Students must always provide a handbook issued by their institution to ensure that staff are fully informed as to what is expected of both the student and Centre staff. They must always abide by the Centre's policies and procedures. They will be given a copy of the Centre's Student, Reliever and Visitor Handbook on commencement.

Students and volunteers are always fully supervised by the Centre staff. They are never left alone with children or counted as part of the staff/child ratio.

The Centre accepts two types of volunteers

Parent or family volunteers who assist with excursions. Volunteers who assist with excursions are counted as part of the adult/ child ratio as long as they are accompanied by staff which must be the case at all times

Prospective students who are interested in taking up a course to work professionally with children and want to gain some experience. In these cases, they must apply to the Co-ordinator. Again, these students are not left alone with the children or counted as part of the staff/child ratio.

6.11 Excursions/Incursions

The Centre realises the importance of excursions. Due to the wide age range of children, however, we try and bring events to the service as well as having the children go out. Some "reverse" excursions ('incursions') booked annually that the children can enjoy include the Mobile Farm Animal Nursery, Flying Bookworm, and Responsible Pet Ownership. All the incursions and excursions are listed on the Events Calendar

Parents who feel their hobby or profession could be of interest are more than welcome to speak to staff regarding involvement in the program.

All the children enjoy walks in Fawkner Park being a beautiful local resource. Children in their last year of Kindergarten are taken on excursions to the local State Primary School (in the park) during the last term of the year.

Your child will not be taken out of the Centre on an excursion without your written consent. Child to staff ratios are maintained at all times.

<i>For more information, refer policy – Excursions.</i>

6.12 Child Protection

Centre staff are committed to the health and well being of all children in our care.

Reporting Child Abuse

While staff are not formally mandated to report cases of suspected child abuse, they have a duty of care to protect children and should report suspected cases of abuse. The Centre will support staff to make reports where appropriate.

Staff are not required to report mere suspicion of harm, although such suspicions should be reported to the Co-ordinator and appropriate observations made on a continuing basis and appropriately documented so that the staff member will be in a position to determine whether the child is being harmed.

For more information, refer policies – FPCC 5.08 - Child Protection Policy & FPCC 5.04 - Child Exploration

6.13 Sleeping/Rest time

Children are encouraged to rest or sleep according to their needs. A quiet area and activities are provided for children who require less sleep than others, or do not sleep at all. Please discuss your child's sleeping patterns with staff.

For more information refer policy - FPCC 5.06 - Rest and Sleep Policy

6.14 Toilet Training

Since it is important that there is consistency in expectations for successful toilet training, staff and parents should discuss the child's progress at the appropriate time in the child's development.

For more information refer policy – FPCC 4.13 - Nappy Change and Toileting Policy

6.15 Bringing Toys

Toys brought to the Centre can be misplaced, broken or cause tension with other children. Please help room staff by co-operating with the request of bringing in only one comfort/soft toy for sleep/rest time and only if the child needs this. When purchasing equipment for the Centre, we select toys that foster peace, cooperation and education. Children are requested to leave at home any toys that do not fit with this approach.

We ask that parents support our philosophy, for example by not allowing their children to attend the Centre wearing super hero dress ups.

For more information, refer policy - FPCC 5.01 - Guiding Child Behaviour

6.16 Road Safety Education

Centre staff promote positive and appropriate road safety messages to all children and families at the Centre through the use of signs at the exits of the building and a painted stop line before the car park to encourage children to stop, watch and look before proceeding further.

For more information, refer policy – FPCC 5.05 - Road Safety Education

6.17 Meals and Nutrition

Due to the important developmental stages of the children in our care, it is necessary to be very conscious of the nutritional value of foods we use. By endeavouring to avoid salts, high sugar substances, canned goods and pre-prepared foods wherever possible, we make the food menu, preparation and final product of a high standard that is not only healthy and balanced but also enjoyed!

Due to food and health regulations and potential risk to children with food allergies, parents are not permitted to bring food to the Centre.

The Centre provides morning and afternoon tea as well as lunch for all the children each day. A late snack is also served. Breakfast is not served.

The weekly menu is displayed in the foyer.

The Cook writes the daily menu on the blackboard on kitchen wall. This informs parents of the child's nutritional intake and also assists if they wish to avoid duplication at home.

6.18 Allergies

Any allergies (food, etc.) that are recorded on the enrolment form are taken into account when menus are planned

For more information refer policy – FPCC 4.12 - Nutrition Policy

6.19 Food Licence

The Centre has been licensed to provide meals to children and complies with the Food Safety Plan.

7. STAFF

7.1 *Permanent Staff*

The Centre has a total of approximately twelve permanent staff. They are divided into two classifications, primary contact and ancillary. Primary contact (room staff) are employed to work directly with the children, while ancillary staff play an administrative and support role.

Staff

<u>The Nursery</u> 10 Children	<u>Toddler Room</u> 10 Children
1x Qualified Early Childhood Teacher (Room Leader)	1 x Qualified Early Childhood Teacher (Room Leader)
1x Qualified Early Childhood Teacher	1 x Qualified Early Childhood Teacher (Relieves in other rooms on RDOs)
1 x Assistant.	1 x Assistant
<u>The Kindergarten Room</u> 24 children	<u>Ancillary Staff</u>
1 x Kindergarten Teacher (core kindergarten hours)	1 x Centre Co-ordinator (Full time)
1 x Qualified Early Childhood Teacher	1 x Cook (Part time)
1 x Assistant	1 x Administrative Support (Part time)

All fulltime staff (except the Kindergarten Teacher) have a rostered day off (RDO) once a month either on a Monday or a Friday

Qualifications

Qualifications held by staff comply with the requirements of the *Children's Services Regulations 1998*.

Staff Levels

The Centre employs staff above the staff to children ratios prescribed in the *Children's Services Regulations 1998*.

Photographs of staff members with their names and qualifications are posted in

the Foyer.

At opening and closing times there will always be 2 qualified staff members on duty in the Centre.

7.2 *Relieving Staff*

To promote continuity of care the Centre prefers to utilise the services of a regular relieving staff; should this not be possible, the Centre uses the services of a professional reputable agency. Relief staff undergo standard police checks and 'Working with Children' checks, and are subject to the same regulatory requirements as permanent staff.

7.3 *Training*

The Centre has an ongoing commitment to training. All staff participate in a staff development and review process which includes each staff member having their work performance reviewed and assessed and their individual training requirements identified. Training is organised for each staff member to enhance and develop their skills.

7.4 *Persons in Charge*

In accordance with state registration requirements, the Centre has a number of staff members (Nominees) who are Persons in Charge. The names of the staff members who hold this position can be found on the information board.

In addition, for the benefit of parents, a sign is placed outside each room to communicate which staff are rostered on for that day and the hours they will be in the rooms.

8. COMMITTEE OF MANAGEMENT

The Committee of Management is made up of parents who have volunteered their time to work with the staff to operate the Centre. An up to date list of Committee members is posted in the foyer.

8.1 *The Function of the Committee*

The main function of the Committee is to ensure that the Centre is running smoothly and effectively in all areas including staffing, fundraising, finances, health and safety, maintenance and equipment.

The Committee also ensures the correct accountability structures are in place for appropriate dealings with all levels of government, parent members and staff.

8.2 *Linking the Committee to the Government*

The Centre has some funding contributed to it by all levels of government. The Committee ensures that any relevant government department is informed of any changes to the Centre and that regulation standards are maintained.

The City of Melbourne is the Centre's sponsoring body. It not only provides the building that houses the Centre but also provides general maintenance and assistance when required.

The Registrar of Co-operatives is the service link to Corporate Affairs. This department must be informed of any changes to the Committee of Management line-up, and also of any required Co-operative Rule amendments.

8.3 *The Structure of the Committee*

The Executive Committee comprises the Chairperson, the Treasurer and one other Director who is voted by the Committee of Management.

For most day to day issues, in order to ensure that the Centre remains responsive, the Centre Co-ordinator primarily liaises with the relevant Committee member and at least one member of the Executive Committee in making decisions. For example, if the issue relates to a staff member, the Co-ordinator would deal with the Staff Development Committee member and at least one of the Executive Committee. Where possible, these decisions are made by consensus.

The members of the Committee are pro-active in preparing submissions for grants or other requirements of government (or other) funding agencies.

Should issues require a deeper analysis or should they have a potential impact

on the future direction of the Centre, they should be considered by the Committee of Management which meets monthly. Members of the Committee are expected to attend all monthly meetings unless exceptional circumstances exist.

8.4 Roles and Responsibilities

The Chairperson, Treasurer and Secretary are formal and fixed office holding roles which are filled each year from amongst the Committee. Other roles are allocated according to the current needs of the Centre and the interests and capacities of the Committee's members.

Chairperson

- Is responsible for the direction of the Centre, playing a complementary role to the Coordinator, who is responsible for day to day operational management;
- Is responsible for co-ordinating the Committee of Management.
- Chairs and conducts all General Meetings of members and Committee of Management meetings in accordance with the Co-operatives Act and the Centre's Rules.
- Acts as spokesperson for the Committee.

Treasurer

- Is Responsible for the financial accountability for the Centre; including ensuring that true and proper financial records are kept.
- Provides advice to the Committee, where relevant, on the financial impact of potential decisions.
- Prepares the annual budget in conjunction with other Committee of Management members, and presents this for approval to Co-operative members at the June Regular General Meeting.

Secretary

- Is responsible for accurately recording and circulating minutes of meetings and decision making processes of the Centre.

Communications portfolio

- Makes ongoing recommendations on communications mechanisms and tools for the Centre.

- In collaboration with the Centre Director, writes and reviews the Centre's major external communication documents (brochures, web site).

Facilities and Expansion portfolio

- In collaboration with the Coordinator determines the Centre's facility related needs and advocates on these to the City of Melbourne (as our facility's owner) and its contractors.

Fundraising and Social portfolio

- Works with a fundraising sub-committee and room representatives to plan and stage fund raising and social activities for the Centre that and foster opportunities for parents and staff to interact as part of the Centre community.

Grants portfolio

- Identifies and researches grants that the Centre can apply for as part of its funding and resource strategy.
- Drafts grant applications for Committee approval and submission.

Governance portfolio

- Is Responsible for ensuring that all General Meetings of Co-operative members and meetings of the Committee of Management are conducted in accordance with the requirements of the Co-operatives Act and the Centre's Rules.
- In collaboration with the Coordinator and Policy Director recommends, researches and drafts Committee policies – ie those governing the conduct of Committee members and the relationships between them as office holders and the Coordinator and Cooperative's members.

Industry and Sector Development portfolio

- Responsible for ensuring that the Committee and Cooperative are kept informed about current government policy and directions for childcare.

Occupational Health & Safety portfolio

- Ensures the Centre operates in a manner which promotes the health and safety of children, staff, Co-operative members and visitors to the Centre.

- Is responsible for developing and advocating, especially to the City of Melbourne and its contractors, for recommendations on the maintenance and improvement of the Centre's facilities.

Policy portfolio

- In collaboration with the Centre Coordinator, maintains an overview of contemporary requirements and developments in children's services policy.
- Researches, drafts and manages consultation on new Centre policies as needed.

Staff Development Committee member

- Is responsible for ensuring the continuing development of the Centre's staff.
- Receives and presents staff grievances to the Committee once all internal avenues, as outlined in the Staff Handbook, have been pursued without successful resolution.

In addition to the elected members, the Coordinator and an appointed staff representative participate in the Committee of Management and its meetings as ex-officio members.

Co-ordinator

- Is responsible for the day to day management of the Centre. Any matters that the Co-ordinator is not confident in resolving or determines to be of a significant nature, are brought to the attention of the Committee for discussion as soon as possible.
- Reports to the Management Committee on the previous month's activities and identifies current and future needs or areas of concern for the service.

Staff Representative

- Acts as the link between the staff and the Committee of Management to bring to the Committee attention any matters of concern to the Centre's staff.

9. FEES

9.1 *Payment of Fees*

Members are issued with a fortnightly account for fees due. Fees are to be paid in advance or kept up-to-date each fortnight. The preferred payment is by electronic transfer or cheque which should be placed in the Fee Box in the Centre Co-ordinator's office. Cash is not an acceptable form of payment. Fees are non-refundable should a child be absent due to sickness or any other reason. Public holidays are chargeable to full time parents who pay for all public holidays except for Christmas Day, Boxing Day and New Year's Day. This does not apply to part-time users. No fee payment is required from service users over the Christmas break.

Direct Credit Facility

Fees are payable fortnightly. It is a requirement that accounts are paid promptly and that a zero balance is achieved by the due date. The procedure for payment of fees using Direct Credit is as follows:

Account Name (ours)	Fawkner Park Children's Centre
Account Number (ours)	80901100
Account BSB Number (ours)	803140
Account Reference (yours)	Child's first name and surname. Ensure this corresponds with the name the child uses at the centre.

Key in the amount

Electronic transactions are processed each Friday.

9.2 *Co-operative Joining Fee*

When commencing at the Centre, all parents sign an application for membership and fill in a membership "involvement" form. A one dollar fee is paid which is non-refundable.

9.3 *Security Deposit/Bond*

A deposit equivalent to two weeks' fees is to be paid by all members at the time of enrolment. This amount will be used as security payment for the Centre and will be reimbursed to the user when enrolment has been cancelled, the final account has been paid and any parking permits returned.

A bond is payable for each additional child enrolled at the Centre.

The bond must always equal two weeks' fees and may be adjusted accordingly in terms of fee increases/decreases. This bond is non-refundable in the event a child does not ultimately take up a position at the Centre.

9.4 Rates for Care

All up to date fees are listed in the front foyer.

As the Centre is a co-operative it runs on a not for profit basis. The budget each year is therefore calculated on the basis that the fees are set at a level which will result in a "break even" result or a small profit. The co-operative has built up some cash provisions in order to cover staff entitlements and unexpected expenses which from time to time cause a loss during a financial year.

The budget and proposed fees for the coming financial year are delivered by the Treasurer at the June General Meeting, at which time a commentary on the Centre's finances is also usually delivered.

Accounts are placed in children's "pockets" every fortnight.

9.5 Full Day Care (5 Days per Week)

Payment for full day care includes any public holidays throughout the year. The only exception for this is for the period over the annual Christmas break where the public holidays have been included in the budget. There is no additional charge for the kindergarten service.

9.6 Part Time Care (1-4 Days per Week)

Daily care is fractionally more expensive than full time care when calculated over a five day period. There is no charge for care over public holidays for part time care users.

9.7 Responsibility for fee payment commences upon enrolment of child

Upon acceptance of a place at the Centre, the family shall commence the enrolment process. Once the enrolment process has occurred the family is responsible for the payment of fees for all of the child's booked days. Fees are charged for all booked days of care regardless of whether your child is:

- able to attend the Centre or not;
- actually attending the available place;
- subject to a request for a change or cancellation of booked days (fees are payable for notice period).

For more information, refer policy - FPCC 1.01 - Temporary Vacancies, FPCC 2.02 - Use of enrolled place at Centre, FPCC 2.05 Leaving the Centre

9.8 Fees charged when a child is absent

Fees are charged for all booked days of care regardless of whether your child is able to attend the Centre or not. This includes absences when a child is sick or on holiday. Advise the room staff as soon as plans are made for holidays to maximise opportunity for other families to take your child's place via the Temporary Vacancy system.

For more information, refer policy - FPCC 1.01 - Temporary Vacancies

9.9 Fees for Temporary Vacancies

Temporary vacancy costs are the same as daily fees. However, if a temporary vacancy is given to a family for a full week, a full time rate applies. Families whose place has been utilised due to absence will have those days credited on their next account. Families who pick up an extra day will be debited on their next account.

For more information, refer policy - FPCC 1.01 - Temporary Vacancies

9.10 Nappy Wash

There is no charge for Nappy Wash.

9.11 Outstanding Fees

As the Centre is a non-profit organisation, it is essential that all fees are paid on time so as to maintain cash flow for the Centre to continue to operate. Parents are invoiced for fees two weeks in advance and it is essential that full payment is made by or before the payment date so as to achieve a zero balance as at that payment date. Parents are made aware of this requirement when they are enrolling their child. If a family's fees are more than one month late in arrears, then the Committee has the right to end the care arrangement. At its discretion the Centre may send a letter requesting immediate payment of arrears prior to terminating care arrangements.

In cases of genuine hardship in meeting fee payments, please speak to the Co-ordinator as soon as possible. Failure to keep your fees up - to - date can jeopardise your child's place at the Centre.

9.12 Child Care Benefit

The Family Assistance Office administers CCB and is responsible for payment of

CCB to approved Child Care Centres. CCB is paid directly to the Centre and the benefit is passed on to families as a fee reduction. The appropriate rate for each family is dependent on income.

Parents are responsible for registering with the Family Assistance Office for their assessment and the family and the Centre will then be issued with a Reference Number and the percentage benefit to be applied to fees.

9.13 Allowable absences

Full time children are allowed a maximum of 30 days of allowable absences per financial year. (Pro-rata for Part-Time enrolments) Allowable absences cover such things as holidays. If the reason for absence is illness and this is verified by a medical certificate, the absence will not be counted as one of the 30 allowable absences. Staff must keep an additional record of attendances for each child for this purpose.

9.14 Change of family circumstances

Parents will need to let the Family Assistance Office know when any of the following things happen:

- income changes
- child care provider changes
- number of hours enrolled changes
- parenting arrangement changes
- child starts school
- child leaves/enters care

Important note – the Centre will act on information provided the Family Assistance Office. It is the responsibility of parents to ensure information provided to the Family Assistance Office is current.

The contact details of the Family Assistance Office are: tel. 13 6150, www.familyassist.gov.au

10. COMMUNICATION SYSTEMS

10.1 Verbal Communication

It is important for parents to inform staff on a day-to-day basis if there have been any changes in their child's home life/routine. This, of course, includes any changes to the parenting situation.

If parents are going through a separation/divorce, staff should be informed - not only for the sake of the parent/child/caregiver relationship but also in terms of access and custody. Information regarding such family situations is considered confidential.

Alternatively, staff should inform parents of any relevant information on a day-to-day basis regarding their child.

If their child is going to be away or will be arriving unusually late, and parents have not previously notified the Centre, they should ring as soon as possible on the day to let staff know. This is more than just a courtesy gesture – it greatly helps staff fine tune the running of the Room that day.

Constructive communication makes life easier for all concerned!

<i>For more information, refer policy - FPCC 6.01 - Customer Service</i>
--

10.2 Non-Verbal Communication

Centre Newsletter

We have a regular newsletter and parents are welcome to contribute to this.

Notices

Check the front door, foyer noticeboards, displays near sign in sheets and your child's parent pocket for information every time you visit the Centre.

10.3 Grievances and Complaints

The Centre encourages open communication between staff and parents, by creating a relaxed and friendly atmosphere. Part of this open communication is access to a clear and fair grievance and complaints procedure for members of the Centre and wider community.

If you have any concerns about the care, protection and safety of your child or the management of the Centre, you are encouraged to resolve the issue directly with

the person/s concerned. However, it is understood that sometimes approaching the subject of the complaint directly can be difficult. In this instance you should consider pursuing the Centre's grievance procedure.

For more information, refer policy – FPCC 6.02 Grievance and Complaints Procedure

11. PRIVACY AND CONFIDENTIALITY

The Centre is committed to privacy compliance. The environment in which we operate is becoming more and more sensitive to the need to protect information privacy and we aim to ensure that any information we collect will not be used inappropriately.

We will advise families what information we collect and why we need to keep such information on file. We strive to ensure that families' records are accurate, complete and up to date.

We will advise you how your family records will be used and to whom we may need to disclose details. We will not provide information to external organisations without a family's consent. We may, however, provide information to legal authorities where required by law to do so.

We will advise you how the information is stored, and how you may gain access to the information held about your family.

Centre staff are aware they are unable to provide phone numbers or addresses of other families.

11.1 Confidentiality & Security of Children's Records

The Centre will store developmental records of all children in a separate room, accessible only to staff.

The Centre's privacy policy and Confidentiality and Security of children's records policy will be taken into account when utilising child records.

Parents are able to discuss and access their child's records.

<p><i>For more information, refer policy – FPCC 5.07 – Confidentiality and Security of Children's Records</i></p>

12. POLICIES AND PROCEDURES

12.1 Operation of the Centre

FPCC 1.01 - Temporary Vacancies

1. AUTHORISATION

This policy was adopted by the FPCC Committee of Management at the October

2008 Committee Meeting.

2. REVIEW DATE

This policy shall be reviewed at the October 2009 Committee Meeting.

3. POLICY

Families are required to pay for all days their child is enrolled at the Centre. However, families are offered the opportunity to sell any days they will not be using due to holidays/illness. The days are offered to other families who may need an occasional extra day.

4. RATIONALE

The purpose of offering the Temporary Vacancy (TV) system is to both add some flexibility for families as well as provide some financial benefit when children are unable to use their usual days. Families are normally required to pay fees for all days their child is enrolled at the Centre. Staff will endeavour to help fill any vacancies by offering days to children needing care, thus benefiting both families.

5. PROCEDURE

- Staff use a diary in each room to record any planned absences;
- Families planning holidays, or absences for any other reason, should advise staff who will note the days of absence in the diary;
- Any families requiring additional care should advise staff of the dates needed. Staff will then check if any Temporary Vacancy days are available. If there are no vacancies available on the day of enquiry, staff will record the required dates in the diary and contact the parent should a vacancy occur;
- Parents are requested not to negotiate vacancies directly with other parents without the involvement of the room staff as misunderstandings may occur;
- Staff will attempt to fill a Temporary Vacancy for either the partial or entire period. If this vacancy cannot be filled, the family who will be temporarily absent are required to pay the cost for the vacancy period;
- As the Centre is not permitted to have more than the specified number of children in each room, children can only access TVs in the room they usually attend;
- If a family has advised they will be away but wish to access their usual days, they must confirm that the days have not been sold before attending the Centre.
- Once a parent has agreed to purchase a particular day, they have entered an understanding that they will be charged for that day even if their child is unable to use that day for whatever reason, and is absent and does not end up using it.
- Please note that if a child is unexpectedly unable to attend the Centre on their

usual day, parents should always telephone the Centre as soon as possible to let staff know. This is both courteous and greatly helps in fine tuning the running of the Room that day.

FPCC 1.02 - Care in January

1. AUTHORISATION

This policy was adopted by the FPCC Committee of Management at the October 2008 Committee Meeting.

2. REVIEW DATE

This policy shall be reviewed at the October 2009 Committee Meeting.

3. POLICY

The normal enrolment period for each child is from when the Centre opens in January to the day the Centre closes in December of each calendar year.

As the Centre begins each year with new enrolments, it is normal practice that care is not provided in January for those children who will start school or who are awaiting entry into another centre that year. Parents who have a child entering school or who are awaiting entry into another centre are requested to make alternative arrangements for childcare at the beginning of the year until school or the other centre commences. It is only in exceptional circumstances that the Centre may be able to offer child care to child(ren) in the January before commencing school, such as if the vacancy to be created by that child going to school has not yet been filled.

FPCC 1.03 - Baby Sitting

1. AUTHORISATION

This policy was adopted by the FPCC Committee of Management at the October 2008 Committee Meeting.

2. REVIEW DATE

This policy shall be reviewed at the October 2009 Committee Meeting.

3. POLICY

The Centre does not take any responsibility for any private arrangements between Centre staff baby sitting for families enrolled at the Centre out side of Centre hours.

4. RATIONALE

The Centre is not responsible or accountable for the actions of any staff in any situation that may arise whilst that person is caring for a child or children outside the hours of employment with the Centre. The Centre is only legally responsible for interactions between children and staff during licensed hours; therefore any other such arrangements are of a private nature between the staff member and family involved.

5. PROCEDURE

Any private baby sitting arrangements will not involve the Centre and will be made independently of the Centre. The Centre will not be responsible for assisting in any such arrangements between families and staff.

FPCC 1.04 - Staffing Policy

1. AUTHORISATION

This policy was adopted by the FPCC Committee of Management at the October 2008 Committee Meeting.

2. REVIEW DATE

This policy shall be reviewed at the October 2009 Committee Meeting.

3. POLICY

The Centre has a total of twelve permanent staff. They are divided into two classifications; primary contact and ancillary. Primary contact (room staff) are employed to work directly with the children, while ancillary staff play an administrative and support role.

STAFF

<u>The Nursery</u> 10 Children	<u>Toddler Room</u> 10 Children
1x Qualified Early Childhood Teacher (Room Leader)	1 x Qualified Early Childhood Teacher (Room Leader)
1x Qualified Early Childhood Teacher	1 x Qualified Early Childhood Teacher (Relieves in other rooms on RDOs)
1 x Assistant.	1 x Assistant
<u>The Kindergarten Room</u> 24 children	<u>Ancillary Staff</u>
1 x Kindergarten Teacher (Core kindergarten hours)	1 x Centre Co-ordinator (Full time)
1 x Qualified Early Childhood Teacher	1 x Cook (Part time)
1 x Assistant	1 x Administrative Support (Part time)

All fulltime staff (except the Kindergarten Teacher) have a rostered day off (RDO) once a month either on a Monday or a Friday

Qualifications

Qualifications held by staff comply with the requirements of the *Children's Services Regulations 1998*.

Staff Levels

The Centre employs staff above the staff to children ratios prescribed in the *Children's Services Regulations 1998*.

Photographs of staff members with their names and qualifications are posted in the Foyer.

At opening and closing times there will always be 2 qualified staff members on duty in the Centre, one of whom will be a nominee as required by the *Children's Services Regulations*.

STAFF ORIENTATION PROGRAM

When new staff join the Centre, they will be inducted into the Centre according to the staff orientation program. This is contained in the Staff Hand Book, a copy of which is provided to each new member of staff upon commencement.

CONTINUITY OF CARE

In order to provide an environment which fosters in children and families a deep sense of security, basic trust and acceptance, it is imperative that children receive continuity of care from their primary caregivers. To this end:

- staff will be assigned to a group for a year at the beginning of each year;
- staff will be responsible for observing, planning for that group as a whole and for each individual child and for working with the families of those children;
- staff rosters will be arranged to minimise disruption;
- each day the names of staff members on duty in each room and the hours they will be working will be listed on the door;
- the services of a pool of regular relieving staff, who are very familiar to the children and their families, will be used wherever possible;
- families will be advised in advance if possible when staffing changes occur.

STAFF TRAINING AND DEVELOPMENT

The Centre has an ongoing commitment to staff training. All staff participate in a staff development and review process, in the first year of employment at 3 months, then six monthly. As part of the review each staff member has their work performance reviewed and assessed and their individual training requirements identified. Training is organised for each staff member to enhance and develop their skills. The Centre also provides customized training in-house for staff on a variety of issues eg. OH&S, First Aid.

Students and Volunteers

The Centre readily accepts students on placement to assist them in practising their theoretical knowledge with the children. The Centre usually accepts students from Swinburne and Melbourne University.

A sign will be placed outside the room to advise parents of the student's name and the duration of their stay. The acceptance and timing of students' visits will be at the discretion of the room staff. Students must always provide a handbook issued by their institution to ensure that staff are fully informed as to what is expected of both the student and Centre staff. They must always abide by the Centre's policies and procedures. They will be given a copy of the Centre's Student, Reliever and Visitor Handbook on commencement.

Students and volunteers are always fully supervised by the Centre Staff. They are never left alone with children.

The Centre accepts two types of volunteers:

1. Parent or family volunteers who assist with excursions. Volunteers who assist with excursions are counted as part of the adult/ child ratio as long as they are accompanied by staff which must be the case at all times.
2. Prospective students who are interested in taking up a course to work professionally with children and want to gain some experience. In these cases, they must apply through the Co-ordinator.

13. ENROLMENT AND ATTENDANCE

FPCC 2.01 - Priority of Users

1. AUTHORISATION

This policy was adopted by the FPCC Committee of Management at the October 2008 Committee Meeting.

2. REVIEW DATE

This policy shall be reviewed at the October 2009 Committee Meeting.

3. POLICY

There are a number of factors that must be taken into consideration when determining priority, including;

- the Federal Government's guidelines for access to childcare;
- the fact that we operate under the auspices of the City of Melbourne's initiatives to provide its residents with access to childcare;
- family considerations of existing members;
- the conditions of our licence which limit the number of spaces we are able to offer on any one day in any one room;
- the balance of ages, genders and developmental stages of children in the room (which impacts on the ability of staff to provide individual care) and;
- the Centre's status as a co-operative, with the incumbent responsibilities of parents to take an active role in the operation and decision-making of the Centre.

4. PROCEDURE

Priority is given in the following order:

1. Children who are deemed by the Federal Government to be 'at risk'.
2. Siblings of children who – at the time that the place becomes available:
 - a. are currently enrolled in the Centre;
 - b. have been enrolled in the Centre for at least 12 months; and
 - c. whose parents or guardians are working and have been actively involved in co-operative activities including, for example General Meetings,

fundraising initiatives, social activities and working bees.

3. Siblings of children who have been enrolled in the Centre (for at least 12 consecutive months) but are not currently enrolled in the Centre will be given priority within the category (4, 5 or 6) which their parent(s) / guardian(s) meet.
4. Children whose parents or guardians – at the time that the place becomes available – are:
 - a. employed (either full or part time);
 - b. undertaking study or training;
 - c. actively looking for work,

AND who both live and work (or study) within the boundaries of the City of Melbourne; (as defined above)

5. Children whose parents or guardians – at the time that the place becomes available – are
 - a. employed (either full or part time);
 - b. undertaking study or training;
 - c. actively looking for work,

AND who live (but do not work or study) within the boundaries of the City of Melbourne;

6. Children whose parents or guardians – at the time that the place becomes available – are
 - a. employed (either full or part time);
 - b. undertaking study or training

AND who work or study (but do not live) within the boundaries of the City of Melbourne;

To others on the waiting list.

In the case of items 2 to 6, regard will be had:

- firstly, to the balance of the children in the room in terms of age, gender and developmental stage: and
- secondly, to the place on the waiting list (in terms of the date initially registered).

- The Centre's Committee also reserves the right, in its absolute discretion, to make a selection in "special circumstances" upon the written application of a parent who is a present or past member of the Fawkner Park Children's Centre Co-operative. In exercising its discretion, the Committee may take into account any of the above factors or any other matter raised by the parent.

FPCC 2.02 - Use of enrolled place at Centre

1. AUTHORISATION

This policy was adopted by the FPCC Committee of Management at the October 2008 Committee Meeting.

2. REVIEW DATE

This policy shall be reviewed at the October 2009 Committee Meeting.

3. POLICY

Where a new enrolment at the Centre is offered and accepted, the child must actually physically commence using that place within 6 months from the date of that enrolment, even where the fees for the placement are being paid. This policy applies to all children enrolled at FPCC, including siblings of children already enrolled and attending the Centre.

4. RATIONALE

Child care placements are highly sought after in the Community and therefore the Centre should endeavour to operate at full capacity of places at all times.

5. PROCEDURE

It is understood that at times, places at the Centre are accepted and paid for, but that the child does not attend that placement for a period of time. This is particularly the case where an enrolment is for an infant sibling of a child already enrolled and attending the Centre - the place is accepted and paid for to ensure the place is held available for the infant, even though the infant is not yet of an age and / or stage ready to commence actual attendance at the Centre.

To ensure the Centre endeavours to meet the high demand for child care places in the Community, an enrolled place must be used by the actual attendance of the child within 6 months from the date when the child was enrolled.

The Centre shall contact the family prior to the 6 months cut off point to enquire whether the child is ready to commence attendance at the Centre. If not, then the child's place at the Centre shall be terminated. If necessary the child's name can be added to the waiting list.

Further, when a place at the Centre is accepted and the child is enrolled, that child is considered to have commenced at the Centre and fees shall be charged accordingly, regardless of whether or not the child is attending the placement.

FPCC 2.03 - Collection of Children whilst under the influence of alcohol or drugs

1. AUTHORISATION

This policy was adopted by the FPCC Committee of Management at the October 2008 Committee Meeting.

2. REVIEW DATE

This policy shall be reviewed at the October 2009 Committee Meeting.

3. POLICY

To ensure children are not placed at risk when being collected by a parent or adult who may be suspected of being under the influence of alcohol or drugs.

4. RATIONALE

Children's welfare is paramount at all times and staff have a duty of care to ensure they are safe at all times.

5. PROCEDURE

If a staff member suspects that a parent may be intoxicated with alcohol or drugs, they must consult with the Co-ordinator, or in their absence, the second in charge or most senior staff member, who will decide upon a course of action.

Indicators which may be observed include strong alcohol smell on the breath, slurred speech, or unsteadiness of movement.

The Co-ordinator will find a quiet place to talk with the parent and politely suggest they call a taxi to travel home with their child. A gentle, caring and understanding approach will be adopted which is devoid of judgment. The potential consequences/risks will be discussed.

The other parent/guardian may be called to collect the child.

The parent will be reminded of this policy, which they agreed they had understood when enrolling at the Centre.

If the intoxicated person becomes angry or insists the staff do not have the right to prevent them taking the child, the child will be allowed to leave.

Staff cannot legally keep the child at the Centre without parental permission. If the parent decides to leave the premises with the child, staff are required to contact the police immediately.

If the parents insist on driving the child, staff will contact the local police station with details of the car, including make, model, colour, number plate and direction

of travel.

If staff believe it is unsafe for the child to be at home with this adult, child care staff are encouraged to contact Protective Services and inform them of the situation. While child care workers are not currently mandated to report suspicions of child abuse, all professionals have a duty of care to the children with whom they work. Where there is concern for the well being of a child a report should be made to child protection.

All staff members who have been involved will immediately document details of the incident.

FPCC 2.04 - Late Departures

1. AUTHORISATION

This policy was adopted by the FPCC Committee of Management at the October 2008 Committee Meeting.

2. REVIEW DATE

This policy shall be reviewed at the October 2009 Committee Meeting.

3. POLICY

The Centre closes at 6.00pm. Parents are requested to arrive prior to 6.00pm, allowing enough time to greet their child and have the usual handover discussions with staff, collect their child's bags and to sign out prior to 6.00pm.

4. PROCEDURE

As staffing overtime costs are borne by the Centre, the following procedure applies when children are not collected by 6.00 pm:

- Each offence incurs a fine of one dollar per minute after 6.00 pm.

Should the parent wish to discuss the penalty, they should refer to the Co-ordinator the following day, and are requested not to discuss with staff on duty.

FPCC 2.05 - Leaving the Centre

1. AUTHORISATION

This policy was adopted by the FPCC Committee of Management at the October 2008 Committee Meeting.

2. REVIEW DATE

This policy shall be reviewed at the October 2009 Committee Meeting.

3. POLICY

Demand for care is often very high with large numbers of families on the waiting list. Parents intending to leave the Centre are required to give notice to enable staff time to offer the vacant place to another family. Fees are payable for the notice period.

4. PROCEDURE

Nursery and Toddler Room

- A minimum of four weeks notice, in writing, is required for children leaving the Centre or reducing days.

Kindergarten

- A minimum of 9 weeks notice, in writing, is required for children enrolled in the Kindergarten programme who are leaving the Centre or reducing days.

FPCC 2.06 – Collection of Children

1. AUTHORISATION

This policy was adopted by the FPCC Committee of Management at the October 2008 Committee Meeting.

2. REVIEW DATE

This policy shall be reviewed at the October 2009 Committee Meeting.

3. POLICY

The Centre will only release children into the care of a parent/s or a care giver aged at least 16 years, who has either been nominated by parent(s) on the enrolment form as a person who has authority to pick up the child or has been given temporary authority by parent(s) to collect the child.

To protect their safety, the Centre must ensure that children are given into the care of a person who has been authorised by the parent to collect their child.

4. PROCEDURE

If a parent wishes to arrange for the child to be collected by a person not nominated as an authorized person on the enrolment form, the parent must give prior advice of temporary authorization in writing to the Co-ordinator.

In an emergency or when unexpected circumstances occur, a parent can advise the Co-ordinator or a qualified staff member by telephone of temporary authorization to a person and provide written confirmation of the authorization later.

Where the person picking up the child is unknown to the Centre staff on duty, that person must provide proof of identity with a photo, for example a driver's license.

Under no circumstances will a child be allowed to leave the Centre with an unauthorized person or, in the case of family separation, a person who does not have custody of the child. It is the responsibility of the custodian to provide any relevant information regarding custody arrangements to the Centre Co-ordinator.

Please note that the sign in and sign out sheet is a legal document. The person who signs the child in or out must be a person of at least 16 years of age.

No person under the age of 16 is authorised to collect a child from the Centre.

14. ACCIDENTS & EMERGENCIES

FPCC 3.01 - First Aid Procedure

1. AUTHORISATION

This policy was adopted by the FPCC Committee of Management at the October 2008 Committee Meeting.

2. REVIEW DATE

This policy shall be reviewed at the October 2009 Committee Meeting.

3. POLICY

All staff are trained with basic paediatric first aid qualifications and are able to respond appropriately in the event of an accident. Procedures are in place to ensure a consistent and calm approach is taken to each situation.

4. PROCEDURE

- 1 Should an accident/injury occur, staff will comfort the child and assess the nature of the injury
- 2 If spinal injury is a possibility or the child is unconscious, the child will not be moved unless it is necessary for safety or in order to preserve life.
- 3 Staff will call for assistance calmly. Staff with first aid qualifications will apply the relevant first aid in the case of a minor injury.
- 4 If the child sustains a minor head injury, contact the parent to advise them and recommend that they collect the child to have the child checked by a doctor. If the parent decides not to collect the child make a note of their decision on the Incident Report Form.
- 5 Disposable gloves will always be worn if bleeding is present.
- 6 Ambulance will be called if necessary. (Dial 000). Parent will be contacted to advise of the accident and the action taken.
- 7 Following treatment of the child, the area must be cleaned and disinfected and hands washed thoroughly
- 8 This will be recorded using the Incident Report Form.
- 9 The Centre has a comprehensive first aid kit in the office which is checked monthly. Staff advise of supplies needing replenishment as they are used.
- 10 A basic first aid kit is kept in each bath room. A portable kit is used for excursions and park visits.
- 11 The kit will be taken to the meeting point during evacuation drills.

FPCC 3.02 - Recording of Accidents/Illnesses

1. AUTHORISATION

This policy was adopted by the FPCC Committee of Management at the October 2008 Committee Meeting.

2. REVIEW DATE

This policy shall be reviewed at the October 2009 Committee Meeting.

3. POLICY

Any accident or illness of a child or staff member is recorded in the Incident Log kept at the Centre.

4. PROCEDURE

- The information recorded includes the date, time, child or staff member's name, incident or symptoms, first aid applied, whether the parent or next of kin were contacted, whether the Co-ordinator was notified, and the names of the relevant staff members present at the time of the accident/incident/illness. Parents will be required to sign the report upon collection of the child.
- Should the accident/illness be likely to require medical attention, staff must record relevant information on a separate form which can be taken to the doctor. This procedure aims to reduce stress for parents and provides an efficient means to provide accurate information.
- In the case of an accident/illness involving a staff member, it may be necessary to complete a WorkCover form, depending on the severity of the incident. The Centre encourages staff to attend a doctor in the event of illness or accident.

FPCC 4.01 - Hygiene Practices

1. AUTHORISATION

This policy was adopted by the FPCC Committee of Management at the October 2008 Committee Meeting.

2. REVIEW DATE

This policy shall be reviewed at the October 2009 Committee Meeting.

3. POLICY

The Centre actively teaches children the importance of good hygiene practices and ensures children learn to wash their hands regularly as part of the daily routine. Staff will discuss with children that washing their hands will help stop the spread of germs that cause sickness.

The washing of children's hands upon arrival at the Centre is also required pursuant to the Centre's anaphylaxis policy.

4. PROCEDURE

Hand washing is the most important way of controlling infection. The most effective way to prevent the transmission of disease is to wash hands well. When washing hands, warm water and soap must be used and hands should be rubbed vigorously.

Staff will wash hands:

- On arrival at the Centre
- Before commencing work
- Before handling food
- Before eating
- After handling raw food
- After using the toilet or assisting a child in the toilet
- After changing a child's soiled nappy or clothing
- After cleaning up faeces or blood
- After removing gloves.
- After wiping a nose either their own or a child's
- After touching eyes, ears, nose, hair or mouth
- After any other unhygienic practice
- Before and after administering first aid

- After handling garbage
- After each break
- After handling animals

Children will wash hands

- On arrival at the Centre, with the assistance of the caregiver dropping the child off.
- Before eating
- After using the toilet or having a nappy change
- After wiping their nose
- After any other unhygienic practice
- After handling animals

FPCC 4.02 - Nose Wiping Procedure

1. AUTHORISATION

This policy was adopted by the FPCC Committee of Management at the October 2008 Committee Meeting.

2. REVIEW DATE

This policy shall be reviewed at the October 2009 Committee Meeting.

3. POLICY

The Centre has developed guidelines to prevent the risk of cross infection which may occur when staff assist children wiping their noses.

4. PROCEDURE

- A new, clean tissue will be used for every child.
- After wiping a child's nose, the staff member will dispose of the tissue in a bin immediately.
- The staff member must wash hands or wipe hands thoroughly with a 'wet wipe' to which disinfectant cleaning solution has been added.
- The 'wet wipe' will be disposed of immediately in a bin.

This procedure is displayed indoors and outdoors at 'wet wipe' and tissue dispensers. This ensures that students/relief staff/volunteers are informed of the correct procedure. This will prevent any breach of policy if permanent staff are not present at any time.

Reference: National Health and Medical Research Council "Staying Healthy in Child Care- Preventing Infectious Diseases in Childcare", 4th Edition, 2005, Commonwealth Department of Health and Family Services. Canberra ACT

FPCC 4.03 - Dental Hygiene

1. AUTHORISATION

This policy was adopted by the FPCC Committee of Management at the October 2008 Committee Meeting.

2. REVIEW DATE

This policy shall be reviewed at the October 2009 Committee Meeting.

3. POLICY

Dental hygiene is an important aspect of the Centre's overall hygiene policy. We encourage children to include dental care as part of the normal daily routine.

4. PROCEDURE

- We encourage children to eat a balanced diet, with an emphasis on fresh fruit and vegetables.
- Regular discussions on dental hygiene form part of the program. Parents have access to information on oral care.
- The Centre offers only water and milk to drink.
- The use of bottles as pacifiers is discouraged.

Reference: *Healthy Teeth in Child Care Childcare and Children's Health Vol.7 No.4 August 2004*

FPCC 4.04 - Sun Smart Policy

1. AUTHORISATION

This policy was adopted by the FPCC Committee of Management at the October 2008 Committee Meeting.

2. REVIEW DATE

This policy shall be reviewed at the October 2009 Committee Meeting.

3. POLICY

The Sun Smart policy has been developed to ensure that all children attending the Centre are protected from skin damage caused by the harmful UV rays of the sun. The policy applies throughout the year, but with particular emphasis from the start of September until the end of April.

4. PROCEDURE

- The Centre requires children to wear hats which protect the face, neck and ears whenever they are outside.
- The Centre provides all children with a hat which will be named by staff and kept at the Centre.
- Children will be encouraged to use available areas of shade for outdoor play activity.
- The Management Committee will ensure there are a sufficient number of shelters and trees providing shade in the grounds.
- Excursions and all other outdoor activities will endeavour to be scheduled before 10.00.am and after 2.00pm (before 11.00am and after 3pm daylight saving time) wherever possible. The availability of shade will be considered when planning excursions and outdoor activities.
- Staff will act as role models by: always wearing appropriate hats and clothing when outdoors, using SPF30+ sunscreen for skin protection, and seeking shade whenever possible.
- SPF30+ sunscreen, broad spectrum, water resistant sunscreen will be provided for staff and children for use as necessary.
- Learning about skin and ways to protect skin from the sun will be incorporated into programmed activities.
- Staff and parents will be provided with educational material on sun protection.

When enrolling their child, parents will be:

- Informed of the Centre's Sun Smart policy.

- Informed that the Centre will provide a hat and sunscreen for their child's use.
- Required to give authority and directive for staff to administer sunscreen.
- Required to sign a form should they not wish sunscreen to be applied to their child.

Reference: Cancer Council of Victoria, Sunsmart www.sunsmart.com.au

FPCC 4.05 – Clothing

1. AUTHORISATION

This policy was adopted by the FPCC Committee of Management at the October 2008 Committee Meeting.

2. REVIEW DATE

This policy shall be reviewed at the October 2009 Committee Meeting.

3. POLICY

The policy aims firstly to ensure that children are not put at unnecessary risk of sunburn or exposure to the weather. Secondly, the policy seeks to ensure children are able to succeed at gross motor activities unhindered by restrictive clothing or footwear that is inappropriate or unsafe for play.

This policy also recognises the importance of respecting any child's cultural requirements in matters of dress.

As children get older, and more independent, it becomes more difficult to determine how they will dress. The following clothing policy ensures both safety and equal opportunities in play for all children in the centre.

- Footwear Whilst the centre allows bare feet where appropriate for general play, some activities require protective footwear eg. Park visits and wet weather. Sandals must have ankle straps (thongs or slides are not appropriate footwear). Gumboots are suitable for limited use in outdoor play in the wet weather, but should be supplemented by another pair of shoes to allow staff to change as required.
- Clothing The Sun Smart Policy (FPCC 4.04) ensures that children will be protected by sunscreen whenever they are involved in outdoor activities. Hats are also worn to protect the head, face and neck. In addition to these measures already in place, parents are requested to select clothing which provides maximum protection from the sun. Sun dresses with shoulder straps and no sleeves and sleeveless t-shirts should be avoided. Standard length short sleeved t-shirts and shirts are suitable.

Clothing should be appropriate for the activities the children engage in. Messy play and painting may be dirty and stain clothes.

FPCC 4.06 - Collection of Sick Children

1. AUTHORISATION

This policy was adopted by the FPCC Committee of Management at the October 2008 Committee Meeting.

2. REVIEW DATE

This policy shall be reviewed at the October 2009 Committee Meeting.

3. POLICY

As the Centre has no separate facilities to care for a sick child, it is important that any child observed to be unwell or with an infectious illness whilst at the Centre must be collected by the parents/caregivers.

4. PROCEDURE

- Parents are required to collect their child within ninety minutes of the Centre's request to ensure minimum stress on both the sick child and the other children in the room.
- At the time of collection, the parent/caregiver will be given a letter stating the child's symptoms and an observation chart detailing the child's condition which may be given to a medical practitioner if necessary.
- In the event of an emergency, an ambulance may be called and the parents will be notified immediately. (See also FPCC 3.01 Accidents & Emergencies)

Reference: National Health and Medical Research Council "Staying Healthy in Child Care- Preventing Infectious Diseases in Childcare", 4th Edition, 2005, Commonwealth Department of Health and Family Services. Canberra ACT.

FPCC 4.07 - Administration of Medication

1. AUTHORISATION

This policy was adopted by the FPCC Committee of Management at the October 2008 Committee Meeting.

2. REVIEW DATE

This policy shall be reviewed at the October 2009 Committee Meeting.

3. POLICY

Staff will administer prescribed medication to children if requested to do so by parents.

4. PROCEDURE

- An authorisation for dispensing medicines form must be completed with parent's or another authorised person's signature for each medicine dispensed.
- Written instructions on medication must be supported by verbal consultation between parents and staff.
- Parents must physically hand the medication to staff. (i.e. it should not left in child's bag.)
- Medication must be that which has been prescribed for that particular child and must be in the original container. The name of the child must be on the bottle. If medication is intended for siblings, the doctor must be asked to include both names on the label.
- All medication must be checked by two staff members before being given (one of whom must be qualified). The person delegated to give the medication (who must be qualified) must sign the form. This should then be co-signed by the second staff member.
- In the case of multiple medications being administered, a separate authorisation form must be used for each medicine to ensure that time, dose and medications do not get mixed up.
- On completion of a course of medicine, the forms will be kept in the child's file.
- Panadol is available to use for sudden fever, at the parent's consent. Authorisation can be given over the telephone. The parent must sign the medication form on arrival at the Centre on the same day.
- Medication forms are kept in the child's room and are not on public display.
- No out-of-date medicine is to be given.
- Medication must be stored safely out of reach of children. Medication

requiring refrigeration will be stored in the fridge.

- Non-prescription medication may only be given at parent's request, following the above guidelines. Should the child require medication for more than three days, a Doctor's authority must be obtained. Only non-prescription medications with specific dosage instructions for paediatric use will be given.
- Naturopathic medication may be given upon request. Parents are required to provide a letter from the prescribing Naturopath and parents must complete the usual authorisation form.

FPCC 4.08 – Asthma

1. AUTHORISATION

This policy was adopted by the FPCC Committee of Management at the October 2008 Committee Meeting.

2. REVIEW DATE

This policy shall be reviewed at the October 2009 Committee Meeting.

3. RATIONALE

Asthma is a chronic health condition affecting approximately 15% of children. It is one of the most common reasons for childhood admission to hospital. While an average of two people die in Victoria each week from asthma, many of these deaths are thought to be preventable. Community education and correct asthma management will assist to minimise the impact of asthma.

It is generally accepted that children under the age of six do not have the skills and ability to recognise and manage their own asthma effectively. With this in mind, Fawkner Park Children's Centre recognises the need to educate its staff and parents/carers about asthma and to promote responsible asthma management strategies.

4. AIMS

This Asthma Policy aims to:

- Raise the awareness of asthma amongst those involved with the Children's Service
- Provide the necessary strategies to ensure the health and safety of all persons with asthma involved with the Children's Service
- Provide an environment in which children with asthma can participate in all activities to the full extent of their capabilities
- Provide a clear set of guidelines and expectations to be followed with regard to the management of asthma.

5. OUR COMMITMENT

Asthma management should be viewed as a shared responsibility. To this end each of the key groups within Fawkner Park Children's Centre give the following undertakings:

The Management will:

Provide all staff with a copy of the Asthma Policy and brief them on asthma procedures upon their appointment to the Children's Service.

- Provide parents with a copy of the Asthma Policy upon enrolment.
- Ensure that at least one staff member who has completed accredited asthma training (Emergency Asthma Management) is on duty whenever children are being cared for or educated.
- Ensure that at least one staff member holds a current Bronchodilator Accreditation Number (BAN).
- Identify children with asthma during the enrolment process.
- Provide an Asthma Action Plan to all parents of children with asthma upon enrolment. The completed Asthma Action Plan is to be returned within 7 days.
- Store Asthma Action Plans in the child's enrolment record.
- Ensure that all staff are informed of the children with asthma in their care.
- Formalise and document the internal procedures for emergency Asthma First Aid.
- Ensure that an emergency Asthma First Aid poster is displayed in key locations.
- Ensure that the First Aid Kit contains a blue reliever puffer (*Ventolin*), a spacer device, concise written instructions on Asthma First Aid procedures and 70% alcohol swabs.
- Ensure that an accredited staff member correctly maintains the asthma component of the First Aid Kit.
- Provide a mobile Asthma First Aid Kit for use at activities outside the Children's Service.
- Where appropriate, organise information sessions on asthma for parents/guardians.
- Encourage open communication between parents/guardians and staff regarding the status and impact of a child's asthma.
- Promptly communicate any concerns to parents should it be considered that a child's asthma is limiting his/her ability to participate fully in all activities.

Staff will:

Ensure that they maintain current accreditation in Emergency Asthma Management (valid for three years).

- Ensure that they are aware of the children in their care with asthma.
- Ensure, in consultation with the parent/guardian, the health and safety of each child through supervised management of the child's asthma.
- Identify and, where practicable, minimise asthma triggers.

- Where necessary, modify activities in accordance with a child's needs and abilities.
- Ensure that all regular prescribed asthma medication is administered in accordance with the information on the child's written Asthma Action Plan.
- Administer emergency asthma medication if required according to the child's written Asthma Action Plan. If no written Asthma Action Plan is available the asthma emergency procedures outlined on page 4 of this document should be followed immediately.
- Promptly communicate, to management or parents/guardians, any concerns should it be considered that a child's asthma is limiting his/her ability to participate fully in all activities.
- Ensure that children with asthma are treated the same as all other children.

Parents/guardians will:

- Inform staff, either upon enrolment or on initial diagnosis, that their child has a history of asthma.
- Provide all relevant information regarding the child's asthma via the Asthma Action Plan.
- Notify the staff, in writing, of any changes to the Asthma Action Plan during the year.
- Ensure that their child has an adequate supply of appropriate asthma medication (including reliever) at all times.
- Ensure that their child has their own spacer device.
- Ensure that they comply with all requirements and procedures in relation to the Medications Book.
- Communicate all relevant information and concerns to staff as the need arises e.g. if asthma symptoms were present last night.
- Ensure, in consultation with the staff, the health and safety of their child through supervised management of the child's asthma.

Children will:

- Wherever practical, be encouraged to seek their reliever medication as soon as their symptoms develop.

IMPLEMENTING THE ASTHMA POLICY

1. Medical Information – the Asthma Action Plan

Any parent of a child with asthma in your care is required to provide written information regarding the child's asthma either on enrolment or on diagnosis (Regulation 16m). Enrolment forms may ask the question 'Has your child ever had asthma'?

The Asthma Action Plan should include information such as:

- Signs and symptoms specific to the child's asthma
- A list of known triggers
- Medications taken on a regular basis when the child is 'well'
- The preferred method for treating deteriorating asthma, that is, an asthma attack
- What to do in an asthma emergency
- Name, address and telephone number of a 'person who is to be notified of any accident, injury, trauma or illness involving the child' (Regulation 16j¹)
- Name, address and telephone number of the child's doctor (Regulation 16l¹).

A sample Asthma Action Plan for children's services can be found on **The Asthma Foundation of Victoria's website at www.asthma.org.au**

2. First Aid Kit

Your Children's Service is required to have 'a suitably equipped First Aid Kit' (Regulation 37¹). If there are children with asthma in your care, it is appropriate to be prepared for an asthma emergency.

An Asthma First Aid Kit should contain:

- Blue reliever puffer (inhaler) Ventolin
- A spacer device that is compatible with the puffer. This may be a large volume spacer (e.g. Volumatic) or a small volume spacer with a removable mask (e.g. Breath-a-tech, Aero chamber or Able Spacer).
- Clear written instructions on the steps to be taken in treating an asthma attack.
- 70% alcohol swabs.

Only Children's Services with staff who have completed a Course in Emergency Asthma Management and have been issued a Bronchodilator Accreditation Number (BAN) are able to purchase and hold a blue reliever puffer in the First Aid Kit.

Only staff that have completed a Course in Emergency Asthma Management may access the blue reliever puffer for first aid purposes from the First Aid Kit.

Children's Services can purchase a blue reliever puffer for first aid purposes from a pharmacist by completing the Authorisation to Purchase form provided with the BAN.

3. Cleaning of spacers

Devices (puffers and spacers) from the First Aid Kit must be thoroughly cleaned after each use to prevent cross infection. In most cases a child will use his/her own puffer and spacer. Devices can be easily cleaned by following these steps (NHMRC Infection Control Guidelines 2003):

Ensure the canister is removed from the puffer container (the canister must not be submerged) and the spacer is separated into two parts.

Wash devices thoroughly in hot water and kitchen detergent.

Do not rinse.

Allow devices to 'air dry'. Do not rub dry.

When dry, wipe with a 70% alcohol swab (e.g. Medi-Swab available from pharmacies), paying particular attention to the inside and outside of the mouthpiece of the devices.

When completely dry, ensure the canister is replaced into the puffer container and check the device is working correctly by firing one or two 'puffs' into the air. A mist should be visible upon firing.

If any device is contaminated by blood, dispose of it safely and replace the device.

Emergency Treatment of an Asthma Attack

If a child or staff member develops signs of what appears to be an asthma attack, appropriate care must be given immediately. Regardless of whether the attack is mild, moderate or severe, treatment should commence immediately as delay may increase the severity of the attack and ultimately risk the child's life.

- If the child has written instructions on their Asthma Action Plan follow these instructions immediately.
- If no instructions are available then immediately commence the standard asthma emergency protocol detailed below.

Step 1: Sit the child upright and remain calm to reassure them.

Step 2: Without delay shake a blue reliever puffer (inhaler) and give 4 separate puffs through a spacer. Use one puff at a time and ask the child to take 4 breaths from the spacer after each puff.

Step 3: Wait 4 minutes. If there is no improvement repeat step 2.

Step 4: If still no improvement after a further 4 minutes - call an ambulance immediately (dial 000) and state clearly that the child is "having an asthma attack."

Continuously repeat steps 2 and 3 whilst waiting for the ambulance.

In an emergency the blue reliever puffer used may be the child's own, from the First Aid Kit or borrowed from another child. Only staff that have completed a Course in Emergency Asthma Management may access the blue reliever puffer for first aid purposes from the First Aid Kit.

- The parents/guardians of any child who becomes ill at the children's service should be notified, even if the child has a complete recovery from the asthma attack (Regulation 38).
- The treatment given should be recorded in the Incident Log (Regulation 18³) and/or the Medication Book (Regulation 17³).
- It does not matter if a different brand of reliever medication to the child's usual medication is used.
- An overdose cannot be given following the steps outlined. However it is important to note that some children may experience an increased heart rate or tremors but these will pass quickly.

What if it is the first attack of asthma?

A problem that may be encountered is when a child suddenly collapses, or appears to have difficulty breathing, and is not known to have pre-existing asthma or other health problems. In this situation staff should:

- Step 1: Call an ambulance immediately (dial 000) and state that the child is having breathing difficulty.*
- Step 2: Administer 4 separate puffs of a blue reliever puffer via a spacer. Use one puff at a time and ask the child to take 4 breaths from the spacer after each puff*
- Step 3: Keep giving 4 separate puffs of a blue reliever puffer every 4 minutes until the ambulance arrives.*

The parents/guardians of any child who becomes ill at the children's service should be notified as soon as possible (Regulation 38³).

In an emergency the blue reliever puffer can be accessed from the First Aid Kit by a trained staff member if the service has a BAN or borrowed from another child.

This treatment could be life saving for a child whose asthma has not been previously recognised and it will not be harmful if the collapse or breathing difficulty was not due to asthma. Reliever puffers are extremely safe, even if the child does not have asthma.

Source. The Asthma Foundation of Victoria.

FPCC 4.09 – Immunisation

1. AUTHORISATION

This policy was adopted by the FPCC Committee of Management at the October 2008 Committee Meeting.

2. REVIEW DATE

This policy shall be reviewed at the October 2009 Committee Meeting.

3. POLICY

The *Public Health (Amendment) Act 1992* requires parents of all children enrolling in child care facilities and pre-schools from 1994 to provide documented evidence of the child's immunisation status.

4. PROCEDURE

Details of the child's immunisation should be recorded at the time of enrolment. The child's immunisation record must be checked regularly and updated when necessary.

The evidence produced by the parent regarding the child's immunisation status must be signed and dated by their doctor, and must include information regarding the date and type of each immunisation received. Such information can be found in the child's immunisation record or can be in the form of a letter or report from their doctor. It is recommended that all children be fully immunised for their age before commencing at the Centre.

If parents have not informed the Centre of up-dated immunisations, their child may be excluded from the Centre in the event of an outbreak of an immunisable disease

Diseases prevented by immunisation are:

- Poliomyelitis
- Diphtheria
- Tetanus
- Whooping Cough
- Rubella
- Measles
- Haemophilias Influenza type B (HIB)
- Mumps and Chickenpox.

If a parent chooses not to have their child immunised, then the child must be

excluded from care during an outbreak of any disease which is prevented by immunisation.

Immunisation schedules are available from the Health Department, local councils and health centres.

If any child at the Centre contracts an infectious disease, a notice will be displayed advising parents of the illness and the signs and symptoms.

Reference: National Health and Medical Research Council “Staying Healthy in Child Care- Preventing Infectious Diseases in Childcare”, 4th Edition, 2005, Commonwealth Department of Health and Family Services. Canberra ACT.

FPPC 4.10 - Infection Control Policy

1. AUTHORISATION

This policy was adopted by the FPCC Committee of Management at the October 2008 Committee Meeting.

2. REVIEW DATE

This policy shall be reviewed at the October 2009 Committee Meeting.

3. POLICY

The well being of the children is the Centre's highest priority. The Centre's objective is to create a safe and hygienic environment that will promote the health of the children and staff. The Centre will keep cross infection at a minimum to reduce instances of illnesses from infectious diseases through a variety of methods.

Every parent has the right to choose the type of health care they will seek for their children. The Centre fully supports this right and will always attempt to respect the wishes of parents in this matter. Centre staff will offer assistance in line with the advice and wishes of parents and health care providers.

4. RATIONALE

Children are particularly at risk of infection, most importantly, because they have previously had little exposure to many infectious illnesses. They have close contact with a wide range of children and adults and they have age characteristic behaviours which contribute to the spread of infection. In such an environment infection can spread. The exclusion of children for the prescribed period is the most effective control measure. It is vitally important that all possible measures are taken to contain infection.

5. PROCEDURE

The Centre will always exclude sick staff and children according to the recommendations of National Health and Medical Research Council of Australia (NHMRC). The complete list of illnesses requiring exclusion is posted on the wall in the foyer. Some of the most common infectious illnesses and symptoms are listed below. Parents are required to keep a child at home in the following cases:

Diarrhoea: A child who has watery stools should not return to the Centre until the child has been free of diarrhoea for 24 hours. If the child has an allergy or medical condition which regularly causes diarrhoea, please discuss this with the Co-ordinator on enrolment.

Vomiting: A child who is vomiting should be kept home for a period of 24 hours after the vomiting has stopped. Micro organisms which cause vomiting and diarrhoea are highly contagious and will spread to others very quickly.

Fever: A child with a fever of 38° C or higher must be kept at home and should be fever free for 24 hours before returning to the Centre.

Headlice (Pediculosis): The child should be treated at home. If head lice are suspected when a child is attending the Centre, parents will be notified to collect the child immediately.

Contagious Conjunctivitis: This condition requires specific medical attention. Children may not attend the Centre until after being on medication for 24 hours and the discharge has cleared. If after treatment, the discharge reappears while the child is at the Centre, the parent will be required to collect and begin treatment again.

Cold Sores (Herpes): Young children unable to comply with good hygiene practices should not attend while the lesion is weeping. Lesions should be covered by dressing if possible.

School Sores (Impetigo): Children should not attend until treatment has commenced. Sores on exposed areas must be covered with a watertight dressing.

Hand-Foot-Mouth Infection: This is a highly contagious infection which consists of small lesions. Lesions may also occur on the hands, feet, and occasionally, on the buttocks. Children should not return to the Centre until a medical practitioner has certified them as free from the infection.

Rashes: Rashes may occur due to a variety of reasons. Parents are requested to consult a doctor if a rash should appear. The child may attend with a doctor's certificate stating that the rash is not infectious.

Parents will be required to collect children from the Centre within ninety minutes whenever a child shows symptoms that may indicate an infectious illness or when the child appears to be unwell. If possible, the child will be placed away from other children while awaiting the parent's arrival.

Staff will be assisted to undertake training in preventing the spread of infectious illnesses.

Staff will be familiar with the signs and symptoms of illness so that possible cases of infectious illnesses will be identified expeditiously and infection control measures implemented.

Families must advise if their child has been diagnosed with any infectious illness. The Co-ordinator is required to inform other families (without identifying the child) by a notice on the front door of the Centre of any cases of infectious disease which occur among the children attending the Centre.

The Centre will notify the Department of Human Services whenever infectious

diseases designated by NHMRC as notifiable diseases occur in the Centre.

All staff will have up-to-date first aid training.

Staff and children will follow the Centre's hand washing practices at all times to minimise cross infection.

Each child will have her/his own towel for hand drying which will be changed daily.

Staff will implement and monitor the Centre's nappy change and toileting procedures at all times.

A record will be kept of infectious illness occurring among staff and children so that any possible sources of infection within the Centre can be identified.

Staff will be encouraged to keep their immunisations up-to-date.

Toys and equipment will be washed regularly.

Mattresses used for sleeping will be wiped down after each use.

References:

Children's Services Regulation 1998 (Vic)

National Health and Medical Research Council "Staying Healthy in Childcare – Preventing Infectious Diseases in Childcare", 4th Edition, 2005, Commonwealth Department of Health and Family Services. Canberra ACT

Related Policies: 3.01 First Aid Procedures. 3.02 Recording of Accidents/Injuries. 4.01 Hygiene Practices. 4.02 Nose Wiping Procedure. 4.03 Dental Hygiene. 4.06 Collection of Sick Children. 4.09 Immunisation.

FPCC 4.11 - Staff Immunisation Policy

1. AUTHORISATION

This policy was adopted by the FPCC Committee of Management at the October 2008 Committee Meeting.

2. REVIEW DATE

This policy shall be reviewed at the October 2009 Committee Meeting.

3. POLICY

Infectious diseases are readily transmitted in a child care setting so child care staff are at risk of infection. Immunisation is a very reliable method of preventing some infections. Many of these diseases can cause serious illness in adults. Some of these diseases, such as rubella and chickenpox can cause serious damage to an unborn child if a woman is infected during her pregnancy.

The Centre encourages all staff members to receive vaccinations against certain infectious illness that are preventable by vaccination and will meet the vaccination costs. While the Centre strongly recommends staff be immunised, the decision whether to be vaccinated is the decision of the staff member.

4. Procedure

Staff members should be vaccinated against:

- Hepatitis A
- Measles-Mumps - Rubella (MMR)

Staff born during or since 1966 who do not have vaccination records of two doses of MMR or do not have antibodies for rubella, require vaccination.

- Varicella. If the staff member is unsure about whether they had chicken pox in childhood.
- 1 Pertussis (Whooping Cough). An adult booster dose is especially important for those staff caring for the youngest children who are not fully vaccinated.
- 2 Although the risk is low, staff who care for children with intellectual disabilities should seek advice about hepatitis B immunisation if the children are unimmunised.

The Centre will

- keep a staff immunisation record for all staff
- update immunization records as staff advise they have become vaccinated

- will provide staff with information about illnesses that are preventable by vaccination; for example, through in-service training and written information
- take all reasonable steps to encourage non-immunised staff to be vaccinated.

References:

National Health and Medical Research Council “Staying Healthy in Child Care- Preventing Infectious Diseases in Childcare”, 4th Edition, 2005, Commonwealth Department of Health and Family Services. Canberra ACT

FPCC 4.12 - Nutrition Policy

1. AUTHORISATION

This policy was adopted by the FPCC Committee of Management at the October 2008 Committee Meeting.

2. REVIEW DATE

This policy shall be reviewed at the October 2009 Committee Meeting.

Use and development of the policy

The policy will determine the Centre's practices and procedures in respect of food provision.

The policy complies with the Standards of Quality Improvement and Accreditation System to ensure that written nutrition, health and safety policies are available to staff and families.

The policy has been developed by staff members, the parent Committee and families

Role of the Nutrition Policy

The nutrition policy provides guidelines for the quality control for the provision of food in the Centre.

Children's nutrition needs are high in early childhood as they are at crucial stages in their development and are experiencing rapid growth.

Children in long day care receive at least 50% of their daily nutritional requirements while in childcare.

Food habits and attitudes are established in early childhood. It is important to foster healthy attitudes to food and eating.

Mealtimes are important in child development, providing valuable opportunities to learn and to practice social, self-help and decision making skills.

Cooking and food preparation experiences help children to learn about food, its origin, its social and cultural values as well as its nutritional role. These experiences also widen children's knowledge of language and concepts in mathematics, science and technology.

Food Provided

Goal

To provide children in long day care with meals and snacks that are appetizing, consistent with the Dietary Guidelines for Children and Adolescents and provide at least 50% of the RDI for all nutrients as set out below.

The Dietary Guidelines for Children and Adolescents in Australia

- Encourage and support breastfeeding
- Children and adolescents need sufficient nutritious foods to grow and develop normally.
- Physical activity is important for all children and adolescents
- Growth should be checked regularly.
- Enjoy a wide variety of nutritious foods

Children and adolescents should be encouraged to;

- Eat plenty of vegetables, legumes and fruit
- Eat plenty of cereals, (including bread, rice, pasta and noodles), preferably wholegrain.
- Include lean meat, fish, poultry and/or alternatives
- Include milks, yoghurts, cheeses and/or alternatives (reduced fat milks are not suitable for young children less than two years because of their high energy needs, but reduced fat varieties should be encouraged for older children and adolescents).
- Choose water as a drink

Care should be taken to;

- Limit saturated fat and moderate total fat intake.
- Exclude low fat diets as they are not for infants
- Choose foods low in salt.
- Consume only moderate amounts of sugar and foods containing added sugars.
- Care for your child's food: prepare and store it safely

The minimum amount of essential foods for each child (2 to 5) in long day care is 50 percent of the recommended daily intake, (RDI) which is equal to

Food Group	Minimum number of serves to be offered in long day care	Equivalent amount of food
Milk and milk alternatives	3	300ml
Bread and cereals	2	60g
Fruit	1	150g
Vegetables	1	75g
Meat and meat alternatives	1	45g
Fats and oils	1.5	7g

Note: all serves are child size serves

- Milk will be served with both morning and afternoon tea
- All dairy products provided to infants less than two years of age will be full cream.
- Children over two of age may be provided with reduced fat dairy products, but not skim milk
- Only soy milks that are fortified with calcium will be used as a substitute for cow's milk
- Children will have access to breads/cereals or fruit/vegetables if they are hungry between meals.
- Water will be available at all times and will be the alternative drink to milk for all age groups.
- Children are allowed to have second helpings of fruit or milk based desserts
- Parents will be advised when their child is not eating well
- Parents of children on special diets will be asked to provide details of food needs so that a shared management plan can be developed
- The centre will make every effort, in consultation with the families, to cater for any cultural or religious dietary needs of their children. For example, vegetarian meals and snacks will always be available for children whose religion or family values preclude the eating of meats and seafoods.
- Families will be encouraged to discuss any issues about the food provided with the Centre Co-ordinator.
- Infants will be kept on breast milk or infant formula as the main drink at least until 12 months of age.
- The food to be carried in excursion back packs as an emergency supply will

be rice crackers

- In a situation where kitchen facilities were not available, the Centre would procure healthy food from an outside catering firm, taking into account any of the children's special dietary needs. For children who are at risk of anaphylaxis food would be prepared by a staff member trained appropriately in safe food handling in the staff kitchen. Where this would not be possible the child's parents would be asked to provide a lunch box and snacks for the child.

Introduction of Solid Foods

Goal

To introduce solid food by progressing to different textured foods according to the stages of infant development.

Strategies

- At around 6 months of age, **after consultation with parents and depending on the child's home routine**, after a milk feed, offer 1 to 2 teaspoons of iron fortified baby rice cereal or pureed/sieved foods e.g. cooked fruit or vegetables with no added salt or sugar.
- **After consultation with parents and depending on the child's home routine**, one new food will be introduced every 3 days.
- Around 6 to 9 months, meat and meat alternatives, fruit, vegetables and cereals will be served. Food will be mashed, minced or grated.
- Generally food will be offered before milk
- New foods will be introduced gradually
- Finger food will be served from eight months.
- Around 9 to 12 months, meat is minced, other food is mashed, chopped, and finger food is offered.
- A wide variety of fruits, vegetables, cereals and meats will be offered
- Full cream milk foods will be slowly introduced.
- One small lunch meal will be offered with snacks morning and afternoon
- Breast milk or formula will be offered after feeding

Food Safety and Staff Training

Goal

To provide food to children which has been stored, prepared and served in a safe and hygienic manner and to promote hygienic food practices.

Training	Staff	Time frame
Food Safety	All Staff	Ongoing
Hygiene	All Staff	Ongoing
Nutrition	2 I C and Cook	Ongoing

Strategies

- A Food Safety Supervisor is employed in the Centre
- The centre will have a Food Safety Plan and current Food Safety Audit
- Gloves will be worn or food tongs used by any staff directly handling ready to eat foods
- Children and staff will wash and dry their hands (using soap and warm running water and personal towels washed daily) before handling food or eating meals and snacks
- Food will be stored and served at safe temperatures i.e. below 5 degrees C or above 60 degrees C.
- A separate cutting board will be used for raw meat and chicken and utensils and hands will be washed before touching other foods.
- Staff will discourage children from handling other children's food and utensils.
- All infant bottles will be washed and sterilised.
- Expressed breast milk and infant formula will be warmed in warm water, not by micro wave.
- Expressed breast milk and formula will be kept refrigerated.
- Unused infant formula or breast milk will be discarded at the end of each feed.

The Environment

Goal

To provide an eating environment that assists the transmission of family and multicultural values.

Strategies

- At mealtimes, children in the toddler and kindergarten rooms will sit at tables in small groups. Under staff supervision, the children will serve themselves from dishes set in the middle of the table.
- In the Nursery, children will sit in high chairs or low chairs, whichever is the most appropriate. Their food will be served to them and where appropriate, the children will be encouraged to feed themselves under close supervision.

- Staff members should sit with the children and share the same food.
- At meal times staff will encourage the children to interact quietly and non-actively with each other to create a pleasant social atmosphere conducive to enjoying their meal.
- Food will not be used as a form of punishment or reward either by its provision or denial.
- Parents will be invited to at least one food occasion each year.
- Recipes and food awareness activities will be chosen from a variety of cultures.
- Special occasions may be celebrated with culturally appropriate foods.
- For birthdays, for a small charge, the Centre's cook will provide a cake. Parents are requested not to bring food of any kind into the Centre.
- Recipes for food served in the centre will be available to parents and staff.
- The weekly menu will be on display to parents and staff.

Safe Eating Environment

Goal

To provide an environment where children can eat safely minimizing the risk of choking.

Strategies

- Children will be sitting down whenever they are eating or drinking.
- Staff should sit with the children at meals and snack times.
- Children will be encouraged to take small bites and take time to chew food.
- Children will be encouraged to engage in slow non-active conversation.
- Foods will be presented to children in an age appropriate way e.g. fruit to be peeled and cut into small pieces for children under 4 years.

Nutrition Education

Goal

To teach children and their parents about food and nutrition.

Strategies

- Parents will receive information about food and nutrition as part of the

orientation package.

- Nutritional information will be provided to families at least four times a year in a variety of ways including through newsletters, pamphlets, and displays
- Age appropriate food awareness activities will be included in the Centre programs in each room.
- Children will be encouraged to participate in practical food preparation experiences.
- The foods being served to children will be discussed with them.

Children with a food allergy or intolerance

Food Allergies	Food Intolerances
-0 Immune reaction	-1 Non-immune reaction
-2 Usually begin as infant or toddler	-3 Can develop at any age
-4 Symptoms can be mild to life threatening and include: swelling, hives, breathing difficulties and anaphylaxis	-5 Symptoms can be mild to severe, including hives, irritable bowel
-6 Immediate onset of symptoms - minutes to one hour	-7 Delayed onset of symptoms - hour to 72 hours
-8 Symptoms occur every time	-9 Symptoms don't always occur - level of tolerance
-10 Can be diagnosed with blood/skin tests	-11 Difficult to diagnose - elimination diet
-12 Usually involve only a few foods – common foods causing allergies and intolerances are: milk, eggs, peanuts and tree nuts, wheat, soy, fish/seafood	-13 May involve large number of foods – natural and added chemicals

Goal

To develop a shared management plan with parents for the provision of food to children with a food allergy or intolerance.

Strategies

- Parents will be asked via the enrolment form and at the enrolment interview to provide the Centre with details of any food allergies or intolerances
- Parents will be asked to provide an allergy management plan signed by a general practitioner
- Parents will be requested to ensure that their child's medication is clearly labelled and up-to-date.
- The centre has an Anaphylaxis policy which incorporates a 'Risk Minimalisation Plan' for each child with a food allergy and a "Strategies for Anaphylaxis Minimisation" document which will identify the children by a photo, detail allergies, state the location and dosage of the medication to be administered and the avoidance of risk measures to be implemented.
- All staff, including relief staff, will be aware of the management plans and risk minimization plan for each affected child.
- Staff will be trained in appropriate first aid procedures including administration of an EpiPen.
- Where staff suspect that a child may have an allergy or food intolerance, parents will be informed and requested to seek advice from a medical practitioner and, if necessary supply the centre with an allergy management plan.
- Information about the management of food allergies and intolerances can be obtained from: Your local doctor, Community dietician-nutritionist, Maternal and child health nurse, Royal Children's Hospital Allergy specialist/pediatrician, Royal Prince Alfred Hospital Allergy Unit.

Sources:

The Start Right Eat Right Program. Victorian Government Department of Human Services, Australia October 2005.

FPCC 4.13 - Nappy Change and Toileting Policy

1. AUTHORISATION

This policy was adopted by the FPCC Committee of Management at the October 2008 Committee Meeting.

2. REVIEW DATE

This policy shall be reviewed at the October 2009 Committee Meeting.

3. POLICY

Centre staff will ensure that nappy changing and toileting is carried out hygienically and safely. Nappy changing will be an opportunity for staff to enjoy a pleasant interaction with each child by singing or chatting. At the appropriate time staff will discuss each child's readiness for toileting training with her/his parents so that there is consistency in expectations. Staff will be sensitive to each child's individual needs, encouraging the child's self help and independence skills.

4. PROCEDURE

NAPPY CHANGE

Staff will:

- Ensure that all supplies needed are close at hand but out of reach of children;
- Place protective nappy on the change table;
- Lift the child, or assist a child using steps to the change table;
- Ensure a child is never left unattended on the change table;
- Ensure that if eyes are off the child, one hand is kept on the child;
- Ensure gloves are worn if the nappy is soiled;
- Remove the child's nappy and any wet/soiled clothes;
- Place wet/soiled nappy in the bin and wet/soiled clothing in a plastic bag;
- Clean the child's bottom using a wet cloth nappy;
- Remove protective cover (paper or nappy) and place in bin;
- Remove gloves, by peeling them back from the wrist, before touching clean clothes;
- Place the gloves in the bin;
- Put on clean nappy on the child. If cream is needed put on fresh glove and use tissue to apply;

- Dispose of tissue in the bin;
- Remove the child from the change table;
- Wash and dry the child's hands;
- Clean the table using disinfectant. Use paper towelling to wipe the table down disposing of the paper in the bin;
- Wash own hands;
- Mark on the nappy change /toileting chart using the appropriate key.

TOILETING

Staff will:

- Ensure that the child will be offered a choice of toilet, if possible;
- Assist the child to use the toilet, using a glove for wiping, and reminding the child to flush the toilet;
- Prompt the child to wash their hands, modelling the correct method if necessary;
- Remind the child to wipe their hands on the their towel, assisting them to identify their own hook, if necessary;
- Place any wet or soiled clothes in a plastic bag for laundering at home;
- Always encourage the child's efforts to develop toilet independence.

Reference: National Health and Medical Research Council "Staying Healthy in Child Care- Preventing Infectious Diseases in Childcare", 4th Edition, 2005, Commonwealth Department of Health and Family Services. Canberra ACT

FPCC 4.14 - Biting

1. AUTHORISATION

This policy was adopted by the FPCC Committee of Management at the October 2008 Committee Meeting.

2. REVIEW DATE

This policy shall be reviewed at the October 2009 Committee Meeting.

3. POLICY

The Centre recognizes that biting among young children is, unfortunately, not unexpected. Biting can occur for a whole range of reasons, such as frustration, excitement, experimentation. We recognize that it is never the right thing to do and recognize the distress it causes. The staff have training on the issue of biting and attend in-services to keep their knowledge current. Parents are encouraged to voice concerns they may have to a staff member and can feel reassured that the Centre treats this issue very seriously and will support both the bitten child and the biting child towards the resolution of the issue.

Whilst we cannot guarantee to never have incidences of biting, we aim to minimize the likelihood of its occurring by providing a calm, cheerful atmosphere with a mix of stimulating and soothing, age-appropriate activities and with multiples of favourite toys. We also work to model acceptable and appropriate behaviours for the children, giving them tools to resolve conflicts.

4. PROCEDURE

When biting occurs we:

1. Give immediate attention, sympathy and reassurance, and if necessary, first aid, to the child who was bitten. We offer to put ice on the bite if the child is willing. If the skin is broken, we follow medical advice and clean the wound with soap and water. If it is likely that the bite may get dirty, we will also cover it to keep it clean.

If your child is bitten, we will call you to let you know about the bite. Biting is always documented on our Incident Report Form, which is completed and signed by the staff member, then signed by the parent, a copy given to the parent, and the other copy kept with the child's enrolment form in the office.

2. We then respond to the child who did the biting. Our specific response will vary depending on the circumstances, but our basic message is that biting is the wrong thing to do. Because we want to stop the biting from happening as quickly as possible, we don't use responses that would harm a child or are

known to be ineffective, but rather ones that help the child who bit learn different, appropriate behaviour.

If your child bites, you will be informed personally and privately the same day. We will keep the name of the child who bit confidential. We have this absolute policy of confidentiality as it avoids labelling and confrontations and allows our staff to concentrate their time and energy to work on preventing the biting.

5. STRATEGIES

- We set limits to prevent biting from occurring.
- Rules are simple.
- We provide multiples/more than one, of the same toys to play with in a group play situation.
- We give positive encouragement when children play well together. This gives recognition and acknowledgement to children who behave positively instead of to those who behave negatively.
- We acknowledge children's feelings using reflective listening i.e. "I can see you are upset. Please tell B. you would like this truck when he/she is finished with it".
- We supervise play closely and mix play time in large groups with play time in two or three small groups during our day.
- We demonstrate alternative ways of interacting and offer solutions such as, "We have a cold teething ring over there. Let's go get it. Perhaps you would like to bite it."

If there are episodes of ongoing biting, we will develop a plan of specific strategies, techniques and timelines to address it.

This will include observing the biting child closely and consistently to understand the causes/triggers behind the behaviour. Staff will discuss strategies as a team to influence and modify the behaviour through carefully targeted, individualized planning. We will examine our program to see if changes need to be made. The whole process shall have the children's safety uppermost in mind. If we need to develop such a plan, we will share the details with parents so they know specifically how we are addressing the problem.

FPCC 4.15 - Anaphylaxis policy

1. AUTHORISATION

This policy was adopted by the FPCC Committee of Management at the October 2008 Committee Meeting.

2. REVIEW DATE

This policy shall be reviewed at the October 2009 Committee Meeting.

3. POLICY

The Centre adopts the Victorian Department of Human Services' model anaphylaxis policy for child care centres. This policy is current as of June 2008.

A copy of that policy is located in Annexure 1.

In accordance with its legal obligations, the Centre will take all reasonable precautions to protect children diagnosed at risk of anaphylaxis. In doing so the Centre:

- asks that all children wash their hands upon arrival at the Centre. It is the responsibility of the caregiver dropping the child off to ensure the child washes their hands properly with warm soapy water.
- does not permit families to bring ANY food onto the Centre premises. The only exception being by way of specific invitation, for example for the cake stall at the annual family fun day;
- has an individual risk management plan for each child at risk of anaphylaxis, including a specific food plan for the Centre's cook to follow in preparation of food;
- has a policy that any child's EpiPen may be used for any other child in the event of an emergency. If a child's EpiPen has been used for the care of another child, then that child's family will be contacted immediately for collection of the child, and until collection the child will be isolated to minimize exposure to risk of anaphylaxis.

15. CARE AND EDUCATION

FPCC 5.01 - Guiding Child Behaviour

1. AUTHORISATION

This policy was adopted by the FPCC Committee of Management at the October 2008 Committee Meeting.

2. REVIEW DATE

This policy shall be reviewed at the October 2009 Committee Meeting.

3. POLICY

In guiding child behaviour, the Centre aims, while catering for each child's individual needs, to promote independent self regulating skills, encourage independent conflict resolution, foster healthy self esteem and foster positive peer relations. The centre will promote sound values and morals so that children become increasingly aware of their responsibilities to other children and the principles of social justice.

Staff through their knowledge of early childhood development acknowledge that during the socialization process conflicts between children will occur. Staff respond to inappropriate behaviour in a manner that will both support the child and encourage the development of independent self regulation. Where appropriate, staff may offer suggestions in order to help children solve their conflict independently.

Staff will seek to understand the feelings behind the child's behaviour and take a preventative approach including modifying the program if necessary. Staff aim for positive outcomes when redirecting child behaviour or assisting to resolve conflict by speaking in a calm and positive manner when addressing the child.

Staff ensure that they provide positive role models for children by using calm voices and interacting in a positive manner with both children and work colleagues. Staff ensure that the Centre's environment fosters positive behaviour by providing adequate space for each child and sufficient equipment for children to share.

The Centre acknowledges that sometimes it may be necessary to remove a child from their immediate environment to avoid them becoming more distressed or even harming themselves or others. In these instances, children will be given alternative activities to pursue. Although this may involve spending some time alone in an activity, time out will not be used and children will not be left alone and unoccupied as a punishment.

Children of kindergarten age will frequently engage in play that may involve

superheroes. Staff will ensure that children engaging in this play are not hurt or intimidated whilst recognising the importance of 'role play' for children as a means of understanding their wider environment and establishing social skills. The Centre aims at all times to deal with children's behaviour in a way that reflects contemporary child development theories. We will treat children's play choices with respect and endeavour to extend their social skills through their interests.

References: Young children's behaviour: Practical approaches for caregivers and teachers. Dr Louise Porter 2003

FPCC 5.02 - Ratios for Excursions

1. AUTHORISATION

This policy was adopted by the FPCC Committee of Management at the October 2008 Committee Meeting.

2. REVIEW DATE

This policy shall be reviewed at the October 2009 Committee Meeting.

3. POLICY

Fawkner Park Children's Centre has a unique advantage in the location adjacent to 100 acres of Fawkner Park itself and staff aim to take children for brief but frequent park visits when weather permits. Staff/child ratios are regulated to ensure adequate supervision is provided at all times. The ratios established (listed below) are higher than the ratios required by Children's Services regulations.

4. PROCEDURE

Staff may not take children out of the Centre unless the parent has signed the folder located in the child's room giving staff permission to do so.

All excursions must be planned in conjunction with the Centre Co-ordinator and must adhere to staff/child ratios at all times. These ratios are:

PARK VISITS (WITHIN BOUNDARIES OF FAWKNER PARK)

Nursery:	1 adult/3 children
2 – 3 room	3 adults/10 children
over 3's	1 adult/5 children

Note: 2 adults must supervise park visits.

BOTANIC GARDENS/COMMUNITY EXCURSIONS

under 3's	1 adult/2 children
over 3's	1 adult/3 children

EXCURSIONS UTILISING PUBLIC TRANSPORT

under 3's	1 adult/2 children
over 3's	1 adult/2 children

FPCC 5.03 – Environment

1. AUTHORISATION

This policy was adopted by the FPCC Committee of Management at the October 2008 Committee Meeting.

2. REVIEW DATE

This policy shall be reviewed at the October 2009 Committee Meeting.

3. POLICY

Procedures have been developed to engender environmental awareness in children.

4. RATIONALE

The Centre aims to encourage environmentally responsible behaviour in children by setting an example and involving children in recycling, composting, gardening and repairing.

5. PROCEDURE

Recycling

- Recycled drawing paper is used where possible.
- All office paper, glass and plastic containers are recycled.
- Parents are encouraged to bring in boxes and other materials suitable for collage and art projects and creative play.
- Double sided photocopies are made wherever possible.
- Parents can contribute by providing recyclable materials from their home or workplace and involving children.

Water usage

- Water troughs are emptied onto garden beds.
- Half flush toilets are used.
- Children are encouraged not to waste water when washing hands by turning off taps immediately after washing.
- Water tank was installed January 2004.
- Excess water is put on the garden.
- Children are educated in water saving practices through programs.

Compost

- Food scraps are composted and used for gardening,

- A worm farm is also used for this purpose.

Outdoor environment

- Native trees are planted where appropriate.
- Children are encouraged to respect nature and living creatures.
- Birds, butterflies and insects are encouraged in the garden.

Conserving energy

- All the rooms benefit from natural light. Lights will be turned off when children are playing outside.

Purchasing & Packaging

- Toys and equipment made from natural materials are preferable; however, a balanced approach is necessary taking into account safety and hygiene factors. (Plastic may be more appropriate for younger children from a safety and cleanliness perspective.)
- Unbleached, not white or coloured, toilet paper is used.
- Fresh food is purchased wherever possible. Products excessively packaged are not used. Purchase of bulk items reduces packaging. Use of spray cans containing CFCs are avoided.
- We avoid use of genetically modified food where information is available.
- Re-useable containers are used to store food to avoid use of disposable covers.

Maintain membership and contact with EEEEC (Environmental Education in Early Childhood)

FPCC 5.04 - Child Exploration

1. AUTHORISATION

This policy was adopted by the FPCC Committee of Management at the October 2008 Committee Meeting.

2. REVIEW DATE

This policy shall be reviewed at the October 2009 Committee Meeting.

3. POLICY

The Centre wishes to have a consistent approach to the information given to children about sexuality.

4. RATIONALE

Children have a natural curiosity about their bodies which may lead to sexual play with other children. Staff are trained to understand what normal behaviour for each age group is and how to handle any play which is deemed inappropriate.

5. Procedure

- Staff will always use correct anatomical names for body parts.
- Questions will be answered honestly, accurately and without embarrassment.
- The level of detail will be relevant to each child's level of understanding. Lengthy, detailed information may confuse the child.
- Staff will explain that it is acceptable to touch your own body but not other peoples.
- Play deemed by staff to be inappropriate will be redirected quickly, and in a calm manner. Children should feel the reaction is the same as any other situation.
- Staff will discuss any unusual incidences of sexual play with parents of the children involved. Staff will offer resource information to parents and will offer advice on strategies depending on the nature of the play.
- Should staff be concerned about continuing inappropriate behaviour of a child, they may seek the support and expertise of the Early Intervention staff available.

Normal developmental milestones of childhood sexuality are:

Birth to 2 years – feel pleasure from caring touch. This is an important part of learning to feel good about their bodies.

Usually infants do not discover their genitals until after they have discovered the other parts of their bodies, because they are the least easy place for them to

see. When they do find them they like to touch and explore when they have their nappies off.

Preschool years – Children are usually very natural and uninhibited about going without clothes and exploring their own and other people's bodies.

They are interested in birth, their belly button, and where the baby grows inside the mother.

Masturbation is common and may be done for exploration, for pleasure, or for comfort.

Children of both sexes experience pleasurable sensations from their external sexual organs.

By the age of three a child can say whether he or she is a boy or a girl and can relate this to the parent of the same sex (e.g. a girl like Mummy). It takes until they are six or seven for children to know their sex is permanent.

Some children put things in body openings, including the vagina.

There is interest in playing doctors and nurses and looking at each others' bodies.

By age four there is lot of interest and fun derived from using toilet words or swear words. They may have overheard others use these words and are using them to test what is acceptable.

Some children may become very attached to the parent of the other sex and may say that they want to marry them when they grow up. Adults can help children by understanding their feelings but not going along with the fantasy.

From 5 – 8 years – Interest in sex play continues as well as exploration and looking to satisfy curiosity.

Children may imitate what they know or think they know about adult sex, e.g. pretend intercourse with clothes on.

They are still interested in pregnancy and birth.

Children of this age will sometimes show their genitals to same sex peers.

FPCC 5.05 - Road Safety Education

1. AUTHORISATION

This policy was adopted by the FPCC Committee of Management at the October 2008 Committee Meeting.

2. REVIEW DATE

This policy shall be reviewed at the October 2009 Committee Meeting.

3. POLICY

Centre staff will promote positive and appropriate road safety messages to all children and their families.

4. PROCEDURE

- Both planned and spontaneous experiences will be used to familiarise children with key road safety messages and symbols.
- Relevant information will be provided to families, both written and verbal eg. posters, pamphlets, newsletters as material becomes available.
- Road safety is regularly included in programming and planning.
- Older children are given the opportunity to participate in 'real life' traffic situations on excursions. This will include staff providing a positive road safety role model for children, and encouraging the practice of key messages such as always holding an adult's hand and always crossing at pedestrian crossings.

FPCC 5.06 - Rest and Sleep Policy

1. AUTHORISATION

This policy was adopted by the FPCC Committee of Management at the October 2008 Committee Meeting.

2. REVIEW DATE

This policy shall be reviewed at the October 2009 Committee Meeting.

3. POLICY

The Centre encourages children to sleep or rest according to their individual needs. The Centre will ensure that sleeping arrangements are safe, comfortable and hygienic.

4. RATIONALE

For young children sleep is essential for their development. A child's day at the Centre is very busy. They participate in many different activities and interact with adults and other children. Sleep or rest is vital if they are to maintain their energy and alertness to engage fully in the program.

5. PROCEDURE

Staff will discuss each child's sleep/rest routine with parents.

Nursery staff will take a flexible approach to infant's sleep routines so that each child's individual sleep pattern is maintained.

Children who do not sleep will be provided with a place to rest and quiet activities.

Nursery staff will follow the sleeping arrangements recommended by the Pediatrics & Child Health Division of the Royal Australian College of Physicians, namely:

- Use light layers of clothing
- Sleep the infant on her/his back
- Child's face and head will be uncovered
- Infant's feet placed at the bottom of the cot with the light bedding firmly tucked in at the bottom of the cot
- Firm, snugly fitting mattresses will be used
- Pillows, bumper pads, doonas will not be placed in the cot
- Children will not be exposed to cigarette smoke while attending this Centre.

Each child in this Centre who sleeps in a cot will sleep in a separate, safe cot that meets the Australian Standard 2172 for Cots.

Clean bedding will be used. Cots and mattresses will be wiped down after each use.

Families are responsible for providing and laundering sheets and blankets.

The Centre will make available information on any new developments that may further reduce the risk of cot death (SIDS).

Reference:

***SIDS and Kids, Safe Sleeping, Pamphlet, Pediatrics & Child Health Division,
The Royal Australian College of Physicians***

FPCC 5.07- Confidentiality and Security of Children's Records

1. AUTHORISATION

This policy was adopted by the FPCC Committee of Management at the October 2008 Committee Meeting.

2. REVIEW DATE

This policy shall be reviewed at the October 2009 Committee Meeting.

3. POLICY

Centre staff collect data about each child which is analysed and used to plan a program of learning and educational activities. The data which make up a child's progress record includes written observations, photographs, and samples of the children's work and analyses of their progress. The Centre will ensure that this information remains confidential and each child's privacy is protected.

4. PROCEDURE

The information collected about the children will be used solely for the purposes of recording a child's progress and program planning.

Children's progress records will be stored securely in a separate room accessible only to staff.

Parents can discuss their child's progress at any time and can have access to their child's progress records.

A child's record will not be passed on to other organisations without written consent from parents.

Children's records will be stored securely for the amount of time after a child has left the Centre as required by Part 3 of the *Children's Services Regulations*.

In cases of mandatory reporting some aspects of this policy may not apply.

Related Policy: - 7.01 Privacy Policy

FPCC 5.08 - Child Protection Policy

1. AUTHORISATION

This policy was adopted by the FPCC Committee of Management at the October 2008 Committee Meeting.

2. REVIEW DATE

This policy shall be reviewed at the October 2009 Committee Meeting.

3. SCOPE

This policy applies to staff of FPCC.

4. RELEVANT LEGISLATION

Children and Young Persons Act 1989 (Vic)

Children's Services Act 1996 (Vic)

Children's Services Regulations (Vic)

Children, Youth and Families Act 2005

5. DEFINITIONS

The following material is sourced from *Children, Youth and Families Act 2005* and information about Child Abuse and the Child Protection System on the Department of Human Services website, accessed 13 September 2008. The website: www.dhs.vic.gov/everychildeverychance was accessed September 2008 for information on referral to the new Child FIRST intake service in Victoria. This provision, in addition to being able to report to Child Protection, reflects the provisions in the *Children, Youth and Families Act 2005* that commenced in April 2007.

When is a child in need of protection?

A child is a person under the age of 17 years old (s. 3 *Children, Youth and Families Act 2005*)

Child abuse is an act by parents or caregivers which endangers a child or young person's physical or emotional health or development. Child abuse can be a single incident, but usually takes place over time.

Types of abuse:

- Physical abuse (s.162(1)(c) *Children, Youth and Families Act 2005*)

Physical abuse occurs when a child suffers or is likely to suffer significant harm from an injury inflicted by a child's parent or care giver. The injury may be

inflicted intentionally or may be the inadvertent consequence of physical punishment, or the physically aggressive treatment of a child. The injury may take the form of bruises, cuts, burns or fractures.

Physical injury and significant harm to a child may also result from neglect by a parent or care giver. The failure of a parent or care giver to adequately ensure the safety of a child may expose the child to situations which result in physical injury and significant harm to the child.

- Sexual abuse (s.162(1)(d) *Children, Youth and Families Act 2005*)

Sexual abuse refers to a situation in which a person uses power or authority over a child to involve the child in sexual activity, and the child's parent or caregiver has not protected the child. Physical force is sometimes involved. Child sexual abuse involves a wide range of sexual activity. It includes fondling of the child's genitals, masturbation, oral sex, vaginal or anal penetration by a penis, finger or other object, or exposure of the child to pornography.

- Emotional abuse (s.162(1)(e) *Children, Youth and Families Act 2005*)

Emotional abuse refers to a situation in which a child's parent or caregiver repeatedly rejects the child or uses threats to frighten the child. This may involve name calling, put downs or continual coldness from the parent or care giver, to the extent that it significantly damages the child's physical, social or intellectual development.

- Neglect (s.162(1)(f) *Children, Youth and Families Act 2005*)

Neglect refers to a situation in which a child's parent or caregiver fails to provide the child with the basic necessities of life, such as food, clothing, shelter, medical attention or supervision, to the extent that the child's health and development is, or is likely to be, significantly harmed.

6. POLICY

Every child has the right to live a full and productive life in an environment that builds confidence, friendship, security and happiness, irrespective of their family circumstances and background. The current paradigm for protecting children involves a whole community role and responsibility for improving outcomes for vulnerable children, young people and their families, and a more therapeutic approach to child protection practice. (www.dhs.vic.gov/everychildeverychance)

The staff of FPCC have a responsibility to all children attending the Centre to uphold a child's right to care and protection from abuse.

Legal basis

Under s.183 *Children, Youth and Families Act 2005* **any person** who believes on reasonable grounds that a child is in need of protection **may** report any instance of child abuse.

However, only mandated notifiers have a legal responsibility to report physical and sexual abuse.

Section 182 *Children, Youth and Families Act 2005* mandates that various professionals **must** notify the Secretary to the Department of Human Services if, in the course of their employment, they form the belief on reasonable grounds that a child is in need of protection on a ground referred to in s.162(1)(c) or (d) (physical or sexual abuse).

Professionals gazetted and legally required to report child physical injury and sexual abuse are:

- Legally qualified medical practitioners, registered nurses, and members of the Victorian police force, and
- Primary school and secondary school teachers and principals.

Note that professionals not currently gazetted but listed in s. 182 for future gazettal include:

(f) The proprietor of, or a person with a post-secondary qualification in the care, education or minding of children who is employed by, a children's service to which the *Children's Services Act 1996* applies or a person nominated under s. 16(2) (b) (iii) of that Act.

The report and reasonable grounds for it must be made as soon as practicable;

- after forming the belief; and
- on each occasion on which he or she becomes aware of any further reasonable grounds for the belief. (s.184).

7. PROCEDURES

Responsibilities of staff are to be in accordance with Department of Human Services guidelines for mandated reporters. If a staff member forms a belief that a child is being abused they should:

- discuss the belief and the basis for forming it with the Co-ordinator;
- A report will be made by the staff member (with assistance from the Co-ordinator) to the Secretary to the Department of Human Services (Child Protection) or Child FIRST where there are reasonable grounds for the belief, without delay (note that this information should be treated as highly confidential. General discussions about the matter should not occur and any documentation should be securely stored);
- in the case of a report to Child Protection the family of the child should not be advised of the report;

- in deciding whether to report to Child Protection or refer to Child FIRST, consideration should be had of all available information and if the concerns currently have a low to moderate impact on the child, where the immediate safety of the child is not compromised, then referral to Child FIRST should be considered. If, however, after consideration of the available information, the view is that the concerns have a serious impact on the child's immediate safety, stability or development, or the concerns are persistent and entrenched and likely to have a serious impact on the child's development, then a report to Child Protection should be considered. If staff are unsure about who to report or refer to, they should contact either Child Protection or Child FIRST for further advice. See also the website: www.dhs.vic.gov/everychildeverychance.

What constitutes reasonable grounds?

Without limiting what constitutes reasonable grounds, they will include the following:

- A child tells the staff member they have been physically or sexually abused;
- A child tells the staff member they know someone who has been physically or sexually abused (they may be referring to themselves);
- When someone else (eg: relative, friend, sibling) tells the staff member that they believe the child has been physically or sexually abused.

8. CONFIDENTIALITY

The identity of a report is protected under the *Children, Youth and Families Act 2005*. The identity of a reporter remains confidential unless:

- The staff member consents in writing to their identity as reporter being disclosed;
- The Children's Court (or VCAT) decides it needs this information to ensure the safety and well-being of the child;
- The Court decides that it is satisfied that the interests of justice require that the evidence be given

(s. 190 *Children, Youth and Families Act 2005*)

It is an offence under the *Children, Youth and Families Act 2005* to disclose the name or any information likely to lead to the identification of the person who made the report. (s.191).

9. PROTECTION FROM LIABILITY

A report made under *Children, Youth and Families Act 2005* does not for any purpose constitute unprofessional conduct or a breach of professional ethics on the part of the person by whom it is made, and if made in good faith, does not make the person by whom it is made subject to any liability in respect of it. (s.

189).

FPCC 5.09 - Inclusion and Anti-Bias Policy

1. AUTHORISATION

This policy was adopted by the FPCC Committee of Management at the October 2008 Committee Meeting.

2. REVIEW DATE

This policy shall be reviewed at the October 2009 Committee Meeting.

3. POLICY

The Centre recognises and values the diversity in the cultural, linguistic and social backgrounds and abilities of all children and their families. Each child has the right to develop fully as an individual and to be treated on the basis of equality. The Centre's programs and practices aim to meet the individual physical, cognitive, social and emotional needs of each child. To promote respect for all people the Centre will consciously work to recognize and take action against bias, combat racism and ethnocentric attitudes and reject stereotyping. Anti-bias awareness is integrated throughout the whole program.

4. RATIONALE

We believe that difference enriches life and culture, providing opportunities to see and to learn beyond our own experience. Through valuing difference and recognising similarities between individuals we can help children to learn to make decisions on the basis of valid individual choice and not to rely on stereotypes or prejudicial concepts. By adopting an anti-bias perspective in programs and practices we believe that we can help to counter societal discrimination on the basis of ability, gender, race, language or religion.

5. PROCEDURE

The children will be given opportunities to explore diversity through books, music, food, clothing, posters, play equipment, experiences and excursions/incursions. These resources will reflect the children's environment and experience, diversity of gender roles, cultural backgrounds, languages, special needs and abilities and a range of occupations and ages.

The Centre will maintain its subscription to the Multicultural Resource Centre in order to have access to support services for bi-lingual children and materials and resources to enhance programs.

Parents and staff will be encouraged to contribute knowledge of other languages, cultures and abilities to enrich the programs.

Information on issues important to families will be available in other languages wherever possible.

The Centre will work together with families of children with additional needs and their specialist support to ensure that programs contribute to meeting their needs and achieving their goals.

Staff will be assisted to attend training to increase their understanding of diversity and to increase their ability to design programs and environments which allow each child and family to feel valued and to participate fully.

16. COMMUNICATION SYSTEMS

FPCC 6.01 - Customer Service

1. AUTHORISATION

This policy was adopted by the FPCC Committee of Management at the October 2008 Committee Meeting.

2. REVIEW DATE

This policy shall be reviewed at the October 2009 Committee Meeting.

3. POLICY

Our aim is to provide excellence in customer service. The key to our approach to service is to clearly identify that our primary customers are the children placed in care in the Centre. This is a fundamental difference when we compare ourselves with most businesses who would automatically choose the paying customer as their primary customer.

4. RATIONALE

Our paying customers are the parents of children attending the Centre and parents' needs and views are highly important to all facets of the Centre's operations. However, the children's needs will always be the first consideration when formulating policy and making day - to - day decisions.

Our dedication to providing excellence in customer service commences with the recruitment of staff and continues throughout our attitudes, internal communication and the training programs for staff.

5. PROCEDURE

- Open communication is encouraged between staff and parents and amongst staff, by creating a relaxed and friendly atmosphere.
- Parents are invited to contribute ideas and suggestions at any time and are expected to participate in discussions at RGMs and AGMs.
- A mutual obligation exists between parents and staff to provide/share relevant information about the child's health and wellbeing which may influence the child's time at the Centre or at home.
- Policies and procedures provide important guidelines; however, staff have the authority to make decisions in a situation where a child's needs require a flexible approach.
- The Centre also has a pocket system whereby all notices concerning your child and the Centre are placed in your child's pocket.

FPCC 6.02 - Grievance and Complaints Procedure

1. AUTHORISATION

This policy was adopted by the FPCC Committee of Management at the October 2008 Committee Meeting.

2. REVIEW DATE

This policy shall be reviewed at the October 2009 Committee Meeting.

3. POLICY

Our aim is to provide excellence in customer service. Central to this aim is a clear, fair and accessible grievance and complaints procedure.

4. RATIONALE

The Centre encourages open communication between staff and parents, by creating a relaxed and friendly atmosphere. Part of this open communication is access to a clear and fair grievance and complaints procedure for members of the Centre and wider community.

5. PROCEDURE

A grievance is a statement by a family member or member of the wider community of a Centre related problem, concern or complaint. Grievances can range from the very minor and easy to resolve, to the extremely serious which may involve formal responses.

Policy statement

The Centre's Grievances and Complaints Management Policy values:

- procedural fairness and natural justice;
- a code of ethics and conduct;
- a service culture free from discrimination and harassment;
- transparent policies and procedures; and
- avenues for recourse and further investigation.

The Grievances and Complaints Management Policy ensures that all persons are presented with procedures that:

- value the opportunity to be heard;
- promote conflict resolution;
- encourage the development of harmonious partnerships;
- ensure that conflicts and grievances are mediated fairly; and
- are transparent and equitable.

The Centre has a duty of care to ensure that all persons are provided with a high level of equity and fairness in relation to grievances and complaints management

and procedures.

Rationale

Procedural fairness and natural justice

The three core principles of natural justice or procedural fairness are:

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

To this end, the Centre will not tolerate any form of persecution, harrassment or discrimination towards any party.

Strategies to resolve grievances and complaints

As a first step, prior to the formal grievance process being initiated, the person making the complaint is encouraged to resolve the issue directly with the person/s concerned. This should be done as soon as possible after the incident giving rise to the grievance arises. However, if this is not possible, then the formal grievance procedure shall apply. It is understood that sometimes approaching the subject of the complaint directly can be difficult.

Grievances and complaints management procedure

1. If the grievance or complaint cannot be resolved directly with the person/s concerned, then the complainant should raise the issue with either the room leader, Centre Co-ordinator or any member of the Committee of Management. Ideally this should be within 24-48 hours after failure to resolve the issue directly with the person/s involved, or 24-48 hours after the incident giving rise to the grievance occurred. The names of the Committee of Management can be found in the foyer of the Centre. A response [will be provided to the complainant within 48 hours. The response must at least advise of progress if unresolved.](#)
2. If the grievance or complaint still cannot be resolved, and the complainant wishes to pursue it, they should put the complaint in writing to either the Centre Co-ordinator or any member of the Management Committee. This should be done within 7 days of the incident giving rise to the grievance. A response will be provided within 48 hours [of receipt of the written complaint.](#)
3. The Centre will then use its best endeavours to mediate a resolution of the grievance. An independent mediator may be sourced to assist in the resolution, if deemed by the Centre as necessary and reasonable to do so.

Consider any legal requirements in relation to the complaint.

Upon receipt of the complaint, the Centre will consider any legal requirements in relation to the complaint, for example, if the complaint is related to a child protection issue.

Notify regulatory or licensing bodies if required.

Upon receipt of the complaint, the Centre will consider its obligations to report the complaint for example, if the complaint is about a breach of the law, the Centre must notify the relevant Government Department (the Department of Education and Early Childhood Development) within 48 hours.

Role models

Children learn through example and role modelling is an important strategy to encourage children to manage conflict appropriately.

Privacy and confidentiality

No person shall have access to information on the grievance, other than those directly involved or those handling the complaint. All complaints shall be handled promptly and with transparency.

Conflict of interest

Conflicts of interest may arise during the handling of grievances or complaints. In this instance steps will be taken to ensure the conflict is resolved, for example by appointing an alternative mediator.

Withdrawing the grievance

The person/s who lodged the grievance can at any time withdraw the grievance, however there is always the possibility that the subject of the complaint may wish to, and have the right to, continue the process, if they believe they have not had the opportunity to respond appropriately.

Centre operations during grievance procedure

Without prejudice to the Centre or any staff member, work shall continue normally while the grievance or complaint is being dealt with.

Further recourse

If, after pursuing the Centre's grievance procedure, the complainant remains unsatisfied they are encouraged to contact the Victorian Department of Education and Early Childhood Development. (details can be found via: www.vic.gov.au)

17. PRIVACY

FPCC 7.01 – Privacy Policy

1. AUTHORISATION

This policy was adopted by the FPCC Committee of Management at the October 2008 Committee Meeting.

2. REVIEW DATE

This policy shall be reviewed at the October 2009 Committee Meeting.

3. POLICY

The Centre is committed to privacy compliance. The environment in which we operate is becoming more and more sensitive to the need to protect information privacy and we aim to ensure that any information we collect will not be used inappropriately.

4. RATIONALE

Families are entitled to expect that information provided to the Centre will not be used other than for the purpose for which it was disclosed. As part of a community, we are committed to ensuring that each member – and each potential member - of the Centre is treated with respect and that their personal details are kept private.

5. PROCEDURE

Protecting Your Privacy

The Centre is committed to providing you with the highest levels of customer service.

This includes protecting your privacy.

From 21 December 2001, we are bound by sections of the Commonwealth *Privacy Act* 1988, which set out a number of principles concerning the protection of your personal information.

Your personal information

In order to provide you with a high level of customer service and to tailor products and services to meet your needs, we need to collect certain information about you that is personal in nature.

Personal information required and held by the Centre may include, (where

applicable) the:

- name;
- date of birth;
- current and previous addresses;
- telephone numbers (including mobile phone numbers);
- e-mail address;
- bank account or credit card details;
- occupation;
- driver's licence number of any parent or guardian of any child enrolled at the Centre, any child on the waiting list of the Centre, or of any authorised person for emergency contact or for dropping off or picking up any child from the Centre.

If you choose not to provide personal information, we may not be able to provide you with the services you require, or the level of service on which we pride ourselves.

How we collect personal information

The Centre collects personal information in a number of ways, including:

- directly from you, when you provide information by phone, email or in documents such as an application form;
- publicly available sources of information;
- from the organisations identified below under "When we disclose your personal information"; or
- from our own records of how you use your Centre services.

How we use your personal information

Your personal information may be used by the Centre in order to:

- provide the services you require;
- administer and manage those services, including charging, billing and collecting debts;
- inform you of ways the services provided to you could be improved;

When we disclose your personal information

We may disclose your personal information to organisations outside the Centre

for the purposes set out above.

The organisations to which we disclose information include:

- your representatives (e.g. your authorised representatives or legal advisers);
- our professional advisers, including our accountants, auditors and lawyers;
- government and regulatory authorities and other organisations, as required or authorised by law.

Help us to ensure we hold accurate information

The Centre takes all reasonable precautions to ensure that the personal information we collect, use and disclose is accurate, complete and up-to-date.

However, the accuracy of that information we hold depends to a large extent on the information you provide. We recommend that you:

- let us know if there are any errors in your personal information; and
- keep us up to date with changes to personal information such as your name or address.

You can access your personal information

You have a right to access your personal information, subject to some exceptions allowed by law. If you would like to do so, please let us know. You may be required to put your request in writing for security reasons.

The Centre reserves the right to charge a fee for searching for and providing access to your information.

How to contact us

If you have any questions in relation to privacy, please contact us on **(03) 9820 2758 between 9.00am and 5.00pm, Monday to Friday.**

FPCC 8.01- Facilitating, Maintaining and Revising FPCC Policy

1. AUTHORISATION

This policy was adopted by the FPCC Committee of Management at the October 2008 Committee Meeting.

2. REVIEW DATE

This policy shall be reviewed at the October 2009 Committee of Management meeting.

3. POLICY DEVELOPMENT

The policies of the Centre are developed in accordance with the legislative requirements of the *Co-Operatives Act 1996*, the *Children's Services Act 1996*, and the *Children, Youth and Families Act 2005*. The Centre also has regard to its compliance responsibilities to the City of Melbourne, the Department of Human Services (Vic) and the Commonwealth Department of Health when formulating policy. The Centre ensures it is up – to - date with all guidelines put out by the above named government departments as they pertain to the safe and efficient operation of the Centre and all aspects of early childhood development.

The Centre is a member of peak organisations Community Child Care and the Early Childhood Association. These bodies provide policy advice, staff training and a forum to liaise with other centres to compare and contrast best practice in respect to policy formulation and operational issues.

The Committee of Management (which meets monthly) has a designated committee member responsible for the formulation, maintenance and revision of Centre policies. The designated committee member for staff issues also develops policies regarding staff. All proposed policies are prepared in consultation with the Centre Co-ordinator.

Parents are consulted and asked for their views on all draft policies and during the annual review and evaluation process. The Centre policies are contained in the Centre's Parent Hand book, which is available in email form to all new families upon joining the Centre and shortly will be able to be down loaded from the Centre's web site. During the annual review of policies, parents are asked for their views and copies of draft policies are available for perusal.

The policies in the Parent Hand book are all dated regarding their authorisation by the Committee of Management and all contain a review date of 12 months. Policies are also reviewed from time to time in the intervening period as the need arises.

FPCC 9.01- Maintenance and Safety Policy

1. AUTHORISATION

This policy was adopted by the FPCC of Management at the October 2008 Committee Meeting.

2. REVIEW DATE

This policy shall be reviewed at the October 2009 Committee Meeting

3. POLICY

The Centre believes that the safety of all who use the facility is of paramount importance. The Centre will ensure that its buildings, grounds and equipment are safe for children, families and staff. Centre management and staff will be constantly vigilant to identify and remove hazards and dangers. The Centre will minimise the use of toxic products without compromising effective cleaning. Potentially dangerous products will be managed so that they are inaccessible to children. The Centre will provide and maintain an environment that is safe and without risks to health for children, families and staff. The Centre will ensure that its health and safety policies and practices are based upon up – to - date recommendations of the relevant authorities.

4. PROCEDURE

The Melbourne City Council will undertake the general maintenance of the Centre's buildings and its grounds according to its Service Agreement and Lease.

The Melbourne City Council will provide a schedule of its proposed maintenance visits to the Centre every six months.

The Melbourne City Council will make unscheduled visits as required at the request of the Centre.

Each morning, staff on the early shift will check the grounds for any hazards, such as spider webs, animal faeces and syringes.

The sandpit will be raked and the paved areas outdoors swept each morning. The debris will be disposed of in the closed bin in the toddler bathroom.

The staff member will sign the daily check proforma to indicate that the checks and cleaning of the outdoor areas have been completed.

A minimum of two staff members will be in attendance at all times the Centre is operating.

Staff/child ratios prescribed by the Victorian State Regulations will be maintained at all times.

Staff will ensure that children are adequately supervised at all times, maintaining a level of supervision appropriate to the activity being undertaken and the children who are participating in the activity.

Staff will educate children in the safe use of equipment and where appropriate, involve the children in setting safety rules.

Staff will only use toys and equipment in good repair appropriate for each age group.

Broken or damaged toys and equipment will be removed immediately and reported to the Co-ordinator for repair or replacement.

A safety switch will protect all power points and electrical cords placed out of reach of children.

Throughout the day staff will carry out spot checks of areas wherever children are present to ensure the area is free from hazards.

Staff will clean tables before and after meals and sweep floor. Floors will be kept clear and any spills wiped up.

Potentially dangerous material and products will be stored out of reach of children and/or within a locked environment.

Chemicals will be managed according to the guidelines recommended by the Victorian Work Cover Authority.

The Centre is covered by the City of Melbourne Disaster Plan (DISPLAN). In the event of a disaster the Council will keep the Centre informed and advise the Centre of the emergency relief measures in place.

The emergency evacuation procedures will be posted prominently in all rooms and on the foyer notice board.

Evacuation drills involving all staff will be conducted regularly with alternate persons in charge. The effectiveness of the evacuation procedures will be evaluated after each drill.

All fire safety equipment will be maintained by Chubb who will check fire extinguishers regularly.

All staff will participate in annual training, provided by the Australian Institute of Public Safety in the use of fire safety equipment.

All staff will be required to have current first aid certificates.

The Occupational Health and Safety Committee member will be responsible for

overseeing the maintenance of the Centre's facilities, promoting OH&S, ensuring that the Centre complies with OH&S legislation and statutory rules.

The Occupational Health and Safety staff representative will work with staff to identify and report hazards and to liaise with the Co-ordinator and the OH&S Committee member on OH&S matters.

Occupational Health and Safety will be a standing agenda item for staff meetings.

Staff will be assisted to undertake training in OH&S issues.

ANNEXURE 1

ANAPHYLAXIS MODEL POLICY