

## **PREAMBLE TO ALL GRPSA POLICIES**

If the Incorporated Association chooses to operate the service under GRPSA Policies, they delegate operations to GRPSA as representatives of the provider. The following centres choose to operate the following programs in this manner:

- Barmah Occasional Care
- Merrigum Occasional Care
- Murchison Occasional Care
- Toolamba Occasional Care

The above-mentioned programs all operate under a Victorian Licence.

Where a service operates under Victorian Law the following will apply to all GRPSA Policies:

- any reference to “Education and Care National Regulations 2011” will be replaced by the relevant regulations in the “Children’s Services Regulations 2020”.

## **Acceptance and Refusal of Authorisations Policy**

Under the National Law and Regulations, early childhood services are required to obtain written authorisation from parents/guardians, and/or authorised nominees (refer to *Definitions*) in some circumstances, to ensure that the health, safety, wellbeing, and best interests of the child are met. These circumstances include but are not limited to:

- self-administration of medication (Regulation 96)
- children leaving the service premises (Regulation 99)
- children being taken on excursions (Regulation 102).

Specific centre policies (including the *Administration of Medication Policy, Delivery and Collection of Children Policy, Enrolment and Orientation Policy* and *Excursions and Service Events Policy*) should include details of the conditions under which written authorisations will be accepted. However, there may be instances when a centre refuse to accept a written authorisation. The *Education and Care Services National Regulations 2011* (Regulation 168(2)(m)) specify that centres are required to develop a policy in relation to the acceptance and refusal of authorisations to help educators/staff and parents/guardians understand exactly what they need to do.

This policy outlines procedures to be followed when refusing a written authorisation from a parent/guardian or person authorised and named in the enrolment record. As an example, the National Law does not specify the minimum age of a person who is authorised to collect a child from the centre premises. After consulting with parents/guardians and families, the Approved Provider may adopt a policy position accepting authorisations for persons over the age of 16 to collect a child from the service. This decision will then be outlined in the service’s *Delivery and Collection of Children Policy*. If the centre receives written authorisation for a person under the age specified in its *Delivery and Collection of Children Policy*, to collect a child from the centre, the procedures outlined below for refusing this written authorisation would be enacted.

## **Legislation and standards**

Relevant legislation and standards include but are not limited to:

- *Children, Youth and Families Act 2005* (Vic), as amended 2011.

- *Child Wellbeing and Safety Act 2005* (Vic), as amended 2012
- *Child Wellbeing and Safety Act 2005* (Vic) (Part 2: Principles for Children)
- *Education and Care Services National Law Act 2010*: Section 167
- *Education and Care Services National Regulations 2011*: Regulations 96, 99, 102, 160, 161, 168(2)(m), 170
- *Family Law Act 1975* (CT), as amended 2011
- *National Quality Standard*, Quality Area 2: Children’s Health and Safety
  - Standard 2.2 Each child is protected.

### **Administration of First Aid Policy**

First aid can save lives and prevent minor injuries or illnesses from becoming major ones. The capacity to provide prompt basic first aid is particularly important in the context of an early childhood centre where staff have a duty of care and obligation to assist children who are injured, become ill or require support with administration of medication.

Legislation that governs the operation of approved children’s centres is based on the health, safety, and welfare of children, and requires that children be protected from hazards and harm. The *Education and Care Services National Regulations 2011* state that an Approved Provider must ensure that at least one educator with current approved first aid qualifications is in attendance and immediately available at all times that children are being educated and cared for by the centre. Under the *Education and Care Services National Law Act 2010*, the Australian Children’s Education and Care Quality Authority (ACECQA) are required to publish lists of approved first aid qualifications. These lists are available at [www.acecqa.gov.au/qualifications/approved-first-aid-qualifications](http://www.acecqa.gov.au/qualifications/approved-first-aid-qualifications). As a demonstration of duty of care and best practice, GRPSA recommends **all educators** have current approved first aid qualifications.

It is also a requirement that employers have appropriate first aid arrangements in place, including first aid training, first aid kits and first aid facilities, to meet their obligations under the *Occupational Health and Safety Act 2004*. WorkSafe Victoria has developed a compliance code *First aid in the workplace* that provides guidance on how these obligations can be met.

### **Legislation and standards**

Relevant legislation and standards include but are not limited to:

- *Child Wellbeing and Safety Act 2005* (Vic) (Part 2: Principles for Children)
- *Education and Care Services National Law Act 2010*: Sections 167, 169
- *Education and Care Services National Regulations 2011*: Regulations 87, 89, 136, 137(1)(e), 168(2)(a), 245
- *National Quality Standard*, Quality Area 2: Children’s Health and Safety
  - Standard 2.2: Each child is protected.
    - Element 2.2.1: always, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
- *Occupational Health and Safety Act 2004*

### **Administration of Medication Policy**

Medication (including prescription, non-prescription, over the counter and homeopathic medications) must not be administered to a child at a centre without the authorisation of a parent/guardian or person with the lawful authority to consent to the administration of medical attention to the child. In the case of an emergency, it is acceptable to obtain verbal consent from a parent/guardian, or to obtain consent from a registered medical practitioner or medical emergency service if the child’s parent/guardian cannot be contacted. In the case of an

anaphylaxis or asthma emergency, medication may be administered to a child without authorisation following the direction of the child's medical management plan. In this circumstance, the child's parent/guardian and/or emergency services must be contacted as soon as possible (Regulation 94)<sup>1</sup>. When educators are required to administer medication, they must abide by specific regulatory requirements, such as written consent, and must follow the guidelines of this policy and the procedures outlined in Attachment 1 – Procedures for the safe administration of medication.

A medication record<sup>2</sup> must be completed with the following information:

- a) the name of the child
- b) the authorisation to administer medication (including self-administration, if applicable) signed by a parent/guardian or a person named in the child's enrolment record as authorised to consent to administration of medication
- c) the name of the medication to be administered.
- d) the time and date the medication was last administered.
- e) the time and date or the circumstances under which the medication should be next administered.
- f) the dosage of the medication to be administered.
- g) the way the medication is to be administered.
- h) if the medication is administered to the child:
  - i) the dosage that was administered
  - ii) the way the medication was administered.
  - iii) the time and date the medication was administered.
  - iv) the name and signature of the person who administered the medication.
  - v) the name and signature of the person who checked the dosage, if another person is required under Regulation 95 to check the dosage and administration of the medication.

### **Legislation and standards**

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*
  - Specific Regulations: 92, 93, 94, 95, 96
  - Related Regulations: 90, 91, 160, 161, 162, 168, 177, 178, 181–184
- *Health (Infectious Diseases) Regulations 2001*
- *Health Records Act 2001*
- *National Quality Standard, Quality Area 2: Children's Health and Safety*
  - Standard 2.1: Each child's health and physical activity is supported and promoted.
- *Occupational Health and Safety Act 2004*

### **Anaphylaxis Policy**

Anaphylaxis is a severe and potentially life-threatening allergic reaction. Up to two per cent of the general population and up to five per cent of children are at risk. The most common causes of allergic reaction in young children are eggs, peanuts, tree nuts, cow's milk, bee or other

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<sup>1</sup> *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011, p.63*

<sup>2</sup> *A template of a medication record can be downloaded from <http://acecqa.gov.au/resources-and-templates/>*

insect stings, and some medications. A reaction can develop within minutes of exposure to the allergen and young children may not be able to identify or articulate the symptoms of anaphylaxis. With planning and training, a reaction can be treated effectively by using an adrenaline auto-injection device, often called an EpiPen®.

In any centre that is open to the general community it is not possible to achieve a completely allergen-free environment. A range of procedures and risk minimisation strategies, including strategies to minimise the presence of allergens in the service, can reduce the risk of anaphylactic reactions.

Legislation that governs the operation of approved children's services is based on the health, safety, and welfare of children, and requires that children be protected from hazards and harm. The Approved Provider will ensure that there is always at least one educator on duty who has current approved anaphylaxis management training in accordance with the *Education and Care Services National Regulations 2011* (Regulation 136(1)(b)). As a demonstration of duty of care and best practice, GRPSA recommends all educators have current approved anaphylaxis management training (refer to *Definitions*).

Approved anaphylaxis management training is listed on the ACECQA website (refer to *Sources*).

### **Legislation and standards**

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Sections 167, 169
- *Education and Care Services National Regulations 2011*: Regulations 90–96, 102, 136, 137, 146, 147, 160–162, 168(2)(d), 173, 177, 181, 183, 184, 246
- *Health Records Act 2001* (Vic), as amended 2011
- *Information Privacy Act 2000* (Vic)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
  - Standard 2.1: Each child's health and physical activity is supported and promoted.
    - Element 2.1.2: Effective illness and injury management and hygiene practices are promoted and implemented.
  - Standard 2.2: Each child is protected.
    - Element 2.2.2: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
- *Occupational Health and Safety Act 2004* (Vic), as amended 2007
- *Privacy Act 1988* (CT)
- *Public Health and Wellbeing Act 2008* (Vic)
- *Public Health and Wellbeing Regulations 2009* (Vic)

### **Asthma Policy**

Asthma is a chronic, treatable health condition that affects approximately one in 10 Australian children and is the most common reason for childhood admission to hospital. With good asthma management, people with asthma need not restrict their daily activities. Community education assists in generating a better understanding of asthma within the community and minimising its impact.

Symptoms of asthma include wheezing, coughing (particularly at night), chest tightness, difficulty in breathing and shortness of breath, and symptoms may vary between children. It is generally accepted that children under six years of age do not have the skills and ability to recognise and manage their own asthma without adult assistance. A centre must recognise the

need to educate staff and parents/guardians about asthma and promote responsible asthma management strategies.

Legislation that governs the operation of approved children's centres is based on the health, safety, and welfare of children, and requires that children be protected from hazards and harm. The Approved Provider will ensure that there is always at least one educator on duty who has current approved emergency asthma management training in accordance with the *Education and Care Services National Regulations 2011* (Regulation 136(c)). As a demonstration of duty of care and best practice, GRPSA recommends **all educators** have current approved emergency asthma management training (refer to *Definitions*).

### **Legislation and standards**

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Sections 167, 169, 174
- *Education and Care Services National Regulations 2011*: Regulations 90, 92, 93, 94, 95, 96, 136, 137
- *Health Records Act 2001* (Vic)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
  - Standard 2.1: Each child's health and physical activity is supported and promoted.
    - Element 2.1.2: Effective illness and injury management and hygiene practices are promoted and implemented.
  - Standard 2.2: Each child is protected.
    - Element 2.2.2: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
- *Information Privacy Act 2000* (Vic)
- *Privacy Act 1988* (Cth)
- *Public Health and Wellbeing Act 2008* (Vic)
- *Public Health and Wellbeing Regulations 2009* (Vic)

### **Child Safe Environment Policy**

“Every child has the right to live a full and productive life. It is up to all of us to ensure our children grow up in environments that build confidence, friendship, security, and happiness, irrespective of a person's family circumstances and background” (*Protecting the safety and wellbeing of children and young people* – refer to *Sources*). The protection of children, one of the most vulnerable groups in society, is a shared community responsibility and involves ensuring that all children are safe, their needs are met, and the possibility of child abuse is minimised.

The *Children, Youth and Families Act 2005* (CYFA) provides the legislative basis for the provision of services to vulnerable children, young people and their families, and places children's best interests at the heart of decision-making and service delivery. Under the *Education and Care Services National Regulations 2011*, the Approved Provider must ensure that all educators and staff are familiar with current policies and procedures about child protection, including state and territory legislative responsibilities and their obligations under these laws (Regulation 84).

Early childhood educators are required to undertake mandatory reporting (refer to *Definitions*),

Early childhood educators, in daily contact with children and their families, are well placed to observe when a child appears to be at risk of harm arising from abuse or neglect. Centre have a duty of care (refer to *Definitions*) to act immediately to protect and preserve the safety and wellbeing of the children in their care. Any person who believes, on reasonable grounds, that a

child needs protection may report their concerns to Child Protection (refer to *Definitions*) (*Protecting the safety and wellbeing of children and young people* – refer to *Sources*).

The *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011* require that approved services protect children from any harm and hazards, and to supervise children adequately always. Adult supervision is a key factor in creating and maintaining child safe environments. Active supervision together with risk minimisation strategies can prevent or reduce the risk of injury to children (refer to *Supervision of Children Policy*).

Risk minimisation strategies supported by clear policies and procedures for specific areas of child safety will help ensure the environment and practices at the centre are child safe. Policies and procedures must be developed in relation to all matters specified in Regulation 168(2), including emergency and evacuation, water safety, sun protection, delivery and collection of children, and incident, injury, trauma, and illness. Risks in the child's physical environment can be minimised by ensuring the safety of buildings, grounds, equipment, materials, and furniture used at the centre, and the safe storage and use of dangerous substances such as cleaning products and chemicals.

### **Legislation and standards**

Relevant legislation and standards include but are not limited to:

- *Children, Youth and Families Act 2005* (Vic), as amended 2011.
- *Child Wellbeing and Safety Act 2005* (Vic), as amended 2012
- *Charter of Human Rights and Responsibilities Act 2006* (Vic), as amended 2011
- *Education and Care Services National Law Act 2010* (Vic): Sections 165, 166, 167
- *Education and Care Services National Regulations 2011* (Vic): Regulations 84, 85, 86, 99, 100, 101, 102, 168(2)(h)
- *Family Law Act 1975* (CT), as amended 2008 and 2011
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
  - Standard 2.2: Each child is protected.
    - Element 2.2.1: always, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
    - Element 2.2.3: Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.
- *National Quality Standard*, Quality Area 3: Physical Environment
  - Standard 3.1: The design and location of the premises is appropriate for the operation of a service.
    - Element 3.1.1: Outdoor and indoor spaces, buildings, fixtures, and fittings are suitable for their purpose, including supporting the access of every child.
    - Element 3.1.2: Premises, furniture and equipment are safe, clean, and well maintained.
- *National Quality Standard*, Quality Area 7: Governance and Leadership
  - Standard 7.1: Governance supports the operation of a quality service.
    - Element 7.1.2: Systems are in place to manage risk and enable the effective management and operation of a quality service.
    - Element 7.1.3: Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service.
- *Occupational Health and Safety Act 2004* (Vic)
- *Working with Children Act 2005* (Vic)
- *Working with Children Regulations 2006* (Vic)

## **Code of Conduct Policy**

A Code of Conduct establishes a standard of behaviour to be followed by the Approved Provider, Nominated Supervisor, educators, parents/guardians, families, staff, students on placement and volunteers at the service. The Code of Conduct defines how individuals should behave towards each other, towards the children in their care, and towards other organisations and individuals in the community.

The Approved Provider and Nominated Supervisor have a duty of care to the children attending the centre and must ensure “that every reasonable precaution is taken to protect children being educated and cared for by the service from harm and from any hazard likely to cause injury” (National Law: Section 167).

The *National Quality Standard* requires that “educators, coordinators and staff members are respectful and ethical” and that “professional standards guide practice, interactions and relationships” (*National Quality Standard*: 4.2 and 4.2.1 and 4.2.2).

Employers also have a legal responsibility to provide, as far as is practicable, a safe workplace that is free from discrimination, bullying and harassment.

A Code of Conduct should be based on the centre’s philosophy, beliefs, and values, and on ethical principles of mutual respect, equity, and fairness. Consideration should be given to the centre’s *Code of Ethics* or to Early Childhood Australia’s *Code of Ethics* in developing the Code of Conduct. While a Code of Ethics focuses on values and attitudes, or guiding principles, a Code of Conduct has a more specific focus on behaviour and action. The Code of Conduct puts the guiding principles into action by clarifying standards of behaviour expected of individuals in the performance of their duties or involvement at the service, and by giving guidance in areas where individuals are required to make professional, personal, and ethical decisions.

The Approved Provider must ensure that all educators, staff, students, and volunteers at the service adhere to clear guidelines regarding appropriate interaction and communication with each another, with children at the centre, and with others in the community.

## **Legislation and standards**

Relevant legislation and standards include but are not limited to:

- *Charter of Human Rights and Responsibilities Act 2006* (Vic)
- *Children, Youth and Families Act 2005* (Vic), as amended 2011.
- *Child Wellbeing and Safety Act 2005* (Vic), as amended 2011
- *Disability Discrimination Act 1992* (CT)
- *Education and Care Services National Law Act 2010*: Sections 166, 167, 174
- *Education and Care Services National Regulations 2011*: Regulations 155, 156, 157, 175
- *Equal Opportunity Act 2010* (Vic)
- *Fair Work Act 2009* (CT)
- Fair Work Regulations 2009 (CT)
- National Quality Standard, Quality Area 4: Staffing Arrangements
  - Standard 4.2: Management, educators and staff are collaborative, respectful, and ethical.
    - Element 4.2.2: Professional standards guide practice, interactions, and relationships.
- *Occupational Health and Safety Act 2004*
- *Occupational Health and Safety Regulations 2007*
- *Racial Discrimination Act 1975*
- *Racial and Religious Tolerance Act 2001* (Vic)

- *Sex Discrimination Act 1984 (CT)*

### **Complaints and Grievance Policy**

Complaints or grievances may be received from anyone who meets Goulburn Region Preschool Assoc. Inc Centres including parents/guardians, volunteers, students, members of the local community and other agencies.

In most cases, dealing with complaints and grievances will be the responsibility of the Approved Provider. All complaints and grievances, when lodged, need to be initially assessed to determine whether they are a general or a notifiable complaint (refer to *Definitions*).

When a complaint or grievance has been assessed as 'notifiable', the Approved Provider must notify Department of Education and Training (DET) of the complaint or grievance. The Approved Provider will investigate the complaint or grievance and take any actions deemed necessary, in addition to responding to requests from and assisting with any investigation by DET.

There may be occasions when the complainant reports the complaint or grievance directly to DET. If DET then notifies the Approved Provider about a complaint they have received, the Approved Provider will still have responsibility for investigating and dealing with the complaint or grievance as outlined in this policy, in addition to co-operating with any investigation by DET.

DET will investigate all complaints and grievances it receives about a centre, where it is alleged that the health, safety, or wellbeing of any child within the service may have been compromised, or that there may have been a contravention of the *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011*.

### **Legislation and standards**

Relevant legislation and standards include but are not limited to:

- *Charter of Human Rights and Responsibilities Act 2006 (Vic)*, as amended 2011
- *Children, Youth and Families Act 2005 (Vic)*, as amended 2011.
- *Children, Youth and Families Act 2005 (Vic)*, as amended 2012.
- *Education and Care Services National Law Act 2010*: Section 174(2)(b)
- *Education and Care Services National Regulations 2011*: Regulations 168(2)(o) and 176(2)(b)
- *Health Records Act 2001 (Vic)*, as amended 2011
- *Information Privacy Act 2000 (Vic)*, as amended 2011
- *National Quality Standard, Quality Area 7: Governance and Leadership*
  - Standard 7.1: Governance supports the operation of a quality service.
    - Element 7.1.2: Systems are in place to manage risk and enable the effective management and operation of a quality service.
- *Privacy Act 1988 (CT)*
- *Privacy Regulations 2006 (CT)*

### **Educational Program and Practise Policy**

The *Education and Care Services National Law Act 2010* (National Law) requires centres to deliver an educational program (curriculum) that is based on an approved learning framework. In Victoria, approved learning frameworks for the early childhood sector are the *Early Years Learning Framework (Belonging, Being & Becoming)* (refer to *Sources*) and the *Victorian Early Years Learning and Development Framework* (refer to *Sources*). These

documents are underpinned by practices and principles that encourage reflection and provide educators with a thorough understanding of the pedagogy of early childhood curriculum in a contemporary context.

Part 4.1 of the *Education and Care Services National Regulations 2011* (National Regulations) outlines the operational requirements for educational program and practice within centres, including the requirements for documentation of assessments in relation to the educational program. There is no prescribed method in the National Law or National Regulations for documenting assessment of children's learning. Each centre must determine a method that suits their individual circumstances. To meet the documentation requirements of the National Regulations, the assessment must include an analysis of children's learning. Collecting this information enables educators to plan effectively for each child's learning and development. It can also be used by educators to stimulate reflection on their own values, beliefs and teaching practices, and to communicate about children's learning with children and their families.

The National Regulations requires the appointment of an Educational Leader to lead the development and implementation of the educational program (or curriculum) at the centre (Regulation 118). This person will have suitable qualifications and experience, as well as a thorough understanding of the *Early Years Learning Framework* and/or the *Victorian Early Years Learning and Development Framework*, enabling them to guide other educators in planning and reflection, and to mentor colleagues in implementation practices (*Guide to the Education and Care Services National Law and the Education and Care Services National Regulations*, p85 – refer to Sources).

The *National Quality Standard* is linked to the approved learning frameworks. Quality Area 1: Educational Program and Practice focuses on “enhancing children's learning and development through the:

- pedagogical practices of educators and co-ordinators
- development of programs that promote children's learning across five learning outcomes” (*Guide to the National Quality Standard*, p20 – refer to Sources).

The educational program must also be underpinned by the centre's philosophy.

### **Legislation and standards**

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Sections 168, 301(3)(d), 323
- *Education and Care Services National Regulations 2011*: Regulations 73–76, 118, 148
- *National Quality Standard*, Quality Area 1: Educational Program and Practice
  - Standard 1.1.1: Curriculum decision-making contributes to each child's learning and development outcomes in relation to their identity, connection with community, wellbeing, confidence as learners and effectiveness as communicators.
  - Standard 1.1.2: Each child's current knowledge, strengths, ideas, culture, abilities, and interests are the foundation of the program.

### **Dealing with Infectious Diseases Policy**

Infectious diseases are common in children. Children are at a greater risk of exposure to infections in a children's centre than at home due to the amount of time spent with many other children. Infectious diseases are divided into four categories (A, B, C, D) based on the method of notification and the information required. The Department of Health has developed a document, *Minimum Period of Exclusion from Primary Schools and Children's Services Centers for Infectious Diseases Cases and Contacts*, to assist in protecting the public by preventing, or containing, outbreaks of infectious conditions common in schools and other children's centres and is regulated by the *Health (Infectious Diseases) Regulations 2001*.

An approved service must take reasonable steps to prevent the spread of infectious diseases at the centre, and ensure that the parent/guardian, authorised nominee, or emergency contact of each child enrolled at the centre is notified of the occurrence of an infectious disease as soon as possible. The centre must have policies and procedures in place for dealing with infectious diseases (Regulations 4, 88). The centre has a duty of care to ensure that everyone attending the centre is provided with a high level of protection during all hours that the centre is in operation. Protection can include:

- notifying children, families, and educators/staff when an excludable illness/disease is detected at the centre.
- complying with relevant health department exclusion guidelines
- increasing educator/staff awareness of cross-infection through physical contact with others.

The Victorian Government offers an immunisation program for children to assist in preventing the spread of infectious diseases. A standard immunisation calendar is available at [www.health.vic.gov.au/immunisation/factsheets/schedule-victoria.htm](http://www.health.vic.gov.au/immunisation/factsheets/schedule-victoria.htm). If an immunisation record cannot be provided at enrolment, the parent/guardian can access this information by requesting an immunisation history statement from:

- the Australian Childhood Immunisation Register, by calling 1800 653 809. This service is free of charge and it takes 7–10 working days to process a request.
- any Medicare office.

### **Legislation and standards**

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*
- *Health (Infectious Diseases) Regulations 2001*
- *Health Records Act 2001*
- *National Quality Standard, Quality Area 2: Children's Health and Safety*
  - Standard 2.1: Each child's health and physical activity is supported and promoted.
  - Element 2.1.2: Effective illness and injury management and hygiene practices are promoted and implemented.
  - Standard 2.2: Each child is protected.
  - Element 2.2.1: always, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
  - Element 2.2.2: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
- *National Quality Standard, Quality Area 6: Collaborative Partnerships with Families and Communities*
  - Standard 6.2: Collaborative partnerships enhance children's inclusion, learning and wellbeing.
- *Occupational Health and Safety Act 2004*
- *Public Health and Wellbeing Regulations 2009*
- WorkSafe Victoria Compliance Code: *First aid in the workplace*

### **Dealing with Medical Conditions Policy**

**An approved centre must have a policy for managing medical conditions that includes the practices to be followed:**

- in the management of medical conditions

- when parents are required to provide a medical management plan if an enrolled child has a specific health care need, allergy, or relevant medical condition.
- when developing a risk minimisation plan in consultation with the child's parents/guardians
- when developing a communication plan for staff members and parents/guardians.

Staff members and volunteers must be informed about the practices to be followed. If a child enrolled at the centre has a specific health care need, allergy or other relevant medical condition, parents/guardians must be provided with a copy of this and other relevant policies.

Medication and medical procedures can only be administered to a child:

- with written authorisation from the parent/guardian or a person named in the child's enrolment record as authorised to consent to administration of medication (Regulation 92(3)(b))
- with two adults in attendance, one of whom must be an educator. One adult will be responsible for the administration and the other adult will witness the procedure.
- if the medication is in its original container bearing the child's name, dose, and frequency of administration.

Refer to the *Administration of Medication Policy* for more information.

Staff may need additional information from a medical practitioner where the child requires:

- multiple medications simultaneously
- a specific medical procedure to be followed.

If a child with a chronic illness or medical condition that requires invasive clinical procedures or support is accepted by the centre, it is vital that prior arrangements are negotiated with the parent/guardian, authorised nominees, or appropriate health care workers to prepare for the event that the child will require a procedure while in attendance at the centre.

Parents/guardians and the centre should liaise with either the child's medical practitioner or other appropriate service providers to establish such an arrangement. Arrangements must be formalised following enrolment and prior to the child commencing at the centre.

#### Self-administration by a child over preschool age

Centres who provide education and care to a child over preschool age (as defined in the *Education and Care Services National Regulations 2011*) may allow a child over preschool age to self-administer medication. The Approved Provider must consider their duty of care when determining under what circumstances such permission would be granted.

- Where a child over preschool age can self-administer medication/medical procedures, written permission must be provided by the child's parent/guardian.
- Parents/guardians will provide written details of the medical information and administration protocols from the child's medical/specialist medical practitioner(s).
- The self-administration of medication or medical procedures by children over preschool age will be undertaken only under the supervision of a staff member with current approved first aid qualifications.

### **Legislation and standards**

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Section 173
- *Education and Care Services National Regulations 2011*: Regulations 90, 91, 96
- *Health Act 1958*
- *Health Records Act 2001*
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
  - Standard 2.1: Each child's health and physical activity is supported and promoted.

- Element 2.1.1: Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest, and relaxation.
- Element 2.2.1: always, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
- *National Quality Standard, Quality Area 7: Governance and Leadership*
  - Standard 7.1: Governance supports the operation of a quality service.
    - Element 7.1.2: Systems are in place to manage risk and enable the effective management and operation for a quality service.
    - Element 7.1.3: Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service.
- *Occupational Health and Safety Act 2004*

### **Delivery and Collection of Children Policy**

A duty of care always exists the child is attending a children's centre. In addition, the centre has a duty of care to a child while he/she is on the centres premises even if he/she has not yet been signed into the centre or has been signed out of the centre and is legally under the care and supervision of the parent/guardian (refer to *Supervision of Children Policy*).

The child may only leave the centre in the care of a parent/guardian, authorised nominee or a person authorised by one of these parties to collect the child. An authorised person does not include a parent who is prohibited by a court order from having contact with the child. An exception is made in the event of a medical or other emergency (refer to *Incident, Injury, Trauma and Illness Policy* and *Emergency and Evacuation Policy*) and for excursions (refer to *Excursions and Service Events Policy*).

The National Law and National Regulations do not specify a minimum age limit for an authorised nominee. Each centre will need to determine if a person under the age of 18 is able to be an authorised nominee and, if so, what constitutes the minimum acceptable age at that centre.

### **Legislation and standards**

Relevant legislation and standards include but are not limited to:

- *Children, Youth and Families Act 2005* (Vic), as amended 2011.
- *Children, Youth and Families Act 2005* (Vic), as amended 2012.
- *Education and Care Services National Law Act 2010*: Sections 167, 170
- *Education and Care Services National Regulations 2011*: Regulations 99, 168(2)(f)
- *Family Law Act 1975* (CT), as amended 2011
- *National Quality Standard, Quality Area 2: Children's Health and Safety*
  - Standard 2.2: Each child is protected.

### **Determining Responsible Person Policy**

Under the *Education and Care Services National Law Act 2010*, it is an offence to operate an approved centre-based education and care centre unless a Responsible Person is present.

Legislation requires that a Responsible Person be always physically in attendance the centre is educating and caring for children. The Responsible Person is either the Approved Provider (or the person in management or control of the centre), the Nominated Supervisor of the centre, or an educator who has been placed in day-to-day charge of the centre. For more information regarding these terms, refer to *Definitions*.

An Approved Provider must not operate a centre unless there is a Nominated Supervisor appointed for that service. The Nominated Supervisor does not have to always attend the service, but in their absence, a person is to be placed in day-to-day charge. It is important to note that an educator placed in day-to-day charge of a service **does not** have the same responsibilities under the National Law as the Nominated Supervisor.

### **Legislation and standards**

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Sections 5, 44, 56, 106–109, 114, 115, 118, 161, 162, 172, 291(5)
- *Education and Care Services National Regulations 2011*: Regulations 35, 46–49, 146, 168(2)(I)(ii), 173, 176(2)(c)
- *National Quality Standard*, Quality Area 4: Staffing Arrangements
  - Standard 4.1: Staffing arrangements enhance children’s learning and development.
- *National Quality Standard*, Quality Area 7: Governance and Leadership
  - Standard 7.1: Governance supports the operation of a quality service.
  - Element 7.1.2: Systems are in place to manage risk and enable the effective management and operation of a quality service.
- *Working with Children Act 2005* (Vic)
- *Working with Children Regulations 2006* (Vic)

### **Diabetes Policy**

Centre that are subject to the National Quality Framework must have a policy for managing medical conditions in accordance with the *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011*. This policy must define practices in relation to:

- the management of medical conditions
- procedures requiring parents/guardians to provide a medical management plan if an enrolled child has a relevant medical condition (including diabetes)
- development of a risk minimisation plan in consultation with a child’s parents/guardians
- development of a communication plan for staff members and parents/guardians.

Staff members and volunteers must be informed about the practices to be followed in the management of specific medical conditions at the service. Parents/guardians of an enrolled child with a specific health care need, allergy or other relevant medical condition must be provided with a copy of the *Dealing with Medical Conditions Policy* (in addition to any other relevant centre policies).

Centre must ensure that each child with diabetes has a current diabetes management plan prepared specifically for that child by their diabetes medical specialist team, at or prior to enrolment, and must implement strategies to assist children with type 1 diabetes. A child’s diabetes management plan provides staff members with all required information about that child’s diabetes care needs.

The following lists key points to assist service staff to support children with type 1 diabetes.

- Follow the centres *Dealing with Medical Conditions Policy* (and the *Diabetes Policy*) and procedures for medical emergencies involving children with type 1 diabetes.
- Parents/guardians should notify the centre immediately about any changes to the child’s individual diabetes management plan.

- The child's diabetes medical specialist team may include an endocrinologist, diabetes nurse educator and other allied health professionals. This team will provide parents/guardians with a diabetes management plan to supply to the centre.
- Contact Diabetes Australia – Vic for further support or information.

Most children with type 1 diabetes can enjoy and participate in centre programs and activities to their full potential but are likely to require additional support from centre staff to manage their diabetes. While attendance at the centre should not be an issue for children with type 1 diabetes, they may require time away to attend medical appointments.

### **Legislation and standards**

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Sections 167, 169
- *Education and Care Services National Regulations 2011*: Regulations 90–96, 102, 136, 137, 146, 147, 160–162, 168(2)(d), 173, 177, 181, 183, 184, 246
- *Health Records Act 2001* (Vic), as amended 2011
- *Information Privacy Act 2000* (Vic)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
  - Standard 2.1: Each child's health and physical activity is supported and promoted.
    - Element 2.1.2: Effective illness and injury management and hygiene practices are promoted and implemented.
  - Standard 2.2: Each child is protected.
    - Element 2.2.2: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
- *Occupational Health and Safety Act 2004* (Vic), as amended 2007
- *Privacy Act 1988* (CT)
- *Public Health and Wellbeing Act 2008*
- *Public Health and Wellbeing Regulations 2009* (Vic)

### **Emergency and Evacuation Policy**

The *Education and Care Services National Regulations 2011* define an emergency in relation to an education and care centre as any situation or event that poses an imminent or severe risk to the persons at the centre premises e.g., flood, fire or a situation that requires the centre premises to be locked down.

Comprehensive emergency management includes prevention, preparedness, response, and recovery.

Centres are required to have policies and procedures in place detailing what needs to be done in an emergency, including an emergency and evacuation floor plan. These policies and procedures must be based on a risk assessment that identifies potential emergencies relevant to the centre (Regulation 97).

Early childhood centres have a duty of care to the children, staff, volunteers, students, visitors, and all attending the facility. It is also a requirement under the *Occupational Health and Safety Act 2004* that employers provide a healthy and safe environment for all persons who access the centres facilities and/or programs.

All centres in Victoria are required to have an *Emergency Management Plan* (EMP) as part of their everyday 'best practice' operations. The Department of Education and Training (DET) provides *Emergency Management Plan Guidelines* and an *Emergency Management Plan* template to assist centres develop and review their EMP (refer to *Sources* below for the link).

All centres must complete the required sections of the plan and lodge it with the relevant DET regional office.

### **Legislation and standards**

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*: Regulations 97, 98, 168(2)(e)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
  - Standard 2.2: Each child is protected.
  - Element 2.2.2 – Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
- *Occupational Health and Safety Act 2004*

### **Enrolment and Orientation Policy**

The *Education and Care Services National Regulations 2011* require approved centres to have a policy and procedures in place in relation to enrolment and orientation (Regulation 168(2)(k)).

It is intended that all eligible children (refer to *Definitions*) will have access to one year of kindergarten before commencing school. However, a shortage of places in some areas can limit choices for parents/guardians. Where demand is higher than availability, a priority system for access must be determined by the Approved Provider to allocate the available places. The criteria used to determine the allocation of places is part of this policy. The Victorian Government requires funded organisations to ensure that their policies and procedures promote equal opportunity for all children. Criteria for access and inclusion are outlined in the *Victorian kindergarten policy, procedures, and funding criteria* (refer to *Sources*). Centres participating in central enrolment schemes are required to comply with the enrolment procedures of that scheme.

Childcare services providing approved care (refer to *Definitions*) must abide by the *Family Assistance Legislation Amendment (Child Care Rebate) Act 2011* (refer to *Legislation and standards*) and the Commonwealth Government's *Priority for allocating places in childcare services* (refer to *Sources*).

### **Legislation and standards**

Relevant legislation and standards include but are not limited to:

- *A New Tax System (Family Assistance) Act 1999*
- *Charter of Human Rights and Responsibilities Act 2006* (Vic), as amended 2011
- *Children, Youth and Families Act 2005* (Vic), as amended 2011.
- *Child Wellbeing and Safety Act 2005* (Vic), as amended 2012
- *Disability Discrimination Act 1992* (CT)
- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*: Regulations 160, 161, 162, 177, 183
- *Equal Opportunity Act 2010* (Vic)
- *Family Assistance Legislation Amendment (Child Care Rebate) Act 2011*
- *National Quality Standard*, Quality Area 6: Collaborative Partnerships with Families and Communities
  - Standard 6.1: Respectful relationships with families are developed and maintained and families are supported in their parenting role.
    - Element 6.1.1: Families are supported from enrolment to be involved in the service and contribute to service decisions.

- *Sex Discrimination Act 1984 (CT)*

### **Environmental Sustainability Policy**

“One of the most significant responsibilities that [early childhood] professionals have is to support children to retain the sense of awe and wonder that they are born with, to add to that a desire to nurture and protect what is beautiful, and to encourage them to appreciate that there are many possibilities for honouring life and wonders that the world holds” (Stonehouse, A. (2006) *NSW Curriculum Framework for Children’s Services* – refer to Sources).

Current research confirms that experiences in the early years help establish lifelong behaviour and values, and this reinforces the need for sustainability education to be included in early childhood programs. It is important for children to understand their place in the world and the role that they can play in protecting the environment. Children should learn to be environmentally responsible and be empowered to make a difference, and this learning should not wait until the ‘formal education’ of primary school. Elliot and Davis (refer to Sources) state that “early childhood educators have an active and significant role to play ensuring children experience connections with the natural environment in meaningful ways... which will ultimately promote action for sustainability”.

Environmental education can be defined as learning *about* the environment and how natural systems function; the interconnectedness of plants, animals, humans, and the planet we inhabit. Environmental education promotes the growth of knowledge, skills, and values about the environment, often with a focus on science and nature. In an early childhood setting, environmental education is integrated into everyday decisions made as part of the curriculum.

Sustainability can be defined in a broader and more holistic context of education *for* the environment. The complexities of social, environmental, and economic systems are acknowledged, and their implications for sustaining life are considered. The aim of sustainability education is to promote a sense of responsibility, respect, empowerment, active participation, enquiry, and a desire for social change (adapted from ECA Environmental Sustainability Policy 2005). The goal of sustainability education is to empower children and adults to think and act in ways that meet their immediate needs without jeopardising the potential of future generations to meet *their* own needs. Sustainable practice in early childhood settings requires a holistic approach that integrates all aspects of sustainability into centre operations.

The *National Quality Standard* (Quality Area 3: Physical Environment) includes a discussion on the centre taking an active role in caring for its environment and contributing to a sustainable future (Standard 3.3). As service providers to the community, education and care centres have an opportunity not only to make reductions to waste, water and energy consumption through their operations, but to role-model sustainable living to young children in a world facing climate change, increasing levels of air, land and water pollution, and depleted natural resources.

### **Legislation and standards**

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*
- *National Quality Standard*, Quality Area 3: Physical Environment
  - Standard 3.2: The service environment is inclusive, promotes competence and supports exploration and play-based learning.
    - Element 3.2.3: The service cares for the environment and supports children to become environmentally responsible.

## **Epilepsy Policy**

Epilepsy is a common, serious neurological condition characterised by recurrent seizures due to abnormal electrical activity in the brain. While about 1 in 200 children live with epilepsy, the impact is variable – some children are greatly affected while others are not.

“Epilepsy is unique: There are virtually no generalisations that can be made about how epilepsy may affect a child. There is often no way to accurately predict how a child’s abilities, learning and skills will be affected by seizures. Because the child’s brain is still developing, the child, their family and doctor will be discovering more about the condition as they develop. The most important thing to do when working with a child with epilepsy is to get to know the individual child and their condition. All children with epilepsy should have an Epilepsy Management Plan” (refer to *Children with epilepsy: A Teacher’s Guide*, Epilepsy Foundation of Victoria).

Most people living with epilepsy have good control of their seizures through medication; however, it is important that all those working with children living with epilepsy have a good understanding of the effects of seizures, required medication and appropriate first aid for seizures.

The Epilepsy Foundation of Victoria has a range of resources and can assist with the development of an Epilepsy Management Plan. The foundation also provides training and support to families and educators in the management of epilepsy, and in the emergency administration of midazolam or rectal Valium.

Legislation that governs the operation of approved children’s services is based on the health, safety, and welfare of children, and requires that children be protected from hazards and harm. Regulation 136 of the *Education and Care Services National Regulations 2011* requires the Approved Provider to ensure that there is always at least one educator on duty who has a current approved first aid qualification. As a demonstration of duty of care and best practice, GRPSA recommends **all educators** have current approved first aid qualifications.

### **Legislation and standards**

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Sections 167, 169, 174
- *Education and Care Services National Regulations 2011*: Regulations 79, 85, 86, 87, 90, 91, 92, 93, 95, 98, 101, 136, 137
- *Health Records Act 2001* (Vic)
- *Information Privacy Act 2000* (Vic)
- *National Quality Standard*, Quality Area 2: Children’s Health and Safety
  - Standard 2.1: Each child’s health and physical activity is supported and promoted.
  - Element 2.1.1: Each child’s health wellbeing and comfort is provided for, including appropriate opportunities to meet each child’s need for sleep, rest, and relaxation.
  - Standard 2.2: Each child is protected.
  - Element 2.2.2: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
- *Privacy Act 1988* (CT)
- *Public Health and Wellbeing Act 2008* (Vic)
- *Public Health and Wellbeing Regulations 2009* (Vic)

## **Excursion and Centre Events Policy**

Excursions and centre events are planned to extend the educational program and further develop the current interests of children. “Participating in their communities strengthens children’s sense of identity and wellbeing” (Outcome 2: Children relate to and contribute to their world, *Victorian Early Years Learning and Development Framework* – refer to *Sources*). The purpose and educational value of each excursion or centre event should be clearly communicated to parents/guardians.

When planning excursions and centre events, it is important to ensure that they are inclusive of all members of the centre community. Consideration must be given to any extra costs involved and the ability of families to pay these costs. Consideration must also be given to ensuring that all children can attend regardless of their abilities, additional needs, or medical conditions (refer to *Inclusion and Equity Policy, Dealing with Medical Conditions Policy, Asthma Policy, Anaphylaxis Policy, Diabetes Policy and Epilepsy Policy*). Clear procedures must be developed and followed, and these should be communicated to parents/guardians.

A risk assessment must be carried out for each excursion to determine any risks to children’s health, safety or wellbeing before permission is sought from parents/guardians (Regulations 100, 101). The risk assessment must identify each risk and specify how the risk will be managed and/or minimised (Regulation 101). Written authorisation for the child to attend the excursion must be obtained from a parent/guardian or person named in the child’s enrolment record before the child can be taken outside the centre premises. For details regarding information to be included in the written authorisation, refer to Attachment 1.

### Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*: Regulations 98, 99, 100, 101, 102, 123, 355, 357, 360
- *National Quality Standard, Quality Area 1: Educational Program and Practice*
  - Standard 1.1: The educational program enhances each child’s learning and development.
  - Element 1.1.1: curriculum decision-making contributes to each child’s learning and development outcomes in relation to their identity, connection with community, wellbeing, confidence as learners and effectiveness as communicators.
  - Element 1.1.3: All aspects of the program, including routines, are organised in ways that maximise opportunities for each child’s learning.
- *National Quality Standard, Quality Area 2: Children’s Health and Safety*
  - Standard 2.2: Each child is protected.
  - Element 2.2.1: always, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
  -

## **Fees Policy – Funded 4-year-old and funded 3-year-old kindergarten policy & Centre based care, OSHC and unfunded fun group policy.**

The Department of Education and Training (DET) provides per capita funding as a contribution towards the costs of the four-year-old and funded-3-year-old kindergarten program. Income from other sources, primarily fees, is required to meet all the additional costs incurred by the centre in the delivery of the children’s program. In addition, the Kindergarten Fee Subsidy (refer to *Definitions*) enables eligible families to attend the four-year-old- & funded 3-year-old kindergarten program at minimal or no cost.

DET also funds eligible three-year-old Aboriginal and Torres Strait Islander children, and children known to Child Protection, to access kindergarten programs as outlined in the *Victorian kindergarten policy, procedures, and funding criteria* (refer to *Sources*).

DET requires that funded services have a comprehensive written fees policy in place, and the content of this policy must be communicated to families. The policy must include a written statement about the fees to be charged, as required under Regulation 168(2)(n), and the payment process. All families must be informed of applicable term and annual fees at the time of enrolment. Centres must also advise eligible families of the Kindergarten Fee Subsidy arrangements. The fees charged must comply with the *Kindergarten Fee Subsidy – Fees Policy* (refer to *Definitions*) and be responsive to the local community and the viability of the service. The *Victorian kindergarten policy, procedures, and funding criteria* (refer to *Sources*) outlines the criteria to be covered in the policy.

### **Legislation and standards**

Relevant legislation and standards include but are not limited to:

- *Charter of Human Rights and Responsibilities 2006* (Vic), as amended 2011
- *Child Wellbeing and Safety Act 2005* (Vic), as amended 2012
- *Disability Discrimination Act 1992* (CT)
- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*: Regulation 168(2)(n)
- *Equal Opportunity Act 1995* (Vic)
- *National Quality Standard*, Quality Area 7: Governance and Leadership  
Standard 7.1: Governance supports the operation of a quality service.

### **Food Safety Policy**

Food safety is very important in early childhood centre environments. Young children are often more susceptible to the effects of foodborne illness than other members of the community. Foodborne illness (including gastrointestinal illness) can be caused by bacteria, parasites, viruses, chemicals, or foreign objects that are present in food. Food provided by a children's centre:

- must be fit for human consumption.
- must not be adulterated or contaminated.
- must not have deteriorated or perished.

Safe food practices can also assist in reducing the risk of a severe allergic reaction (e.g., anaphylaxis) by preventing cross-contamination of any food given to children with diagnosed food allergies (refer to *Anaphylaxis Policy* and *Asthma Policy*).

Organisations that provide food to children have a duty of care (refer to *Definitions*) to protect children from all hazards and harm. Employers are also required, under the *Occupational Health and Safety Act 2004*, to provide a healthy and safe working environment for employees and contractors, and to ensure that other individuals, including children, parents/guardians, visitors, and the public, are not endangered when attending the workplace. In addition, employees, visitors, and contractors are responsible for complying with appropriate workplace standards and procedures that have been implemented to protect their own health and safety, and that of others.

The *Food Act 1984* aims to reduce the incidence of foodborne illness by ensuring that food manufactured, transported, sold, prepared, and stored is safe, unadulterated, fit for human consumption and will not cause food poisoning. Under the Act, local councils in Victoria are required to classify every food premises in their municipality according to its food safety risk.

## **Early childhood centre should confirm their food safety risk classification and related requirements with the local council in the area in which they operate.**

Class 1 food premises describe those that predominantly handle potentially hazardous food that is served to vulnerable people. Early childhood services that provide long day care are included in the Class 1 category. Class 4 food premises describe those whose food handling activities pose low risk to public health. Sessional kindergartens are included in the Class 4 category.

Standard 3.3.1, in Chapter 3 of the *Australia New Zealand Food Standards Code* (the Code), is one of the national food safety standards that outlines the responsibilities of food businesses to ensure that the food they produce is safe. This standard applies to Australian food businesses that provide meals for vulnerable persons (those who are at greater risk of being affected by foodborne illness), such as the very young, the elderly and individuals who are immunocompromised due to disease or treatment for other illnesses. Standard 3.3.1 requires such businesses to have a documented food safety program (refer to *Definitions*).

Childcare centres that provide hot/cold meals and snacks are classified as Class 1 (high risk). Class 1 services must:

- ensure food that is sold or prepared for sale is safe to eat (this includes food provided to children as part of the program and included in the fees paid to the centre by the family)
- register annually with the council.
- be inspected by the council when first registered or when registration is transferred to a new proprietor.
- have a food safety program that is tailored specifically to their activities as a food premises.
- keep a copy of the food safety program on site.
- appoint a food safety supervisor with the necessary skills and accredited training.
- undergo two mandatory compliance checks each year:
  1. a council assessment of the premises and compliance with the documented food safety program
  2. an audit of the food safety program by a Department of Health-approved auditor to determine adequacy and compliance.

From 1 July 2010, Class 1 services can choose to have audits of their tailored food safety program conducted by an auditor approved by the Department of Health. This audit can be conducted by an independent private auditor or by a council auditor (if the relevant council offers audit services). The auditor is responsible for providing the statutory audit certificate to council and services must retain full audit reports for four years after they have been prepared. For more information about Class 1 food premises, services should contact their local council and refer to [www.health.vic.gov.au/foodsafety/downloads/class1.pdf](http://www.health.vic.gov.au/foodsafety/downloads/class1.pdf)

Sessional kindergartens supplying low risk snacks such as cut fruit, milk, bread, and cereals are classified as Class 4 (low risk). Class 4 services are **not** required to have:

- a food safety program
- a food safety supervisor
- an annual council inspection.

However, Class 4 services must ensure that staff members have the skills and knowledge needed to safely handle food in their work roles. Council may also, at its discretion, inspect a premise under the *Food Act 1984* (e.g., to investigate complaints or conduct a spot check). Individual councils may also require centres to complete a food safety audit or plan, especially when the centre is operating a special event such as a sausage sizzle. For more information

about Class 4 food premises, services should contact their local council and refer to [www.health.vic.gov.au/foodsafety/downloads/class4.pdf](http://www.health.vic.gov.au/foodsafety/downloads/class4.pdf)

### **Legislation and standards**

Relevant legislation and standards include but are not limited to:

- *Australia New Zealand Food Standards Code*
- *Child Wellbeing and Safety Act 2005*
- *Education and Care Services National Law Act 2010*: Section 167
- *Education and Care Services National Regulations 2011*: Regulation 77
- *Food Act 1984* (Vic), as amended 2012
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
  - Standard 2.1: Each child's health and physical activity is supported and promoted.
    - Element 2.1.3: Healthy eating and physical activity are promoted and appropriate for each child.
- *Occupational Health and Safety Act 2004*
- *Public Health and Wellbeing Act 2008* (effective as of 1 January 2010 – replaces the *Health Act 1958*)

### **Governance and Management of the Centre Policy**

The governance of an organisation is concerned with the systems and processes that ensure the overall direction, effectiveness, supervision, and accountability of a service. Members of the Parent Advisory Group are responsible for setting the directions for the centre and ensuring that its goals and objectives are met in line with its constitution, and all legal and regulatory requirements governing the operation of the business are met.

Under the National Law and National Regulations, early childhood services are required to have policies and procedures in place relating to the governance and management of the centre, including confidentiality of records (refer to *Privacy and Confidentiality Policy*).

### **Legislation and standards**

Relevant legislation and standards include but are not limited to:

- *Associations Incorporation Act 1981* and *Corporations Act 2001*, as applicable to the service
- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*: Regulation 168(2)(l)
- *National Quality Standard*, Quality Area 7: Governance and Leadership
  - Standard 7.1: Governance supports the operation of a quality service.

### **Hygiene Policy**

Infections are common in children and often lead to illness. A person with an infection may or may not show signs of illness and, in many instances, the infectious phase of the illness may be in the period before symptoms become apparent, or during the recovery phase. While it is not possible to prevent all infections in education and care environments, centres can prevent or control the spread of many infectious diseases by adopting simple hygiene practices.

An infection can be spread when an infected person attends the centre premises and contamination occurs. A centre can contribute to the spread of an infection through poor hygiene practices that allow infectious organisms to survive or thrive in the centre's environment.

The implementation of appropriate hygiene and infection control procedures aims to break the cycle and prevent the spread of infections at every stage. The National Health and Medical Research Council (NHMRC) suggest that to reduce illness in education and care services, the three most effective methods of infection control are:

- effective hand washing
- exclusion of sick children, staff, and visitors
- immunisation

Other strategies to prevent infection include:

- cough etiquette
- appropriate use of gloves
- effective cleaning of the centre environment.

The NHMRC suggests that if these strategies are not implemented, all other procedures described in the centres *Hygiene Policy* will have reduced effectiveness in preventing the spread of infection and illness.

### **Legislation and standards**

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*: Regulations 77, 106, 109, 112, 168
- *Food Act 1990*
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
  - Standard 2.1: Each child's health and physical activity is supported and promoted.
  - Element 2.1.2: Effective illness and injury management and hygiene practices are promoted and implemented.
- *Occupational Health and Safety Act 2004*
- *Public Health and Wellbeing Act 2008*

### **Incident, Injury, Illness & Trauma Policy**

People responsible for managing early childhood services and caring for children have a duty of care towards those children. All centre staff have a responsibility and a duty of care to act to prevent accidents and emergencies at the centre.

An approved service must have policies and procedures in place if a child is injured, becomes ill or suffers trauma. These procedures should be followed and must include the requirement that a parent/guardian be notified in the event of an incident, injury, illness, or trauma relating to their child as soon as possible and within 24 hours of the occurrence.

The National Regulations require an accurate *Incident, Injury, Trauma and Illness Record* to be kept and stored confidentially until the child is 25 years old (Regulation 183(2)).

Under the national legislation, each centre must ensure that an entry is recorded in the *Incident, Injury, Trauma and Illness Record* for the following occurrences:

- an incident in relation to a child, an injury received by a child or trauma to which a child has been subjected.
- an illness that becomes apparent.

Details that must be entered in the *Incident, Injury, Trauma, and Illness Record* include the following:

- the name and age of the child

- the circumstances leading to the incident, injury or trauma, or relevant circumstances surrounding the child becoming ill (including any symptoms)
- the time and date the incident occurred, the injury was received, or the child was subjected to the trauma, or the apparent onset of the illness.
- the action taken by the centre, including any medication administered, first aid provided, or medical personnel contacted.
- details of any person who witnessed the incident, injury or trauma, or the apparent onset of illness.
- the name of any person the centre notified, or attempted to notify, of any incident, injury, trauma, or illness that a child suffered while being educated and cared for by the centre, and the time and date of the notifications/attempted notifications.
- the name and signature of the person making an entry in the record, and the time and date that the entry was made.
- signature of a parent/guardian to verify that they have been informed of the occurrence.

All information will be included in the *Incident, Injury, Trauma and Illness Record* as soon as is practicable, but not later than 24 hours after the incident, injury or trauma, or the onset of the illness.

Medical emergencies may include serious health issues such as asthma, anaphylaxis, diabetes, fractures, choking and seizures. Such emergencies generally involve only one child; however, they can affect everyone in the children's centre. In some cases, it will be appropriate to refer to specific policies for guidance, such as the *Dealing with Medical Conditions Policy*, *Asthma Policy* and *Anaphylaxis Policy*.

### **Legislation and standards**

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Section 174(2)
- *Education and Care Services National Regulations 2011*: Regulations 77, 85–87, 103, 177, 183
- *Public Health and Wellbeing Act 2008* (Vic)
- *Public Health and Wellbeing Regulations 2009* (Vic)
- *Occupational Health and Safety Act 2004* (Vic), as amended 2007
- *Occupational Health and Safety Regulations 2007*
- WorkSafe Victoria Compliance Code: *First aid in the workplace* (2008)
- Australian Standards AS3745–2002, Emergency control procedures for buildings, structures, and workplaces
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
  - Standard 2.1: Each child's health and physical activity is supported and promoted.
  - Element 2.1.1: Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest, and relaxation.
  - Element 2.1.2: Effective illness and injury management and hygiene practices are promoted and implemented.
- *National Quality Standard*, Quality Area 3: Physical Environment
  - Standard 3.1: The design of the facilities is appropriate for the operation of a service.
  - Element 3.1.2: Premises, furniture and equipment are safe, clean, and well maintained.
- *National Quality Standard*, Quality Area 7: Governance and Leadership
  - Standard 7.1: Governance supports the operation of a quality service.
  - Element 7.1.2: Systems are in place to manage risk and enable the effective management and operation of a quality service.

## **Inclusion and Equity Policy**

It is intended that all Victorian children have access to a year of kindergarten before school. The Victorian Government requires funded organisations to ensure that their policies and procedures promote equality of opportunity for all children. Criteria for access and inclusion are outlined in the *Victorian kindergarten policy, procedures, and funding criteria* (refer to *Sources*) and include the requirement that funded organisations comply with existing legislation.

State and Commonwealth laws prohibit discrimination based on personal characteristics, including race, age, gender, religious belief, disability, and parental status. Underpinning the development of this policy are the requirements of the *Equal Opportunity Act 2010*, *Charter of Human Rights and Responsibilities Act 2006*, *Child Wellbeing and Safety Act 2005*, *Disability Discrimination Act 1992*, *Disability Act 2006*, *Education and Care Services National Law Act 2010* and *Education and Care Services National Regulations 2011*.

*“Children enrolling in kindergarten come from a variety of backgrounds and home situations. These circumstances need to be considered when engaging with parents and supporting children in the kindergarten program. Where families are accessing additional support from other services, it is important to ensure that a coordinated, confidential, and sensitive approach is undertaken to providing support and strengthening the capacity of the family unit.*

*“On commencing kindergarten, centres should provide families with information about:*

- *the role of inclusive practice in achieving outcomes for all children and the key values underpinning inclusive practice.*
- *the support options available for children during the year...”* (*Victorian kindergarten policy, procedures and funding criteria* – refer to *Sources*).

Inclusion involves considering all children’s social, cultural, and linguistic diversity (including learning styles, abilities, disabilities, gender, family circumstances and geographic location) in curriculum decision-making processes (*Guide to the National Quality Standard*, QA1 and QA5

*Practice Guide Four: Equity and Diversity* is one of a series of *Victorian Early Years Learning and Development Framework Practice Guides* (refer to *Sources*) and includes examples of best practice from a range of early childhood professionals across diverse settings.

In addition to developing and implementing an inclusion and equity policy, values of inclusion and equity should also be incorporated into a centres philosophy statement.

Developing professional knowledge and skills and using family-centred practice (refer to *Definitions*) to work in partnership with children, families, communities, and other services and agencies, will assist centres to identify, include and support children with additional needs and their families.

Under the Commonwealth’s *Disability Discrimination Act 1992*, it is illegal to discriminate against a person based on the presence of organisms in their body that can cause disease or illness. Early childhood centres are also obligated by law, service agreements and licensing requirements to comply with the *Education and Care Services National Law* and *National Regulations*, and privacy and health records legislation in relation to collecting and storing personal and health information about individuals (refer to *Privacy and Confidentiality Policy*).

## **Legislation and standards**

Relevant legislation and standards include but are not limited to:

- *Age Discrimination Act 2004*

- *Charter of Human Rights and Responsibilities Act 2006* (Vic), as amended 2011
- *Children, Youth and Families Act 2005* (Vic), as amended 2011.
- *Child Wellbeing and Safety Act 2005* (Vic), as amended 2012
- *Darden Boora: the Victorian Charter of Safety and Wellbeing for Aboriginal Children and Young People* (Vic)
- *Disability Act 2006* (Vic)
- *Disability Discrimination Act 1992* (CT), as amended 2011
- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*
- *Equal Opportunity Act 2010* (Vic)
- *Fair Work Act 2009* (CT)
- *Health Records Act 2001* (Vic)
- *Information Privacy Act 2000* (Vic)
- *National Quality Standard*, Quality Area 1: Educational Program and Practice
  - Standard 1.1: The educational program enhances each child’s learning and development.
  - Element 1.1.2: Each child’s current knowledge, strengths, ideas, culture, abilities, and interests are the foundation of the program.
- *National Quality Standard*, Quality Area 6: Collaborative Partnerships with Families and Communities
- *Occupational Health and Safety Act 2004*
- *Privacy Act 1988* (CT)
- *Racial and Religious Tolerance Act 2001* (Vic)
- *Racial Discrimination Act 1975* (CT)
- *Sex Discrimination Act 1984* (CT)

### **Information and Communication Technology Policy**

The Victorian Government has funded the provision of ICT infrastructure and support to kindergartens since 2003. This support has included:

- purchase and installation of ICT equipment
- installation and maintenance of internet connection
- provision of email addresses
- training in the use of software and the internet
- help desk support.

The purpose of this support is to:

- establish ICT infrastructure to assist teachers in the development and exchange of learning materials, and in recording children’s learning.
- contribute to the professional development of kindergarten teachers and educators and enhance their access to research in relation to child development.
- establish ICT infrastructure that enhances the management of kindergartens and reduces the workload on parent advisory groups.
- contribute to the sustainability of kindergartens by providing for the better management of records, including budget and finance records (IT for Kindergartens: [www.kindergarten.vic.gov.au](http://www.kindergarten.vic.gov.au)).

The ICT environment is continually changing. Early childhood centres now have access to a wide variety of technologies via fixed, wireless, and mobile devices. While ICT is a cost-

effective, timely and efficient tool for research, communication and management of a centre, there are also legal responsibilities in relation to information privacy, security and the protection of employees, families, and children.

State and federal laws, including those governing information privacy, copyright, occupational health and safety, anti-discrimination, and sexual harassment, apply to the use of ICT (refer to *Legislation and standards*). Illegal and inappropriate use of ICT resources includes pornography, fraud, defamation, breach of copyright, unlawful discrimination or vilification, harassment (including sexual harassment, stalking and privacy violations) and illegal activity, including illegal peer-to-peer file sharing.

### **Legislation and standards**

Relevant legislation and standards include but are not limited to:

- *Broadcasting Services Act 1992*(Vic), as amended 2007
- *Charter of Human Rights and Responsibilities Act 2006*(Vic), as amended 2011
- *Classification (Publications, Films and Computer Games) Act 1995*
- *Commonwealth Classification (Publication, Films and Computer Games) Act 1995*, as amended 2007
- *Competition and Consumer Act 2010*(CT)
- *Copyright Act 1968*(CT)
- *Copyright Amendment Act 2006*(CT)
- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*
- *Equal Opportunity Act 2010* (Vic)
- *Freedom of Information Act 1982*
- *Health Records Act 2001*(Vic)
- *Information Privacy Act 2000*(Vic)
- *National Quality Standard, Quality Area 7: Governance and Leadership*
  - Standard 7.2: Governance supports the operation of a quality service.
- *Occupational Health and Safety Act 2004*
- *Privacy Act 1988*(CT)
- *Public Records Act 1973*(Vic)
- *Sex Discrimination Act 1984* (CT)
- *Spam Act 2003*
- *Trademarks Act 1995* (CT)

### **Interactions with Children Policy**

The United Nations Convention on the Rights of the Child is founded on respect for the dignity and worth of each individual, regardless of race, colour, gender, language, religion, opinions, wealth, birth status or ability. Developing responsive, warm, trusting, and respectful relationships with children promotes their wellbeing, self-esteem, and sense of security. Positive interactions between educators/adults and children can empower children to feel valued, competent, and capable.

Actively engaging in children’s learning and decision-making during play, daily routines and ongoing activities can stimulate children’s thinking, enrich their learning, and encourage them to explore and manage their feelings and behaviour.

“Having supportive relationships with the nominated supervisor, educators, co-ordinators and staff members enables children to develop confidence in their ability to express themselves, work through differences, learn new things and take calculated risks” (*Guide to the National Quality Standard* – refer to *Sources*).

Regulation 155 of the National Regulations requires an Approved Provider of children’s services to take reasonable steps to ensure that the centre provides education and care to children in a way that encourages them to express themselves, and develop self-reliance and self-esteem, maintains their dignity and rights, provides positive guidance and encouragement towards acceptable behaviour, and respects their cultural and family values.

Regulation 156 requires the Approved Provider to ensure that the centre provides children with opportunities to interact and develop positive relationships with each other, and with the staff and volunteers at the centre. To meet these requirements, the Approved Provider is expected to consider the size and composition of the groups in which the children are educated and cared for.

In developing an *Interactions with Children Policy*, early childhood education and care centres must review and reflect on the philosophy, beliefs, and values of the centre, particularly about the relationships with children. The development of this policy should also be informed by the service’s *Code of Conduct Policy* (particularly Attachment 1 – Professional standards for staff).

### **Legislation and standards**

Relevant legislation and standards include but are not limited to:

- *Charter of Human Rights and Responsibilities Act 2006* (Vic)
- *Children, Youth and Families Act 2005* (Vic), as amended 2011.
- *Child Wellbeing and Safety Act 2005* (Vic), as amended 2012
- *Disability Discrimination Act 1992* (CT)
- *Education and Care Services National Law Act 2010*: Sections 166, 167
- *Education and Care Services National Regulations 2011*: Regulations 73, 74, 155, 156, 157, 168(2)(j)
- *Equal Opportunity Act 2010* (Vic)
- *National Quality Standard*, Quality Area 5: Relationships with Children
  - Standard 5.1: Respectful and equitable relationships are developed and maintained with each child.
  - Element 5.1.1: Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident, and included.
  - Standard 5.2: Each child is supported to build and maintain sensitive and responsive relationships.

### **Nutrition Oral Health and Active Play Policy**

There are many benefits to promoting a healthy lifestyle in early childhood education and care settings, including the positive impact this has on each child’s learning and development. Being made aware of positive eating behaviour and the importance of physical activity from an early age can instil good habits that will remain throughout a person’s life. Educators/staff are well placed to build this awareness among children and their families, while respecting lifestyle choices, and cultural and religious values.

The foods we eat provide our body with the nutrients we need to stay healthy. Good nutrition is the balanced eating of a variety of foods and is especially important for children as they require a large amount of nutrients for growth and development. Research has shown that, when offered a variety of healthy foods, children can and do make good choices. It is also important to provide preschool children with a good foundation in healthy eating, as most children have formed lifelong eating habits before they reach school age. Education and care settings provide many opportunities for children to experience a range of healthy food, and to learn about food choices from educators and other children (*Belonging, Being & Becoming – The Early Years Learning Framework for Australia*, p30 – refer to *Sources*).

Active play (play that involves using the large muscles in the body) develops a strong and healthy body, builds motor and co-ordination skills, creates a sense of wellbeing, and helps protect from disease. Active play is about moving, being and doing.

A strong sense of health and wellbeing, supported by good nutrition and an active lifestyle, can provide children with confidence, energy and optimism that will contribute to their ability to concentrate, co-operate, and learn (*Belonging, Being & Becoming – The Early Years Learning Framework for Australia*, p30 – refer to *Sources*). Learning about healthy lifestyles, including nutrition and active play, links directly to Outcome 3 in both the *Early Years Learning Framework* and the *Victorian Early Years Learning and Development Framework* (refer to *Sources*).

The Australian Government has produced guidelines, recommendations and resources for healthy eating and physical activity in early childhood settings, including the National Health and Medical Research Council's *Dietary Guidelines for Children and Adolescents in Australia* (refer to *Sources*) and the *Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood* resources (refer to *Sources*). Practical, healthy eating advice is also available to early childhood services and schools via a telephone advice line: the Victorian Healthy Eating Advisory Service (VHEAS – refer to *Sources*), run by Nutrition Australia. Early childhood education and care centres can also register for the *Victorian Prevention and Health Promotion Achievement Program* (refer to *Sources*). This program is designed to create safe, healthy, and friendly environments for learning, by promoting physical, mental, and social health and wellbeing.

### Progressive mealtimes

In recognising children as active participants in their own learning, children should be encouraged to make meaningful decisions about elements of their own education and care. Incorporating progressive mealtimes into the educational program allows children to choose to eat when they are hungry, rather than according to a timetable. Children can gather in small groups to enjoy meals together, without interrupting the needs and play of others. This also encourages quieter, more social, and meaningful interactions at mealtimes and allows for a smoother flow throughout the day. Children can make decisions based on their own needs and can be supported to access food and water throughout the day by educators/staff, who actively participate in mealtimes.

A decision with respect to incorporating progressive mealtimes into the educational program must consider the needs of all children at the centre, particularly children with specific medical conditions such as diabetes. The National Regulations require centre to ensure that children with medical conditions can participate fully in the educational program and are not discriminated against in any way.

### **Legislation and standards**

Relevant legislation and standards include but are not limited to:

- *Australian Dietary Guidelines 2013*

- *Infant Feeding Guidelines, National Health and Medical Research Council 2012*
- *Menu Planning Guidelines for long day care, Healthy Eating advisory service, DHHS, State Government of Victoria 2012*
- *Australia New Zealand Food Standards Code*
- *Child Wellbeing and Safety Act 2005*
- *Disability Discrimination Act 1992 (CT)*
- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011: Regulations 77–78, 79–80 (if the service provides food), 168.*
- *Equal Opportunity Act 2010 (Vic)*
- *Food Act 1984 (Vic), as amended 2012*
- *Occupational Health and Safety Act 2004*
- *National Quality Standard, Quality Area 2: Children’s Health and Safety*
  - Standard 2.1: Each child’s health and physical activity is supported and promoted.
- *Element 2.1.3 Healthy eating and physical activity are promoted and appropriate for each child: National Quality Standard, Quality Area 6: Collaborative Partnerships with families and communities.*
  - Standard 6.1.2: Parent views are respected; and families share in decision making about their child’s learning and wellbeing.
  - Standard 6.2.2: Effective partnerships support children’s access, inclusion, and participation in the program
- *National Quality Standard, Quality Area 7: Governance and Leadership*
  - Standard 7.1: Governance supports the operation of a quality service.
- *Get up and Grow. Healthy Eating and Physical Activity for Early Childhood. Australian Government, 2009*
- *EYLF 2009*
- *VEYLDF 2016*

### **Occupational Health and Safety Policy**

Everyone involved in an early childhood education and care centres has a role to play in ensuring the centres operations are safe and without risk to the health and safety of all parties. In Victoria, health and safety in the workplace is governed by a system of laws, regulations and compliance codes that set out the responsibilities of employers and employees to ensure safety is maintained at work.

The *Occupational Health and Safety Act 2004* (OHS Act) sets out the key principles, duties, and rights in relation to workplace health and safety. The *Occupational Health and Safety Regulations 2007* specifies the ways duties imposed by the OHS Act must be undertaken and prescribes procedural/administrative matters to support the OHS Act, such as requiring licenses for specific activities, or the need to keep records or notify authorities on certain matters<sup>3</sup>.

The legal duties of an **employer** under the OHS Act are:

- to provide and maintain a workplace that is safe and without risk to the health of employees. This responsibility extends to contractors for routine tasks over which the employer has management. For contractors completing non-routine tasks, the employer must ensure that the centres daily operations and layout do not pose unreasonable risks.

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<sup>3</sup> WorkSafe Victoria: [www.worksafe.vic.gov.au](http://www.worksafe.vic.gov.au)

- to ensure other individuals, such as families and visitors, are not exposed to health and safety risks arising from the organisation's activities.
- to consult with employees about OHS matters that will, or will likely, affect employees directly, including identifying hazards and assessing risks, and making decisions about risk control measures.

The OHS Act places the responsibility on **employees** for:

- taking care of their own safety and the safety of others who may be affected by their actions.
- co-operating with reasonable OHS actions taken by the employer, including following guidelines, attending OHS-related training, reporting incidents, co-operating with OHS investigations, encouraging good OHS practice with fellow employees and others at the centre, and assisting the employer with conducting OHS inspections during operating hours.
- not interfering with safety equipment provided at the centre, such as fire extinguishers.

### **Legislation and standards**

Relevant legislation and standards include but are not limited to:

- *Accident Compensation Act 1985*, as amended 2007
- *AS/NZS 4804:2001 and 4801:2001 Occupational health and safety systems*
- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
  - Standard 2.2: Each child is protected.
  - Element 2.2.1: always, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
- *National Quality Standard*, Quality Area 3: Physical Environment
  - Standard 3.1: The design of the facilities is appropriate for the operation of a service.
  - Element 3.1.1: Outdoor and indoor spaces, buildings, fixtures, and fittings are suitable for their purpose, including supporting the access of every child.
- *National Quality Standard*, Quality Area 7: Governance and Leadership
  - Standard 7.1: governance supports the operation of a quality service.
- *Occupational Health and Safety Act 2004*
- *Occupational Health and Safety Regulations 2007*

### **Participation of Volunteers and Students Policy**

Volunteers and students may participate in programs and activities at the centre from time to time to observe and experience the provision of centre-based education and care. This will be encouraged and facilitated by Goulburn Region Preschool Association Inc wherever appropriate and possible.

Goulburn Region Preschool Association Inc values the participation of parents/guardians and other family members, and the voluntary contribution they make to the education and care of their own and other children. "In genuine partnerships families and educators' value each other's knowledge and roles, communicate freely and respectfully and engage in shared decision making" (*Early Years Learning Framework*). Goulburn Region Preschool Association Inc aims to provide a range of opportunities for family members, volunteers, and students to participate in programs and activities while adhering to clear guidelines regarding appropriate interactions and communication with staff, and other adults and children at the centre (refer to *Code of Conduct Policy*).

Volunteers and students can expect:

- a safe and well-managed workplace
- meaningful work experience with appropriate direction, supervision, and training
- recognition for their contribution.

The role that volunteers play in children's centre varies and can include working with groups of children, preparing materials or food, assisting with administrative tasks, or working one-on-one with individual children. The children's centre is responsible for ensuring that volunteers are suitable to work with children, and that children's health, safety and wellbeing is always protected.

Prior to participation at the centre, a volunteer (aged 18 years or over) must be in possession of a Working with Children (WWCC) Check card

Parents/guardians and family members closely related to children attending the service are exempt from needing a WWC Check. However, a centre may decide, as a demonstration of duty of care, that all parents/guardians who volunteer at the centre are required to undergo a WWC Check.

Volunteers should only be engaged to complement, not replace, the work of paid staff. Accordingly, centre should not engage volunteers to fill the place of an employee who is ill or on leave, or to fill a vacant budgeted position.

Volunteers must not be asked to perform tasks:

- that they are untrained, unqualified, or too inexperienced to undertake.
- that put the children or themselves in a vulnerable or potentially unsafe situation.
- where there is a conflict of interest.

Prior to commencing work at the centre, all volunteers should be interviewed to ascertain their suitability for, and interest in, the tasks they will be undertaking, and to assess whether the volunteer's goals can be achieved. The interview process also provides an opportunity for volunteers to have their questions answered. Reference checks may be undertaken by the Approved Provider or a nominee of the Approved Provider, to confirm work abilities or character attributes. Good practice in volunteer management includes acknowledgement and recognition of volunteer contributions, and this can involve a mixture of formal and informal recognition strategies.

It is a requirement under the *Education and Care Services National Regulations 2011* that the Approved Provider uses the staff record to document the details of all students and volunteers. The staff record must include the full name, address, and date of birth of each student or volunteer who participates at the centre. The Approved Provider of a centre-based centre must also keep a record for each day on which the student or volunteer participates at the centre, including the date and the hours of participation. In addition to this, it is recommended that students and volunteers undertake an induction to the centre and complete an induction checklist (refer to Attachment 1), which should also be stored with the staff record.

### **Legislation and standards**

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Section 169
- *Education and Care Services National Regulations 2011*: Regulations 123, 145, 149, 157, 355, 358, 360
- *Equal Opportunity Act 2010* (Vic)
- *Fair Work Act 2009* (CT)
- *National Quality Standard*, Quality Area 4: Staffing Arrangements
  - Standard 4.1: Staffing arrangements enhance children's learning and development.

- *Occupational Health and Safety Act 2004* (Vic)
- *Working with Children Act 2005* (Vic)

### **Privacy and Confidentiality Policy**

Early childhood centres are obligated by law, service agreements and licensing requirements to comply with the privacy and health records legislation when collecting personal and health information about individuals.

The *Health Records Act 2001* (Part 1, 7.1) and the *Information Privacy Act 2000* (Part 1, 6.1) include a clause that overrides the requirements of these Acts if they conflict with other Acts or Regulations already in place. For example, if there is a requirement under the *Education and Care Services National Law Act 2010* or the *Education and Care Services National Regulations 2011* that is inconsistent with the requirements of the privacy legislation, centres are required to abide by the *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011*.

### **Legislation and standards**

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*: Regulations 181, 183
- *Freedom of Information Act 1982*
- *Health Records Act 2001* (Vic)
- *Information Privacy Act 2000* (Vic)
- *National Quality Standard*, Quality Area 7: Governance and Leadership
  - Standard 7.1: Governance supports the operation of a quality service.
  - Element 7.1.2: systems are in place to manage risk and enable the effective management and operation of a quality service.
- *Privacy Act 1988* (CT)
- *Public Records Act 1973* (Vic)

### **Sleep and Rest Policy**

Sleep and rest are vital to children’s healthy development. “Children who get enough sleep are more engaged and less prone to behavioral problems and moodiness. Sleep also promotes alertness, memory and performance... Effective rest and sleep strategies are important to ensure that children feel secure and safe, and ECEC settings have a duty of care to ensure that all children are provided with a high level of safety and comfort when resting or sleeping and to maintain adequate supervision” (*Childcare and Children’s Health*, vol 14, no 2, June 2011 – refer to *Sources*).

The *Early Years Learning Framework* (EYLF) and the *Victorian Early Years Learning and Development Framework* (VEYLDF) include a focus on social, emotional, spiritual, and physical wellbeing and health. Development Outcome 3 in both framework documents refers to a child’s ability to take increasing responsibility for their own wellbeing. One of the indicators for this capacity is that children “recognize and communicate their bodily needs (for example thirst, hunger, rest, comfort, physical activity)”. The EYLF suggests that to promote this, educators should:

- consider the pace of the day within the context of the community.
- provide a range of active and restful experiences throughout the day, and support children to make appropriate decisions regarding participation.

Employers have a responsibility under the *Occupational Health and Safety Act* to provide a safe and healthy working environment. This duty extends to others present in the workplace, including children and volunteers. Providing a safe environment for children at the centre includes complying with current Australian/New Zealand standards in relation to equipment, such as cots and mattresses (refer to *Sources*).

### **Legislation and standards**

Relevant legislation and standards include but are not limited to:

- *Australian Consumer Law and Fair-Trading Act 2012*
- *Australian Consumer Law and Fair-Trading Regulations 2012*
- Australian/New Zealand Standard – Cots for household use – Safety Requirements (AS/NZS 2172:2010)
- Australian/New Zealand Standard – Cots for day nursery, hospital, and institutional use – Safety Requirements (AS/NZS 2130:1998)
- *Education and Care Services National Law Act 2010*: Section 167
- *Education and Care Services National Regulations 2011*: Regulation 81
- *National Quality Standard*, Quality Area 2: Children’s Health and Safety
  - Standard 2.1: Each child’s health and physical activity is supported and promoted.
    - Element 2.1.1: Each child’s wellbeing and comfort is provided for including appropriate opportunities to meet each child’s needs for sleep, rest, and relaxation.
- *Occupational Health and Safety Act 2004*

### **Staffing Policy**

Research has demonstrated that the employment of appropriately qualified staff in early childhood centres is a key contributor to the delivery of quality programs and better learning outcomes for children. “Those with higher qualification levels and standards of training are better equipped to provide improved learning environments and mentor educators in quality practices, leading to better outcomes for children” (*Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011*). The Australian Government has acknowledged this by legislating minimum qualification requirements for all educators working in early childhood education and care centres. Eligibility for centres to receive funding also includes requirements for staff to hold specific qualifications (*Victorian kindergarten policy, procedures, and funding criteria* – refer to *Sources*).

A current list of approved qualifications is available on the Australian Children’s Education and Care Quality Authority (ACECQA) website (refer to *Sources*). Applications can also be made to ACECQA to determine if other qualifications (such as those gained overseas) entitle the individual to work as an early childhood teacher, diploma-level educator, or certificate III level educator. Application forms are available on the ACECQA website and a fee is required for processing an application.

In addition, current legislation requires at least one educator who holds current approved first aid qualifications, anaphylaxis management training and emergency asthma management training to be in attendance and immediately available at all times that children are being educated and cared for by the centre. These qualifications must be updated as required, and details of qualifications must be kept on an individual’s staff record. As a demonstration of duty of care and best practice, GRPSA recommends **all educators** have current approved first aid qualifications, anaphylaxis management training and emergency asthma management training.

It is essential that all educators and other adults engaged to work directly with children are provided with opportunities to learn and develop new skills in relation to supporting the

learning and development of young children. Such opportunities can arise when more qualified and experienced educators offer guidance and feedback to other educators. Opportunities for professional development are also crucial for all educators to ensure that their work practice remains current and relevant to the practices and principles of the national *Early Years Learning Framework (EYLF)* and the *Victorian Early Years Learning and Development Framework (VEYLDF)* (refer to *Sources*).

Staff are required to supervise children when children attend the centre (refer to Supervision of Children Policy) actively always. To facilitate this, centre is required to always comply with legislated educator-to-child ratios, and these ratios are based on the ages and number of children at the service. Only those educators working directly with children (refer to *Definitions*) can be counted in the ratio.

To ensure that children are protected from harm while participating in centre programs, all educators and staff are required by law to have and maintain a Working with Children (WWC) Check or a criminal history record check (refer to *Definitions* and *Sources*). -

Parents/guardians and family members closely related to children attending the service are exempt from needing a WWC Check. However, a Centre may decide, as a demonstration of duty of care, that all parents/guardians who volunteer at the centre are required to undergo a WWC Check.

This policy should be read in conjunction with the following service policies:

- *Code of Conduct Policy* – management, co-ordinators, educators, staff, students on placement and volunteers are required to be always respectful and ethical. This policy explains the responsibilities of all parties in relation to one another, to children and families using the centre, and to individuals and organisations in the wider community.
- *Determining Responsible Person Policy* – legislation requires all approved centre to ensure that a Responsible Person is always physically present the centre is educating and caring for children. The Responsible Person is either the Approved Provider, or the Nominated Supervisor or educator who has been placed in day-to-day charge of the centre. This policy provides guidelines to determine the Responsible Person at the centre.
- *Participation of Volunteers and Students Policy* – this policy provides guidelines for the engagement and participation of volunteers and students at the centre, while ensuring that children’s health, safety, and wellbeing is always protected.

## **Legislation and standards**

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Sections 12, 13, 14, 161, 162, 165, 169
- *Education and Care Services National Regulations 2011*: Regulations 14, 15, 16, 46, 47, 48, 49, 83, 84, 118, 120, 121–123, 125–126, 129–135, 136, 137–143, 145–152, 355, 357, 358, 360–364
- *Equal Opportunity Act 2010* (Vic)
- *Fair Work Act 2009*
- *Information Privacy Act 2000* (Vic), as amended 2011
- *National Quality Standard*, Quality Area 4: Staffing Arrangements
  - Standard 4.1: Staffing arrangements enhance children’s learning and development.
  - Element 4.1.1: The organisation of educators across the service supports children’s learning and development.
  - Element 4.2.2: Professional standards guide practice, interactions, and relationships.
- *Privacy Act 1998* (CT), as amended 2011
- *Working with Children Act 2005* (Vic)

- *Working with Children Regulations 2006* (Vic)

### **Sun Protection Policy**

Balanced exposure to UV radiation is important for health. Australia has one of the highest rates of skin cancer in the world. Research suggests that young children and babies have sensitive skin and are therefore more vulnerable to sunburn and skin damage. Exposure to the sun in the first 15 years plays a major role in the risk of developing skin cancer in later life.

It is also important to have a healthy balance of UV radiation exposure. Too little UV from the sun can lead to low vitamin D levels. Vitamin D is necessary for the development and maintenance of healthy bones and muscles, and for general health. Appropriate levels of sun exposure can vary from child to child. According to the SunSmart website, children with naturally very dark skin may not be required to wear sunscreen to help with vitamin D requirements. This should be discussed with parents/guardians prior to the child commencing at the centre.

It is a requirement under the *Occupational Health and Safety Act 2004* that employers provide a healthy and safe environment for all persons who access the centre's facilities and/or programs.

Legislation that governs the operation of approved children's centres is based on the health, safety and welfare of the children and requires that children be protected from hazards and harm.

### **Legislation and standards**

Relevant legislation and standards include but are not limited to:

- *Child Wellbeing and Safety Act 2005* (Vic) (Part 2: Principles for Children)
- *Education and Care Services National Law Act 2010*: Section 167
- *Education and Care Services National Regulations 2011*: Regulations 114, 168(2)(a)(ii)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
  - Standard 2.3: Each child and physical activity is supported and protected.
    - Standard 2.2: Each child is protected.
      - Element 2.2.1: At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
- *Occupational Health and Safety Act 2004*

### **Supervision of Children Policy**

Supervision is essential in ensuring that children's safety is protected in the centre environment.

Supervision is an integral part of the care and education of children and requires staff members to make ongoing assessments of the child and the activities in which they are engaged. Active supervision assists in the development of positive relationships between educators, children, and their families, and informs ongoing assessment and future planning. Adequate supervision requires teamwork and good communication between educators.

### **Legislation and standards**

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Sections 165, 167, 169, 174
- *Education and Care Services National Regulations 2011*: Regulations 101, 168, 176
- *National Quality Standard*, Quality Area 2: Children's Health and Safety

- Standard 2.2: Each child is protected.
- Element 2.2.1: always, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
- *Occupational Health and Safety Act 2004*

### **Water Safety Policy**

The supervision and safety of children with and around water is of paramount importance.

Learning spaces and environments should offer an array of possibilities and connect children with natural materials. Water is one experience that offers children sensory-rich, open-ended experiences that engage children’s curiosity and imagination. Children may encounter these resources in the centre environment and/or when on excursions. These experiences, especially those conducted with and near water, will be carefully supervised ensuring the safety of children and adults.

Water safety relates to access to water in the building, the playground or on excursions, and to the availability of drinking water for children.

It is imperative that educators remain vigilant in their supervision of children in and around water and are alert to potential risks in everyday practice in the learning environment.

Drowning is a leading cause of death for children in Victoria, with infants and toddlers the group most at risk. Non-fatal drowning incidents can result in permanent brain damage and disability. Knowledge of potential hazards associated with water will assist educators to provide a safe, stimulating environment for preschool children.

Drowning hazards include large bodies of water such as swimming pools, rivers, creeks, dams, and ponds. Smaller bodies of water, including nappy buckets, water containers, pet water bowls and poor drainage which allows water to collect can also present drowning hazards for young children. Children can drown in as little as a few centimetres of water.

Keep Watch is a public education program of Royal Life Saving Society – Australia, aimed at preventing the drowning deaths of children under 5 years of age in all aquatic locations. The program has four key actions:

- supervise children constantly around water.
- restrict access to water hazards by using child-proof barriers and fences.
- provide water awareness training to children.
- resuscitation saves lives – ensure that staff have completed current first aid training.

### **Legislation and standards**

Relevant legislation and standards include but are not limited to:

- *Child Wellbeing and Safety Act 2005* (Vic) (Part 2: Principles for Children)
- *Education and Care Services National Law Act 2010*: Section 167
- *Education and Care Services National Regulations 2011*: Regulations 101(2), 168(2)(a)(iii)
- *National Quality Standard*, Quality Area 2: Children’s Health and Safety
  - Standard 2.2: Each child is protected.
  - Element 2.2.1: always, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.