



FAMILY DAY CARE (FDC) - MASTER POLICY

Child Care Services Policies

September 2017



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1.1 Introduction

For a full overview of the Beaucare governance roles and responsibilities [refer to Appendix B Governance and Management](#)

Beaucare Child Care Services comprises Beaucare Family Day Care and Beaucare In Home Child Care.

The programs are sponsored by Beaucare, an incorporated community organisation that also sponsors Aged and Disability Services, Community Development, Youth Development and Family Support.

1.1.1 Family Day Care

Family Day Care is a network of educators registered to provide home based care and learning opportunities in their own homes for children, organised and supported by a central Coordination unit. Family Day Care caters for children from birth upwards. It is a flexible service aiming to provide care according to each family's needs.

Beaucare Family Day Care Service was formed in April 1993. Beaucare services the Scenic Rim, Gold Coast, Logan and surrounding areas.

The service is registered to administer Child Care Subsidies. Family Day Care works within the National Quality Standards for Early Childhood Education and Care with emphasis on positive learning outcomes for children as part of the Early Years Learning Framework, My Time Our Place and the National Quality Framework.

Family Day Care is regulated by the Australian Children's Education and Care Quality Authority (www.acecqa.gov.au) through the Queensland Office for Early Childhood Education and Care Department of Education & Training under the provisions of the Education and Care Services National Law Act 2010 and the Education and Care Services National Regulation 2011. **Resource officers may be contacted at:**

Postal Address:	PO Box 492, Oxenford QLD 4210
Telephone:	(07) 5656 6688
Physical Address:	Level 1, 340 Hope Island Road, Hope Island
Office Hours:	8:30am to 4:30pm
Compliance e-Mail Address:	southeastregion.ecec@det.qld.gov.au

1.1.2 In Home Child Care

In Home Child Care is a flexible form of childcare where care is provided in the child's home by an approved educator. In Home care is for families with children who cannot be cared for by other child care services or whose circumstances mean that an existing child care service cannot meet their needs and to whom one or more of the following applies:

- The child has, or lives with another child who has an illness/disability;

- The child's guardian (or guardian's partner) has an illness or disability that affects their ability to care for the child;
- The child lives in a rural or remote area;
- The work hours of the child's guardian (or guardian's partner) are hours when no other approved child care service is available;
- The child's guardian (or guardian's partner) is caring for three or more children who have not yet started school.

In Home Child Care is funded by the Commonwealth Department of Education, Employment and Workplace Relations and works within the 2008 DEEWR Interim Standards. Funding is based on the actual number of utilised places. The service commenced in 2001. Beaucare In Home Child Care is registered to administer Child Care Subsidies.

In Home Child Care cannot be provided in the home of a child if the parent is present while that parent is providing Family Day Care.

1.1.3 Contact Details

The Office is located at: 44 Tina Street, Beaudesert

Postal Address: PO Box 572 Beaudesert QLD 4285

Telephone: (07) 5541 3588 / 1300 416 733

Fax: (07) 5541 3654

E-Mail Address: fdc@beaucare.org.au

The *President of Beaucare* can be contacted by calling the administration office on (07) 5541 0185

The *General Manager of Beaucare* can be contacted on (07) 5541 0650 or gm@beaucare.org.au

The following staff are employed:

Program Manager:	Monica Langfeldt	<ul style="list-style-type: none">▪ Nominated Supervisor▪ Certified Supervisor▪ Educational Leader
Coordinators:	Carolyn Brunker Louisa Maloney Gail Neumann Kat Forse	<ul style="list-style-type: none">▪ Certified Supervisor▪ Certified Supervisor▪ Educational Leader▪ Certified Supervisor



Professional discussion meetings are held through the year as a forum for stakeholders to contribute to policies and procedures. Meetings are open to the community and are advertised to parents and educators via various mediums.

Educators and families are provided with draft policy updates by email to provide feedback and contribute to policy development.

Parents may access copies of the Policy and Procedures Guide from Beaucare or their educator. Policy samples are provided in the service handbook for parents and also on the Beaucare website. The service policy manual is able to be emailed to families and community members on request. Changes to policy are emailed to families, seeking feedback prior to finalising policies.

Service newsletters, emails and surveys seek input from families and community stakeholders. The Beaucare Board is a volunteer group that represents the community. The Board has input into all policy and procedures of the programs.



1.2 Beaucare Mission, Values and Goals

1.2.1 Mission

Beaucare exists to maximise opportunities for the quality of the life of residents, and to strengthen the communities we serve.

1.2.2 Values

Respect, Equality, Collaboration, Justice, Self-determination, Optimism.

1.2.3 Goals

To achieve our mission and in keeping with our Values, these are our Goals:

- To focus the majority of our efforts towards providing direct assistance to those requiring relief from disadvantage.
- To research and identify needs within our communities, and develop the means to adequately meet those needs.
- To be a service provider of excellence, fully accountable to the individuals, agencies and organisation with whom we work.
- To invite and foster strong collaborative relationships with others who are adding value to the community
- To be an organisation which provides a healthy workplace, and values and supports the contributions of our staff and volunteers.

1.3 Code of Conduct

Purpose

To establish a minimum standard of ethics, conduct and compliance to be followed by all members of Beaucare. These standards must be in evidence in the course of completing our duties and when representing Beaucare.

Scope of Policy

Board, staff, volunteers, students and contractors.

Policy Statement

When considering our actions, we apply these general tests:

- Is it the right thing to do?
- Is it legal?
- Is it in the best interests of Beaucare?
- Would Beaucare, its members, staff or others be embarrassed if our actions or words were publicly disclosed?

In the performance of their duties staff and volunteers will:

- Act with honesty, integrity and fairness;
- Act ethically in all relationships;
- Operate in a manner that reflects Beaucare values of respect, equality, cooperation, tolerance and self-determination;
- Consider if Beaucare, its members, staff or others be embarrassed if our actions or words were publicly disclosed;
- Act in a way that promotes a workplace free from harassment and discrimination;
- Conduct ourselves in ways that reflect positively on Beaucare's reputation;
- Do not allow personal political views/affiliations or other personal interests to influence us in exercising our responsibilities.

Act in accordance with the law:

- Abide by all Beaucare policies and procedures and all relevant legislative, industrial or administrative requirements;
- Immediately report to supervisors and managers any breach of law that occurs in the course of conducting our work;

- Immediately report to a direct supervisor or manager if there is any breach of the law that may impact on our ability to carry out our duties.

Use Beaucare property and resources appropriately:

- We maintain a safe working environment and ensure the safety of others and ourselves;
- We maintain organisational, stakeholder and customer information confidentially unless required to be disclosed by law;
- We use Beaucare property and resources only for the purposes directly relating to Beaucare business;
- We always seek the most effective and efficient outcomes, mindful of our obligations as custodians of public funds.

We aim to do our best at all times:

- We perform our duties diligently, fairly, impartially and conscientiously, to the best of our abilities;
- If a conflict arises the issue should be disclosed to the General Manager and the member play no further role in any decision-making on that issue;
- We do not discriminate for any reason.

Additional Board Responsibilities

We volunteer as Board members and as the Board we undertake to:

- A Board member must act honestly, in good faith in and in the best interests of Beaucare as a whole;
- Use care and diligence in fulfilling the role as Board member in functions and exercising the powers attached to that office;
- Use the powers of office for a proper purpose, in the best interests of Beaucare;
- Recognise that the primary responsibility is to Beaucare and its clients;
- Properly manage any conflict with the interests of the organisation. Confidential information received by a Board member in the course of the exercise of their duties is not to be disclosed;
- Not engage in conduct likely to discredit the organisation;
- Comply with the spirit, as well as the letter of the law;

- Attend as many meetings as possible with the minimum standard being 60% of all meetings. If unable to attend this minimum standard of meetings, the Board position will be regarded as vacant;
- A Board member has a duty of care obligation.



1.4 Beaucare Charter of Client Rights

All Beaucare staff recognise the following Client Service Principles and will abide by these principles in all our service delivery work. These principles will be reviewed annually as part of our commitment to the Strategic Plan and Team Operational Plans.

As a client being supported by Beaucare you have the right to:

- Be treated with respect and dignity, irrespective of culture, language, age, disability and/or lifestyle choices;
- Be consulted about your needs and preferences, and be able to refuse or accept assistance;
- Be involved in decisions about your support and agree with the support we are offering;
- Receive clear explanations about the supports you will receive;
- Have a support person or advocate of your choice present during any support-related discussions;
- Have your personal information, and your personal images or photographs protected in accordance with our legal obligations to you, and only released with your written consent or upon demand by a statutory body;
- Have access to any personal information we hold about you;
- Have access to information about any other services that may of assistance and be free to choose services that best suit your needs;
- Be free to complain or express grievances about any aspect of our support, and to appeal decisions about service provision and to expect to be treated fairly, promptly and without retribution.

As a client being supported by Beaucare we ask the following from you:

- Respect the rights, privacy, dignity and safety of Beaucare workers;
- Provide Beaucare with all the necessary information to achieve suitable supports for you;
- Provide a safe work environment for any Beaucare workers coming into your home;
- Accept responsibility for the results of any decisions or choices you make in relation to the care and support you receive;
- Respect the privacy and rights of other clients accessing Beaucare services.

1.5 Beaucare Child Care Philosophy

1.5.1 Mission Statement

Beaucare Child Care Services aims to provide safe, flexible, high quality child care accessible to all families through its Family Day Care and In Home Care programs. Our commitment to families and children is to provide a safe, caring, supportive, nurturing environment that is engaging and builds success for life through play and leisure opportunities.

1.5.2 Children

- Respect the rights, privacy, dignity and safety of Beaucare workers;
- Provide Beaucare with all the necessary information to achieve suitable supports for you;
- Provide a safe work environment for any Beaucare workers coming into your home;
- We believe all children should feel safe, secure, respected, valued, cared for individually free from bias or discrimination and should have a strong sense of identity. *“We are afraid to care too much; for fear the other person does not care at all.” - Mary Ainsworth;*
- We believe all children need a safe and stimulating environment to explore, problem solve, create and construct. Environments are vibrant and flexible spaces that are responsive to the interests and abilities of each child. *“In play a child always behaves beyond his average age, above his daily behavior. In play it is as though he were a head taller than himself” - Lev Vygotsky. “A failure is not always a mistake, it may simply be the best one can do under the circumstances. The real mistake is to stop trying”- Burrhus Frederic Skinner;*
- We believe all children should experience play-based learning that is engaging and builds success for life. *“Almost all creativity involves purposeful play” - Abraham Maslow. “Children learn as they play. Most importantly, in play children learn how to learn” - O. Fred Donaldson;*
- We recognise that diversity contributes to the richness of our society and provides a valid evidence base about ways of knowing. It allows the ability to understand, communicate with and effectively interact with people across cultures. The diversity in family life means that children experience belonging, being and becoming in many different ways. □ We believe in all children’s capacities to succeed, regardless of diverse circumstances and abilities. Children are confident and involved learners. *“Learning is more than the acquisition of the ability to think; it is the acquisition of many specialized abilities for thinking about a variety of things” - Lev Vygotsky. “The teacher must orient his work not on yesterday’s development in the child but on tomorrow’s” - Lev Vygotsky. “It will happen but it will take time.” - John Bowlby;*
- We believe in responding to children’s ideas and play forms as an important basis for decision-making in programming, children become effective communicators. *“Curiosity in children...is but an appetite after knowledge” - John Locke. “The more children know that you value them that you consider them extraordinary people, the more willing they will be*

to listen to you and afford the same esteem. And the more appropriate your teaching, based on your knowledge of them, the more eager your children will be to learn from you. And the more they learn, the more extraordinary they will become” – M. Scott Peck.

1.5.3 Families

- We believe that all families in the community have the right to access quality care that is affordable and meets their individual needs. We believe in being sensitive to the vulnerabilities of children and families and respond in ways that empower and maintain the dignity of all children and families;
- We respect the views and values of each family, acknowledging the family as the primary care provider and the children’s first and most influential educator;
- We believe in providing an environment where families have an involvement in the service and are invited to participate in care activities and service management and also to develop positive relationships based on mutual trust and open communication;
- We believe we need to respect the uniqueness of each family and strive to learn about their culture, lifestyle, customs, language, beliefs and kinship systems. We believe we need to develop positive relationships based on mutual trust and open communication and assist each family to develop a sense of belonging and inclusion;
- We maintain confidentiality and respect the right of the family to privacy.

1.5.4 Service Coordinators / Educators

- We believe fundamentally, that the frame work is a view of children’s lives as characterised by belonging, being and becoming. *“Education does not transform the world. Education changes people. People change the world.” - Paulo Freire;*
- We believe that The Early Years Learning Framework and the My Time Our Place guides us in our curriculum decision making and assists in planning, implementing and evaluating quality in early childhood settings. *“The wider the range of possibilities we offer children the more intense will be their motivations and the richer their experiences.” - Loris Malaguzzi;*
- We believe that it is essential to ensure that all children are provided with a high quality of care, which includes a quality educational program, in a safe and nurturing environment. *“Learning is no more than a sector of cognitive development that is facilitated by experience” - Jean Piaget;*
- We believe that it is important to continually reflect on practices and procedures with the aim of continuously improving our service to the community and be alert to emerging trends and policies. *“Great teachers constantly re-evaluate what they are doing.” - Barbara Rogoff;*
- We believe in honouring the histories, cultures, languages, traditions, child rearing practices and lifestyle choices of families. *“Each person’s map of the world is as unique as their thumbprint. There are no two people alike...no two people understand the same sentence the same way... So in dealing with people try not to fit them to your concept of what they should be” – Milton Erickson;*

- We believe in an environment that promotes teamwork, individual acceptance of differences, honesty and appreciation of beliefs and values;
- We believe in providing a service that meets the needs of individual children and their family. *“The art and craft of early childhood teaching is in making decisions about fun, play and work. And it is this crafting that distinguishes the professional from the babysitter, parent or child minder.” - Susan Grieshaber & Felicity McArdle;*
- We believe that it is important for the service to work cooperatively and actively with parents, educators, management, the community and elders;
- We believe that working in partnership with families and educators, through providing information, education and support, will enhance the quality of care that children receive;
- We need to work in accordance with this philosophy, and take action in the presence of unethical behaviours, build collaborative relationships based on trust, respect and honesty;
- We believe in acknowledging and supporting the strengths, experience and diversity of colleagues which they bring to the workplace, also sharing and building knowledge, experiences and resources with colleagues. *“The better you know something, the more risk there is of behaving egocentrically in relation to your knowledge. Thus, the greater the gap between teacher and learner, the harder teaching becomes.” - Margaret Donaldson.*

1.5.5 Community

- We believe that promoting the Early Years Learning Framework and My Time Our Place within the community, develops strong community links, which enables families to become aware of quality standards in childcare practice. *“I’m no prophet. My job is making windows where there were once walls.” - Michel Foucault;*
- We believe that promoting awareness of diversity within the community leads to acceptance and respect for others. This includes valuing the continuity and richness of local knowledge shared by community members, including Aboriginal and Torres Strait Islander Elders;
- We believe in working with people, services and agencies within the communities that support children and families;
- We believe in promoting involvement within the service.

Resources: The Early Years Learning Framework
My Time Our Place
National Quality Standards
www.thestrong.org/about-play/play-quotes
<https://www.pinterest.com/yellowtribe/theorist-quotes>

1.6 Aims and Objectives

The objectives of Beaucare Child Care Services are to:

- Provide safe, supervised home based child care by registered educators who cater for the social, emotional, physical and intellectual developmental needs of children, based the National Quality Framework including the Early Years Learning Framework and My Time Our Place document;
- Provide flexible childcare that offers care for full-time, part-time, shift-work, occasional care, emergency care, and before and after school care in response to the needs of the community;
- Facilitate the placement of children in a non-discriminatory manner according to the needs of families and educators;
- Offer care for children with special needs including children with disabilities and specific cultural and religious requirements, taking into account the views of parents and specialists;
- Promote understanding, tolerance and mutual respect for all service participants through communication, education and training;
- Invite parents, educators and community members to participate in the service through involvement at events, meetings and activities conducted by the service and by providing feedback;
- Promote and engage in sustainable practices;
- Promote cooperation between the service and other community agencies through networking.

1.7 Code of Ethics

Beaucare Child Care Services endorses the Early Childhood Australia Code of Ethics (reprint 2009) which states:

“Preamble:

Wise moral decisions will always acknowledge our interdependency; our moral choices are ours alone, but they bind us all to those who will be affected by them. So deciding for yourself what's right or wrong does not mean deciding in isolation' (Mackay, 2004, p. 242).

This Code of Ethics provides a framework for reflection about the ethical responsibilities of early childhood professionals. Following a national process of consultation, principles emerged which are indicative of the values we share as early childhood professionals in Australia. The Code is intended for use by all early childhood professionals who work with or on behalf of children and families in early childhood settings.

In developing this second edition of Early Childhood Australia's Code of Ethics, the National working party was mindful of changes in the knowledge base of early childhood that have occurred over the last decade. New research has allowed significant changes in understandings to emerge that reposition children as citizens with entitlements and rights. Increasingly, children are seen as competent and capable and able to participate in the negotiation of their learning and social experiences. Additionally, societal and environmental changes at the local, national and global levels impact on children and families with consequent implications for our work. In recognition of the impact of globalisation and global sustainability, this revised Code identifies ethical responsibilities to work with children and families in order to address global issues locally.

Just as the world has changed for children and families, so it has changed for professionals who work with them. The notion of lifelong learning, reflective practice, researching with children, new methods of documenting and assessing children's learning, and collaborating across traditional service and discipline boundaries are examples of contemporary requirements for early childhood professionals.

Inherent in this Code is the understanding that children learn within their family and community groups, bringing rich knowledge, a diversity of experiences and identities to their learning. Sociocultural theories have moved our focus beyond individual children's development to highlight the importance of social contexts to children's learning and development. As children participate and learn in their communities, they in turn influence those communities. Early childhood communities ought to be spaces and places where practices such as responsive listening and dialogue can build connections and relationships which sustain and advance individual and collective wellbeing.

Early childhood professionals have a strong history of advocating on behalf of children and their families. This revised Code builds on this tradition by making explicit the ethical responsibility to take action in the face of injustice and when unethical practice occurs.

This Code is not intended to, and could not possibly provide easy answers, formulae, or prescriptive solutions for the complex issues early childhood professionals face in their work. As an aspirational document, it does provide a basis for critical reflection, a guide for professional behaviour, and principles to inform individual and collective decision-making.

The following values and processes are considered central to the Code of Ethics:

- respect
- integrity
- inclusivity
- democracy
- justice
- education
- honesty
- courage
- social and cultural responsiveness

Definitions

In this Code of Ethics, for the purposes of this document, these terms are given the following meanings:

TERM	DEFINITION
Children	People between the ages of birth and eight years.
Families	The people who have significant care responsibilities for and/or kinship relationships with the child.
Early Childhood	A person who works with or on behalf of children and families in early childhood settings.
Professional Communities	Groups of people who identify as having shared values and intentions. These groups are recognised as complex, being simultaneously connected by commonality and diversity.
Employer	An individual or organisation which employs early childhood professionals.
Student	A person undertaking study at a secondary or tertiary institution.

In this Code of Ethics, the protection and wellbeing of children is paramount and therefore speaking out or taking action in the presence of unethical practice is an essential professional responsibility.

In relation to children, I will:

- Act in the best interests of all children;
- Respect the rights of children as enshrined in the United Nations Convention on the Rights of the Child (1991) and commit to advocating for these rights;
- Recognise children as active citizens participating in different communities such as family, children’s services and schools;

- Work with children to help them understand that they are global citizens with shared responsibilities to the environment and humanity;
- Respect the special relationship between children and their families and incorporate this perspective in all my interactions with children;
- Create and maintain safe, healthy environments, spaces and places, which enhance children's learning, development, engagement, initiative, self-worth, dignity and show respect for their contributions;
- Work to ensure children and families with additional needs can exercise their rights;
- Acknowledge the uniqueness and potential of all children in recognition that enjoying their childhood without undue pressure is important;
- Acknowledge the holistic nature of children's learning and the significance of children's cultural and linguistic identities;
- Work to ensure children are not discriminated against on the basis of gender, age, ability, economic status, family structure, lifestyle, ethnicity, religion, language, culture, or national origin;
- Acknowledge children as competent learners, and build active communities of engagement and inquiry;
- Honour children's right to play, as both a process and context for learning.

In relation to families, I will:

- Listen to and learn from families, in order to acknowledge and build upon their strengths and competencies, and support them in their role of nurturing children;
- Assist each family to develop a sense of belonging and inclusion;
- Develop positive relationships based on mutual trust and open communication;
- Develop partnerships with families and engage in shared decision making where appropriate;
- Acknowledge the rights of families to make decisions about their children;
- Respect the uniqueness of each family and strive to learn about their culture, structure, lifestyle, customs, language, beliefs and kinship systems;
- Develop shared planning monitoring and assessment practices for children's learning and communicate this in ways that families understand;
- Acknowledge that each family is affected by the community contexts in which they engage;

- Be sensitive to the vulnerabilities of children and families and respond in ways that empower and maintain the dignity of all children and families;
- Maintain confidentiality and respect the right of the family to privacy.

In relation to colleagues, I will:

- Encourage my colleagues to adopt and act in accordance with this Code, and take action in the presence of unethical behaviours;
- Build collaborative relationships based on trust, respect and honesty;
- Acknowledge and support the personal strengths, professional experience and diversity which my colleagues bring to their work;
- Make every effort to use constructive methods to manage differences of opinion in the spirit of collegiality;
- Share and build knowledge, experiences and resources with my colleagues;
- Collaborate with my colleagues to generate a culture of continual reflection and renewal of high-quality practices in early childhood.

In relation to communities, I will:

- Learn about the communities that I work within and enact curriculum programs which are responsive to those contexts and community priorities;
- Connect with people, services and agencies within the communities that support children and families;
- Promote shared aspirations amongst communities in order to enhance children's health and wellbeing;
- Advocate for the development and implementation of laws and policies that promote child-friendly communities and work to change those that work against child and family wellbeing;
- Utilise knowledge and research to advocate for universal access to a range of high quality early childhood programs for all children;
- Work to promote community understanding of how children learn, in order that appropriate systems of assessment and reporting are used to benefit children.

In relation to students, I will:

- Afford professional opportunities and resources for students to demonstrate their competencies;
- Acknowledge and support the personal strengths, professional knowledge, diversity and experience which students bring to the learning environment;

- Model high-quality professional practices;
- Know the requirements of the students' individual institutions and communicate openly with the representatives of that institution;
- Provide ongoing constructive feedback and assessment that is fair and equitable;
- Implement strategies that will empower students to make positive contributions to the workplace;
- Maintain confidentiality in relation to students.

In relation to my employer, I will:

- Support workplace policies, standards and practices that are fair, non-discriminatory and are in the best interests of children and families;
- Promote and support ongoing professional development within my work team;
- Adhere to lawful policies and procedures and when there is conflict, attempt to effect change through constructive action within the organisation or seek change through appropriate procedures.

In relation to myself as a professional, I will:

- Base my work on contemporary perspectives on research, theory, content knowledge, high-quality early childhood;
- Regard myself as a learner who undertakes reflection, critical self-study, continuing professional development and engages with contemporary theory and practice;
- Seek and build collaborative professional relationships;
- Acknowledge the power dimensions within professional relationships;
- Act in ways that advance the interests and standing of my profession;
- Work within the limits of my professional role and avoid misrepresentation of my professional competence and qualifications;
- Mentor other early childhood professionals and students;
- Advocate in relation to issues that impact on my profession and on young children and their families;
- Encourage qualities and practices of leadership within the early childhood profession.

In relation to the conduct of research, I will:

- Recognise that research includes my routine documentation and investigations of children's learning and development, as well as more formal research projects undertaken with and by external bodies;
- Be responsive to children's participation in research, negotiating their involvement taking account of matters such as safety, fatigue, privacy and their interest;
- Support research to strengthen and expand the knowledge base of early childhood, and where possible, initiate, contribute to, facilitate and disseminate such research;
- Make every effort to understand the purpose and value of proposed research projects and make informed decisions as to the participation of myself, colleagues, children, families and communities;
- Ensure research in which I am involved meets standard ethical procedures including informed consent, opportunity to withdraw and confidentiality;
- Ensure that images of children and other data are only collected with informed consent and are stored and utilised according to legislative and policy requirements;
- Represent the findings of all research accurately.

Relevant Legislation

Key Resources

Associated Beaucare Policies and Documents

2. SERVICE PARTICIPANTS

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2.1 Approved Service Provider Policy

Policy number: 2.1
Date last reviewed: April 2017

This policy relates to	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	
HCS	

Purpose

The approved service provider accepts overall responsibility for the service, ensuring that the service meets the needs of the local community and complies with government regulations.

Policy

Legal Responsibilities

- Maintenance of current public liability insurance;
- Application for renewal of the Family Day Care service’s certificate of approval to operate;
- Compliance with State and Commonwealth laws and regulations including the need for each member of the board to hold a current Blue Card;
- Compliance with Education and Care Services National Law, Education and Care Services National Regulations 2011, National Quality Standards, Early Years Learning Framework, My Time Our Place.

Financial Responsibilities

- Ensuring the service abides by all conditions attached to government funding;
- Payment of award based salaries to the coordination unit staff and compliance with industrial award conditions;
- Management of the service’s finances in a proper and accountable manner.

Management Responsibilities

- Establishment & maintenance of effective lines of communication between staff and management committee through meetings and reports;
- Staff selection according to staff selection procedure;
- Monitor annual staff performance appraisals and training of staff;

- Monitor the progress of the service in achieving its objectives;
- Delegation of management responsibilities have been made to the Child Care Services Manager according to the job description and employment contract.

Beaucare delegations register outlines the devolvement of many of these responsibilities to the General Manager and Manager Child Care Services.

The Manager Child Care Services prepares written reports detailing performance, including financial performance and issues of relevance. The General Manager is consulted on issues that require a service provider decision and is a point of contact in the services grievance procedure.

Governance and Management

Corporate Governance is the process by which Beaucare is directed, controlled and held to account. It encompasses authority, accountability, stewardship, leadership, direction and control exercised in the organisation.

For a full overview of the Beaucare governance roles and responsibilities [refer to Appendix B Governance and Management](#)

Relevant Legislation

Key Resources

Associated Beaucare Policies and Documents

2.2 The Coordination Unit Policy

Policy number: 2.2

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	
HCS	

Policy

General Responsibilities of Staff

As noted in each position description, staff will be expected to adhere to Education and Care Services National Regulations 2011, National Law, National Quality Standards, Early Years Learning Framework, My Time Our Place, service policies and procedures and Beaucare Policies.

- Proactively support Beaucare personnel and the Board in the achievements of Beaucare mission, goals and plans;
- Ensure the maintenance of timely, efficient and effective records as are appropriate to the position, and to Beaucare and external funding requirements;
- Comply with Beaucare policies and procedures;
- Promote and maintain the reputation and image of Beaucare as a good corporate citizen;
- At all times act in an ethical, diligent, honest, friendly and professional manner;
- Follow safe work practices and workplace instructions;
- Maintain confidentiality of information gained in the position.

❖ Manager

The Manager is responsible for the effective running of both Beaucare Family Day Care and Beaucare In Home Child Care programs, and has responsibility of ensuring statutory and legal requirements are met including financial management of programs and program development.

The Manager reports to the General Manager who reports to the Board. The Manager is required to hold qualifications Diploma in Children’s Services or equivalent as specified by the Regulatory body ACECQA and as specified by the Education and Care Services National Regulations 2011, and hold a current blue card in accordance with the Commission for Children and Young People and Child Guardian Act 2000 (251).

❖ **Coordinators**

Position Description and Selection Criteria for Coordinators

POSITION TITLE	Coordinator Child Care Services
PROGRAM	Beaucare Family Day Care & In Home Child Care
LOCATION	44 Tina Street, Beaudesert
REPORTS TO	Manager Child Care Services
CLASSIFICATION	SCHCDSI Award (Level 3 Family Day Care)

Primary Objective

The Coordinator has responsibility for the ongoing monitoring of care and support of Child Care Educators in the areas of:

Family Day Care

Family Day Care provides childcare in the approved educator’s home. The program is funded by the Commonwealth Government Child Care Support Program and must comply with National Quality Framework and Early Years Learning Framework and the My Time Our Place Framework. It is licensed under the Education and Care Services National Law and the Education and Care Services National Regulations 2011.

In Home Child Care

In Home Child Care provides care in the family home for eligible families. It is also funded by the Commonwealth Government Child Care Support Program and the Interim Standards for In Home Care (DEEWR)

Duties and Responsibilities

Monitor Quality of Care

Visit educators according to service procedures to provide support and ensure that practices meet service policies and National Quality Framework, Early Years Learning Framework and the My Time, Our Place Framework, National Law and the Education and Care Services National Regulations 2011. Follow established procedures to assess care practices and provide feedback. Identify and address areas where practices require improvement.

Monitor the Settling of New Children

Visit and observe new children in care, discuss settling strategies with educators, take observations and contact families to seek and provide feedback.

Planning for Play Sessions

Attend play sessions and assist educators to plan and evaluate play sessions.

Placement of New Children

Follow established procedures to ensure that families seeking care are provided with information and referral to available educators. Conduct enrolment interviews with families.

Recruitment and Assessment

Participate in open and equitable procedures for the recruitment and assessment of potential educators, their homes and members of their household.

Resource Educators and Parents

Provide support, information, advocacy and referral services to parents and educators and provide training, information and resources to enhance educator's skills and professional development.

Ensure Each Child's Needs are Met

Plan and develop effective procedures to meet each child's and family's needs including those with disabilities or other special needs and considering cultural and religious requirements. Develop and review inclusion support plans as needed.

Quality Improvement

Participate with the team to develop, implement and evaluate Quality Improvement strategies to ensure that practices are in line with the National Quality Framework and Early Years Learning Framework and the My Time, Our Place Framework. Identify areas that need improvement. Encourage and assist educators to work towards the achievement of National Quality Framework including the Early Years Learning Framework and the My Time, Our Place framework.

Teamwork and Networking

Enhance the Child Care Team by:

- Being an active and constructive team member, keeping abreast of trends and developments in child care and sharing these with the team;
- Proactively supporting team meetings, projects, and training as required;
- Proactively provide feedback to enable updates of the strategic and operational plans;
- Establishing and maintaining collaborative and healthy relationships with other staff, relevant networks, and community organisations as required.

Professional Development

Evaluate personal strengths and goals on a regular basis and develop and maintain an individual professional development plan.

Public Relations

Participate in the publicity and promotion of the Child Care Programs and Beaucare in the community.

Mandatory Requirements

- Qualifications are to meet the requirement specified in the Educational and Care Services National Law and the Education and Care Services National Regulations 2011 Section 128 which requires Family Day care coordinator must have an approved diploma level education and care qualification. For a full list of approved diploma level qualifications refer to: <http://www.acecqa.gov.au/diploma-level-education-and-care-qualifications>
- A current Queensland Driver's Licence and reliable vehicle;
- Eligible to obtain a positive Suitability Notice (Blue Card);
- Current First Aid, CPR, Asthma and Anaphylaxis certificates.

Key Selection Criteria

- A broad knowledge of principles and practices that foster children's learning and development from 0 to 12 years in reference to the Early Years Learning Framework, My Time Our Place framework and National Quality Standards;
- A demonstrated knowledge of health, hygiene and safety practices including:
 - Infection control procedures;
 - Child and educator protection and risk management strategies.
- A demonstrated high level of communication skills to:
 - Establish effective relationships with Child Care educators to monitor care and provide support and resourcing;
 - Maintain contact with families to ensure their childcare needs are met;
 - Discuss issues with educators and families and negotiate outcomes;
 - Role model inclusive practices including non-gender bias and inclusion of cultural and special needs.
- A demonstrated ability to work in partnership with families and educators to observe children and develop strategies to meet their needs and interests and evaluate practices.
- Demonstrated organisational and time management skills to:
 - Implement policy and procedures which promote quality childcare;
 - Document discussions and maintain accurate records;
 - Record and access information on the computer database;
 - Work cooperatively as a team member to ensure service outcomes are met;

- Prioritise tasks and work effectively within identified time-frames to achieve set goals.

Coordinators are responsible for the day-to-day administration of the service. The coordination unit is the point of contact for applicants, parents and educators. Coordinators are responsible for:

- Selection, registration and induction of educators;
- Support and resourcing of educators (including training);
- Monitoring quality of care and safety standards through visits to educators;
- Requests for care from new families and placement of children. New placements of children are monitored and parent feedback is provided;
- Maintaining ongoing contact with families to ensure that their needs continue to be met;
- Reporting to the Manager on issues;
- Updating the policy and procedures manual;
- Implementing the National Quality Framework and the Early Years Learning Framework to ensure continuing quality improvement;
- Perform the role of educator assistant as needed;
- Processing of educator attendance records.

Coordinators are required to develop and maintain a current knowledge of the Education and Care National Regulations 2011 and Law, Early Years Learning Framework, My Time Our Place, Beaucare Policies and Family Day Care Policies.

Their role includes:

- Providing educators with the information, training and other support that they need to appropriately provide child care in the course of the service;
- Develop, document and implement procedures for the recruitment and assessment of educators and their homes;
- Conduct regular visits to educator's homes, sufficient in number and frequency to ensure that the quality of care is being maintained and to support educators to enhance the quality of care;
- Report issues/concerns where children's needs are not being met or children are at risk;
- Report quality of care issues in relation to the National Quality Standards;

- Provide relevant support and assistance to educators, including help to identify the individual needs of each child in care, plan relevant experiences and monitor development, learning outcomes for children including documenting child assessments with educators;
- Ensure educators comply with all regulations, National Quality Standards and service policies at all times, including currency of blue card, first aid, CPR and insurance requirements;
- Identify and assist in meeting educators' needs, including pre-service and in-service training, professional development, networking and equipment needs;
- Develop effective procedures to meet the needs of all children being cared for in the service, having regard to:
 - The development, best interests and well-being of the individual child; and
 - The views of the child's parents; and
 - Advice provided by specialist advisory assisting families using the service.
- Develop, document and implement procedures to assist parents to make informed decisions about the placement of their children with an educator;
- Disseminate information to educators and parents on behalf of management;
- Maintain required records;
- Develop, document, and implement effective administration procedures for the service;
- Facilitate community access to the family day care service including, for example, promoting awareness of family day care and in home care, and responding promptly and positively to enquiries and all forms of feedback;
- Develop, document and implement effective referral procedures to assist in meeting the needs of children and their families;
- Establish effective liaison with parents, educators, community agencies and government bodies.

Coordinators required to hold qualifications; Diploma in Children's Services or equivalent as specified by the Regulatory body ACECQA and as specified by the Education and Care Services National Regulations 2011, and hold a current blue card in accordance with the Commission for Children and Young People and Child Guardian Act 2000 (251).

Coordinators are required to hold a current approved Full First Aid, CPR, Anaphylaxis and Asthma certificate.

Coordinator Conditions of Service

Beaucare has accepted the Family Day Care Services Award as the basis for employment conditions of the members of the coordination unit. All coordinators are paid under the appropriate category of the Award. Copies of the Award are freely available to coordinators.

Salary Sacrifice options are available to coordinators according to the Salary Sacrifice policy of Beaucare.

All coordinators are provided with induction training and ongoing opportunities for professional development. New coordinators receive on-the-job training and mentoring in their role by other experienced coordinators.

Procedures for Supervision and Support of Staff

Coordinators are supervised and supported in their role by the Manager Child Care Services, who is supported by the Beaucare General Manager. Administration staff are supervised and supported in their roles by the Manager Administration who is supported by the General Manager.

The following methods are used:

- Staff performance appraisals are conducted 3 months after commencement and thereafter annually with a documented professional development plan and review of position description (if required);
- Supervision meetings occur by the manager with coordination staff, volunteers monthly to review their resilience, training and professional development, level of support needs and debrief on any work issue;
- Coordination staff meet weekly or fortnightly for discussion on work priorities and planning, monitoring and evaluating tasks i.e. National Quality Standards, Quality Improvement Plans, recruitment, relicensing. This meeting is also used to discuss issues and is an opportunity to discuss and review procedures and improve processes. This also provides training opportunities as issues and policies are discussed and evaluated;
- A written report is prepared by the Manager each month for the General Manager. This report is provided as part of reporting to the Board. An annual report reflecting on achievements for the year and plans for the coming year is presented at the AGM;
- An open access policy is encouraged with contact between staff, Manager and General Manager;
- The coordination unit plan and participate in a yearly planning and developmental review of the program including promotional and training events which allows forward planning;
- New staff participate in induction training. Copies of the service Policy and Procedural manual, Beaucare policies and conditions of service are provided, and an ongoing training plan formulated. Performance Appraisals occur at 3 months for new staff and thereafter 12 monthly.

❖ **Educational Leader**

Provision is made to ensure a suitably qualified and experienced educator or co-ordinator leads the development of the curriculum and ensures the establishment of clear goals and expectations for teaching and learning (National Quality Standards 7.1.4). The Educational Leader role includes:

- Developing with coordinators in a (shared approach) structure and vision for educational program /curriculum within the service;
- Motivating educators and coordinators to achieve the very best learning outcomes for children, families and themselves;
- Display and communicate clear understandings of how children learn;
- Identifying training needed for educational program to be implemented for current educators, coordinators and for new educators;
- Identifying ways to communicate with families the basis for programming the Early Years Learning Framework, My Time My Place;
- Review Philosophy with service participants to have common goals and philosophy;
- Mentor coordinators to train and implement and embed the Early Years Learning Framework, My Time My Place into practice with educators, through role modelling, sharing, reflection, creative writing, skills in child assessment;
- Supporting educators in working towards the development and implementation of the educational program and consistent practice that supports learning outcomes for all children;
- Supporting and promoting positive learning outcomes for children in all aspects of service;
- Create and develop ways for educators and coordinators to reflect on practice and whole of service;
- Consider and seek input on resources that support learning outcomes for children;
- Listen, mentor, coach, and reflect alongside the coordination team and educators;
- Demonstrate a strong commitment to providing evidence of children's learning;
- To have vision that will enable educators and coordinators to unite as a team to work towards a consistent approach to curriculum;
- Ability to identify and build on educator, coordinator and service strengths and also address weaknesses and concerns relating to philosophy, Educational Plan and curriculum.

❖ **Certified Supervisor**

A person who holds a supervisor certificate may be appointed as the nominated supervisor of an education and care service, or may consent to be placed in day-to-day charge of a service in the absence of the approved provider or the nominated supervisor.

❖ **Administration**

Administration staff provide administrative support to the service with particular responsibility in the areas of financial record-keeping and reporting, payment of staff wages, record keeping and processing of attendance records and payment of Child Care Subsidies to educators. Administration staff are required to hold a current Blue Card.

❖ **Students and Volunteers**

Students from Tertiary Institutions and Training Programs may seek placement for work experience and student placement. They receive induction material including policy and procedures and sign an agreement to meet the confidentiality requirements. Students will always be under the direct supervision of the educators in their interactions with children and are never to be left alone to supervise children. The service coordinators will meet with students prior to their placement to ensure that they meet the criteria of being a suitable person to engage with children. Coordination staff will observe interactions between students and children on visits. It is the educator's responsibility to sign off on the student's modules/placement in collaboration with the coordinator. The involvement of students and volunteers has potential benefits for educators, students and children. Students on placement are primarily attending the service to learn about providing education and care to children and this will be done in line with working with the National Quality Standards and the Early Years Learning Framework. The Volunteer will be expected to abide by all service policies and the service philosophy, code of conduct and safety guidelines. Students and volunteers will be required to sign in and out in the visitor book each day of attendance. Volunteers and students over 18 years of age are required to hold a current Blue Card. Refer student handbook and Beaucare policy.

Associated Beaucare Policies and Documents

Student Handbook ([refer Appendix B: Governance and Management](#))

Policy PHR 0005, PHR 0006, PHR 0007 ([refer Appendix B: Governance and Management](#))

Relevant Legislation

Regulations 149, 163, 165, 166

2.2 (a) Process for Selection of Staff Policy

Policy number: 2.2(a)
Date last reviewed: April 2017

This policy relates to	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	
HCS	

Purpose

Beaucare is committed to providing equal employment opportunity as part of its mission to provide equality and social justice. Merit and equality form the basis of all decisions.

Policy

Aim

The aim is to recruit staff:

- Who are suitably qualified and experienced;
- By means demonstrably fair and objective recruitment processes and procedures;
- Fully respecting equal opportunity and anti-discrimination requirements;
- In accordance with written selection criteria; and
- In competition with other applicants, on the basis of relative merit.

Procedures

❖ Recruiting Managers

- Identify a vacancy or potential vacancy against the authorised organisational structure;
- Ensure the position description accurately reflects the role. If not, update the position description for the General Manager or Board approval;
- Seek permission to advertise the position from the General Manager on an Approval to Recruit/Advertise form. An advertisement is to be placed in the media on at least one occasion. This advertisement will provide the following information:
 - a. The organisation's name and program;
 - b. The position that is vacant and a very brief statement of:

- The functions of the position;
 - Any specific qualifications or experience required;
 - The date the position becomes available;
 - The period and type of employment including award level;
 - Information on where to receive a copy of the position description and contact number for the staff member who is able to answer questions about the position.
-
- Positions with staff supervision or program responsibilities will be advertised in regional media as well as local media, Beaucare website and industry websites (e.g. QCOSS, FDC Qld);
 - Liaise with the Manager Administration for placement of advertisements and/or other forms of publicity (e.g. internet and website). Vacancies should also be advertised internally, circulated via email and placed on staff notice-boards;
 - Nominate a selection panel and submit to General Manager for approval;
 - Coordinate with the panel for a date(s) and time(s) for the interviews. Book interview facilities;
 - Rate selection criteria on the basis of importance to the position. Compile interview questions and rating scale against the selection criteria. Submit questions and rating to full selection panel for comments or approval. Ensure a minimum of three selection tools will be applied to the selection of the preferred candidate; these could include a written application, the interview, a referee check or a written or practical tool at interview;
 - Oversight the selection process to ensure that the panel operates with integrity and professionalism. Once applications have closed, check with the selection panel prior to shortlisting to allow opportunity for any conflict of interest to be declared and considered. Document processes;
 - Contact applicants selected for interview and confirm arrangements by email if possible. Advise applicants to present original copies of qualifications for sighting at interview. Advise applicants that recent work referees will be required;
 - Contact applicants who have not been selected for interview;
 - Ensure that the same panel is convened and the same questions asked for each interview for the same vacancy (unless otherwise agreed - extraordinary circumstances to be documented);
 - Be responsible for interview arrangements:

- a. Arrange booking and preparation of interview room with water and glasses;
 - b. Greet candidates and invite them into the waiting room with a copy of the interview questions and writing materials for a minimum of 15 minutes:
 - o Conduct introductions of panel members and provide a brief explanation on the nature and purpose of the interview. For example, the format, if all panel members will be asking questions, note taking, the expected time for the interview and time for asking questions;
 - o Outline the content of the interview and that questions directly relate to the selection criteria and have been designed to give the applicants the opportunity to express their knowledge, skill, abilities, values and attitudes;
 - o The period and type of employment including award level.
 - c. During the interview clarify any issues that become apparent. Ensure equal processes occur regarding additional prompting and any follow-up questions;
 - d. Provide a brief outline of the role, the team, the conditions of employment and some details of the local community:
 - o Provide opportunity for questions.
 - e. Confirm referees. Request recent workplace referees if not already provided;
 - f. Inform candidates that they will be contacted within [a maximum] of five days with an outcome.
- Debrief each interview and individually score the applicant against the approved criteria;
 - On completion of all interviews, coordinate the selection of the most preferred candidate who meets the required standards and if possible at least one reserve based on meeting of the selection criteria for the position. Have “Approval to Appoint” form signed by the panel subject to referee checks;
 - Conduct referee checks seeking information on the preferred candidate’s work history and job performance. Document responses;
 - Confirm the preferred applicant with the panel;
 - Send an Approval to Appoint form to the General Manager stating the preferred applicant and summarising the recruitment process;
 - When GM approval is received, notify the successful applicant and make a verbal offer informing the prospective appointee the terms and conditions associated with employment:

- a. The applicant is to be advised that a Blue Card application is to be submitted as a condition of employment;
 - b. The applicant is requested to demonstrate proof of eligibility to work in Australia through an Australian Passport, an Australian citizenship certificate or full birth certificate (issued before 20 August 1986), or a full birth certificate showing that one parent was born in Australia;
 - c. The Administration Manager or GM should be consulted if these forms of evidence are not available to be presented.
- Negotiate a date of commencement with the prospective appointee;
 - Advise unsuccessful applicants of the outcome and offer feedback that relates to their strengths and areas for improvement;
 - Arrange for letter of appointment to be sent to reach the successful applicant before the starting date, using email as necessary;
 - Arrange induction on the date of commencement ensuring that all items on the induction checklist are fully covered;
 - Arrange ongoing orientation specific to the individual and the role. Where appropriate, arrange a mentoring relationship with another staff member;
 - For senior positions, advise the funding/regulatory body of the new staff member;
 - Ensure confidential filing of all documentation relating to the selection process for a period of six months;
 - For volunteers, the above can be abbreviated to a documented interview by the relevant manager or delegate. Following the interview, the process is as above.

❖ **Selection Panel**

Selection panels may include:

- Staff who occupy a level of supervision/authority at least one level above the position advertised;
- Relevant stakeholder representative or a professional practitioner appropriate to the vacancy;
- General Manager or a board member (where the vacancy is for a key organisational position);
- A representative from the funding or regulatory body;

- A balance of genders on the selection panel is preferred;
- Meet with the Recruiting Manager and be issued with the applications and draft interview questions. Recruiting Manager to ensure that all panel members have an understanding of conflict of interest and are requested to disclose any conflicts of interest to the Recruiting Manager;
- The Recruiting Manager is to ensure that members are aware of anti-discrimination and equal opportunity legislation;
- Study the applications and develop a shortlist. Each member is to assess applications as of suitable quality to be considered for interview, or, not of high enough quality to be selected for interview;
- Members are to advise the Recruiting Manager who is to collate the final shortlist. The Convenor contacts shortlisted applicants and coordinates interview timings. Applicants who do not meet the essential criteria and are not shortlisted should be notified of this decision;
- Study the questions set for the interview. Seek additional information on expected responses from the Recruiting Manager if needed.

❖ **Administration Manager**

- Ensure that the Position Descriptions and contract documents for the vacancy are up to date and that awards and salary levels are accurate;
- Arrange placement of advertisements as required;
- Ensure confidentiality on receipt of applications. Acknowledge all applications on the day of receipt. Distribute applications to the Recruiting Manager;
- Forward any applications received after the closing date to the Recruiting Manager for consideration;
- Prepare letter of appointment to the approved candidate according to the signed Approval to appoint form;
- Organise the induction documents and participate in the induction as required;
- Arrange pay matters. Ensure approval is received from the General Manager prior to any pay level being made above the base level advertised. If requested, arrange salary sacrifice on receipt of documentation;
- Ensure induction checklist is fully completed and all documentation is signed and filed confidentially;

- For volunteers, the above can be abbreviated to exclude pay matters.

❖ General Manager

- Approve updated Position Descriptions and Contracts;
- Approve the appointment of Selection Panels on the basis of gender balance, seniority relative to the position and relevance to the professional background required for the positions;
- Approve selection of successful candidate. For Manager Positions, seek approval from the Board to appoint.

Timings

- Identifying Vacancies: Where possible, vacancies should be identified in advance to allow the recruiting process to place a new person in the role with a minimum gap between a former incumbent and a new one (with consideration to financial implications);
- Advice to Applicants of Receipt of Applications: Within one day of receipt of each application;
- Completion of Shortlisting Process: Within three working days of closure of applications;
- Notification to Applicants Selected for Interview: To be advised of the date time and place of the interview by telephone, fax or email within four working days of closure of applications;
- Notification to Applicants Not Selected for Interview: Within four working days of closure of applications;
- Scheduling of Interviews: A minimum of one week after notification of interviewees;
- Completion of Interviews: Within 10 working days of notification of interview appointments;
- Completion of Selection Including Contact with Referees: Within two working days of completion of interviews;
- Notification to the Successful Applicant: On receipt of approval from the General Manager, within two working days of the completion of selection;
- Notification to Unsuccessful Applicants who attended Interview: On acceptance of position by successful applicant.

Associated Beaucare Policies and Documents

Anti-Discrimination

Relevant Legislation

Workplace Relations Act 1996

Sex Discrimination Act 1984

Racial Discrimination Act 1992

Disability Discrimination Act 1992

Equal Opportunity for Women in the Workplace Act 1999

Human Rights and Equal Opportunity Commission Act 1986



2.2 (b) Equal Employment Opportunity Policy

Policy number: 2.2(b)
Date last reviewed: April 2017

This policy relates to	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	
HCS	

Purpose

Beaucare is committed to providing equal employment opportunity as part of its mission to provide equity and social justice. Equal employment opportunity means that merit and equity form the basis of all decisions in respect of staff of the scheme.

Policy

General Responsibilities of Staff

In order to provide equal employment opportunity, the service undertakes to:

- Promote and support equal employment opportunities in all its activities;
- Eliminate discrimination on the different characteristics of employees as stated in the scheme’s anti-discrimination policy;
- Create a working environment where staff are free from harassment;
- Use non-discriminatory language in all official documents and in speech within the scheme;
- Ensure the application of its anti-discrimination policy in recruitment, selection and promotion of staff;
- Provide equitable career development and training opportunities for all staff;
- Ensure equitable consultation with staff in development and implementation of policy;
- Implementation of Equal Opportunity and Anti-discrimination policy is the responsibility of all staff members.

Allegations of discrimination or harassment will be investigated according to procedures listed in the Bullying (4.5), Complaints (4.8) or Grievances (4.11) Policies.

Associated Beaucare Policies and Documents

Relevant Legislation

Education and Care Services National Regulations 2011

Education and Care Services National Law Act 2010

Australian Government: *Workplace Relations and Other Legislation Amendment Act 1997*

<http://www.comlaw.gov.au/Details/C2004A05313>

Australian Government: *Equal Opportunity for Women in the Workplace Act 1999*

<http://www.comlaw.gov.au/Details/C2011C00442>

Australian Government: *Age Discrimination Act 2004*

<http://www.comlaw.gov.au/Details/C2011C00583>

Australian Government: *Disability Discrimination Act 1992*

<http://www.comlaw.gov.au/Details/C2011C00747>

Australian Government: *Human Rights Commission Act 1986*

<http://www.comlaw.gov.au/Details/C2011C00579>

Australian Government: *Racial Discrimination Act 1975*

<http://www.comlaw.gov.au/Details/C2011C00852>

Australian Government: *Sex Discrimination Act 1994*

<http://www.comlaw.gov.au/Details/C2011C00853>

Qld Government: *Anti-Discrimination Act 1991*

<http://www.legislation.qld.gov.au/LEGISLTN/CURRENT/A/AntiDiscrimA91.pdf>

2.2 (c) Functions of Coordinators Policy

Policy number: 2.2(c)
Date last reviewed: April 2017

This policy relates to	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	
HCS	

Purpose

Functions of coordinators are outlined in position descriptions which are updated annually or as required.

Policy

Coordinators are required to develop and maintain a current knowledge of the Education and Care National Regulations 2011 and Law, Early Years Learning Framework, My Time Our Place, Beaucare Policies and Family Day Care Policies.

Their role includes:

- Providing educators with the information, training and other support that they need to appropriately provide child care in the course of the service;
- Monitoring the standard of child care;
- Coordinating the placement of children with educators;
- Develop, document and implement procedures for the recruitment and assessment of educators and their homes;
- Develop, document and implement procedures for the assessment of the members of the educators' households;
- Conduct regular visits to educator's homes, sufficient in number and frequency to ensure that the quality of care is being maintained and to support educators to enhance the quality of care;
- Report issues/concerns where children's needs are not being met or children are at risk;
- Report quality of care issues in relation to the National Quality Standards;
- Provide relevant support and assistance to educators, including help to identify the individual needs of each child in care, plan relevant experiences and monitor development, learning outcomes for children including documenting child assessments with educators;

- Identify and assist in meeting educators' needs, including pre-service and in-service training, professional development, networking and equipment needs;
- Develop effective procedures to meet the needs of all children being cared for in the service, having regard to:
 - a. the development, best interests and well-being of the individual child; and
 - b. the views of the child's parents; and
 - c. advice provided by specialist advisory assisting families using the service.
- Develop, document and implement procedures to assist parents to make informed decisions about the placement of their children with an educator;
- Disseminate information to educators and parents on behalf of management;
- Maintain required records;
- Develop, document; and implement effective administration procedures for the service;
- Facilitate community access to the family day care service including, for example, promoting awareness of family day care and in home care, and responding promptly and positively to enquiries and all forms of feedback;
- Develop, document and implement effective referral procedures to assist in meeting the needs of children and their families;
- Establish effective liaison with parents, educators, community agencies and government bodies.

Administration Procedures

Processing of Attendance Records and Payment of Child Care Subsidies to Educators

Coordinators/administration staff are responsible for submitting attendance information to CCMS and payment of Child Care Subsidies, JET, Special CCB and other FAO payments to educators on a weekly basis. Coordinators/administration staff maintain the database of educators, families and children using the service and are responsible for distributing quarterly parent statements and annual educator's statements of Child Care Subsidies.

- Educators submit the child attendance information by midnight Sunday each week;
- Coordinators/administration staff input information into HubWorks program. Educators are responsible for ensuring correct information is entered into HubWorks program. Attendance sheets are cross-checked with the information submitted;
- Attendance information is forwarded to the Child Care Management System (CCMS) each Monday except on public holidays;

- CCMS calculate Child Care Subsidies and advise the service electronically. Statement of Child Care Subsidy payments are notified by email to educators and deposits made into educator's nominated bank account;
- Unsigned timesheets will be kept outstanding until received from the educator. Attendance records are legal documents. It is the responsibility of the educator to ensure that accurate records are kept and signed by parents;
- Attendance records are saved as per week ending. Records are stored for three years from the end of the financial year to which the records relate. Reports are printed and saved as per week ending, and a system backup is done;
- Vacancy tally for HubWorks/Harmony is completed and submitted Friday afternoon for the week ahead.

Payment of Accounts Payable and Banking

Administration staff are responsible for banking, payment of accounts, sending out accounts and the keeping of accurate records on MYOB.

Financial Record-Keeping

Administration staff are responsible for recording income and expenditure and preparing monthly reports. Monthly acquittals against bank statements are completed and signed by the Beaucare Treasurer. Financial statements are monitored by the Manager to ensure compliance with the budget. All financial records and procedures are audited yearly by an outside auditor appointed at the AGM. Full copies of audited statements are included in AGM reports for all members of Beaucare.

Payment of Wages

Administration staff are responsible for processing and payment of staff wages, superannuation and calculation of entitlements and associated documentation.

Filing

Filing of educator and family records is the responsibility of coordinators/administration.

Blue Card and First Aid Registers

Coordinators/administration staff are responsible for ensuring accurate recordkeeping to ensure the service is compliant with regulations and holds a copy of the blue card notification for all staff, board, educators, household members and regular visitors.

Educators are responsible to always hold a current blue card, coordinators will remind educators where possible of due dates. Administration of Beaucare will remind staff of due dates 2 months prior to expiry date.

Coordinators/administration are responsible for ensuring accurate recording keeping to ensure the service remains compliant with requirements to hold a certified copy of all first aid, resuscitation, asthma and anaphylaxis management for all educators and coordinators.

Mail and Reception Services

Coordinators/administration Coordinators/administration staff are responsible for collecting and distributing mail and posting outward correspondence. All incoming mail is date stamped. All mail is recorded in a mail register.

- Reception services at 44 Tina Street Beaudesert are provided by Administration;
- Records needing updates are notified to coordinators/administration staff. Families are required to update their enrolment details as needed by directly updating through HubWorks or providing the information to the educator or coordination unit

Associated Beaucare Policies and Documents

Relevant Legislation

Education and Care Services National Regulations 2011

Education and Care Services National Law 2010

National Standards for In Home Care

Australian Government Department of Education and Training: *Child Care Service Handbook*

<https://www.education.gov.au/child-care-service-handbook-0>

2.2 (d) Coordinator Procedures Policy

Policy number: 2.2(d)		Authorised by: Monica Langfeldt
Date last reviewed: April 2017	Reviewed by: Monica Langfeldt	

This policy relates to	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	
HCS	

Purpose

Safe and efficient coordinator procedures.

Policy

Coordinator Visits

Coordinators visit educators regularly to ensure that the individual needs of children are being met, and that the quality of care and safety standards are maintained. In addition, these visits assist the educator by providing time to discuss learning outcomes for children and any issues that relate to their role.

Coordinators are matched with educators which the manager believes will result in the best outcomes for the educator as well as to best support children’s learning and well-being. Sometimes there is the need for coordinators to change educators. This process is supported by the coordination unit through discussion with the educator and children.

Educators are at all times responsible for the running of their service, and are not to rely on coordinators for raising safety or service issues. Coordinators will endeavour to observe and critically reflect on the service at the visit, but they can only report on what is seen on the day. Overall responsibility for the service must be maintained by the educator, and they should seek support from the coordinators as needed.

Visits usually occur unannounced; however, the following situations may be planned visits:

- Coordinator assessments of children;
- Induction/professional development training;
- Supporting a child’s behaviour;
- Supporting a child’s special needs;
- Supporting to settle a child in care;

- General support of educator when requested;
- Support of educator play sessions.

Coordinators will attend the educator's home in any situations of a serious nature including any emergency situations where the educator may need an extra person or support

Visits will involve spending time in the home, observing and interacting with both children and adults. This includes observing the environment, reviewing documentation, and supporting educators with the National Quality Standards process and record-keeping. Educators are encouraged to continue with their normal routine while the coordinator is in the home.

From coordinator observations and contact with parents, coordinators are able to provide feedback (both positive and negative) and suggestions to the educator on their daily practices and interactions with children.

Records are kept verifying the visit and the issues to be followed up by either educator or coordinator. Coordinators will document observations and child assessments and this may include photos, this information is provided to the educators by email and they are then able to forward on to families.

Any breach in regulations and service policies will be identified and discussed and an outcome decided upon and documented. Breaches could include safety issues, inappropriate behaviour management strategies, record keeping etc. Outcomes can include additional training or resourcing or liaison with parents. (Refer Coordinator Visits and Monitoring Quality of Care 6.1).

Where there are a number of safety concerns identified at the visit, a full safety check may be conducted by the coordinator at that time to ensure the safety of children. Serious safety breaches may involve families being contacted to collect children immediately.

Coordinators will take steps to ensure their own safety on all visits.

After Hours Visits by Coordinators

After hours visits by coordinators are planned to occur to allow all children in care to be viewed by coordinators. It also allows educators to be more fully supported. After hours visits can be conducted in person or through another medium such as Skype or FaceTime.

Due to the need to ensure safe working environments, the following procedures are required for coordinators to perform visits to educators after hours.

A list of proposed visiting schedule will be documented in advance with a copy to the Manager and a copy given to the individual coordinators nominated "Emergency Contact". The coordinator will carry a copy of the list with them as well as the usual safety provisions such as a mobile phone.

In case of any emergencies, contact should be made with either the declared emergency person or the Manager, who will then advise the other party.

After hours visits will only be conducted to locations that have been visited before by the coordination unit. In all other cases, two coordinators will attend.

Coordinator Safety

As coordinators are expected to conduct home visits to various homes, some of which are unknown, isolated or potentially high-risk, they are to follow safety guidelines to ensure their own protection:

- Coordinators are to 'sign on' with the office via telephone if they are not commencing their day at the office, and to 'sign off' at the end of the day;
- Prior to initial visits with new educators or families, coordinator should ensure that the address and contact number of the educator or family is documented at the office;
- In situations where there are concerns about potential hazard or risk, two coordinators should attend the visit. If this is not possible, a contact coordinator should be nominated to make a phone call to the visiting coordinator 15 minutes into the visit, enabling them to safely leave the home if necessary;
- If the coordinator is conducting out-of-hours visits or training, they should nominate a contact coordinator that they will advise when they arrive at the venue, and again when they return home. The contact coordinator should have emergency contact details for the visiting coordinator in the event that they cannot be reached;
- If at any point during a visit the coordinator feels uncomfortable or unsafe they are to immediately excuse themselves from the home.

Financial Management

Budget

The Child Care Manager prepares an annual budget through consultation and based on projected needs for the year as well as anticipated variances from the past year. The budget will consider staffing, accommodation and other expenses. Consideration will be made for planned funding changes and will review fees. The budget will be presented to General Manager and Finance Committee for approval. Once adopted, the budget is monitored and reviewed to meet funding changes.

Reporting

Monthly financial reports are collated by Administration and analysed by the Child Care Services Manager. The manager checks that income is received as expected and expenditure matches purchase orders. Purchase orders are signed by the Child Care Services Manager or Senior Coordinator and the account specified is checked. The Child Care Manager prepares a monthly financial report which includes income and expenditure to date and reports on variations in income and expenditure against budget.

The Child Care Services Manager is responsible for compliance with Commonwealth reporting requirements and liaises with the Commonwealth Department.

Liaison with the Community

- Coordinators network with other community representatives by attending the interagency meetings and early childhood meetings. Information on new community resources will be shared with families and educators through various service mediums;
- Coordinators maintain contact with other agencies including Child Health nurses, Counselling services, Family Support workers and organisations for referral and to assist in policy information;
- Relevant community members may be invited to Professional discussion forums to present information;
- Service activities are sometimes publicised in local publications. Press releases promoting the service and what it offers the community are regularly organised. Advertisements to publicise Family Day Care and In Home Care and its role in the community are promoted through various mediums;
- Opportunities will be taken to promote Family Day Care and In Home Care in the community by involvement in local events i.e. Under 8's week activities, NAIDOC Week, Prep Expo's, and Beaudesert Show;
- Feedback is sought from the local community using surveys regarding any gaps in service provision and opportunities for more effective approaches;
- Beaucare Family Day Care has a strong relationship with other child care services in the region and attends expos, meeting, celebrations and Family Fun Day events collaboratively;
- Beaucare Family Day Care works in partnership with the Benevolent Society Early Years Centre and Southern Shire Australian Early Development Index Response Group, and works collaboratively for the best outcomes for children and the community;
- Beaucare Family Day Care works in partnership with local Aboriginal and Torres Strait Islander services and community members for the best outcomes for children and community.

Management of Resources

Beaucare maintains an asset list of service equipment. Resources past their use-by date (i.e. car seats over ten years) will be withdrawn from use and replaced. All electrical equipment is tested and tagged by a qualified electrician yearly. Replacement and new resources will be considerations when planning budgets. Input on new resources will be sought from educators and families through surveys and communication. Staffing and roles and responsibilities are monitored to ensure that human resources are most effectively utilised to meet the needs of the program.

The service will aim to consider sustainability factors in the purchase of new resources. Staffing will be monitored to ensure that human resources are most effectively utilised to meet service needs.

Placement of Children

- The parent or guardian contacts the service coordinators and provides details of their care needs (Request for Care form). Website FDC: <https://beaucarechildcare.hubworks.com.au>
- Coordinators will check vacancies that meet the parent request and contact educators to discuss the family's needs;
- Coordinators contact the parent to advise that educator/s are available for them to meet and to make arrangements for an enrolment interview;
- Enrolment interviews can occur in the following ways:
 - At the Beaucare office;
 - Phone interviews;
 - At the parent's or educators home may occur depending on the family's needs;
 - For in home care, the interview occurs in the parent's home to allow for a safety/risk assessment of the home to be conducted.
- Coordinators will discuss with families the process if the educator is unavailable for care due to illness or holidays. If an educator is unavailable for care, the family will not be charged for this day and no absence will be recorded. If the family still require care for this day, and alternate care can be arranged with another educator, the alternate educator will claim the attendance for the child. Families are encouraged to meet with other educators in the area in preparation for this to occur on short notice. Educators should advise the coordination unit if they are unavailable for care, and families should advise the coordination unit if they are going to be attending care with an alternate educator;
- Discussion of child's needs occurs including suggested settling strategies and the family's goals for having care. The coordinator provides written information to the parent including the Parent Handbook which includes service policies and procedures. Coordinators outline the policies and note issues discussed on the enrolment checklist. The parent is provided with the name and phone numbers of educator/s available for them to meet. If there are several educators who are available to meet the needs of family, parents will be provided with more than one educator's name.
- The parent contacts the educator/s to arrange an interview. The educator is encouraged to schedule the interview at a time that allows them to have a discussion with the family on the child's specific routines and needs, and on the educator's own routine. A parent/educator discussion sheet may be used to guide the discussion
- Before care can commence:

- On advice that in home care has been arranged and approved, the coordinator forwards enrolment and booking information to the educator;
- On advice that family day care has been arranged and the enrolment process completed the educator is notified and is able to access enrolment information via HubWorks.
- The coordinator will attempt to visit new children in care or discuss how the child has settled with the educator within the first month of care, to support the educator with settling strategies and to take observations. The coordinator contacts the parent to communicate how the child has settled and their observations and to provide an opportunity for the family to provide feedback to the service and for any concerns to be addressed. This can occur by email or phone contact.

Gathering Information to Meet Each Child's Needs

- At initial phone contact with a parent, the Coordinator will gather & record information on the child's needs and the family's requirements, answer questions and outline the procedure for arranging care;
- At enrolment interview the Coordinator will give parents information on the role of the educator and Coordinator, and written information on the Service's policies and the Service's parent handbook and seek information from the family regarding their particular needs and goals for their child;
- Infant routine;
- Medical needs, Asthma, Anaphylaxis, Diabetes;
- Kindy access;
- School readiness;
- Care Arrangement between educator, parent and service;
- Special needs;
- Cultural/language needs;
- Each individual child's needs and family needs will be assessed by coordinators in consultation with parents. Discussions will provide an opportunity for special needs to be made known, and in some instances permission to liaise with other services (specialists, doctors, schools) may be requested, in order to ensure that the family has the opportunity to meet available educators who may be able to meet their needs;
- The coordinator will work with the educator by visiting or through other forms of communication while the child is settling into care to discuss and monitor how the child is settling and take observations on how the child's needs are being met;

- Following the visit to the educator's home, the coordinator will aim to contact the parent to share details on how the child is settling and seek parent's feedback on their views and suggestions. The parent will also be encouraged to contact the service at any time via various mediums for support or to offer feedback;
- Coordinators will offer suitable resources and appropriate training opportunities and liaise with inclusion support agencies to increase educator's awareness of the special needs of children;
- If there are issues with a child settling into care, the coordinator will work with the educator and seek the parent's views on ways to achieve the best outcome for their child. If strategies are not successful and unresolved issues remain, the Educator/Coordinator may assist with offering alternative options for the family.

Procedures for Obtaining a Positive Notice Blue Card for Child Related Employment

New Applications

Beaucare Childcare Services requires all new Family Day Care and In Home Care applicants, adult occupants, regular visitors and volunteers to have a current blue card prior to commencing Family Day Care, In Home Care or volunteer work. The three forms are:

- *Family day care educator/assistant blue card application (FDC) form* - This form is to be completed by family day care and in home educators or assistants proposing to start or continue to provide education and care in a family day care residence or venue. This form can be used for both new and renewal applications.
- *Adult resident/occupant blue card application (AO) form* - This form is to be completed by adult residents/occupants/regular visitors proposing to start or continue to reside/regularly visit in a home where family day care is being provided.
- *Blue card application (BC) form* - This form is to be completed by Beaucare volunteers and students.

Completed application to be faxed or emailed to the Queensland Government's Blue Card Services by Beaucare Child Care Services with a copy retained by the service.

The service requires confirmation of positive blue cards from the Blue Card Services prior to care commencing. This is in the form of a Positive Notice Letter. It is a requirement that all Blue Cards are linked to Beaucare. Educators must obtain a 'Paid' Blue Card prior to commencing their service.

Existing educators will advise the service in advance of any new adults or regular visitors becoming a part of their household to ensure that a blue card notification is received by the service prior to new members taking up residence.

Note: *An Occupant is defined by the Act as a person who either resides in the home or is usually present in the home when the child care is provided.*

When accepting applications for a blue card, Beaucare staff notify applicants that by signing the application form, they are consenting to the screening process under the Act.

Beaucare coordinators must sight both the original and photocopied identification to confirm an employee's identity, unless this has been delegated to a prescribed person (with an Identification Verification by a Prescribed Person form completed and attached) as prescribed under the Commission's Act.

Staff will carefully check through the application form to ensure all sections have been appropriately completed. This will minimise unnecessary delays that can result if Blue Card Services is required to request further information after receiving an incorrect or incomplete form.

Staff will explicitly advise all applicants for a blue card that it is an offence for a 'disqualified person' to sign a blue card application form or a renewal form. A person is disqualified if they:

- Have been convicted of a disqualifying offence;
- Are a 'reportable offender' with current reporting obligations;
- Are subject to a child protection prohibition order, or
- Are subject to a disqualification order from a court prohibiting them from applying for, or holding a blue card (refer www.bluecard.qld.gov.au/pdf/infosheets/Information_Sheet-Disqualifying_offences.pdf).

New educators cannot commence care until a positive notice is received by the service for all adult occupants and the educator.

The service receives a Positive Notification Letter from Blue Card Services and retains this on file.

Applicants who already hold a blue card will be required to complete an "Authorisation to confirm a valid blue card form" that is faxed by the service and a direct notice to Beaucare is provided confirming the blue card status.

Renewals of notices

Educators are responsible to ensure that they, their household members and regular visitors submit renewal applications and maintain current blue cards at all times. Care will not continue if the educator's blue card has expired.

In order to continue working while a renewal application is being processed, blue card holders must submit their renewal application prior to their card's expiry date.

Adult Occupant and Regular Visitor blue card renewal forms need to be received by the Commission for Children and Young People and Child Guardian 30 days prior to the expiry date on the blue card for the educator to continue working.

Failing to meet the above requirements will require the educator to cease care for children until a positive blue card is received.

Publicity

The service will take opportunities to publicise and promote the service through various mediums including advertising, displays, radio interviews, social media, press releases and networking with other agencies. The value of joint publicity with other community organisations or publicity that enhances childcare values and advocates issues for children is particularly encouraged.

A publicity program is prepared each year and outlines the planned publicity to be undertaken. All media enquiries will be directed to the Child Care Services Manager who will liaise with the General Manager and Media Agency as required.

National Quality Standards

Service coordination staff will engage in a process of ongoing self-improvement. Regular team meetings and planning meetings are utilised to raise and discuss suggestions and plan ongoing improvements. The Self Study report for the service will be prepared using information gained from educators, parents, coordinators and management. National Quality Standards, the Early Years Learning Framework and My Time Our Place will be included in induction training of new educators and will be regularly provided through various mediums for families and educator information. The service will assist educators to meet the standards and achieve improvements in service through professional discussion forums, through home visits by coordinators, by providing training and professional development and reviewing services policies, procedures and documentation.

Relicensing

The service will engage in relicensing by completing the services application for relicensing and self-evaluation report. Parents and educators' involvement in the process is encouraged and achieved through involvement in policy and procedural updates and contribution to service planning.

Reporting

The Child Care Services Manager prepares monthly reports to the Beaucare General Manager outlining achievements, information and issues for action including:

- a. Staffing information – any changes to staff including leave, training or vacancies;
- b. Outputs achieved in the month;
- c. Major activities in the last month;
- d. Future activities and issues;
- e. Summary of incidents or complaints or issues;
- f. Issues for consideration;

- g. Financial status of the program and any variances against the budget.

The Beaucare General Manager reports to the Board.

The Child Care Services Manager attends monthly meetings where the Strategic Planning and Operational Plan including financial report is discussed and any variances and future plans are documented.

Together these reports are presented to the Beaucare board meeting, with outcomes minuted.

An annual report of service activities and outcomes is prepared each year for presentation at the Annual General Meeting of Beaucare. Outcomes of the AGM are included in the service newsletter. Additional copies of the report are available from the service office.

Associated Beaucare Policies and Documents

Relevant Legislation

Australian Government Department of Education and Training: *Child Care Service Handbook*
<https://www.education.gov.au/child-care-service-handbook-0>

2.3 Educators Policy

Policy number: 2.3

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework

National Quality Standards Early Childhood Education & Care

HCS

Policy

❖ Family Day Care Educators

Family Day Care Educators are adults engaged by the service to care for children in the educator’s own home. Induction and ongoing training is provided by the service. Educators agree to abide by the Education and Care Services National Law Act 2010 and the Education and Care Services National Regulations 2011, and the Service’s policies and procedures. They must also meet the Early Years Learning Framework and National Quality Framework.

Educators provide quality planned and spontaneous experiences aimed at providing learning opportunities to meet each child’s needs. They are monitored and supported in their work by qualified and experienced Coordinators. Educators must hold a current approved Senior First Aid, CPR, Anaphylaxis and Asthma certificates listed on the ACECQA website, have a medical certificate on commencement, public liability insurance cover and meet the service’s training requirements. All educators and adults in the household are required to hold a current Blue Card under the Commission for Child and Young People and Child Guardian Act 2000 prior to registration (Education and Child Care Services National Law Act 2010). Educators must be enrolled and actively working towards a Certificate 3 in Early Childhood prior to commencing as an educator.

Refer Policy 3.1 for Selection Criteria for Educators

❖ In Home Child Care Educators

In Home Child Care educators are adults engaged by the service to provide a child care service caring for children in the child’s own home. Induction and ongoing training is provided by the service. Educators agree to abide by the Education and Care Services National Law Act 2010 and the Education and Care Services National Interim Standards, and the service’s policies and procedures. They must also meet the Early Years Learning Framework and National Quality Framework.

Educators provide quality planned and spontaneous experiences aimed at providing learning opportunities to meet each child’s needs. They are monitored and supported in their work by qualified and experienced Coordinators. Educators must hold a current approved Senior First Aid and CPR, Anaphylaxis and Asthma certificate, have a medical certificate on commencement, public

liability insurance cover and meet the service's training requirements. It is a service requirement that In Home Child Care educators hold a current Blue Card prior to commencing.

❖ Educator Assistants

Educator assistants are adults who are approved by the service to assist a Family Day Care Educator care for children. Educator assistants work in the registered educator's home. Educator assistants agree to and abide by the Education and Care Services National Law Act 2010 and Education and Care Services National Regulations 2011 and the service's policies and procedures. It is the Beaucare Family Day Care policy for educator assistants to meet the same requirements as an educator including the National Quality Framework, and the Early Years Learning Framework and My Time Our Place documents when they are providing education and care for children.

Educator assistants undergo assessment by the Coordination Unit as being competent and a suitable person to provide a quality service, meeting the same requirements as the educator, including professional development to care for children. They are required to participate in induction training and to hold a current Blue Card, approved Senior First Aid, CPR, Anaphylaxis and Asthma certificate and have a medical certificate on commencement and meet the services training requirements. Service coordinators monitor care provided by educator assistants and therefore need to be advised when care is taking place.

Educators need to ensure families are advised when an approved educator assistant is being used, and agree to the arrangement with prior notice of an educator assistant educator being used. This should include the opportunity for children to meet with the educator assistant prior to care commencing where possible.

Approved educator assistants need to be listed on the educator's Public Liability insurance.

It is a requirement for the actual person who provides the care to be the person who submits attendance records using their individual ID. This would require the person providing the care to be registered with the software used by the service.

Family Day Care Educator Assistant Regulations

- (1) An approved provider of a family day care service may approve a person to assist a family day care educator in providing education and care to children as part of a family day care service in the circumstances set out in sub-regulation (2).
- (2) An approved family day care educator assistant may assist the family day care educator by:
 - a. In the absence of the family day care educator, transporting a child between the family day care residence of approved family day care venue and:
 - o A school;
 - o Another care and education service or children's service; or
 - o The child's home.

- b. Providing education and care Outputs achieved in t to a child, in the absence of the family day care educator, in emergency situations, including when the educator requires urgent medical care or treatment;
 - c. Providing education and care to a child, in the absence of the family day care educator, to attend an appointment (other than a regular appointment) if:
 - o The absence is for less than 4 hours; and
 - o The approved provider of the family day care service has approved that absence; and
 - o Notice of that absence has been given to the parents of the child.
 - d. Providing assistance to the educator while the educator is educating and caring for children as part of a family day care service.
- (3) An approved provider must not approve a person under sub-regulation (1) unless the family day care educator provides the written consent of a parent of each child being educated and cared for by the educator to the use of the assistant in the circumstances set out in sub-regulation (2)

First Aid Qualifications

Regulation 136

The approved provider of a family day care service must ensure that each family day care educator and family day care educator assistant engaged or registered with the service (refer codes available at www.acecqa.gov.au):

- a. Holds a current approved first aid qualification; and
- b. Has undertaken current approved anaphylaxis management training; and
- c. Has undertaken current approved emergency asthma management training.

Fit and Proper Persons to be in the Company of Children

Family Day Care Educator Assistants

Regulation 163

The approved provider of a family day care service must take reasonable steps to ensure that a person who is a family day care educator assistant at a family day care residence or approved family day care venue is a fit and proper person to be in the company of children. The approved provider must consider one of the following in respect of the person:

- a. Current working with children check, working with children card or working with vulnerable people check issued on the basis of a criminal history record check;
- b. Current teacher registration.

Residents at Family Day Care Premises

Regulation 163

The approved provider of a family day care service must take reasonable steps to ensure that a person over the age of 18 who resides at a family day care residence is a fit and proper person to be in the company of children.

Educators are required to notify the service of any new person over the age of 18 who resides, or intends to reside, at the educator's family day care premises; and any circumstances relating to a person who has previously been considered under this regulation in relation to the family day care residence that may affect whether the person is a fit and proper person to be in the company of children (Regulation 164 (a) (b)).

Any new person over 18 years of age is required to hold a current blue card (Regulation 163/164) before taking up residency with an educator. All household members are required to ensure that the service policies and procedures are implemented while children are in care (Refer Policy 6.2 Roles Educators Family Members). Applications for blue cards occur at the age of 17.5 years to be in place when they turn 18.

<p>Associated Beaucare Policies and Document</p> <p>Relevant Legislation</p>
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2.4 Parents / Guardians Policy

Policy number: 2.4
Date last reviewed: April 2017

This policy relates to	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	
HCS	

Policy

The primary importance of family in the lives of children is acknowledged and respected and is an underlying principle for practices and procedures. Parents, guardians and other family members are encouraged to share information with their educator about their child, their culture and to become involved in the service. This may include being involved in Professional Discussion sessions, or on an informal basis by sharing their ideas with their educators, offering input through service surveys, discussions with coordinators and participating in family events and workshops hosted by the service. Educators will also share information with parents and guardians and involve them in their child’s progress within legal guidelines.

Whenever their child is in care and in compliance with any court or parenting orders, parents or guardians are entitled and welcome to visit the home and observe the provision of childcare (Child Care Act S78) and participate in the program.

Parents are responsible for ensuring that the information kept in their child’s enrolment record is complete and up to date at all times. This includes contact information for parents and emergency contacts, medical information (medical practitioner, Medicare number and immunisation status) and any court orders or legal matters pertaining to the child.

<p>Associated Beaucare Policies and Documents</p> <p>Relevant Legislation</p> <p>Child Care Act S78</p>

2.5 Community Members and Community Leaders Policy

Policy number: 2.5
Date last reviewed: April 2017

This policy relates to	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	
HCS	

Policy

Community members/Leaders are welcome and invited to be involved in Family Day Care and In Home Child Care.

Beaucare Community Centre includes Child Care Services in community events and conversations with community leaders to have an ongoing holistic approach to the wellbeing of children. The indigenous and cultural diverse members of the community are encouraged and invited to participate in Beaucare training, events, planning, and professional discussions.

Child Care Services and Beaucare acknowledge the traditional owners of the land past and present, the Mununjali, Gunyjuu and Yugambah people. This acknowledgement is stated at all gatherings (see Policy 4.17 Acknowledgement of Traditional Owners).

Associated Beaucare Policies and Documents

Relevant Legislation

3. EDUCATORS (FAMILY DAY CARE and IN HOME CARE)

3.1	Role Description and Selection Criteria Policy	69
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3.1 Role Description and Selection Criteria Policy

Policy number: 3.1

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework	
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National Quality Standards Early Childhood Education & Care	
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HCS	
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Purpose

Educators are selected on the basis of clearly stated selection criteria included in the role description and suitability Guidelines as stated in National Quality Standards and National Regulations.

Policy

Child Care Services

❖ Role Description - Educator

Role Statement

Educators have a key role in the provision of a quality childcare service to members of the community.

Organisational Environment

Family Day Care

Family Day Care works within the National Quality Standards for Early Childhood Education and Care and is committed to the Early Years Learning Framework, National Quality Standards and National Law. Family Day Care is regulated by Australian Children’s Education and Care Quality Authority (ACECQA).

In Home Child Care

In Home Child Care is funded by Department of Education, Employment and Workplace Relations who provide National Standards for Child Care.

Beaucare

Family Day Care and In Home Care are auspiced by Beaucare - a community based, not-for-profit organisation which aims to provide every opportunity to maximize the quality of life of residents of the district, and to strengthen the community for everyone. Beaucare has values of “Respect, Equity, Collaboration, Justice, Self-determination, and Optimism”

Legislative Requirements for the Selection of Educators (as at 10th October 2016)

Family Day Care Educator Assistant Regulations

- (1) The applicant must be a suitable person to operate a child care service;
- (2) In making an assessment for sub-section (1), the Secretary may consider the following matters:

Matters relevant to management of child care services

- The applicant's expertise and experience in providing child care;
- The applicant's ability to meet and provide the appropriate quality of child care;
- The applicant's governance arrangements, including:
 - Any arrangements with other persons for the management or supervision of the child care service; and
 - Any arrangements to ensure compliance by the applicant, or any person the applicant is, or will be, responsible for managing, with the laws and standards mentioned in paragraphs d through f.

Matters relevant to capacity to comply with all laws and standards

- The applicant's understanding of obligations that would apply to it under the family assistance law, and commitment to complying with these obligations;
- The applicant's record of compliance with any laws of the Commonwealth or a State or Territory;
- The applicant's record of compliance with any quality standards relating to child care services.

Matters relevant to management of financial affairs

- The applicant's record of financial management, including:
 - Any instances of bankruptcy, insolvency or external administration involving the applicant; and
 - Any debts due to the Commonwealth by the applicant (whether or not the debt has been discharged);
 - The applicant's record of administering of Commonwealth, State or Territory funds.

Matters relevant to previous conduct, charges and convictions etc.

- Any relevant criminal charges against the applicant;
- Any proceedings currently before a court or tribunal that involve the applicant;
- Any order for the applicant to pay a pecuniary penalty for the contravention of a civil penalty provision of a law of the Commonwealth or a State or Territory;
- Any decision under a law of the Commonwealth or a State or Territory relating to child care which adversely affects the applicant;
- Subject to Part VIIC of the *Crimes Act 1914*, any conviction or finding of guilt against the applicant for an offence against a law of the Commonwealth or a State or Territory (including an offence against children, or relating to dishonesty or violence);
- Any act of the applicant involving fraud or dishonesty.

Other matters

- Any other matter relevant to the suitability of the applicant.

(3) In making the assessment for sub-section (1), the Secretary may also consider the matters mentioned in sub-section (2) in relation to the following persons:

- a. Any of the applicant's previous, current or proposed key personnel; and
- b. Any person connected with the applicant, who affects, or is likely to affect, the operation of the service by the applicant; and
- c. Any person connected with any of the applicant's previous, current or proposed key personnel, who affects, or is likely to affect, the operation of the service by the applicant:

For Example: *In assessing whether an applicant is a suitable person to operate a child care service, the Secretary may consider such matters as:*

- *Criminal convictions of the applicant's key personnel;*
- *The record of financial management of the holding company of the applicant, or the bankruptcy of a proposed director of the applicant;*
- *The record of compliance with the family assistance law of a body corporate a director of which is one of the applicant's key personnel.*

Note: *For the purposes of sub-section (3), the reference to a 'person' may include a partnership or an unincorporated body.*

Family Day Care and In Home Care Services: Suitability of Carers

- (1) Where the applicant is applying for approval of a family day care service or an in home care service, carers employed, contracted or otherwise engaged by the service must be suitable people to provide child care;
- (2) The applicant must undertake that the service will take reasonable steps to ensure that carers employed, contracted or otherwise engaged by the service are suitable people to provide child care;
- (3) For the purposes of subsection (2), the child care service must undertake a check for the following:
 - a. Any relevant criminal charges against the carer pending before a court;
 - b. Any relevant convictions or findings of guilt against the carer for an offence.
- (4) In considering whether a carer is a suitable person to provide child care, the Secretary may consider any other matters relevant to the carer in addition to the matters mentioned in subsection (3);
- (5) Carers employed, contracted or otherwise engaged by a family day care service or an in home care service must at all times be suitable people to provide child care;
- (6) When a service employs a new member of staff, or a family day care service or an in home care service employs, contracts or otherwise engages a new carer, the service must undertake the same checks in relation to that person as it was required to undertake under Part 2 of this determination in relation to staff and carers before the service was approved.

Accountability and Reporting Relationships

Educators are responsible for providing a high standard of care to children. They are required to meet service policies and procedures. Educators need to meet the provisions of the Education and Care Services National Law Act 2010 and the Education and Care Services National Regulations 2011. Educators need to meet the requirements of Beaucare policies including training requirements. Support and training is available from the Coordination unit.

Primary Duties and Responsibilities

Ensure Each Child's Needs are Met

Plan and develop effective procedures to meet each child's and family's needs including children who have disabilities or other special needs, and taking into account their cultural and religious requirements.

Work Within Current Regulations and Policies

Adhere to service guidelines, policies and code of conduct as outlined in the Policy and Procedures Manual.

Quality Improvement

Embrace and implement Quality Improvement principles and strategies that result in better outcomes for children in care.

Training and Professional Development

Commit to professional development and improved practices. Complete an annual professional development plan. Meet training requirements of service including Induction Training including Sudden Infant Death Syndrome (SIDS), Child Protection and Risk Management, 3 training sessions per 12 months (July-June). Child Protection and Red Nose Safe Sleeping training are required to be updated every 2 years and do not count as part of 3 professional development sessions required. National Quality standard meetings will count as 1 training session. Educators in Family Day Care will be required to have successfully completed a Certificate 3 in Children's Services or to be enrolled and actively studying prior to commencing care. Evidence of study is required on a monthly basis. Educators studying Diploma or higher qualifications are able to count their study as the 3 Professional Development sessions required for the year only on completion of the qualification. Any modules in certificate or diploma courses requiring a supervisor to document and sign will only be signed off by coordinators if the educator has demonstrated competency. Professional discussion meetings occur quarterly and are not counted as professional development it is a meeting that is used to include service stakeholders, staff, educators, families, community in discussion as part of planning and evaluation of the service and feeds into decision making and policy development. Educators are encouraged to attend these meetings to ensure that they have an opportunity to discuss all aspects of the service that they work with.

Support Parents

Provide support, information, advocacy and referral services to parents. Work in a professional role at all times with the family and service within service guidelines.

Maintain Professional Standards

At all times act in an ethical, diligent, honest, friendly and professional manner and follow the ECA code of ethics and service code conduct.

❖ Selection Criteria - Educator

Knowledge

A demonstrated knowledge of child development

An educator must have a sound understanding of the varying needs and interests of children, and knowledge and an understanding of the physical, emotional, cognitive and social development of children

A demonstrated knowledge of relevant health, hygiene, welfare and safety issues

An educator must have:

- An awareness and sensitivity to the needs of children and their families, in particular children of different cultures and religions, and children with disabilities;

- Current knowledge of appropriate nutrition, health and hygiene practices;
- An understanding of and commitment to workplace health and safety and safe practices. This includes risk assessment and risk management strategies to reduce incidents in the home and on outings to ensure safety for children;
- A knowledge and ability to implement positive behaviour guidance in a respectful and professional manner that is age appropriate for the child;
- A commitment to child protection practices.

Skills and Abilities

- A demonstrated ability to plan to meet the needs of children. An educator must have the ability to sensitively assess and meet the physical, social and emotional requirements of individual children, including children from different cultures and those with special needs;
- Effective communication skills with children, families and service staff that facilitate identification and resolution of concerns and resolve conflict;
- Responsiveness toward children that facilitates their settling, learning and growth in a socially and emotionally warm environment;
- Ability to represent themselves and the service in a professional manner and adhere to the Code of Conduct and Code of Ethics;
- Organisational skills in planning, observation taking and record keeping that will meet the National Quality Standards;
- Ability to offer a safe and stimulating home environment for children with opportunities for outdoor and indoor play for all ages.

Qualifications

- A current Senior First Aid Certificate*;
- A current CPR Certificate*;
- A current anaphylaxis and asthma certificate*;
- A current positive blue card from the Queensland Government's Blue Card Services for the educator, household members and regular visitors;
- Educators in Family Day Care are required to have successfully completed a Certificate 3 in Children's Services or to be enrolled and actively studying prior to commencing care.

(*codes available from www.acacqa.gov.au)

Other Requirements

A Medical Certificate and 2 referee checks indicating the applicant's suitability to work with children are also required prior to commencement. If previous work has been in childcare or with Family Day Care or In Home Care, a reference from the previous service may be requested.

Regulation Requirements

Family Day Care Educator Assistant Regulations

Regulation 144 (2) (b)

Providing education and care to a child, in the absence of the family day care educator, in emergency situations, including when the educator requires urgent medical care or treatment.

First Aid Qualifications

Regulation 136 (3) First aid qualification

The approved provider of a family day care service must ensure that each family day care educator and family day care educator assistant engaged or registered with the service:

- a. Holds a current approved first aid qualification; and
- b. Has undertaken current approved anaphylaxis management training; and
- c. Has undertaken current approved emergency asthma management training.

Fit and Proper Persons to be in the Company of Children

Family Day Care Educator Assistants

Regulation 163

The approved provider of a family day care service must take reasonable steps to ensure that a person who is a family day care educator assistant at a family day care residence or approved family day care venue is a fit and proper person to be in the company of children. The approved provider must consider one of the following in respect of the person:

- a. Current working with children check, working with children card or working with vulnerable people check issued on the basis of a criminal history record check;
- b. Current teacher registration.

Residents at Family Day Care Premises

Regulation 163

The approved provider of a family day care service must take reasonable steps to ensure that a person over the age of 18 who resides at a family day care residence is a fit and proper person to be in the company of children.

Educators are required to notify the service of any new person over the age of 18 who resides, or intends to reside, at the educator's family day care premises; and any circumstances relating to a person who has previously been considered under this regulation in relation to the family day care residence that may affect whether the person is a fit and proper person to be in the company of children (Regulation 164 (a) (b)).

Any new person over 18 years of age is required to hold a current blue card (Regulation 163/164) before taking up residency with an educator. All household members are required to ensure that the service policies and procedures are implemented while children are in care (Refer Policy 6.2 Roles Educators Family Members). Applications for blue cards occur at the age of 17.5 years to be in place when they turn 18.

Associated Beaucare Policies and Documents

Choose With Care – Building child safe organisations – ECPAT Australia 2001(7/3/11)

ACT Government Office for Children, Youth and Family Support: *Creating Safe Environments for Children – Organisations, Employees and Volunteers*

http://www.dhcs.act.gov.au/_data/assets/pdf_file/0019/5635/NCSF_organisations_employees_volunteers.pdf

ACT Government Office for Children, Youth and Family Support: *Guidelines for Building the Capacity of Child-Safe Organisations*

http://www.dhcs.act.gov.au/_data/assets/pdf_file/0020/5636/NCSF_Schedule

Bravehearts: *Selecting Staff* www.bravehearts.org.au (7/3/11)

http://www.bravehearts.org.au/docs/fact_sheet_selecting_staff.pdf

Beaucare Policy 12 Staff Recruitment

Relevant Legislation

3.2 Educator Selection Policy

Policy number: 3.2
Date last reviewed: April 2017

This policy relates to	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	
HCS	

Purpose

Educators are selected on the basis of clearly stated selection criteria included in the role description.

Policy

Selection processes are used by the service to assess an applicant’s suitability to provide care of a high standard. The process used is either:

- The service placing advertisements for vacancies for educators in newspapers and inviting interested people to attend an information session to provide an overview of the role and answer questions. Information and discussion is provided on the educator role, service policies, procedures, and the selection process. An educator application form is available for interested participants; OR
- Information is available on the Beaucare website form for completing and forwarding to the service; OR
- Interested applicants contact the service directly and an interview or home visit is arranged.

Following this initial contact:

- An individual interview is arranged by coordinators with discussion to determine the applicant’s ability to offer quality care and their understanding of the role. Suitability of the home and yard is also assessed.
- Educator Details form is completed by applicant detailing experience with children, qualifications, and the names of 2 work-related referees.
- Referees are contacted by the service with a standard series of questions.
- Observations of applicant's interactions with children may be conducted.

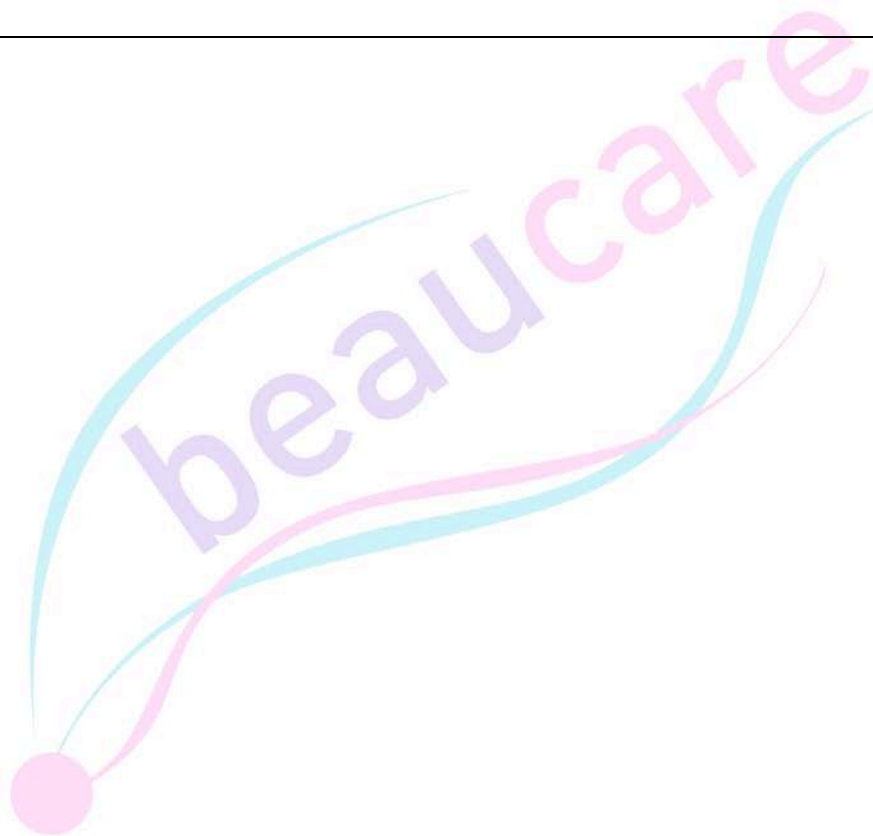
- Coordinators conduct assessment and rating based on the application form, information from referees and interview. The recommendation is submitted to the manager. Consideration is given to the ability of the service to support the applicant based on their location, current demand for care and assessed support needs of the applicant.
- Contact is made to applicant indicating the service's intention to proceed with application or not.
- Meeting with members of the household is arranged for FDC applicants with discussion on how conducting a business from their home may impact on their family. Child protection requirements, safety and risk management and service policies are part of this discussion.
- Successful applicants are invited to participate in induction training. Induction training includes policy and procedures, child development, National Quality Standards, National Regulations, and Early Years Learning Framework and may include a visit to an existing educator's home or meeting with educators at playgroup. Induction training is completed through attending sessions at the Beaucare office, at the educator's home, or through self-paced online training with consideration of individual needs of applicants. Following successful completion of induction training, applicants are eligible to become registered with completion of the following:
 - Completion of a full safety check of home and yard (FDC only);
 - Senior first aid certificate including CPR and Anaphylaxis and Asthma certificate;
 - Medical certificate;
 - Public liability insurance of \$10 million;
 - Service Contract;
 - Service registration fee paid;
 - Provision of car safety certificate and car restraint check if vehicle to be used in transporting children;
 - Current blue card for applicant and all adult members of the household and regular visitors;
 - Relevant qualification or confirmation of active studying currently occurring from registered training organisation;
 - Induction DVD pack completed;
 - Working computer or device that can send and receive documentation, printer, internet and phone;
 - HubWorks registration paid.

New educators are encouraged to develop a buddy relationship with another experienced educator to help them settle into the role. During the Induction process, a coordinator will initiate a buddy visit with an existing educator. On this visit, the coordinator will facilitate discussion between the educators, and assist with supervision of the children as required. Following this visit, coordinators document a summary of the visit.

Coordinators offer greater support and assistance to new educators with weekly visits and together develop a professional development plan and ongoing training plan for the educator.

Associated Beaucare Policies and Documents

Relevant Legislation



3.3 (a) Educator Conditions and Responsibilities Policy

Policy number: 3.3 (a)

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework

National Quality Standards Early Childhood Education & Care

HCS

Purpose

Educators' conditions and responsibilities are clearly stated to ensure new and existing educators are fully aware of their responsibilities

Policy

Notifiable Events

- (1) The operator must give the Secretary written notice of at least 30 days before:
 - a. Entering into a contract for the sale of premises where the child care service is conducted;
 - b. Terminating the lease of the premises;
 - c. Changing the address of the service.
- (2) The operator must give the Secretary written notice within 14 days of any change to the details contained in the child care service's application for approval, other than the address of the service;
- (3) If the operator becomes aware of something in relation to the persons listed in subsection (5) below, that affects or is likely to affect the suitability of the person to provide child care, the operator must give the Secretary written notice within 7 days of becoming aware, setting out:
 - a. The matter; and
 - b. The action that the operator has taken or intends to take to deal with the situation.
- (4) Without limiting subsection (3) above, the matters that must be notified include:
 - a. Any criminal charge, conviction or finding of guilt against the person for an offence against a law of the Commonwealth or a State or Territory which relates to an indictable offence punishable by imprisonment of 2 years or more, or an offence for which a penalty equivalent to 40 penalty units or more could be imposed;

- b. Any instances of bankruptcy involving the person;
 - c. Any refusal (which includes the cancellation) of, or conditions imposed in relation to, a working with children check (where required under the law of the State or Territory in which the service is situated) which relates to the person's ability to work with children.
- (5) For the purposes of subsections (3) and (4) above, the operator must provide a written notice in respect of any of the following persons:
- a. A member of the service's staff;
 - b. Key personnel;
 - c. If the service is a family day care service or an in home care service, a carer employed, contracted or otherwise engaged by the service.

Annual Review

Each year, the service arranges a review process for all educators and families. This is an opportunity for educators to evaluate and review their performance, and also presents the opportunity for the service to ensure that the quality of care is of a consistently high standard throughout the service. The service seeks feedback from educators regarding the support received and any suggestions for improvement.

The process includes a documented safety check of the home and yard by the coordinators. The service safety checklist is regularly revised as safety standards change within the industry. If safety issues are identified on review or at any time during the year, risk management processes will be implemented using a hazard identification form. Depending on the assessed risk of the hazard, the issue may need to be rectified immediately or a timeframe as negotiated. Refer Coordinator Visits and Monitoring Quality of Care.

Each year coordinators acknowledge educators' achievements and contributions to the service with awards. These can then be part of each educator's portfolio. Years of experience in child care and years with Beaucare are also acknowledged annually.

Documentation

The educator is required to provide accurate attendance records to the office by 9am Monday morning with all areas completed and signed.

The educator is required to provide documentation weekly to the service about the child's development, planned experiences for the following week, evaluation of the previous week with reflection on what has worked and what has not. Information on the child's routine, changes in circumstances, health, support needed, issues or concerns.

Documentation on safety audit conducted daily and list any hazards and outcomes to resolve hazards.

Receipts and invoices to be provided to families stating full fees, child care subsidies and payment made by the parent. All payments to be receipted. Educators must supply the service with a copy of invoices and receipts for all families on a weekly basis.

Associated Beaucare Policies and Documents

Relevant Legislation



3.3 (b) Educator Contract Policy

Policy number: 3.3 (b)

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework

National Quality Standards Early Childhood Education & Care

HCS

Purpose

Educators' conditions and responsibilities are clearly stated to ensure new and existing educators are fully aware of their responsibilities

Policy

All educators sign a contract with the service prior to commencement. Both the educator and service retain a copy of the signed agreement. The contract is reviewed and professional development plan is updated on an ongoing basis.

Parent care arrangements are a signed agreement between the service, educator and family. These must be in place for all families prior to care commencing.

The educator contract is a legal and binding contract agreed to by the educator.

- (1) Nothing in the contract shall constitute, or be deemed to constitute the relationship of employer and employee, principal and agent, or a partnership between the Service and the Educator. The service is not liable for any damages including property loss or damage or personal injury or death (including any of the Educator's employees, agents or subcontractors) arising out of or in connection with the carrying out of the Educator's obligations under the Service.
- (2) The Educator shall at all times indemnify, and keep indemnified, the Service from and against all claims, legal costs, demands, writs, summons, actions, suits, proceedings, judgements, orders, decrees, costs, losses and expenses of any nature which the Service may suffer or incur in relation to any loss of life, personal injury or damage to, loss or theft of property arising from or out of or in connection with any act, omission or negligence of the Educator, or any of its employees, agents or subcontractors, including any breach of this contract;
- (3) The nature of In-Home child care agreements often extends or falls outside standard child-care bookings, and thus is subject to the availability of funding and support accessibility offered by the Service. Therefore, the contract may be subject to termination by the service at any time. The agreement between the educator and the family may also be terminated on these grounds.

- (4) Care will be ceased or suspended with immediate effect (no fees can be claimed during these times and the service will not be responsible for loss of income in any way) in the following circumstances:
- a. In the case of non-compliance with the Contract where it is assessed that there is a risk to children, if a child protection issue is being investigated or where there are serious safety/wellbeing issues identified;
 - b. If there is a breach of policy or behaviour not in line with the code of conduct and or in general a breakdown of relationship with the family or the Service;
 - c. If the Educator is not honest and does not provide adequate communication with the Service about the care occurring;
 - d. In the event of a local disaster of either the care environment or the approved provider service, care may be cancelled to minimize risk associated with local disasters including floods, fire, terrorism etc. and in these situations and the Service's closed fees may not be claimed unless approved in accordance with Family Assistance Law, the Service reserves the right to make the decision to close as a preventative measure to minimize risks to children, families and educators.

The Educator agrees:

- (1) The Educator must maintain a Professional Development Plan including individual development and support requirements;
- (2) That, as a self-employed independent contractor, the Educator is responsible for his/her own taxation and recovery of bad debts;
- (3) The Educator is self-employed and therefore is not entitled to any leave accruals, sick leave or superannuation under the Contract.
- (4) The Educator is responsible to supply his/her own documentation and resources; the Service does have a toy library that can be accessed;
- (5) The Educator is required to have his/her own ABN prior to commencing as part of being self-employed;
- (6) To ensure that professional development of 3 training sessions per year occurs excluding child protection which is required as extra every 2 years;
- (7) To ensure that medical practices including administering medication does not occur unless specifically agreed to by the Service and family, and suitable training has occurred;
- (8) To abide by the Commonwealth Child Care Management System and the Service's policies at all times. Providing the service and parents a receipt of all payments received;
- (9) To hold and maintain current \$10 million Public Liability Insurance cover for In Home Child Care;

- (10) To hold and maintain current First Aid, Resuscitation, Anaphylaxis and Asthma qualifications as required by the Education and Care Service National Regulations 2011. Certificates must comply with approved list of registered training organisations as listed on ACECQA website. The Educator is required to ensure that the Service has a current certified certificate at all times;
- (11) To inform the Service of any change to their health or wellbeing that affects their competency to work with children or requires risk management. Changes may include personal injury, medical procedures or prescribed medication;
- (12) To ensure that documentation of annual vehicle car restraint check and vehicle check is submitted to the Service if a vehicle is used to transport children;
- (13) To comply with Commonwealth Government guidelines in relation to Child Care Subsidies by keeping accurate and accountable records of care provided and payment received. To ensure that the Service receives a copy of all attendance records. To report to the Service any situation that could be in breach of Child Care Management guidelines (refer to CCMS handbook);
- (14) To abide by the Code of Ethics, and in particular confidentiality in relation to children/families using In Home Child Care;
- (15) To pay the educator levy and collect the service levy as determined by the Service's policy;
- (16) To provide care information in relation to any child when requested by the Service/Coordinator;
- (17) To report immediately all information of changes to the family or child circumstances including any risks or concerns of wellbeing in accordance with child protection policies and laws;
- (18) To keep the Service up to date with documentation including journal and planned experiences being provided to the child/children in care;
- (19) To maintain a positive suitability card at all times and advise the Service of any changes to blue card status;
- (20) To advise of any changes to the signed legislation declaration;
- (21) Maintain confidentiality with the Service protecting all intellectual property and not misusing or representing the Service in any way;
- (22) To maintain a professional approach at all times in line with the Service's code of conduct;
- (23) At all times to maintain professional boundaries with the family, working only in a professional capacity (no private arrangements are to occur with the family whilst the Educator is registered with the Service).

The Service agrees to provide the Educator with:

- (1) Access to the:
 - a. Commonwealth CCMS Child Care Service Handbook;
 - b. Service policies;
 - c. Legislative changes that impact on In Home Child Care;
- (2) Access to updates and amendments of the above mentioned documents;
- (3) An orientation/induction for new educators.
- (4) Regular information, resources and access to professional development;
- (5) Referrals for child care that are received by the Service from prospective families;
- (6) Regular support and monitoring through unannounced home visits, telephone contact and events e.g. playgroup, meetings, newsletters;
- (7) Processing of attendance records and payment of Child Care Subsidies according to Commonwealth legislation on a weekly basis, provided the records are accurate and received in accordance with the Service's policy;
- (8) Monitoring and support that is consistent with the Commonwealth Child Care Service Handbook, Service policies and other relevant legislation.

<p>Associated Beaucare Policies and Documents</p>
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<p>Relevant Legislation</p>

3.3 (c) Educator Financial Responsibilities Policy

Policy number: 3.3 (c)

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework

National Quality Standards Early Childhood Education & Care

HCS

Purpose

Educators' conditions and responsibilities are clearly stated to ensure new and existing educators are fully aware of their responsibilities

Policy

First Aid Kits

Each educator should have a first aid kit, which it is recommended to contain:

▪ Safety pins	▪ Sterile combine dressings (assorted sizes)
▪ Resuscitation mask (optional)	▪ Liquid soap / hand sanitizer
▪ Plastic adhesive strips	▪ Square gauze swabs
▪ Eye irrigation (optional)*	▪ Non-glass thermometer
▪ Roll of non-allergenic tape	▪ Wound dressings
▪ Antiseptic cream*	▪ Plastic zip-lock bags
▪ Sterile eye pads (optional)	▪ 1 pair stainless steel medical scissors
▪ Wound closure steri-strip (optional)	▪ Pencil and notepad
▪ Triangular bandages	▪ Tweezers
▪ Saline sachet (optional)	▪ First aid booklet
▪ Crepe bandage	▪ Latex gloves
▪ Alcohol swabs (optional)*	▪ Emergency numbers
▪ Instant cold pack and cloth	▪ Tooth-saver system (optional)

<ul style="list-style-type: none">▪ Conforming cotton bandages (assorted sizes) (optional)	<ul style="list-style-type: none">▪ Non-adhesive dressings (various sizes)
--	--

Contents in the kit must be inaccessible to children. A first aid kit must always be taken on outings and excursions away from the home.

*First aid kits need to be kept in good order with contents within due dates.

Hygiene & Food Handling Requirements

Educators are required to provide equipment to meet the service's hygiene and food handling practices. This may include the following:

- Consumables such as liquid soap, paper towels and tissues;
- Individual sheets for sleeping;
- Disposable gloves for nappy changing and for food handling;
- Change mat with an impervious surface for nappy changing;
- Footstool to allow younger children access to hand washing and toilet;
- Food thermometer to measure the temperature of food (if food is to be reheated);
- Food handling certificate (if providing food) – food handling certificates are recommended to be updated every 2 years.

Levies

A service levy applies to all families and educators using the service. Educators are required to provide written permission for the service to deduct the levy from weekly Child Care Subsidy payments. This is included in the Educator Contract and Educator Details form.

Fees

Obligation to charge no more than the usual fee

Beaucare Family Day Care is responsible for the overall fee setting as outlined by Department of Education, Beaucare's policy for the setting of hourly rates, late fees, meal and travel fees may vary between educator services based on the service provided by the independent educator agent. Payment of fees is required on a weekly basis and paid directly to the educator. Receipts must be provided by the educator at time of payment. Receipts are to occur through the software program that the service uses and are to be available for auditing procedures at request.

In certain circumstances the Australian Government pays higher subsidies. This includes circumstances when there is eligibility for Hardship and Child at Risk. There are also different subsidies for grandparent rate, parents looking for work, parents who are studying. Parents are able to go to www.education.gov.au to identify their eligibility.

In each of these circumstances a child care service must ensure that it does not set fees that exceed the amount of the fees it would set for the same child in the same session if there were no such eligibility.

Beaucare's policy enables educators to set their hourly fees within this guideline and maintains the right to refuse unreasonable fees being charged to families.

Fee schedules are set for Family Day Care purposes as same fee for same service and are to be applied equally and fairly to families. Educators are responsible for setting their own fee schedule and to be guided by the CCMS Handbook and Family Tax Laws.

IHC fees are set by educators based on individual family contracts and may vary depending on the level of care needs for each family but must not be based on any subsidy information. Beaucare will not share subsidy information with educators prior to fee setting to ensure that this does not occur. Changes to fee schedules must be approved and justified in writing by Beaucare prior to being implemented. Changes to bookings for IHC must be discussed with Beaucare to ensure that any changes meet eligibility requirements.

Insurance

Educators are required to maintain Public Liability Insurance of \$10 million through Family Day Care Australia Insurance Plan or Guild Insurance. Current insurance is required at all times, and it is the educator's responsibility to maintain this insurance and complete documentation in the event of any accidents or injuries to children in care (Refer 7.1 Incidents Injuries Trauma and Illness).

Educators need to ensure that their insurance covers them for the following situations in the home, on excursions or visits:

- Educator to educator and educator to Co-ordinator claims;
- Professional indemnity – covers liability arising out of professional negligence that causes damage to the property of, or physical injury to, a member of the public;
- Goods sold (e.g. where the educator provides food for the children in care);
- Fundraising activities;
- Administering incidental medicines (subject to holding a current parental/guardian consent form and being approved by the service);
- Volunteer workers and work experience student;
- Where the educator rents the premises that Family Day Care is provided (tenant's liability);

- Where the educator owns the premises that Family Day Care is provided (owner's liability).

It is recommended that educators include insurance cover for fines that relate to the National Regulations and Law, including errors and omissions.

Terms, conditions and full details of cover are included in the insurance policy document available from Family Day Care Australia and Guild Insurance.

Educators are advised to ensure that their home & contents and vehicle policies provide coverage for conducting a business (Insurance Contracts Act 1984 – Duty of Disclosure). It is recommended that written confirmation of notification of the Family Day Care Business be included on educator's individual domestic Home & Contents and Car Policies.

New Educators Induction

Registration fee is to be paid prior to the induction process commencing. This registration fee is non-refundable. The service conducts induction training and provides access to the Policy and Procedures, Education and Care Services National Law Act 2010, Education and Care Services National Regulations 2011, Staying Healthy in Child Care, National Quality Standards for Early Childhood Education and Care and School Age Care, Early Years Learning Framework, My Time Our Place, various other resources, forms and planning pack.

All documentation remains the property of Beaucare and must be returned to the service if the educator does not proceed or finishes with the service. Failing to return the items, fees will be deducted from the last pay or an invoice will be issued to cover the costs.

Tax Records and GST

It is an educator's responsibility to keep their own financial records and submit taxation information as required for their business as an independent agent. The service library holds taxation guidelines published by the National Family Day Care Council of Australia.

Family Day Care is classed as a "GST free service" as GST is not charged on standard fees to parents. However, if educators provide care for children with special needs and receive Inclusion Support Subsidy, an ABN is needed to prevent 48.5% tax being withheld from the additional payment. Registration for GST is optional.

Training Costs

It is the educator's responsibility to meet the costs of maintaining a full Senior First Aid Certificate which will include CPR, anaphylaxis and asthma (see www.acecqa.gov.au for codes). They must also participate in on-going professional development of 3 sessions per year as set by the service as well as Child Protection and Red Nose Safe Sleeping every 2 years (if caring for children under 2 years if age). Fees vary for training during the year. Educator conference is held yearly.

Blue Cards

Educators are responsible for ensuring that the blue cards for themselves, household members and regular visitors are current and that renewal applications (with relevant fees) are submitted within the required times, for educators the application must be submitted prior to expiry date all applications, and family member renewals must be submitted 1 month prior to expiry date. Renewals must be submitted through the Beaucare office and signed off by a coordinator.

For Blue Card Services guidelines refer to: <http://www.bluecard.qld.gov.au/>

Vehicle Safety Certificates

Educators who intend using their car to transport children in care are responsible for the initial cost and thereafter annual costs of a vehicle safety certificate and inspection of child restraints.

In Home Care educators who are driving the family's vehicle are required to obtain a current roadworthy and vehicle restraint check prior to driving it.

Children being transported in the vehicle must be seated according to current car restraint laws and vehicle manual (refer Policy 7.18 – Transport or <http://www.tmr.qld.gov.au/Safety/Driver-guide/Child-restraints>).

Fire Safety Equipment

Educators are required to purchase and maintain a fire extinguisher and/or a fire blanket for their service. The location of these in the home must be noted on the Emergency Evacuation plans displayed at each exit to the home.

Educators Leaving the Service

Educators are required to give 4 weeks working notice that they intend to finish with the service. If 4 weeks notice is not provided then the educator will need to pay 4 weeks educator and parent levies in lieu of notice. This is based on the average weekly levies paid by the educator.

If an educator leaves the service within the first 12 months, there will be an additional Exit Fee of \$300. If the educator leaves within the first 2 years, the exit fee is reduced to \$200. This exit fee can be waived at the discretion of the service manager.

Prior to finishing, the educator will be provided with a list of returnable items. A coordinator will make a time to collect these items shortly after the educator gives notice. All items not returned will incur a charge, and no further payments will be made to the educator until items have been returned or charges have been paid. The educator will continue to be able to access necessary policies, regulations and documents through the Beaucare website. Equipment that is needed to continue to provide care (car seats, cots etc) the educator may keep these until the final day of care but must be returned prior to final pay occurring.

Educator to Provide Documents on Leaving Service

Regulation 179

An educator must provide all documents referred to in regulation 178(1) to the approved provider of the family day care service on ceasing to be engaged by or registered with the service.

Prescribed Enrolment and Other Documents to be kept by Family Day Care Educator

Regulation 178

(1) For the purposes of section 175(3) of the Law, the following documents are prescribed in relation to each child educated and cared for by the family day care educator as part of the family day care service:

- a. The documentation of child assessments or evaluations for delivery of the educational program as set out in regulation 74;
- b. An incident, injury, trauma and illness record as set out in regulation 87;
- c. A medication record as set out in regulation;
- d. A children's attendance record as set out in regulation 159;
- e. Child enrolment records as set out in regulation 160;
- f. A record of visitors to the family day care residence or approved family day care venue as set out in regulation 165.

(2) The family day care educator must take reasonable steps to ensure the documents referred to in sub-regulation (1) are accurate.

Penalty: \$2,000.00

(3) Subject to Subdivision 4 and sub-regulation (4), the family day care educator must ensure that the documents referred to in sub-regulation (1) in relation to a child enrolled at the service are made available to a parent of the child on request.

Penalty: \$2,000.00

(4) If a parent's access to information of the kind in the documents referred to in sub-regulation (1) is limited by an order of a court, the family day care educator must refer to the court order in relation to the release of information concerning the child to that parent.

Associated Beaucare Policies and Documents

Relevant Legislation

3.3 (d) First Aid Policy

Policy number: 3.3 (d)

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	
HCS	

Purpose

Educators' conditions and responsibilities are clearly stated to ensure new and existing educators are fully aware of their responsibilities

Policy

Educators are responsible to always maintain a current Senior First Aid Certificate and Certificate of CPR, anaphylaxis and asthma. Under the Education and Care Services National Regulation 2011, the certificate must not expire and the time that has passed since the person last completed the training must not be more than:

- 3 years for training leading to a senior first aid certificate; or
- 1 year for training leading to a certificate in the area of CPR;
- 3 years of training in Anaphylaxis and Asthma.

It is the educator's responsibility to maintain current certificates at all times and ensure that the service always has a certified copy of the current certificate. Educators will not be able to work if certificates expire until renewed and evidence is provided to the service. Original email certificates from the RTO can be accepted as original documents.

All certificates must be completed through an approved training organisation as listed on the approved ACECQA website (www.acecqa.gov.au).

Administration of First Aid

As educators are generally operating alone in their service, they are required to be confident and competent in administering first aid as required. The educator will be viewed as the 'first responder' to incidents involving children enrolled in their service. This means that the educator's overall aim should be to **preserve life**. In addition, the educator is aiming to prevent the worsening of the patient's condition and to promote recovery.

Educators are expected to continue administering first aid until medical professionals arrive, or as long as it is safe to do so. The responsibility of the educator is to provide care only to the level of their first aid training. Educators are not expected to perform medical duties that are above their training. In the administration of first aid, the educator is also expected to ensure that no other child in their care is placed at risk.

Associated Beaucare Policies and Documents

Relevant Legislation



3.3 (e) Holidays and Absences Policy

Policy number: 3.3 (e)
Date last reviewed: April 2017

This policy relates to	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	
HCS	

Purpose

Educators' conditions and responsibilities are clearly stated to ensure new and existing educators are fully aware of their responsibilities

Policy

Holidays

Educators are encouraged to have four weeks holidays each year, and to advise parents and the service in advance. The holiday advice form may be used for this purpose.

Maternity Leave

It is recommended that educators absent themselves from providing care at least two weeks prior to and four weeks after their expected delivery date. A medical certificate is required prior to recommencing.

Sickness

If an educator or a member of their household is sick and care is not able to be provided, the educator should contact the service and parents of children affected and advise those who require an alternative educator to contact the service. For periods of prolonged illness or injury, a medical certificate is required before recommencement.

Educator's should not work when they are unwell or have a family member that is unwell if there is any risk of spreading the illness to others. Clearance letters may be requested by the service as a part of risk management.

Associated Beaucare Policies and Documents
Relevant Legislation

3.3 (f) Medical Certificate Policy

Policy number: 3.3 (f)

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	
HCS	

Purpose

Educators' conditions and responsibilities are clearly stated to ensure new and existing educators are fully aware of their responsibilities

Policy

Educators are required to provide a medical certificate prior to commencement certifying that they are physically and emotionally able to care for young children. A medical certificate will also be required after an educator has been absent due to prolonged illness, injury or following maternity leave.

An educator will also require a medical certificate if they develop a medical condition or commence medication that may impact their ability to care for children. In this situation there may be review dates to ensure that there is no impact on the educator's ability to provide a safe care environment or service.

Associated Beaucare Policies and Documents

Relevant Legislation

3.3 (g) National Quality Standards Policy

Policy number: 3.3 (g)
Date last reviewed: April 2017

This policy relates to	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	
HCS	

Purpose

Educators’ conditions and responsibilities are clearly stated to ensure new and existing educators are fully aware of their responsibilities

Policy

Educators in the service are required to participate in the National Quality Standard process as outlined in the National Quality Standard for Early Childhood Education and Care and School Age Care Handbook. All educators and families have access to the guide and information is sent through regular newsletters and emails including relevant websites. Training and assistance is provided to new educators to ensure that the minimum satisfactory indicators are included in their daily practice and that a process of continuing improvement is implemented.

New educators are required to complete training on the National Quality Standards in their first year as follow-on from their induction process. Educators are required to review their practice on a regular basis. This process will be supported by visiting coordinators. This is a self-assessment process, with ratings and quality improvement plans to be identified and documented by the educator.

Coordinators will assess the areas that educators need to develop or consider further as part of the educator’s professional development plan and the relevant checklist developed for the standards/Framework.

Associated Beaucare Policies and Documents
Relevant Legislation

3.3 (h) Resources and Toy Library Policy

Policy number: 3.3 (h)

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework

National Quality Standards Early Childhood Education & Care

HCS

Purpose

Educators' conditions and responsibilities are clearly stated to ensure new and existing educators are fully aware of their responsibilities

Policy

In order to provide a high quality of care and to meet the Education and Care Services National Law 2010, Education and Care Services National Regulations 2011 and National Quality Standards, educators are expected to provide appropriate activities and experiences to stimulate and develop each child's creative, emotional, intellectual, language, physical and social potential.

Educators should ensure that the individual needs of children can be met in all areas of development and need to ensure that their resources are sufficient for the age and number of children in care. The service has a minimum equipment list which is provided to all new educators as a guide to the equipment needs for varying age groups of children.

The service has a range of resources available to supplement those provided by the educator including toys, cots and car restraints. Resource books and DVDs are also available to parents and educators. The toy library is available to all educators at no additional cost with the following conditions:

- Toys and equipment should be cleaned before returning.
- Toys and equipment that require cleaning may incur a cleaning fee.
- Lost or damaged toys may incur a replacement fee.
- Upon receipt of equipment, the educator is responsible for checking and reporting to the service any missing pieces or damage.

Toy library is housed at 44 Tina Street and may be accessed Monday to Friday 9am to 4pm and at other times by appointment. Toy library is made available for borrowing for the hour before any mid-week training or service meetings held in Beaudesert.

Arrangements may be made for educators in outlying areas to borrow additional items for a longer period and distribute the items to other educators within their area prior to return. Dependent on the size of the equipment, Coordinators are often able to deliver equipment requested on next planned visit to the educator's home.

Associated Beaucare Policies and Documents

Relevant Legislation



3.3 (i) Training and Professional Development Policy

Policy number: 3.3 (i)
Date last reviewed: April 2017

This policy relates to	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	
HCS	

Purpose

Educators’ conditions and responsibilities are clearly stated to ensure new and existing educators are fully aware of their responsibilities

Policy

Beaucare encourages and promotes training and professional development for all coordinators and educators, and undertakes an annual individual review with coordinators regarding their planned personal and professional development. A Professional Development plan for all coordinators and educators is documented each year. Coordinators and Educators are encouraged to participate in formal qualifications as well as accessing other training opportunities.

The service views training for educators as valuable in ensuring that high quality care is consistent throughout the service and in providing professional development for the educator. Training is essential for educators to keep up to date with knowledge and industry trends.

Induction training is provided to new educators and covers the Role of the Educator, Communication, Health and Hygiene, Nutrition and Food Handling, Safety, Guiding Children’s Behaviour, Child Development, Child and Educator Protection, National Quality Standards, Early Years Learning Framework and Administration (forms and fees).

All new educators are expected to engage in training with the coordination unit regarding the National Quality Standards. NQS Workshops are held throughout the year, and individual support is offered. NQS training counts as 1 training session for the year.

All educators are required to develop an annual Professional Development Plan which outlines their personal goals and plans for future professional development. Individual support needs are also identified collaboratively with the coordinator and documented.

Educators are required to access and complete training to maintain a current approved Senior First Aid and CPR qualification in accordance with the Education and Care Services National Regulations including:

- Approved anaphylaxis management training; and

- Approved emergency asthma management.

First Aid needs to be completed with an approved provider according to the Australian Children's Education & Care Quality Authority (www.acecqa.gov.au has a full list of approved providers).

Educators will also need to meet the professional development requirement of 3 sessions per year as part of Beaucare policy. Specific training requirements may apply to ensure currency of knowledge. Sessions need to be a minimum of 2 hours. Sessions that run for more than 2 hours will count as 1 session. Whole day training with different speakers/ topics will count as 2 sessions. Certificate studies will not be included in training sessions but are encouraged and acknowledged by the service on Individual Professional Development Profile as significant achievements. Diploma qualification will count as the 3 Professional Development workshops for the year upon completion.

Child Protection is to be completed for new educators prior to commencing and renewed every 2 years. This is not counted as one of the 3 Professional Development workshops required for the year.

SIDS training is to occur for all educators prior to commencing if caring for children under the age of 2 years and be renewed every 2 years this is not counted as one of the professional development sessions as it is part of risk management.

The service will promote training opportunities to educators via various mediums. The service is a member of the Workforce Council which also provides training opportunities for educators.

Educators can access a range of resources in the service library, from Workforce Council and from Family Day Care and Child Care Services library (Refer Section 9 Community Resource list).

Coordinators and management plan and implement training programs to meet service needs and the needs of educators. Procedures are established to ensure that educators have input into the planning of training with a variety of training types offered. National Quality Standards are used as a minimum standard for training updates. Training plans are also guided by the services quality improvement plan and current research and information on early childhood. Analysis of service complaints and feedback and issues raised by coordinators also guides training plans. Evaluation of all training occurs with surveys of participants at the close of the session and verbal feedback encouraged. Evaluation is analysed and used to guide future planning. Quality Improvement Plans are an on-going process utilised to ensure a continuous practice of reflection and improvement.

Professional development will focus on acknowledging and building on existing knowledge and experiences and encouraging ownership with a self-empowering approach. Reflection, self-evaluation and self-direction processes will be promoted in formal evaluations as well as team meetings and discussions.

Educator input is sought for planning training through yearly survey and email communication.

Associated Beaucare Policies and Documents

Relevant Legislation



3.3 (j) Immunisation Policy

Policy number: 3.3 (j)

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	
HCS	

Purpose

Educators' conditions and responsibilities are clearly stated to ensure new and existing educators are fully aware of their responsibilities

Policy

Educators can be exposed to infectious diseases through contact with infected children and their blood and bodily substances. Educators are at risk of the following diseases that can be prevented by immunisation:

- Hepatitis A;
- Measles-Mumps-Rubella (MMR) – educators born during or since 1966 who have only received one dose of the MMR vaccine should have a second dose;
- Chickenpox (if not previously infected);
- Pertussis (whooping cough) – an adult booster dose is recommended for those who work with young children.

All of these diseases can cause serious illness in adults. Rubella and chickenpox can occasionally cause serious damage to an unborn baby if a woman is infected during her pregnancy. Pertussis can cause serious illness in infants if the disease spreads from infected educators to infants in their care. Vaccination is the most effective way to protect educators and family members against these diseases. These diseases are generally very infectious and can spread before an infected person shows signs of illness. Further preventative measures are to implement good hygiene practices and ensure that personal protective measures are taken when in contact with bodily fluids (gloves) (refer to policies 7.8b, 7.8c, 7.8d).

As part of running a family day care service, it is best practice for educators to maintain current immunisations to protect themselves, family members, children and families using their services.

Educators who are intending to provide care for infants are strongly advised to ensure their own immunisation (particularly Pertussis) is up to date. Educators who choose not to have their immunisations may not be able to care for infants due to the increased risks to the child.

Associated Beaucare Policies and Documents

Relevant Legislation

Workplace Health and Safety Queensland

www.worksafe.qld.gov.au

Queensland Health

<https://www.qld.gov.au/health/conditions/immunisation/childcare/index.html>

Department of Human Services

<https://www.humanservices.gov.au/customer/subjects/immunising-your-children>

Department of Social Services

<https://www.dss.gov.au/our-responsibilities/families-and-children/benefitspayments/strengthening-immunisation-for-young-children>



3.3 (k) Telephone and Emergency Numbers Policy

Policy number: 3.3 (k)

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework

National Quality Standards Early Childhood Education & Care

HCS

Purpose

Educators' conditions and responsibilities are clearly stated to ensure new and existing educators are fully aware of their responsibilities

Policy

Educators are required to have a working telephone available at all times. The telephone must be capable of both making and receiving calls (i.e. it must have credit, outgoing calls enabled etc.). If the educator is in a location with limited mobile phone reception they must also have a landline which both parents and coordinators can use to contact the educator.

Telephones should be located where educators can easily access them without leaving children unsupervised. Children should be instructed in the use the telephone to aid in an emergency.

Emergency numbers must be displayed near the phone at all times, and the location of parent emergency contacts must be noted on the emergency evacuation plans displayed at exits to the home. Having emergency numbers stored in the educator's mobile phone only is not sufficient as this is not accessible in an emergency.

If an educator does outings they should ensure they have a working telephone accessible at all times, and written emergency contacts for all children in the car or outing bag. The educator needs to ensure that the office and parents are always aware of where the child/children are by completing appropriate outing forms and emailing to the service for approval prior.

Associated Beaucare Policies and Documents

[Appendix D Privacy and Communication](#)

[Appendix H Safe Work Practices](#)

Relevant Legislation

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4.1 Access to Places Policy

Policy number: 4.1

Date last reviewed: April 2017

This policy relates to	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	
HCS	

Purpose

The service will adhere to the requirements of the Department of Education and Training regarding access to places.

Policy

Department of Education and Training provide guidelines for the allocation of places within a service. When the demand for child care exceeds supply, places should be allocated in the following priority:

- Priority 1 – a child at risk of serious abuse or neglect
- Priority 2 – a child of single parent who satisfies, or of parents who both satisfy, the work/training/study test under section 14 of the “A New Tax System (Family Assistance) Act 1999”
- Priority 3 – any other child

Within these main categories priority should also be given to children in:

- Aboriginal and Torres Strait Islander families;
- Families which include a person with a disability;
- Families on low incomes;
- Families from a non-English speaking background;
- Socially isolated families;
- Single parent families.

When places are not immediately available, waiting lists will be kept and contact made with families according to the above priorities when places become available.

Priority of access only applies for access to a place. When a child is already using care, there is no requirement for a family who is on a lower priority to give up their place to a family with a higher priority. The Child Care Services Handbook specifically states that this could only occur if the family was advised of this possibility when they first joined the service and if they are given 14 days' notice. The service complies with priority of access, but once a booking has commenced treats all families as equal and does not request families to vary their bookings based on their priority of access. Bookings are agreed to between the educator and the parent directly and should meet priority of access guidelines within the capacity of the educator to meet the family's needs and booking times.

Associated Beaucare Policies and Documents

[Appendix I Child Protection](#)

Relevant Legislation

Education and Care Services National Law Act 2010

Education and Care Services National Regulations 2011

Australian Government Department of Education and Training: *Child Care Service Handbook*

<https://www.education.gov.au/child-care-service-handbook-0>

4.2 Advertising, Promotions and Marketing Policy

Policy number: 4.2

Date last reviewed: April 2017

This policy relates to	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	
HCS	

Purpose

Advertising and promotion are roles undertaken by the service to ensure the community is aware of Family Day Care. Educators may also contribute to advertising with a requirement to include details of the registered service and contact number. (It is a legal requirement to have the approved service on all advertising.)

Policy

The Education and Care Services National Law requires all advertising to list the registered service and contact number. This ensures consistency of quality and content in advertising material.

Educators are very effective promoters for the service when they are engaging in the community. Word of mouth and referrals are the most frequent source of enquiry.

The service conducts ongoing publicity and advertising to promote Family Day Care and In Home Child Care as well as recruit educators and advise of vacancies. A yearly advertising and promotions strategy is undertaken. Educators and families are invited to contribute to promotions and participate in displays and events to promote the service.

The service arranges individual publicity in conjunction with new educators and educators who have unfilled vacancies. This can include the service printing brochures or posters for educators to distribute or placing advertisements in school or local newsletters.

It is preferred that educators who have vacancies in their service and wish to publicise/advertise their service to fill vacancies arrange advertising in partnership with the service as a joint promotion.

Beaucare encourages all educators to register with Care for Kids, which is a popular website parents use to access care for their children.

The service advertises in various mediums online, such as Yellow Pages, Facebook, FDCQ.

The service provides opportunities for educators to attend events and community gatherings where they can also advertise their service. The service has a range of promotional materials including



posters, fliers, shirts, hats, cards, brochures with the Beaucare logo and details. The Beaucare website and Facebook page provide information on all Beaucare programs (www.beaucare.org)

Media and Promotions

No employee is permitted to give statements to the press. All media requests for interviews are to be referred to the General Manager and/or the Board.

Social Media

Social media is a rapidly growing industry with increasing numbers of internet users now interacting with companies online via social networking sites. It is considered an essential part of Beaucare's wider online strategy for engaging and interacting with our stakeholders, industry colleagues and members of the public.

External social networking sites (e.g. Facebook, Twitter, LinkedIn) may be used for any legitimate business that supports the Beaucare mission and strategic goals. Within the marketing and public relations context, this includes the use of social networks:

- To create and participate in industry special interest groups, professional networks, and focus groups;
- To outreach to community members and families to promote the services available;
- To monitor public policy priorities and public opinion about our industry and the quality of services offered.

Educators are encouraged not to use their personal account for their service, and to use separate social media accounts for their business. It is important that educators are able to separate their personal life from their service. It is at the educator's discretion to decide whether to accept friend requests from their families on their personal social media account.

It is the educator's responsibility to ensure all families have provided written permission for the use of their children's photos in any marketing or social media prior to using them.

Associated Beaucare Policies and Documents

[Appendix E Marketing, Electronic and Social Media](#)

Relevant Legislation

Family Day Care Australia
www.fdca.com.au

4.3 Professional Discussion Policy

Policy number: 4.3

Date last reviewed: April 2017

This policy relates to	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	
HCS	

Purpose

Professional Discussions provide a forum for educators, parents and interested parties to participate in the direction and planning of the service and engage in practice improvements.

Policy

Child Care Services actively encourages participation by the various stakeholders in professional discussion meetings and service management. Participants include the coordination unit staff, educators, parents, representatives of organisations with interests or expertise in child care, community representatives including community leaders and elders, resource officers from the Office for Early Childhood Education and Care and others whose expertise may be helpful in the discussion and development of policies and practices.

Parents and educators are particularly encouraged to attend professional discussion forums or to have input into the operation and policies of the service by discussing their ideas or concerns with a coordinator. Draft changes to policies and procedures are shared with educators and families for input.

Professional discussion forums are open to all stakeholders and interested persons. The meeting aims to provide opportunity for input into the running of child care services and discussion on the direction of the service. Best practice and positive outcomes for children and families are the guide for discussions. The professional discussions may:

- Discuss, research and gather information relating to service policies, assessing in particular the needs of the community, service resources and relevant legislation;
- Attempt to resolve issues raised through discussion and creative input, and obtain professional advice where required;
- Discuss and make recommendations to the service management regarding policies and procedures;
- Provide an avenue for all concerned persons to inform management of areas of concern and assist in planning;

- Provide opportunity to assess the service in line with the National Quality Standards and Early Years Learning Framework, and plan service improvements;
- Provide opportunity for educators to come together and have professional discussions about how they are running their service;
- Share industry trends and update changes in the industry that may affect the running of services.

Meetings are usually held 2-4 times each year with dates noted in educator's calendar and advertised through various mediums. Items for discussion are prepared in advance with provision for items to be raised at the meeting. Guest speakers are occasionally invited to meetings.

Associated Beaucare Policies and Documents

[Appendix F QIP and Compliance](#)

Relevant Legislation

QCOSS Management Committees (2002) Options for effective meetings

<http://www.qcoss.org.au/about-us>

Family Day Care Australia

www.fdca.com.au

Education and Care Services National Law Act 2010

Education and Care Services National Regulations 2011

Australian Government Department of Education and Training: *Child Care Service Handbook*

<https://www.education.gov.au/child-care-service-handbook-0>

4.4 Anti-Discrimination Policy

Policy number: 4.4

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	
HCS	

Purpose

The Service is committed to the principles of equity and justice for all people (children and adults) and to ensuring that all aspects of the service are free from discrimination and harassment. Discriminatory behaviour is against the law and will not be tolerated under any circumstances.

Policy

The service's anti-discrimination policy is an umbrella policy that guides all aspects of potential discrimination and harassment throughout its operation.

The service aims to create an environment:

- Where cultural, racial, social and physical differences are respected and understood, and all children, educators, coordinators and families feel welcome and appreciated regardless of their socio-economic status, culture, race, ability, family type, belief system or lifestyle;
- Where all children and adults are treated with dignity, courtesy and respect;
- Where all stakeholders have equal opportunity to participate fully in the different aspects of the service (i.e. in policy formation and service management) and where educators and prospective educators from a diverse range of cultures and backgrounds are encouraged to actively participate and contribute.

The service recognises and values the rights of individuals participating in the service to be free from any discrimination or harassment by any other individual or group of individuals, and specifically to be free from direct and indirect discrimination on the basis of:

- Sex;
- Relationship status;
- Pregnancy;
- Parental status;

- Breastfeeding;
- Race;
- Age;
- Physical impairment;
- Religion;
- Political belief or activity;
- Trade union activity;
- Lawful sexual activity;
- Gender identity;
- Sexuality;
- Family responsibilities;
- Association with, or relation to, a person who has any of the above attributes.

The service promotes understanding of cultural differences by ensuring that its practices prevent racial discrimination or harassment, by implementing awareness and training programs to encourage greater knowledge and understanding of cultural diversity, and by assisting educators in developing programs that reflect the diversity of Australian culture.

The service promotes tolerance and understanding for physical impairment by providing appropriate training, resources and equipment to ensure that physical impairment does not prevent participation in the service.

Reports of discrimination or harassment will be seen as an opportunity to review the service's practices and implement strategies and procedures that will prevent inappropriate behaviours arising in the future.

Implementation of the service's anti-discrimination policy is the responsibility of all staff members and educators, volunteers and board.

Definitions

Discrimination and harassment occur when a person is discriminated against or harassed in certain areas of public life because of the criteria listed above. Discrimination can be direct or indirect:

TERM	DEFINITION
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Direct Discrimination	When a person treats or proposes to treat a person with an attribute less favourably than another without the attribute in circumstances that are the same or not materially different.
Indirect Discrimination	When a rule or condition is applied equally and appears to be neutral, but in its operation excludes or reduces the chance of a person or particular group from obtaining a benefit or opportunity.
Harassment	Any form of behaviour that is unwelcome and unsolicited and makes the workplace or childcare/learning environment unpleasant, humiliating or intimidating for the person who is the subject of that behaviour.
Sexual Harassment	Any form of unwelcome attention. It includes unwelcome touching, or other physical contact, remarks with sexual connotations, smutty jokes, requests for sex, or the display of offensive materials such as pictures, posters or computer graphics.
An Anti-bias Curriculum	A curriculum in which the goals and methods used are aimed at empowering all children and assisting them in their path towards self-determination. It is multi-cultural in nature (diversity of culture is used in learning experiences to benefit all the children) but also addresses the issues of gender, physical differences, bias stereotyping, age stereotyping and discrimination.

Procedures

Guidelines and procedures for any person who feels that they have been discriminated against or harassed in breach of the service’s anti-discrimination policy are included in Bullying and Harassment Policy 4.5. Provisions are made for resolution through consultation with staff, manager, board, mediation, conciliation and the review of policies and guidelines that are found to be discriminatory. Reports of discrimination will be treated seriously by the service and will be investigated expeditiously in a thorough and confidential manner ensuring that the complainants and witnesses are not victimised in any way.

- Educators and staff will treat all children (and other adults) with respect and consideration and will at all times be mindful that adults are role models for children. Children learn from what adults say, but even more from what they see them doing. Therefore, participants in the service should at all times demonstrate an anti-bias approach by showing respect for all persons regardless of their characteristics. This will assist children to develop non-discriminatory attitudes and behaviour;
- Children of both genders will be provided with the opportunity to participate equally in all activities;

- Educators and staff will recognise that culture provides a source of identity, a framework for interpreting the world and a basis for belonging. The multicultural and diverse nature of society will be reflected in the range of activities and experiences provided to children to foster children’s awareness and acceptance of diversity;
- Coordinators will encourage and support educators to provide a non-discriminatory and culturally aware environment and anti-bias curriculum;
- Beaucare’s toy and equipment library will include resources (books, music, toys and posters) of a multi-cultural nature and that promote gender equity;
- Children with a disability will be provided with equal opportunity to participate in all activities and experiences. Activities and experiences should be modified as necessary to meet any special needs or requirements;
- The service will liaise with Inclusion Agencies to assist in meeting the needs of children and adults with special needs (cultural or physical) that wish to participate in the service.

Associated Beaucare Policies and Documents

4.5 Anti-Bullying Policy

Relevant Legislation

Education and Care Services National Law Act 2010

Education and Care Services National Regulations 2011

Child Care Regulation 2003 Section 66

Australian Government: *Age Discrimination Act 2004*

<http://www.comlaw.gov.au/Details/C2011C00583>

Qld Government: *Anti-Discrimination Act 1991*

<http://www.legislation.qld.gov.au/LEGISLTN/CURRENT/A/AntiDiscrimA91.pdf>

Australian Government: *Disability Discrimination Act 1992*

<http://www.comlaw.gov.au/Details/C2011C00747>

Australian Government: *Human Rights Commission Act 1986*

<http://www.comlaw.gov.au/Details/C2011C00579>

Australian Government: *Racial Discrimination Act 1975*

<http://www.comlaw.gov.au/Details/C2011C00852>

Australian Government: *Sex Discrimination Act 1994*

<http://www.comlaw.gov.au/Details/C2011C00853>

Key Resources

CSEAQ Industrial Relations Manual Section 11 Antidiscrimination and Sexual Harassment and Recruitment Policy

Incorporated Associations Manual Section 19 Discrimination Law

Anti-Discrimination Commission Queensland: *Fact Sheets*

<http://www.adcq.qld.gov.au/main/information.html>

4.5 Anti-Bullying Policy

Policy number: 4.5

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	
HCS	

Purpose

The service is committed to best practice and to the values inherent in our Philosophy and Code of Ethics which embraces values that treat all persons involved in the service with fairness, dignity and respect at all times.

Policy

Definition of bullying and harassment

Workplace harassment is where a person is subjected to behaviour other than sexual harassment that:

- Is repeated, unwelcome and unsolicited; and that
- The person considers to be offensive, intimidating, humiliating or threatening; and that
- A reasonable person would consider to be offensive, intimidating, humiliating or threatening.

Workplace Harassment does not include reasonable management action taken in a reasonable way by the person's employer in connection with the person's employment.

Procedures

The person allegedly being bullied or harassed is advised to keep a written record of the alleged incidences of bullying. They may elect to approach the person who is alleged to be bullying them and advise them of their perceptions. If this does not resolve the issue or if the person does not feel it appropriate to contact the other person, the issue should be referred to the manager without delay.

If the manager is implicated in the situation, the issue should be referred to the General Manager. If the General Manager is implicated:

- The issue should be referred to the Beaucare President; OR

- Contact the Anti-Discrimination Commission Queensland on 1300 130 670 for information and information on how to make a complaint. Complaints must be in writing. It is then assessed and if within jurisdiction is investigated and conciliation may be attempted. If unsuccessful, the matter may be referred to the Anti-Discrimination Tribunal for hearing and legally enforceable determination.

Investigation

Where a complaint of bullying or harassment has been made the procedure for carrying out an investigation will be as follows:

- The General Manager will carry out the investigation, unless involved. The investigator must be seen to be impartial and be able to carry out the investigation without any hindrance. Suitably qualified personnel from outside the organisation may be requested to assist in the investigation.
- The investigation process shall commence within 24 hours of being received.
- The complaint will be investigated through various means, such as interviews with the person making the complaint, the respondent and other witnesses.
- The complainant and the respondent shall be interviewed separately.
- The complainant and the respondent will have the right to be accompanied at all interviews by a friend, advocate, union official, etc.
- The respondent should be given full details of the nature of the complaint, including details within the complainants' written document, and should be given the opportunity to respond in writing as well as verbally.
- The investigation should be thorough, impartial and objective. It should be conducted with sensitivity and with due respect for the rights of both the complainant and the respondent.
- Strict confidentiality should be maintained throughout the investigation.
- Where witnesses are required to be interviewed, the importance of confidentiality should be emphasised. Witnesses (who are employees) should be aware that any breach of confidentiality would constitute gross misconduct under the organisations disciplinary procedures and would itself be subject to disciplinary action. Witnesses who have a contract with the service would be advised that any breach in confidentiality would constitute a breach of contract. Any attempt to interfere with witnesses would also be subject to disciplinary action. Victimisation because a person has made a complaint, agreed to be a witness or has had a complaint made against them is against the law.

On resolution, a report should be prepared citing the details of the complaint, the response of the respondent, the results of the investigation and the outcome. A copy should be sent to both the complainant and the respondent. Follow up options as a result of the issue are outlined in the Beaucare Policy and Procedures Manual 14.10.

Associated Beaucare Policies and Documents

4.4 Anti-Discrimination

Beaucare Policy and Procedure Manual Section 14.10 – Workplace Bullying

Beaucare Code of Conduct

Beaucare Code of Ethics

Relevant Legislation

Education and Care Services National Law Act 2010

Education and Care Services National Regulations 2011

Australian Government: *Age Discrimination Act 2004*

<http://www.comlaw.gov.au/Details/C2011C00583>

Qld Government: *Anti-Discrimination Act 1991*

<http://www.legislation.qld.gov.au/LEGISLTN/CURRENT/A/AntiDiscrimA91.pdf>

Australian Government: *Disability Discrimination Act 1992*

<http://www.comlaw.gov.au/Details/C2011C00747>

Australian Government: *Human Rights Commission Act 1986*

<http://www.comlaw.gov.au/Details/C2011C00579>

Australian Government: *Racial Discrimination Act 1975*

<http://www.comlaw.gov.au/Details/C2011C00852>

Australian Government: *Sex Discrimination Act 1994*

<http://www.comlaw.gov.au/Details/C2011C00853>

Australian Public Service Commission: *Respect – Promoting a Culture Free from Harassment and Bullying in the APS*

<http://www.apsc.gov.au/ethics/respect.pdf>

Anti-Discrimination Commission Queensland: *Fact Sheets*

<http://www.adcq.qld.gov.au/main/information.html>

4.6 Code of Conduct Policy

Policy number: 4.6

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework

National Quality Standards Early Childhood Education & Care

HCS

Purpose

Participants in the service are required to act in a way that promotes respect and tolerance to others, ensures that children are always cared for in a safe and secure environment and upholds the reputation of Beaucare Child Care Services.

Policy

Participants (educators, family members, parents and coordinators) who are engaged in service activities or are seen to be representing the service are required to act in a professional, respectful and appropriate way:

- Promote at all times and commit to providing an environment that supports the safety and wellbeing of children, and undertake responsibility at all times to observe and report any situation where harm may have or may be occurring. Responsibly act on behalf of children and families and report any concerns of possible harm or observed harm.
- Interact with members of the public and members of the service (parent’s family members, children, and staff) with courtesy, respect, and sensitivity to their rights and individual needs, including cultural diversity.
- Maintain honesty and integrity in all work practices and communication.
- Maintain the ability to make professional decisions without personal bias, acknowledge and alert colleagues where conflict of interest may exist or be seen to exist, and take steps to ensure a non-biased approach is achieved. Ensure that decisions and actions are based on an ethical basis and that no information leads to improper advantage or financial gain. Ensure that personal preferences, beliefs, political views and affiliations do not influence decision making or performance.
- Respect individual’s rights to privacy and undertake to keep personal information confidential (except to meet legislative requirements or where the safety of children is at risk).

- Work within clear boundaries that are outlined in the policies and procedures of the service, adhering to all legislative requirements.
- Maintain a professional relationship with clients and service users, at all times working within an ethical framework.
- Provide a service that is non-judgemental to all users and promotes equal access and equity of practices.
- Commit to providing an environment that encourages feedback and evaluation of practices
- Undertake an advocacy role for the well-being of children and their families where appropriate.
- Offer support and acknowledgement to families through referral or practice.
- Educators are not to enter into private arrangements with families.

Associated Beaucare Policies and Documents

[Appendix F QIP and Compliance](#)

Relevant Legislation

Education and Care Services National Law Act 2010

Education and Care Services National Regulations 2011

Beaucare Policy and Procedure Manual Code of Conduct

CSEAQ Industrial Relations Manual Section 11

Australian Public Service Commission: *Code of Conduct*

<http://www.apsc.gov.au/conduct/index.html>

Commission for Children, Young People and Child Guardian: *Working with Children Kit – Media Release*

www.ccyipcq.qld.gov.au/pdf/media/WWCKit070704.pdf (7/3/11)

Family Day Care Australia

www.fdca.com.au

4.7 Communication and Interactions Policy

Policy number: 4.7

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework	
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National Quality Standards Early Childhood Education & Care	
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HCS	
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Purpose

Effective and active communication, consultation and collaboration between all parties in the service is an integral part of ensuring the service operates well to ensure quality outcomes for children, and ensuring that all parties are aware of their roles and responsibilities.

Policy

The service encourages open communication between parents, educators, coordination unit and management in an environment of mutual respect, understanding and professionalism with value placed on diversity and teamwork.

Information to parents is communicated through initial enrolment interview, follow-up calls, emails and various other mediums.

Parents and educators are encouraged to contact the service with feedback, suggestions and any issues of concern. Feedback and views from educators and families are sought on service issues (Refer Professional Discussions 4.3) through surveys, telephone contact, and email contact.

Respectful, open and extensive communication between educators and parents is central in providing effective care. The service and educators recognise and acknowledge the primary importance of families in children’s lives, support families in their parenting role, and respect their values and beliefs about childrearing. The service and educators will provide new families with information relevant to the National Standards and Frameworks that the service works within, and the basis of policies and procedures. Families are encouraged to ask questions and discuss what is important to them.

When a child first enters care, the educator and the family discuss how to help the child settle in and explore ways that their child will be included in the group. Educators actively involve families in decision making around the children’s routines and experiences in care. There is ongoing exchange of information between educators and families regarding the children’s experience in care. Educators seek feedback and ideas from families regarding planning for their child’s development and responding to their interests, ideas and questions.

Where communication is not effective and service participants have unresolved issues, complaints may be referred to the manager (Refer Policy 4.8).

Families are encouraged to share information regarding their child's health and wellbeing to allow educators to continue to meet their child's needs. Information is kept confidential except in child protection situations or to meet legislative requirements.

Reminders to update information are sent to families and educators throughout the year, as it is very important that all personal information is kept up to date.

Associated Beaucare Policies and Documents

[Appendix D Privacy and Communication](#)

[Appendix E Marketing, Electronic and Social Media](#)

[Appendix I Child Protection](#)

Relevant Legislation

Education and Care Services National Law Act 2010

Education and Care Services National Regulations 2011

Dimensions, Excellence in Many Ways [Anne Stonehouse 2004]

FDCQA Factsheet 8 (2006)

FDCQA Factsheet 10 (2006)

Conflict Resolution and Communication Tere Vaka Conference Workshop notes (2004)

Working in Partnership with Parents Helen Moorhouse Workshop handouts (2005)

Blue Sky Coaching: *10 Tips for Successful Conflict Resolution*

http://www.blueskycoaching.com.au/pdf/v6i12_conflict_resolution.pdf

Family Day Care Australia

www.fdca.com.au

4.8 Complaints Handling and Feedback Policy

Policy number: 4.8

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework

National Quality Standards Early Childhood Education & Care

HCS

Purpose

Beaucare has a commitment to continuous improvement and promotes an organisational culture that is responsive to complaints and feedback. The policy upholds the right of all staff, volunteers, program participants including parents, educators and children, their family members and members of the public to fair treatment and allows their concerns to be heard and addressed. It also serves an important role in service provision and provides the service an opportunity to review processes and identify improvements in service.

Policy

Definitions

TERM	DEFINITION
Complaint	Is considered to be a problem raised or acknowledged with another person, and include any service related issue, which the Complainant sees as a problem.
Complainant	Refers to the person raising the grievance or complaint.
Respondent	Refers to any individual against whom the complaint is made.

Principles of Natural Justice

Principles of Natural Justice as they relate to this policy are:

- Parties should have the opportunity to be heard before decisions are made;
- The process should be fair, impartial, and without bias with clear and transparent procedures;
- Parties involved in a complaint will not be victimized or suffer negative consequences of having made a complaint;

- Opportunities for independent mediation should be made available;
- Information about how to appeal a decision should be clearly outlined.

Complaints may be made by program participants including parents, children and educators, staff, volunteers, clients and their family members and members of the community.

Roles and Responsibilities

❖ General Manager

The General Manager has responsibility for developing procedures which ensure that:

- All complaints are acted upon immediately according to procedures;
- Managers, staff and volunteers are familiar with, and trained in dealing with complaints;
- Review processes for complaints.

❖ Managers and Supervisors

All Managers and Supervisors have a responsibility to:

- Process complaints according to procedures;
- Encourage feedback as an opportunity to improve;
- Ensure staff and clients have access to the Complaints policy and procedure.

❖ Staff, Subcontractors, Volunteers and Board

Every Board member, staff member and volunteer has a responsibility to ensure that responses to complaints are made according to procedures.

Contact Details

Beaucare General Manager:

Telephone: (07) 5541 4216
E-Mail Address: gm@beaucare.org.au

Beaucare Child Care Manager:

Telephone: (07) 5541 3588 / 0421 311 618 (after hours)
E-Mail Address: fdc@beaucare.org.au

Department of Communities, Child Safety and Disability Services - Complaints:

Telephone: 1800 080 484

Office for Early Childhood Education and Care:

Telephone: (07) 5656 6688

Procedures

Persons who have a complaint about any aspect of the service are advised to speak to the person with whom they have the concern, if this is possible and appropriate. If the complainant is uncomfortable or unable to address the person directly, or the issue is not resolved, or if the issue concerns a policy or procedural matter, or an ethical or criminal matter, it is recommended that the program Manager is contacted.

Steps to take in making a complaint

- (1) If possible and appropriate, talk to the person whom you have a concern with.
- (2) If not resolved, refer to the Program Manager or General Manager
- (3) Contact may be made with funding body of program

Complaints can be made via phone, in person, email or in writing.

It is preferred for complaints to be made directly to the particular program staff or Manager involved. If a staff member, volunteer or service user receives a complaint, they are advised to facilitate the person speaking to the relevant Manager or assist to record the complaint for forwarding to the Manager. The complainant is encouraged to raise any issue of concern as soon as they arise.

Complainants will be encouraged to provide their name. Complaints from anonymous sources will be documented but sources will be advised that the process of resolution will not be able to be followed to the same extent and that the validity of the complaint, and therefore the information supplied, will be less verifiable and more difficult to appropriately address. A response and outcome is unable to be provided to anonymous third party sources.

If the complaint concerns a Manager, the General Manager is to be contacted. Departmental representatives may also be contacted with complaints. Refer list of departmental contacts attached to the policy.

On disclosing a complaint, the complainant will be assured of the following:

- Each complaint will be investigated promptly, confidentially and impartially.
- Persons who make complaints, or who are witnesses will not be disadvantaged in either the services they receive or any future associations they have with Beaucare.
- Clients of Beaucare services have the right to involve an advocate in their dealings with service providers. The role of an advocate is to speak and act on behalf of the person receiving services but not to mediate between Beaucare and the clients when there is a dispute. Assistance to access an advocacy service will be provided on request.
- A person with a complaint can, at any stage, seek advice from the relevant program Manager.

The following process will be used once a complaint is received

- The complainant will be encouraged to clearly outline their concerns, describing the issue as factually as possible. The Manager may contact the complainant to discuss and clarify the nature of the complaint and seek further information if needed. This will be documented.
- Complainants from non-English speaking backgrounds will be offered interpreter services. Clients who may have impaired decision making capacity (including dementia) will have their concerns discussed with the carer/legal guardian and if necessary the concern may be made in writing to the Office of the Adult Guardian.
- The complainant will be advised via verbal or written communication of the receipt of the complaint and the process that will follow, within 2 working days. If the complaint is delivered directly to the Manager, this will be considered acknowledgement of receipt.
- If the complaint involves another person - within 2 working days, the Respondent will be contacted by the Manager or delegated person and advised that there has been a complaint and the details of the complaint. An appointment will be made with the respondent within one week of the initial complaint to allow discussion and response to the issue. The respondent is advised of their right to have a support person present. The response is documented.
- An investigation will be conducted by the Manager unless they are included in the complaint. In this case the complaint will be forwarded to the General Manager. If the General Manager is included in the complaint, the complaint will be forwarded to the Beaucare President.

Complaint resolution

- The Manager will invite the parties together to discuss further and endeavour to resolve the matter – this should occur within 5 working days. At the joint meeting the Manager will provide each party with the opportunity to outline their perspective on the issue, and assist the parties to reach a mutually satisfactory resolution. Ideally the two parties, rather than the Manager, should determine the outcome. When this is not possible, or when appropriate, the Manager may suggest a solution, and if both parties are in agreement this may be implemented.
- The Manager may approach the complainant with a suggested resolution or discuss resolution options with the complainant if no other parties are involved.
- If the investigation and/or mediation results in a resolution, then the resolution is documented and the complaint is finalised and forwarded to the Manager for collating and/or review of policies and practices.
- The complainant will be advised of the outcome within 5 working days.

If the matter is not resolved

The complainant is to be informed and alternative resolution practices and timeframes discussed and communicated.

If the Complainant is not satisfied with the resolution

If the Complainant is still not satisfied the complaint has been resolved, the issue may be referred to the General Manager or Beaucare board.

Clients who are dissatisfied with the management of their complaint with Beaucare can alternatively contact the relevant Departmental representative or external agencies listed in contacts.

Information to be recorded

All complaints will be recorded in the Complaints Register. Documented complaints and their outcomes will be retained in a confidential complaints file.

Staff files will be noted if complaint refers to breaches of regulations or processes that require monitoring of compliance.

Disciplinary Action

In instances where staff and volunteers' actions are deemed to have been inappropriate or contrary to policy and procedures, the Manager may direct this to the party concerned and provide education, training and/or explanation of policy and procedures.

If disciplinary action is required, managers will follow Beaucare *Personnel Management* policy.

Review

The Manager will finalise follow-up action including monitoring ongoing compliance and policy and procedures updates.

Report

Summarised non-identifying information of complaints will be reported to the General Manager and evaluated on a regular basis as part of quality improvement processes.

Associated Beaucare Policies and Documents

[Appendix F QIP and Compliance](#)

Relevant Legislation

Education and Care Services National Law Act 2010

Education and Care Services National Regulations 2011

Australian Government Department of Education and Training: *Child Care Service Handbook*

<https://www.education.gov.au/child-care-service-handbook-0>

4.9 Confidentiality and Privacy Provision Policy

Policy number: 4.9

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework

National Quality Standards Early Childhood Education & Care

HCS

Purpose

The service ensures that procedures are in place to protect confidentiality and right to privacy according to the National Privacy Principles. Beaucare is committed to protecting and upholding the right to privacy of clients, staff, volunteers, students and members of the Board and representatives of agencies we deal with. In particular, Beaucare is committed to protecting and upholding the rights of our clients to privacy in the way we collect, store and use information about them, their needs and the services we provide to them.

Policy

Information about service participants will be treated as strictly confidential in accordance with the following:

- Written information concerning the child, the child’s family, the educator and the educator’s family should be accessible only to the parent or educator to whom the records relate, Beaucare staff, the General Manager and where necessary, the relevant State and Commonwealth Government departments.
- Beaucare staff and officers from the Office for Early Education and Care and Commonwealth Government departments have access to information only for the purposes of service delivery.
- Before information on families/children is shared with any other person, prior parental permission is required.
- Where a family uses more than one educator in the service, essential information concerning the child or the child’s family may be shared between educators.
- Parents have access to all information kept on their own child/family, the general records in relation to excursions, copies of qualifications of staff members and facilities and equipment used in the operation of the service.
- Educators have the right of access to copies of any reports or other information regarding their care and may arrange a time to discuss this information with service management.

EXCEPTIONS to the Policy are as follows

- An emergency in which the parent is not available.
- Where information concerning child protection issues is conveyed to the Child Protection Investigation Unit (CPIU), Qld Police, the Office of Early Childhood Education and Care or the Department of Child Safety.
- In compliance with lawful process requiring production of documents or giving of evidence before a court or tribunal.

In dealing with personal information, Beaucare staff will:

- Ensure privacy for educators, staff, volunteers and families when they are being interviewed or discussing matters of a personal or sensitive nature.
- Only collect and store personal information that is necessary for the functioning of the organisation and its activities.
- Use fair and lawful ways to collect personal information.
- Collect personal information only by consent of the individual.
- Ensure that people know what sort of personal information is held, what purposes it is held for and how it is collected, used, disclosed and who will have access to.
- Ensure that personal information collected or disclosed is accurate, complete and up-to-date, and provide access to any individual to review information or correct wrong information about themselves.
- Take reasonable steps to protect all personal information from misuse and loss and from unauthorised access, modification or disclosure.
- Destroy or permanently de-identify personal information no longer needed and/or after legal requirements for retaining documents has expired.

All records within the service will be stored in a secure and confidential manner to prevent unauthorised access.

Records will be destroyed after the mandatory period of retention by shredding or other means that maintains confidentiality.

Forms with personal information include a privacy clause indicating where the information is stored and how it is used according to National Privacy Principles.

Procedures

Requests for information may be made verbally or in writing according to the criteria above. The Information will be checked to ensure it does not breach confidentiality for other parties. The service

reserves the right to charge a fee for the compilation of backdated information (e.g. for Family Law matters).

The service may seek permission to share information about the child with relevant services/schools via a Communication Permission Form.

Associated Beaucare Policies and Documents

[Appendix D Privacy and Communication](#)

Relevant Legislation

Education and Care Services National Law Act 2010

Education and Care Services National Regulations 2011

Child Care Act 2002 Section 87

Australian Government: *Privacy Act 1988 – National Privacy Principles*

<http://www.comlaw.gov.au/Details/C2011C00503>



4.10 Critical Incident and Media Policy

Policy number: 4.10

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework

National Quality Standards Early Childhood Education & Care

HCS

Purpose

In responding to a critical incident, the service will aim to create an organisational environment which:

- Accepts feelings of distress as legitimate reactions to traumatic situations.
- Accepts organisational ownership of the crisis and its implications.
- Provides organisational support to aid recovery. This may be through debriefing, reallocation of workloads, defusing, organisation consultations, follow-up and referral and encouraging peer support.
- Values and supports crisis intervention through training of staff, educators and management in areas such as stress management, resilience, crisis mitigation and forward planning.

Policy

Definitions

A critical incident is defined as an extraordinary event outside the range of usual human experience. It has the potential to overcome the person's normal ability to cope with stress. It is an event which can cause intense feelings of fear and helplessness and can involve:

- Threat or violence or death or injury to self or other.
- Seeing another person injured or killed by accident or violence.
- Experiencing or seeing human degradation, suffering or loss.

Procedures for dealing with a critical incident

In dealing with a critical incident, the following procedures are to be followed:

- (1) Safety for those affected are the priority.
- (2) The manager will contact the following parties:
- (3) The General Manager will convene a meeting with the Beaucare board to determine the organisational response and will arrange or implement outcomes from the meeting.
 - General Manager
 - Departmental officers
 - Families affected by the crisis
- (4) Evaluate process with report to Beaucare Board.

Every attempt will be made to ensure that affected parties are aware of the process, and confidentiality and privacy provisions are respected.

Media Policy

In the event of a critical incident or other situation that creates media interest:

- All media enquiries will be directed to the Manager or the General Manager. In situations where the media has sought response from the Service in relation to an issue or incident, enquiries will be dealt with by the General Manager with reference to the President.
- Only the General Manager or President may act as spokesperson to the media or issue approval for media responses.
- Wherever possible, the response to the media will take the form of a written media release.

Associated Beaucare Policies and Documents

[Appendix D Privacy and Communication](#)

[Appendix E Marketing, Electronic and Social Media](#)

Relevant Legislation

Education and Care Services National Law Act 2010

Education and Care Services National Regulations 2011

The Communications Guide to Better Public Relations Family Day Care Assn. (2000) Successfully Managing Reputation Risk – The importance of Strategic Crisis

planning within Not-for –Profit Organisations CPA Conference 2006 Working with the Media M Cozzi Workshop Notes FDC Conference (2004)

Commission for Children, Young People and Child Guardian: *Children and the Media – Tips for Interviews*

http://www.cycpcg.qld.gov.au/pdf/publications/brochures/children-and-the-media/2_GuidelinesforYPinteractingw_media.pdf

4.11 Grievance Procedure Policy

Policy number: 4.11

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework

National Quality Standards Early Childhood Education & Care

HCS

Purpose

Beaucare is committed to promoting an organisational culture that is responsive to complaints and grievances. Participants in the program will be assisted to resolve service related conflicts and grievances through the following procedures outlined in this policy. The procedures are designed to promote a fair, timely and confidential process that incorporates the principles of natural justice.

Policy Guidelines

- (1) This policy applies to all staff, volunteers, educators, clients and their families and the Beaucare board, and covers grievances that have not been resolved through complaint handling policy.
- (2) The grievance may involve an issue, policy or procedures, another Beaucare staff member, participant, volunteer or board member. Grievances that relate to unlawful discrimination, bullying, harassment or allegations of unfair and inequitable treatment on the basis of a person's sex, relationship or parental status, race, religious belief or activity, political belief or activity, impairment, trade union activity, lawful sexual activity, pregnancy, breastfeeding needs, family responsibilities, gender identity, sexuality, age or association with, or relation to, a person who has any of the above attributes should **refer to 4.5 Anti-Bullying Policy**.

Definitions

A grievance can be about anything done, or not done, which affects others. It can be about discrimination or harassment, or any other behaviour or decision which is thought to be unfair or unjust. Grievances may be lodged by an individual or a group.

TERM	DEFINITION
Grievance	Is a dispute, concern, problem, complaint or incident of harassment or discrimination that occurred at, or in connection with, an endorsed Beaucare-related activity, on or off site, which a participant considers is unfair or unjust and which has not been resolved through complaint handling processes.

Grievance Procedure	Is a formal investigation of a complaint, or a serious complaint, that could not be resolved through complaint handling processes.
Complainant	Refers to the person raising the grievance or complaint.
Respondent	Refers to any individual against whom the grievance or complaint is made.
Victimisation	Includes any unfavourable treatment of a person as a consequence of their involvement in a grievance under this policy and procedures. Unfavourable treatment could include such things as adverse changes to the work environment, denial of access to resources, work opportunities or training, or ostracism.
Procedural Fairness and Natural Justice	Refers to a process that displays fairness to all parties. It includes the right to be heard, the right to be treated without bias, the right to be informed of allegations being made and to be provided with an opportunity to respond to them and the right to be able to find out about the status of the grievance.
Confidentiality	Means limiting disclosure of information relating to a grievance to as few people as possible, and only to those who are legitimately involved in the process of resolving the grievance. Beaucare staff are also bound to ensure that 'Privacy' principles are upheld when collecting personal information. For example, staff and volunteers should be informed about what information is being gathered about them, how it is to be used, who will have access to it and how it will be stored.
Mediation	Occurs when an impartial third party hears each side of the grievance separately and acts as an intermediary with the aim of reaching an agreed solution. It is the role of the mediator to fairly manage the power relationship so that both parties are considered equal.
Conciliation	Occurs when a third party, having mediated to the point of agreement, brings together the two parties to a grievance for the final resolution process. To ensure that the documented agreement does not break down, a monitoring process must be included.

Principles of Natural Justice

Principles of Natural Justice as they relate to this policy are:

- Parties should have the opportunity to be heard before decisions are made;
- The process should be fair, impartial, and without bias with clear and transparent procedures;
- Parties involved in a grievance will not be victimized or suffer negative consequences of having made a complaint;
- Opportunities for independent mediation should be made available;
- Information about how to appeal a decision should be clearly outlined.

Policy Principles

- Grievances should be treated seriously and sensitively, having due regard to procedural fairness.
- Efforts will be made to minimise the sharing of information regarding the grievance by observing confidentiality and privacy practices. Requirements relating to confidentiality and privacy extend to the use and storage of any information and records related to a grievance.
- Persons responsible for investigating and resolving complaints have a duty not to be affected by bias or conflict of interest, and must act fairly and impartially. Each party shall be given a fair opportunity to know the case against her or him and to be heard.
- Wherever possible, grievances should be resolved by a process of discussion, raising awareness, mediation and a process of conciliation. Where appropriate, support will be provided to assist the parties to reach agreement or an acceptable outcome that minimises any potential detriment to ongoing relationships. Appropriate steps shall be taken to ensure harmonious working relationships during and after the procedures.
- It is recognised that conciliation may not be appropriate if a party to a complaint holds a reasonable belief that discussion is likely to provoke victimisation, further incidents of harassment, or unnecessary distress. Where conciliation is inappropriate or has proved unsatisfactory, a formal grievance may be made.
- Both the member raising the grievance (*the complainant*) and the person against whom the grievance is made (*the respondent*) will receive appropriate information, support and assistance in resolving the grievance. Beaucare encourages complainants and respondents to have a support person, such as a fellow employee or a representative from a recognised organisation present during any conflict resolution procedures or interviews.
- No person should be victimised because they raise or are associated with a grievance. Staff and volunteers have the right to take action under these procedures if they believe that victimisation has occurred.

- Grievances that are frivolous or malicious should not be instigated and may result in disciplinary action for staff.
- Any of the parties involved may seek at any time advice from outside agencies such as trade unions, Community Justice Centres, the Anti-Discrimination Board, Industrial Commission or the Ombudsman. Staff members pursuing a grievance through alternative/external avenues should advise the General Manager and Board of this.
- The existence of the Grievance Procedure is supported by a manager's obligation to take all reasonable steps to identify and address, as part of their usual responsibilities, practices which may lead to a grievance.

Policy

Differences of view are a natural part of human relations and of workplaces. While differing views can stimulate creativity and promote development and innovation, it is acknowledged that differing views can develop into conflicts and conflicts into grievances. The resolution of grievances is important to maintain cooperative relationships and maintain safe working conditions that are conducive to meeting program aims.

Roles and Responsibilities

All Beaucare staff, volunteers and board are responsible for ensuring that their own behaviour contributes to a work environment which is free from discrimination and harassment. Under Beaucare's Code of Conduct all staff members, volunteers and board are obliged to observe standards of equity and justice in dealing with others, to treat each other with respect and to refrain from all forms of harassment.

In addition, Beaucare supervisors and managers (which includes staff who oversee or direct the work of volunteers or trainees) are responsible for taking all reasonable steps to prevent discrimination and harassment. This includes undertaking training in grievance management, ensuring volunteers and staff are aware of these procedures and related Beaucare policies, and responding appropriately to complaints according to policy. It is expected that supervisors and managers will, in their own behaviour, provide a model of good conduct.

Managers are also responsible for identifying and addressing problems through appropriate management practices. Resolution of complaints and grievances is an integral part of a supervisor's duties. Under State and Federal law, Beaucare and individual supervisors may be found vicariously liable for discrimination or harassment that occurs unless they can show they have taken all reasonable steps to prevent and deal effectively with grievances.

Persons making complaints (*the complainants*) have the responsibility to participate seriously in attempts to resolve their grievance, not to make vexatious or malicious grievances and to recognise that the person complained about has the right to respond to the allegations.

Persons against whom a grievance has been lodged (*the respondents*) have a responsibility to participate seriously in attempts to resolve the issues, to recognise the complainant's right to raise their concerns and not to victimise or harass the complainant or others involved in resolving the grievance in any way.

Managers are responsible for administering and monitoring these procedures. This includes developing and disseminating publicity material, providing grievance training for staff, volunteers and clients, providing advice and assistance in the implementation of the procedures, monitoring cases and trends, and evaluating and reporting on the overall operation of the procedures.

Procedures

Wherever possible Beaucare encourages personnel to attempt to resolve their differences informally using complaint handling procedures. If a satisfactory outcome is not achieved, formal grievance handling processes should be followed.

To initiate a Formal Grievance, the Complainant must submit their complaint in writing to the Manager, General Manager or Beaucare President and nominate their desire for the complaint to be treated as a Formal Grievance. The formal grievance must describe the decision, action or behaviour causing the problem and state what action or outcome the Complainant desires from the grievance resolution process. The complainants name must be provided. Anonymous grievances will not be accepted.

The General Manager or Beaucare President is required to provide the Complainant with written acknowledgement of receipt of the grievance and processes to be followed within 5 days.

The General Manager or Beaucare President will contact the respondent/s within 5 days of receipt of the grievance to advise of the grievance being lodged and the process to be followed. The Respondent must be provided with details of the Grievance Complaint in order that they have full disclosure of the allegations made against them.

Within 7 days of receipt of the grievance the General Manager will contact the President with full details of the grievance, and the President and Board will review the details of the grievance and determine whether the subject matter of the grievance reasonably constitutes a genuine grievance. If the grievance is not considered to be genuine (i.e. if the nature of the alleged grievance is frivolous, vexatious, or not relevant to the employment relationship), the Board may choose not to proceed with the matter. Should the matter not be proceeded with, both parties involved will be notified of the decision and reasons for the decision.

If the grievance is to be proceeded with, the board will appoint a Grievance Investigator. In exceptional circumstances, the complaint may be referred to an independent external agency or individual for investigation and advice. If the grievance involves the Manager, they would not be eligible to be appointed Grievance Investigator. The Grievance Investigator is responsible for investigating the Grievance and attempting to facilitate a fair and reasonable conclusion as quickly as possible. They will:

- Meet with the Complainant to clarify issues or obtain further information, if required;
- Meet with the Respondent (offering a support person to attend) to discuss issues and seek a written response within 7 days. If the respondent prefers, the written response can be documented at the meeting;

- Meet with any identified Workplace Witnesses that are integral to the issue. Care to be taken that confidentiality of the issue is not breached unnecessarily and that workplace witnesses are advised that they will not be privy to the outcome to the grievance.

The Grievance Investigator will endeavour to complete all investigations within 14 days of its commencement. Where investigations will exceed this period the Grievance Investigator will provide a progress report to the Complainant, Respondent and President at 14-day intervals.

The Grievance Investigator is required to conduct the investigation in a fair and impartial manner and be seen to do so. At all times, the Grievance Investigator must adhere to the Principles of Procedural Fairness and Natural Justice. This means that all persons must be provided with an opportunity to put their case, all relevant information must be considered, and all relevant information must be accessible to all concerned, before a decision is made.

At the same time, the confidentiality and integrity of every person involved must be maintained. All persons involved in the resolution of grievances should ensure that information regarding the grievance is treated confidentially.

The Grievance Investigator shall investigate the grievance and is required to collate, upon completion, all of the available information that has been gathered and compile a report. The Grievance Investigator will refer to applicable legislation, policy, or general management principles which govern the situation.

The Grievance Investigation Report will summarise the information obtained, clearly stating the conclusions reached and the basis for these conclusions, and outlining recommendations. Conclusions may include:

- The grievance has been substantiated and further action is required; OR
- The grievance has not been substantiated and no further action should be taken.

The Grievance Investigation Report is submitted to the General Manager who will review the contents to ensure that the process has been implemented according to the policy and natural justice principles and if so, endorse the report and recommended action. If gaps in the information or processes are identified, these would be referred to the Grievance investigator to provide further information or rectify and provide further written information.

The respondent and complainant will receive written notice of the outcome of the decision relating to the grievance.

Outcomes will vary depending on the nature and circumstances of each grievance. Outcomes may include, but are not limited to, the following:

- The Complainant gaining a better understanding of the situation and no longer feeling aggrieved.
- The Complainant and Respondent engaging in open dialogue about the issue with the outcomes documented.

- One or both parties agreeing to participate in counselling.
- One or both parties agreeing to participate in training.
- Revision of Beaucare policies and procedures (if indicated).
- Disciplinary action where Beaucare policy or Code of Conduct were found to have been breached, and/or where misconduct/serious misconduct or unsatisfactory performance has occurred or where a grievance is found to have been malicious or vexatious, a person victimises another person because of their involvement in the grievance, or unnecessary disclosure of information (a breach of confidentiality) has occurred.

Grievance Resolution

A grievance is regarded as resolved if it is:

- Withdrawn, in writing, by the staff member;
- The Complainant signs an agreement indicating their satisfaction with the outcome. The Complainant must be advised that they may consult with the relevant union (if applicable) before signing any agreement.
- When the outcome report is presented.

The resolution must not be contrary to any relevant legislation, award, agreement, policy or procedure, but can recommend amendment to policy and procedures.

Any determination made by the Board in accordance these Procedures with regard to the grievance will be final. However, the complainant/respondents have a right to pursue the matter outside the organisation. This includes the Human Rights and Equal Opportunity Commission, or the State Equal Opportunity Commission (in relation to discrimination and sexual harassment), the Australian Industrial Relations Commission (in relation to unfair dismissal and breaches of awards and enterprise agreements) and the State and Commonwealth Ombudsman's Office (in relation to the application of policies and procedures and administrative processes). The Ombudsman can also assist Complainants who are seeking to explore alleged criminal or serious wrongdoing of officers or staff. Anonymity is promised under the WhistleBlowers Protection Act Qld 1994. External bodies recommend that grievances should first be resolved internally using documented policies and procedures before seeking external review.

Record Keeping

Where investigatory action is taken, accurate records of the grievance process, including dates of actions, will be maintained under restricted access arrangements. These records will include:

- The formal grievance
- The acknowledgement of receipt of the grievance
- Notice of withdrawal of the grievance (if applicable)

- The Grievance Investigation Report
- The decision reached
- The outcome of the process

The General Manager/Board Secretary will retain such records securely under strict confidentiality. Personal files will be noted with any disciplinary action or warnings that are issued and any work related process that require follow up and evaluation over time.

Where mediation occurs, a written agreement should be made and signed by both parties, and a record of the agreement kept by the mediator, the complainant and respondent. A copy should be provided to the programme manager to allow follow-up up and review within a specified time frame.

Associated Beaucare Policies and Documents

Complaint Handling and Feedback 4.8

[Appendix D Privacy and Communication](#)

Relevant Legislation

Qld Government Department of Justice and Attorney-General: *Resolving Complaints in the Workplace*

<http://www.deir.qld.gov.au/workplace/subjects/harassment/resolving/internal/index.htm>

Australian Government Fair Work Australia : *Best Practice Guide – Effective Dispute Resolution*

<http://www.fairwork.gov.au/BestPracticeGuides/10-Effective-dispute-resolution.pdf>

Family Day Care Australia

www.fdca.com.au

4.12 Information Policy

Policy number: 4.12

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	
HCS	

Purpose

The service shall maintain records as required under legislation and shall permit access to records in line with confidentiality requirements.

Policy

Parents, educators and staff will be provided with written information detailing service policies to assist in understanding their rights and the responsibilities. Additional information will be provided whenever policies change.

Parents, educators and staff are expected to provide the service with all relevant personal information in written form needed for the effective operation of the service.

❖ Information for Staff

Each staff member must be provided with and have access to a current copy of:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- National Quality Standards for Early Childhood Education and Care and School Aged Care
- In Home Care Standards (In Home Care only)
- Early Years Learning Framework – *Belonging, Being and Becoming*
- Framework for School Aged Care – *My Time Our Place*
- Information for parents under Section 14 of the Regulation
- Staying Healthy in Child Care
- Beaucare Child Care Service Policy and Procedures Manual

- Reflect Respect Resource book
- Other relevant written material (such as Awards, Commonwealth Department of Family & Community Services Handbook, and the service's Policy and Procedures Manual)

❖ **Information for Educators**

Each educator is provided with:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- National Quality Standards for Early Childhood Education and Care and School Aged Care
- In Home Care Standards (In Home Care only)
- Early Years Learning Framework – *Belonging, Being and Becoming*
- Framework for School Aged Care – *My Time Our Place*
- Information for parents under Section 14 of the Regulation
- Staying Healthy in Child Care
- Beaucare Child Care Service Policy and Procedures Manual

❖ **Information for Parents**

Each parent is provided with a copy of the Parent Handbook which contains information on:

- The service's goals and objectives;
- The role of Coordinators and other persons engaged by the licensee;
- The processes for selecting educators and monitoring the equality of care provided by them;
- Parent's rights, including the right to:
 - Participate in the management of the Service, including the professional discussions;
 - The policy of non-discriminatory access and its application;
 - Continued contact with a Coordinator;
 - Procedures for dealing with parents' concerns;

- The address and telephone number of the nearest office of the Department of Communities.
- Parent's responsibilities, including:
 - Payment of fees;
 - Delivery and collection of children;
 - Notification of changes in information recorded;
 - Compliance with relevant health and hygiene policies.
- The services policies and practices in relation to:
 - Hygiene, safety, emergency and evacuation procedures;
 - Outings and excursions;
 - Injuries, illness and infectious diseases including minimal exclusion times for infectious diseases;
 - Storage and administration of medication for children;
 - In-service training for Coordinators, other staff and educators;
 - Participation of students and volunteers in the service.
- Community resource numbers.

Procedures

Requests for information may be made verbally or in writing according to the criteria above.

The Information will be checked to ensure it does not breach confidentially for other parties. The service reserves the right to charge a fee for the compilation of backdated information (e.g. for Family Law matters).

Associated Beaucare Policies and Documents

[Appendix F QIP and Compliance](#)

Relevant Legislation

Education and Care Services National Law Act 2010

Education and Care Services National Regulations 2011

Australian Government: *Family Law Act 1975*

<http://www.comlaw.gov.au/Details/C2004A00275>

Australian Government: *A New Tax System (Family Assistance) (Administration) Act*

1999 <http://www.comlaw.gov.au/Details/C2011C00864>

Australian Government: *Privacy Act 1988*

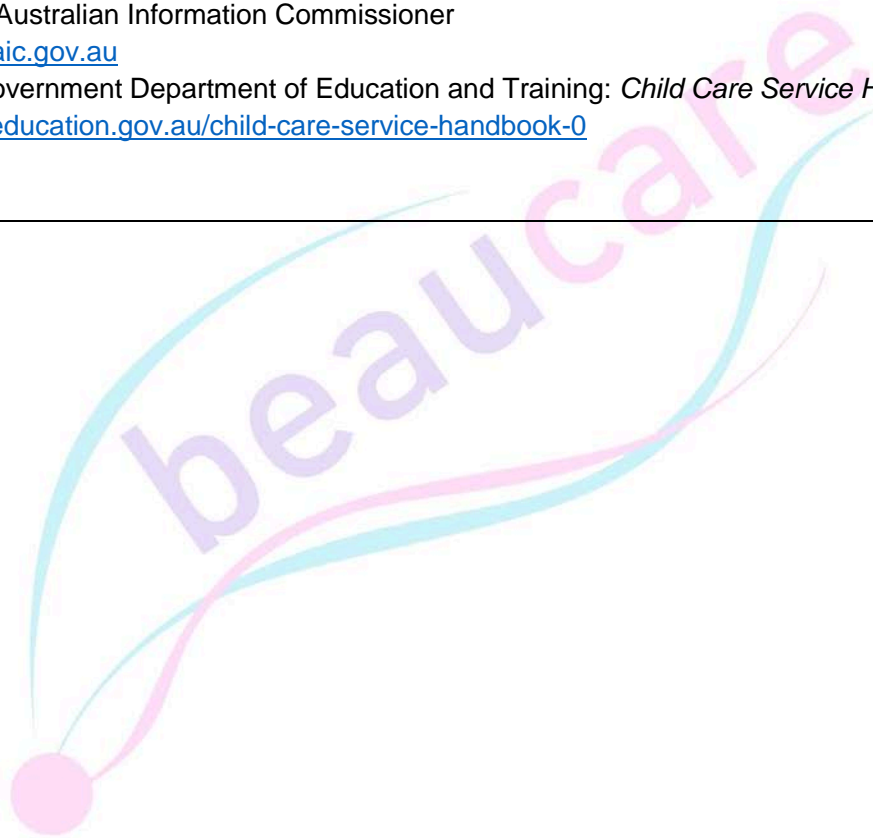
<http://www.comlaw.gov.au/Details/C2004A03712>

Office of the Australian Information Commissioner

<http://www.oaic.gov.au>

Australian Government Department of Education and Training: *Child Care Service Handbook*

<https://www.education.gov.au/child-care-service-handbook-0>



4.13 Policy Development Policy

Policy number: 4.13
Date last reviewed: April 2017

This policy relates to	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	
HCS	

Purpose

Child Care Services is committed to developing policy with opportunity to all stakeholders (parents, educators, coordinators, management and interested community members, community leaders and elders) to have input into policy decisions. The service is committed to policies that are clear, effective and non-discriminatory.

Policy

Beaucare Child Care Services policies are available on the Beaucare website with login access provided to the Beaucare computer system: www.beaucare.org.au

Procedures

- The need for a policy or policy review is identified. This may be through feedback from staff, educators, parents, management committee members or members of the community including community leaders and elders. The need for policy may become clear through evaluation of our service by any members of these groups or through the National Quality Standards assessment process with the Office of Early Childhood Education and Care.
- The need for the policy will be discussed at the service’s discussion meeting and interested parties invited to participate. The meeting will identify the scope and essential factors to be included in the policy.
- A member of the organisation (usually a staff member) will carry out research on existing policies and practices of the service and of other organisations and will draft a policy taking into consideration information gathered through the discussion meeting process.
- The draft policy will be provided to parents and educators, management, board members for further comment and input through email and Professional Discussion meetings. The policy may be amended following this process.
- The updated policy will be publicised through email.
- The policy will be added to Child Care Services policy manual and if relevant the parent handbook, and a copy will be provided to educators and families by email.

- Policies will be reviewed and updated to both accommodate new information and ensure the service operates in a framework of continuous improvement. Service Professional Discussion meetings and consultation with stakeholders will provide the structure for updating of policies.

Associated Beaucare Policies and Documents

Education and Care Services National Regulations 2011
Education and Care Services National Regulation 2011 165-172
National Quality Standards 7.3.1
[Appendix B Governance and Management](#)
[Appendix F QIP and Compliance](#)

Key Resources

QCROSS Roles and Responsibilities of Management Committees 2002 appendix 2 – Policy on Making Policies
Your Policies and Code of Conduct Commission for Children Young People and Child Guardian (2005) www.ccypcg.qld.gov.au/pdf/wwckit/PoliciesCodeofConductJuly05.pdf
<http://www.ccypcg.qld.gov.au/index.aspx>
FDCQA Factsheet 3 Developing a Policy (2005)
Family Day Care Australia
www.fdca.com.au

4.14 Records and Notifications Policy

Policy number: 4.14
Date last reviewed: April 2017

This policy relates to	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	
HCS	

Purpose

Accurate record keeping assists in the management of the service, ensures the safety of children and provides for transparency and accountability of the service. The service will maintain accurate records and share information as required by legislation.

Policy

Records that are required to be kept at the service under National Regulations 183 are:

- Evidence of current public liability insurance for both service and educators
- Quality Improvement Plan
- Child assessments
- Incident, injury, trauma and illness records
- Medication records
- Child attendance
- Child enrolment
- Death of a child while being educated and cared for by the service
- Records of service's compliance history
- Record of responsible person (including certified supervisor) in charge
- Assessment of family day care residence and venue
- Record of family day care staff (including educators, coordinators and assistants)
- Record of visitors to the family day care residence or approved Family Day Care venue.

The length of time each record is to be kept is accessible in [Appendix A – Legislation](#). Copies of all records must be provided to the service prior to educators leaving the service as per the legislation.

❖ **Records to be kept for each Child**

- Child's full name, date of birth, gender and residential address
- Name, address and contact details for:
 - a. Each known parent;
 - b. Any emergency contact;
 - c. Any authorised nominee;
 - d. Any person who is authorised to consent to medical treatment or administration of medication;
 - e. Any person who is authorised to give permission to an educator to remove the child from the education and care service premises.
- Details of any court order, parenting order or parenting plans
- Language used in the child's home
- Cultural background of the child and parents
- Any special consideration for the child, such as any cultural, religious or dietary requirements or additional needs
- Authorisations for:
 - a. The approved provider, nominated supervisor or an educator to seek medical treatment for the child and/or ambulance transportation
 - b. The service to take the child on regular outings
- Name, address and telephone number of the child's registered medical practitioner or medical service
- Child's Medicare number (if available)
- Details of any specific health care needs of the child including any medical condition, allergies or a diagnosis that the child is at risk of anaphylaxis
- Any medical management plans, anaphylaxis management plans or risk minimisation plan for the child
- Any dietary requirements for the child

- Immunisation status of the child
- If the approved provider or staff member has sighted a health record for the child, a notation of that fact
- Attendance records of the child with the full name of the child, the date and time the child arrives and departs with a signature by the nominated adult that delivers or collects the child, the nominated supervisor or an educator

❖ **Records to be kept for each Educator (Section 153)**

- Full name, address, and date of birth for the educator and each adult member of the home in which the educator provides child care
- Contact details of the educator
- Address of the residence or approved family day care venue where the educator will be providing education and care to children as part of the service, including a statement as to whether it is a residence or venue
- The date the educator was engaged by or registered with the service
- When applicable, the date that the educator ceased to be engaged by or registered with the service for a period of three (3) years following the date
- The days and hours that the educator will usually be providing education and care to children as part of the service
- If the educator is an approved provider, the number of the provider approval and the date the approval was granted
- If the educator is a certified supervisor, the number of the supervisor certificate and the date it was granted
- Evidence of any relevant qualification held by the educator; or that the educator is actively working towards a qualification
- Evidence that the educator has completed:
 - a. Current approved first aid training;
 - b. Current approved anaphylaxis management training and current approved emergency asthma management training;
 - c. Evidence of any other training completed by the educator.
- Evidence of the working with children card and the expiry date of the card

- For each child educated and cared for by the educator as part of the family day care service:
 - a. The child's name and date of birth;
 - b. The days and hours that the educator usually provides education and care to that child.
- If the education and care is provided in a residence:
 - a. The full name and date of birth of all persons aged 18 years and over who normally reside at the family day care residence;
 - b. The full name and date of birth of all children aged under 18 years who normally reside at the family day care residence;
 - c. A record of the working with children card number, expiry date and date that the record was sighted by the approved provider or nominated supervisor.

Records will also be held on:

- Cultural background of educator, if disclosed
- Medical certificate
- Certified copies of current positive suitability notices for the educator and all adult members of the household in which the educator provides child care and all regular visitors to the home
- Emergency and backup arrangements
- Vehicle details including make, registration number and safety check details
- Details of annual review
- Any requirements of the licensee notified in writing to the educator
- Names of children cared for
- Current list of routine outings
- Excursions undertaken
- Risk management plan
- Regular outings
- Professional development plan

❖ **Records to be kept for each Educator Relief/Assistant (Section 153)**

- Full name, address, and date of birth for the educator assistant
- Contact details of the educator assistant
- The name of the educator to be assisted by educator assistant
- Address of the residence or approved family day care venue where the educator assistant will be providing education and care to children as part of the service, including a statement as to whether it is a residence or venue
- The date the educator assistant was approved by the service
- When applicable, the date that the educator assistant ceased to be engaged by or registered with the service for a period of three (3) years following the date
- Evidence of any relevant qualification held by the educator assistant; or that the educator assistant is actively working towards a qualification
- Evidence that the educator assistant has completed:
 - a. Current approved first aid training;
 - b. Current approved anaphylaxis management training and current approved emergency asthma management training;
 - c. Evidence of any other training completed by the educator assistant.
- Evidence of the working with children card and the expiry date of the card and the date that it was signed by the approved provider or nominated supervisor.

❖ **Records to be kept for Coordinators and Other Staff Members**

- The name of the person currently designated as the educational leader in accordance with Regulation 118
- Full name, address and date of birth of each coordinator member
- Certified copy of qualifications
- Current positive suitability notice (demonstrating identifying number and expiry date)
- Details of in-service training
- Professional Development Plan

❖ **Records to be kept for Volunteers and Students**

- Full name, address and date of birth of each student or volunteer
- A record for each student or volunteer for each day that the student or volunteer participates in the service, the date and hours of participation
- Current positive suitability notice (demonstrating identifying number and expiry date)

Administration of Medication

If medication is administered to a child while in care, records are held for the:

- Name of the child
- Authorisation signed by a parent or a person named in the child's enrolment record as authorised to consent to the administration of medication
- Name of the medication
- Time and date the medication was last administered
- The dosage of the medication to be administered
- Time and date or circumstances under which the medication is to be administered
- If the medication is administered to the child:
 - a. The dosage administered;
 - b. The manner in which the medication was administered;
 - c. The date and time the medication was administered;
 - d. The name and signature of the person who administered the medication;
 - e. Any doctor's instructions for administering medication.

Incident, Injury, Trauma, Illness

An educator must record details of any incident, injury, trauma or illness with:

- Details of any incident in relation to a child or injury received by a child or a trauma to which a child has been subjected while being cared for by the educator including:
 - a. The name and age of the child;

- b. The circumstances leading to the incident, injury or trauma;
 - c. The date and time the incident occurred, injury was received or the child was subjected to trauma.
- Details of any illness which becomes apparent while the child is being educated and cared for by the educator including:
 - a. The name and age of the child;
 - b. Relevant circumstances surrounding the child becoming ill and any apparent symptoms;
 - c. The date and time of the apparent onset of the illness.
- Details of the action taken by the educator including:
 - a. Any medication administered or first aid provided;
 - b. Any medical personnel contacted
- Details of any person who witnessed the incident, injury or trauma
- The name of any person who the service notified or attempted to notify, including the date and time of the notification or attempted notification
- The name and signature of the person making an entry in the record and the time and date the entry was made.

Note: *The information must be included in the record as soon as practicable but not later than 24 hours after the incident, injury or trauma, or the onset of illness.*

Retention and Disposal of Records (Refer Confidentiality)

Personal records need to be retained for a minimum of three (3) years after the educator, coordinator leaves the service.

Financial records are retained for three (3) years from the end of the calendar year in the care or event occurred.

The details of a child who is injured or becomes ill while in Family Day Care must be kept until the child is 25 years of age.

In the event of the death of a child while being educated and cared for by the service, details of the circumstances surrounding the child's death should be held for a period of seven years from the death.

Records are to be disposed in a way that guarantees confidentiality i.e. shredding.

Notifications

An approved provider must notify the Regulatory Authority of certain circumstances and information. This includes:

- Change to name of service provider
- Change to address or contact details of provider
- Changes to approved provider's fitness and proprietary
- Notice of any appointment or removal of a person with management or control of service
- The appointment of receivers or liquidators to the Approved Providers or any matters that affect the financial viability and ongoing operation of the service
- Death of approved provider
- Change to the hours and days of operations of the service
- Changes to the location of the principle office of a Family Day care service
- Change to nominated supervisor
- A nominated supervisor is no longer employed or withdraws consent to nomination
- A proposed change to the premises, such as refurbishment of the principal office
- A new approved family day care venue is added to the service
- Intention to transfer service approval
- Ceasing to operate the service
- Suspension or cancellation of working with children card or disciplinary proceedings against Nominated Supervisor or Certified Supervisor of the service
- Notice of change of name or mailing address of nominated supervisor
- Notice of change of circumstances of Certified Supervisor
- Serious incident at service
- Death of a child

- Complaints alleging that the safety, health or wellbeing of a child was or is being compromised, or that the law has been breached
- Any incident that required the approved Provider to close or reducing the number of children attending the service for a period
- Any circumstance at the service that poses a significant risk to the health, safety or wellbeing of a child attending the service

Relevant Legislation

The Education and Care Services National Law 2010 (Section 175)

The Education and Care Services National Regulations 2011 (177-184)

Australian Government: *Privacy Act 1988*

<http://www.comlaw.gov.au/Details/C2004A03712>

Key Resources

Family Day Care Australia

www.fdca.com.au

Australian Government Department Education and Training *Child Care Services Handbook Sections 4.7 Who is Responsible for Ensuring Attendance Records are Kept? And 4.9 Information Management*

<https://www.education.gov.au/child-care-service-handbook>

Related Policies

[Appendix A Legislation](#)

[Appendix D Privacy and Communication](#)

[Appendix F QIP and Compliance](#)

4.15 Workplace Health and Safety Policy

Policy number: 4.15

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework

National Quality Standards Early Childhood Education & Care

HCS

Policy

Under the Work Health and Safety Act, educators are to ensure the safety of the environment is maintained using risk management processes and following the services policies and procedures.

Regular visual inspections should also be carried out by the educator to ensure that the equipment, accessories, connectors, plugs or outlet sockets are free from any obvious external damage or defects.

Daily Safety Audit is to be completed prior to care each day and documented on the form provided by the service.

Where hazards are identified they are to be documented with a plan outlined to resolve the safety issue, if the safety issue is not resolved and could have serious consequences the educator needs to call the office immediately to advise.

Relevant Legislation

The Education and Care Services National Law 2010

The Education and Care Services National Regulations 2011

Work Health and Safety Act 2011

<http://www.legislation.qld.gov.au/LEGISLTN/current/W/WorkHSA11.pdf>

Work Health and Safety Regulations 2011

<http://www.legislation.qld.gov.au/LEGISLTN/SLS/2011/11SL240.pdf>

Key Resources

CSEAQ Workplace Health and Safety Manual 2001

ourcommunity.com.au (Risk Management)

Volunteering Australia: *Running the Risk – Risk Management Tool 2003*

http://www.volunteeringaustralia.org/html/s01_home/home.asp

<http://www.volunteeringaustralia.org/files/A9V142T7RU/Running%20the%20Risk.pdf>

Commission for Children, Young People and Child Guardian: *Working with Children*

Kit – Media Release

www.ccyipcq.qld.gov.au/pdf/media/WWCKit070704.pdf (7/3/11)

Related Policies

[Appendix H Safe Work Practices](#)



4.15 (a) Back Care and Manual Handling Policy

Policy number: 4.15 (a)

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework

National Quality Standards Early Childhood Education & Care

HCS

Purpose

Educators and coordinators will minimise the risk of back injury by applying the principles of back care, and correct lifting and carrying techniques.

Definitions

Manual handling means any activity requiring the use of force exerted by a person to lift, lower, push, pull, carry or otherwise move, hold or restrain any person or object.

Policy

Child care staff are at risk of work related ergonomic injuries particularly back injuries related to lifting and carrying children, bending, reaching and not using adult size furniture.

All new educators are required to watch a Safe Manual Handling DVD prior to commencing care.

Recommended Handling Techniques for Lifting

Think Before Lifting/Handling

Plan the lift. Can lifting aids be used? Where is the load going to be placed? Will help be needed with the load? Remove obstructions such as discarded wrapping materials, toys or loose clothing. For a long lift, consider resting the load midway on a table or bench to change grip.

Keep the Load Close to the Waist

Keep the load close to the body for as long as possible while lifting. Keep the heaviest side of the load next to the body. If a close approach to the load is not possible, try to slide it towards the body before attempting to lift it.

Adopt A Stable Position

The feet should be apart with one leg slightly forward to maintain balance (alongside the load if it is on the ground). The worker should be prepared to move their feet during the lift to maintain their stability. Avoid tight clothing or unsuitable footwear which may make this difficult.

Get A Good Hold

Where possible the load should be hugged as close as possible to the body. This may be better than gripping it tightly with hands only.

Start in A Good Posture

At the start of the lift, slight bending of the back, hips and knees is preferable to fully flexing the back (stooping) or fully flexing the hips and knees (squatting).

Don't Flex the Back Any Further While Lifting

This can happen if the legs begin to straighten before starting to raise the load.

Avoid Twisting the Back or Leaning Sideways, Especially While the Back is Bent

Shoulders should be kept level and facing in the same direction as the hips. Turning by moving the feet is better than twisting and lifting at the same time.

Keep the Head Up When Handling

Look ahead, not down at the load, once it has been held securely.

Move Smoothly

The load should not be jerked or snatched as this can make it harder to keep control and can increase the risk of injury.

Don't Lift or Handle More Than Can Be Easily Managed

There is a difference between what people can physically lift and what they can safely lift. If in doubt, seek advice or help.

Put Down and Then Adjust

If precise positioning of the load is necessary, put it down first, and then slide into the desired position.

General Responsibilities of Educators

To minimise the risk of back injury and to comply with the Work Health & Safety Act and other relevant legislation, educators should:

- Where possible, kneel rather than bend down, in order to avoid neck or back problems
- Carry children only when necessary. The correct way to carry a child is with one arm under the child's buttocks and the other arm supporting the child's back. At the same time, hold

the child facing you, as close to your body as possible. Try to avoid repetitively carrying a child on your hip, because this may strain your back

- When lifting awkward loads, be careful to lift with a balanced and comfortable posture. Assess the task to see if it can be broken down into steps which give opportunity to reposition feet or holding positions
- Minimise the need to reach above shoulder level. Use a stepladder or step stool or rearrange items to be stored on lower levels
- Modify the load. Repackage items to lessen the weight to make it more manageable
- Have cots with drop sides if possible. When lifting babies out of cots, lean close against the cot and raise the child as close as possible to your body, move smoothly. Do not stretch over and lift
- If a child needs comforting, instead of bending over and picking the child up, sit down and encourage her or him to climb onto your knee, or kneel so that you are closer to her or his level. Use small chairs with good back support instead of squatting or bending for interaction with children
- Instead of lifting a child into a car, encourage the child to climb in on their own
- Consider the design of the work or work practices being used, to minimise the risk of injury. For example, place lighter items higher on shelves, avoid lifting from the floor and reduce the weight of items to be moved, vary the work or reduce repetitive handling

General Responsibilities of Staff:

As noted in each position description, staff will be expected to adhere to Education and Care Services National Regulations 2011, National Law, National Quality Standards, Early Years Learning Framework, My Time Our Place, service policies and procedures and Beaucare Policies.

- Proactively support Beaucare personnel and the Board in the achievements of Beaucare mission, goals and plans.
- Ensure the maintenance of timely, efficient and effective records as are appropriate to the position, and to Beaucare and external funding requirements.

Relevant Legislation

The Education and Care Services National Law 2010

The Education and Care Services National Regulations 2011

Qld Government Department of Justice and Attorney-General: *Workplace Health and Safety Regulations 2008*

<http://www.legislation.qld.gov.au/LEGISLTN/CURRENT/W/WorkpHRSaR08.pdf>

Qld Government Department of Justice and Attorney-General: *Workers' Compensation and Rehabilitation Act 2003*

<http://www.legislation.qld.gov.au/legisltn/current/w/workerscompa03.pdf>

Qld Government Department of Justice and Attorney-General: *Manual Tasks Involving the Handling of People Code of Practice*

<http://www.deir.qld.gov.au/workplace/subjects/manualhandling/index.htm>

http://www.deir.qld.gov.au/workplace/resources/pdfs/handlingpeople_code2001.pdf

Key Resources

Child Care OHS Workbook Australasian College of Health Safety 2006

Health & Safety in Family Day Care Model Policies and Practices 2002

Training notes from Workshop Feb 2005 Physiotherapist Tony Nicholson

Manual Handling; Solutions you can handle –Health and Safety Executive 03/04

Related Policies

[Appendix H Safe Work Practices](#)

4.16 Sustainability Policy

Policy number: 4.16

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework	
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National Quality Standards Early Childhood Education & Care	
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HCS	
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Purpose

Beaucare is committed to environmental sustainability. We believe that demonstrating and promoting environmentally responsible practices will leave a positive legacy for future generations. We promote this with educators, staff, parents, children and communities, respecting culture and country, customs, social and environmental values.

Policy

Beaucare Child Care Service has a commitment to environmental sustainability and limiting the unnecessary use of natural resources. Our approach to sustainability is through:

- Governance that supports the development and implementation of sustainability policies, procedures and programs;
- Curriculum that is developed and delivered on the principles of environmental education for sustainability;
- Actively encouraging the use of recycled resources;
- Encouraging parent and community participation;
- Protecting flora and fauna through familiarisation and engagement;
- Including all peoples and perspectives;
- Avoiding, re-using, recycling and reprocessing;
- Considering aspects of environmental sustainability before making purchasing decisions.

Some examples of sustainable practices promoted within Beaucare are:

- Reducing paper and printing resource usage by emailing statements to educators and parents instead of hard copies;

- Recycling playgroup resources;
- Using recycled and donated materials for craft;
- Using environmentally friendly products;
- Sorting and recycling waste before disposal;
- Composting food scraps or using for pets;
- Conserving water through mulching gardens and use of water tanks;
- Caring for animals and learning about life cycles;
- Converting to energy saving lights and turning off lights when natural light is sufficient;
- Using iPad and other technology for visit sheets, forms, observations and learning stories to reduce paper and printing resources.

The service is encouraging the embedding of sustainable practices into our service delivery and for the principles of sustainability to become a focus within our community. We support this by encouraging the development of a shared understanding and respect for the natural world, the relationships between people, animals, plants and the land with children and their families. Understanding of sustainability is encouraged by providing meaningful learning experiences between families, children and educators where their diverse knowledge and experiences are respected and different family values and practices provide avenues for exploration, discussion and possible actions.

We believe that if children are to develop positive attitudes and values about the environment, they must be able to participate in learning experiences, contribute to discussions, share in a variety of ideas and participate in sustainable practices. Educators and coordinators foster children's capacity to value and respect the broader environment and become world-wise by:

- Encouraging children to sort recyclable and compostable materials, and to re-use where possible.
- Planned experiences that allow children to engage in sustainable practice.
- Providing and sharing information about the environment and the impact of human activities (e.g. stories, songs, videos).
- Promoting water conservation through discussion, displayed materials, resources, role modelling and practice (e.g. turning off the tap, use of water tanks, recycling water on the garden).
- Taking part in days and events dedicated to promoting sustainability and protecting the environment (e.g. Clean Up Australia day, National Tree day).

- Encouraging children to care for and take pride in their environment, both natural and man-made.
- Developing children’s life skills such as growing and preparing food, waste reduction and recycling.

Educators provide many opportunities for children to learn about the environment through the routines and practices of their service. Engaging children in regular environmental education activities increases their awareness, understanding and future participation.

Associated Beaucare Policies and Documents

[Appendix A Legislation](#)

[Appendix D Privacy and Communication](#)

[Appendix F QIP and Compliance](#)

Relevant Legislation

Queensland Early Childhood Sustainability Network (QECSN)

qecsn@earlychildhood.org.au

Sustainability for Schools

http://www.sustainability.vic.gov.au/resources/documents/061124_awards_student_tips.pdf

Ollie’s World

<http://www.olliesworld.com/>

Planet Ark

<http://planetark.org/>

4.17 Acknowledgement of Traditional Owners Policy

Policy number: 4.17

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	
HCS	

Purpose

The purpose of this policy is to establish a standard protocol for the public acknowledgement and demonstration of respect for Aboriginal and Torres Strait Islander people as the Indigenous peoples of Australia.

Policy

Scope

This policy is applicable to all functions and events, and for those occasions where management or staff are representing Beaucare in a public forum, as deemed appropriate.

Principals

It is our belief that all citizens of Australia have a responsibility to promote harmony and reconciliation, to acknowledge past wrongs, to demonstrate respect for our nation's Indigenous peoples and their history, culture and traditions, and to recognise their spiritual ties to land and sea.

Welcome to Country

Wherever possible and affordable, an Aboriginal Elder from the area is to be invited to attend any public forum arranged by Beaucare, to extend a "Welcome to Country" to the attendees, on behalf of the local Aboriginal people. It is not acceptable protocol for anyone other than a tribal Elder to extend such a welcome.

Acknowledgement Statement

Management and staff are to verbally acknowledge the traditional owners of the land at any public Beaucare function or forum through the following acknowledgement statement: "I respectfully acknowledge the (Mununjali, Gunyjuu or Yugambeh) people as Traditional Owners of the Land on which this event is taking place".

The first speaker at the function or forum is to make the acknowledgement statement. All subsequent speakers may also acknowledge the Traditional Owners of the Land.

Recognition of Diverse Populations

Beaucare recognises that Australia's Indigenous peoples include diverse population groups, each with their own cultures, languages, traditions and tribal affiliations.

Associated Beaucare Policies and Documents

[Appendix A Legislation](#)

[Appendix D Privacy and Communication](#)

[Appendix F QIP and Compliance](#)

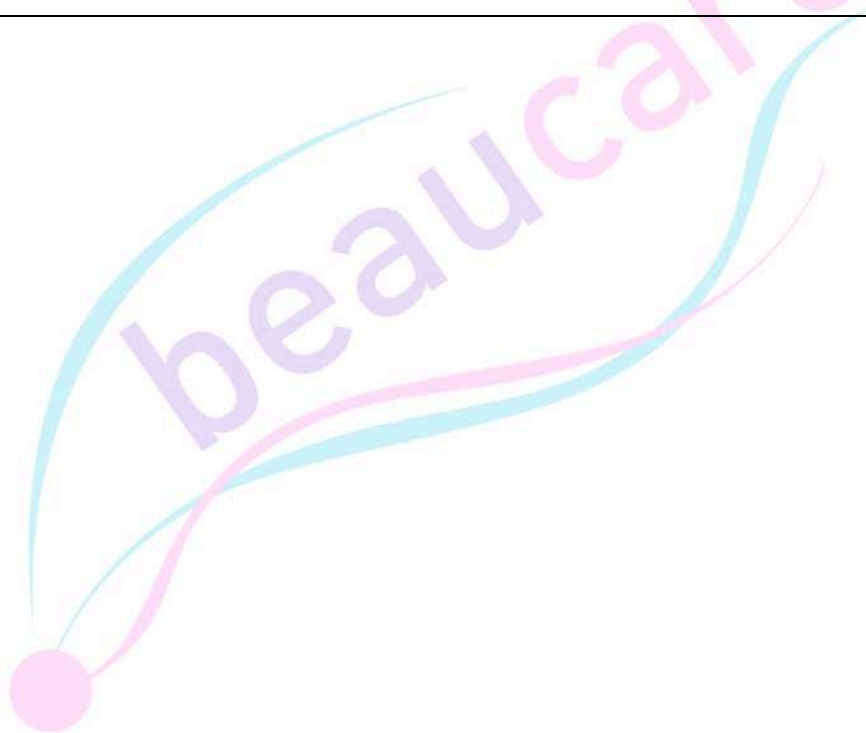
Relevant Legislation

Education and Care Services National Law Act 2010

Education and Care Services National Regulations 2011

Australian Government Department of Education and Training: *Child Care Service Handbook*

<https://www.education.gov.au/child-care-service-handbook-0>



4.18 Duty of Care and Safe Work Practice Policy

Policy number: 4.18

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework

National Quality Standards Early Childhood Education & Care

HCS

Purpose

Beaucare is committed to providing a workplace which is safe and free of risk to its staff, volunteers, students, clients and visitors. Beaucare understands the obligations imposed on Management and staff to keep the workplace safe and comply with all Workplace Health & Safety regulations.

Policy Scope

This policy applies to all environments in which our staff, volunteers, students or educators work, and recognises that all staff, volunteers, students, clients and educators, their family members and members of the public have a legal Duty of Care to each other.

Policy Principals

We accept as an operating principle that employers and/or those employed in a supervisory or management role have an obligation to ensure that staff working under their direction employ safe practices, and that the workplace environment is physically safe to minimise the risk of illness or injury.

The establishment, maintenance and monitoring of safe work practices are both an ethical and a legal obligation of Beaucare, and we are committed to compliance with all relevant work health and safety legislation to ensure that staff, clients and community members' exposure to risk of an adverse incident, accident or injury is minimised.

Definitions

TERM	DEFINITION
The Workplace	Is defined as any place where work is, is to be, or is likely to be performed by a worker, self-employed person or employer. A place may be a 'workplace' even though it does not have to be registered or notified as a workplace under a regulation, e.g. in the community, travelling in workplace vehicles etc.
Negligence	Negligence of the Duty of Care exists where an act or omission of a worker may affect the care or safety of another person. A breach of Duty of Care requires that some harm

	was reasonably foreseeable; that the worker did not take reasonable steps to minimise or avoid the accident or incident; and that harm has consequently been suffered as the result of the breach of Duty of Care.
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Policy

Beaucare aims to provide a workplace that is safe and free of risk to its staff, volunteers, students, clients and visitors at the workplace by implementing processes that comply with legislation and support a healthy and safe work environment. We also actively promote the importance of effective WH&S practices for everyone who works at our organisation.

As an employer Beaucare has a legal liability and a Duty of Care to protect all staff, clients, volunteers, students and visitors to the workplace. Beaucare will ensure that all staff employ safe practices and that the workplace is physically safe. Staff working in the private homes of clients will be made aware of their legal Duty of Care and will be provided with adequate training for their service provision role. Beaucare will maintain insurance cover to provide for negligence and professional liability.

Beaucare will ensure specific practices are in place to protect employees who work in the community and in clients' homes, as well as in Beaucare premises, and provide equipment and training to ensure employees are able to remain protected while undertaking work. We also ensure the reporting and review of incidents and hazards within a wider risk management framework to prevent and mitigate WH&S risks and accidents.

Roles & Responsibilities

❖ General Manager

Has a responsibility to monitor compliance with practices and procedures, adherence to legislation and ensure organisational responses to risks.

❖ Managers

Have a responsibility to:

- Ensure staff are trained and aware of all workplace health and safety requirements;
- Complete documentation according to procedures;
- Monitor compliance of staff to ensure they employ safe practices.

❖ Workplace Health & Safety Committee

Have a responsibility to conduct safety assessments of the workplace, review incident trends and research and advise improvements in Workplace Health & Safety as delegated

❖ **Staff, Educators, Volunteers, Students Visitors and Board**

Every person attending a Beaucare workplace has a responsibility to contribute to a safe environment and understand the legal duty of care owed to all.

Associated Beaucare Policies and Documents

[Appendix A Legislation](#)

[Appendix D Privacy and Communication](#)

[Appendix F QIP and Compliance](#)

Relevant Legislation

Education and Care Services National Law Act 2010

Education and Care Services National Regulations 2011



4.19 Regulatory Compliance Policy

Policy number: 4.19

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework

National Quality Standards Early Childhood Education & Care

HCS

Purpose

As a funded service and employer, Beaucare has a range of legislative, regulatory and contractual requirements with which we must comply. These requirements also change over time, so it is important that we have processes to keep abreast of these changes and regularly review, check and update policies and practice to maintain compliance. This policy guides those processes and assists us to demonstrate compliance when required, and to ensure that relevant stakeholders are kept informed of any changes.

Policy Scope

This policy is applicable to all activities and operations of Beaucare, and will involve all levels of the organisation including employees, volunteers, educators, senior management and Board members of Beaucare.

Policy

The management of Beaucare is committed to maintaining compliance with all regulatory, legislative and contractual agreements.

All legislative requirements are tracked through the Acquittals Register. This Register is updated and maintained regularly by the Business and/or Admin managers.

Roles & Responsibilities

❖ Beaucare Board

Over-riding responsibility and accountability for the acquittal processes rests with the Beaucare Board. The Board delegates its authority to the General Manager.

❖ General Manager

The General Manager has a responsibility to develop, review and progress the Acquittals framework and to ensure that all reporting and compliance obligations are met.

❖ Managers

The Managers have a responsibility to feed in data to the acquittal reports, maintain appropriate data collection tools and ensure all changes to contracted regulatory requirements are communicated to the Business and General Managers.

❖ **Coordinators**

Coordinators have a responsibility to monitor and address Regulatory Compliance with educators. They are expected to ensure all educators are meeting the requirements set out in the National Regulations, National Law and Beaucare Policies.

❖ **Educators**

Educators have a responsibility to ensure that they are meeting their regulatory requirements at all times, in accordance with National Regulations, National Law and Beaucare Policy.

Associated Beaucare Policies and Documents

[Appendix A Legislation](#)

[Appendix D Privacy and Communication](#)

[Appendix F QIP and Compliance](#)

Relevant Legislation

Education and Care Services National Law Act 2010

Education and Care Services National Regulations 2011

Australian Government Department of Education and Training: *Child Care Service Handbook*

<https://www.education.gov.au/child-care-service-handbook-0>

4.20 Responding to Emergencies Policy

Policy number: 4.20

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework

National Quality Standards Early Childhood Education & Care

HCS

Purpose

Beaucare is committed to ensuring we support the right of staff, volunteers, educators and families to a healthy and safe working environment where risks are minimised or managed. This policy is to protect personal safety when required to work in isolation, from other venues or in educator or family homes. This policy establishes practice guidelines designed to minimise risk of harm and enhance personal safety for staff when confronted with personal threat situations and to protect the safety of clients, staff and visitors to the workplace in the event of an emergency.

Policy Principles

Beaucare is committed to providing the maximum protection for staff, volunteers, educators and families through clear practice guidelines and instruction to minimise consequences arising from an adverse event in the workplace. Beaucare acknowledges the establishment, maintenance and monitoring of a safe work environment is both an ethical and a legal obligation. We are committed to compliance with all relevant fire and emergency regulations to ensure that staff, clients and community members' exposure to risk is minimised and safety is protected, and accept our responsibility to join with other key stakeholders in responding to community disasters.

Definitions

TERM	DEFINITION
Unarmed Confrontation	When an unarmed person confronts another person in a violent or threatening manner, or where a person threatens to commit suicide.
Armed Confrontation	When a person armed with a weapon confronts another person in a violent or threatening manner.

Policy

Unarmed Confrontation

The risk of assault or injury will decrease by the following steps:

- Avoid being alone with the escalated person;
- DO NOT argue with the person;
- Speak normally and do not raise your voice;
- Treat the person with respect.

Educators should avoid opening their door to anyone they do not know or is not listed as an emergency contact for any of the children in care. They should speak to the person through the door or a window.

Where violence appears likely and immediate support is required, the educator should contact the police and the coordination unit. At no time should the educator put themselves or the children in a more dangerous situation in an attempt to overpower or restrain the other person.

Armed Confrontation

In the event of an armed confrontation, under no circumstances should staff, educators, volunteers or families place themselves in further jeopardy. Armed confrontation must be managed by a discreet response, following a predetermined plan developed in conjunction with police authorities. The use of communication systems which may be heard by the armed person must be avoided.

To prevent any escalation of the situation, staff who are directly involved are to obey the offender's instructions, but do only what is told and nothing more, and do not volunteer any information. Wherever possible, attempt to position a barrier between yourself and the perpetrator and his/her weapon e.g. move behind a desk.

Anyone who is not directly involved should stay out of danger. They are to leave the building if it is possible & safe to do. Otherwise they are to follow lock down procedures and raise the alarm. Phone the police emergency number (000) if able to do so without danger, and keep the phone line open.

Carefully observe any vehicle used by the offender/s, taking particular notice of the registration number, vehicle model and colour, and the number of occupants and their description.

Observe the offender/s as much as possible, in particular, note the speech, mannerisms, clothing, scars or any other distinguishing features such as tattoos, and record these observations in writing as quickly as possible after the armed confrontation.

The police will want individual impressions of what happened, uninfluenced by others. Ask all witnesses to remain until the police arrive, and explain to witnesses that their view of what happened, however fleeting, could provide vital information when pieced together with other evidence.

Preserve the scene until the police have checked the area for fingerprints and other clues. Advise the service manager of the incident as soon as it is safe to do so.

Following the incident, all staff are to be offered debriefing services.

Lockdown Procedure

A Lock Down is a procedure used when there is an immediate threat to the occupants of an educator or family's home. In the event of a Lock Down all people within the building under threat would be instructed to secure themselves in the room they are in, or if possible one of the identified interior safe-rooms. Safe-rooms should have doors which can be locked from internally and limited/no windows.

If a Threat is Identified

Full Lock Down

- Move clear of all external doors and windows;
- Lock as many external doors and close as many blinds as is possible without risk;
- Do not let unauthorised persons into the building;
- If possible, move to one of the identified safe rooms, or otherwise get to a room that can be locked or barricaded;
- Stay away from doors and windows;
- Remain quiet and turn off mobile phones;
- One person should (if safe to do so) call '000' advising them of the location and the number of people in the room;
- Wait until emergency personnel or management give an "all clear" notification.

Partial Lock Down

- Secure all external doors and windows, and close the blinds;
- Wait for further instructions.

Bomb Threat

Where a serious security breach is suspected or a bomb threat has been received, on no account should staff, educators or families undertake investigations themselves. The Qld Police Service are to be called immediately. Where the bomb threat implies imminent and immediate danger, emergency evacuation procedures are to be followed.

Where the Threat is Received by Telephone

- (1) Remain calm.
- (2) Attempt to keep the caller on the line in conversation, without causing agitation or aggravation.
- (3) Wherever possible, signal to another person to call the Police.
- (4) Keep a written record taking note of the following:
 - The exact wording of the threat;
 - The time of the call;
 - The type and location of the device, if given;
 - Any voice characteristics observed;
 - Any phrases or odd wording used;
 - Any additional information given e.g. motivation, cause etc.
 - Background noises;
 - Any detail that may assist the Police in their investigations.
- (5) As soon as the call has ended, report immediately to the Service Manager.
- (6) Call '000' if not already done.
- (7) Follow police direction.
- (8) Initiate evacuation procedures if the police direct you to do so.

Where the Threat is Received in Writing

- (1) Minimise handling of the document, including the envelope, if received.
- (2) Wherever possible, place it in a plastic document sleeve to preserve any possible fingerprint evidence.
- (3) Notify the Service Manager.

(4) Notify the Police immediately.

(5) Follow police direction and initiate evacuation if directed.

Explosion

Should an explosion occur on the premises or in the immediate location, emergency evacuation procedures are to be followed. Appropriate emergency services are to be notified immediately.

Local Emergency

Where there is a local emergency declared (e.g. flood, fire or unforeseen emergency) the service may require all services to close even if there is no imminent threat identified to the specific educator service. The direction to close will be about minimising risks which include consideration of accessibility to emergency services, access by coordination unit staff and possibility of the emergency increasing or the zone of the emergency increasing. There are often unknown factors when weather conditions are part of the emergency and decisions will be based on minimising risks. In the event of services being closed this may impact educators not being able to claim fees unless the area has been classed as an emergency zone by the state government. The service reserves the right to make this decision in the overall risk management for the whole service.

Associated Beaucare Policies and Documents

[Appendix A Legislation](#)

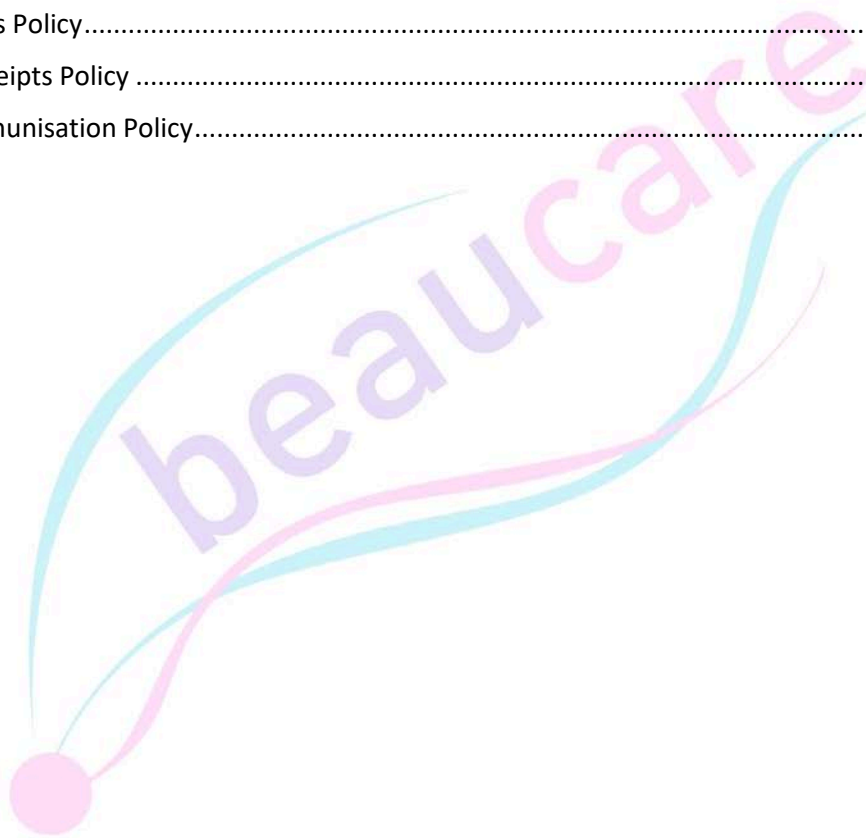
[Appendix D Privacy and Communication](#)

[Appendix F QIP and Compliance](#)

Relevant Legislation

5. FEES AND ATTENDANCE RECORDS

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5.1 Absences from Care Policy

Policy number: 5.1

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	
HCS	

Purpose

The service implements the requirements of the Department of Education and Training's Child Care Service Handbook regarding absence days and additional absence days.

Policy

Child Care Subsidy is paid in certain circumstances when a family is charged for care that their child does not attend. Absences are categorised into two groups: absence days and additional absence days.

Subsidy is paid for up to 42 absence days for each child per financial year across all approved services.

Absence days are referred to as 'Initial 42 days absence' in the family assistance law.

- Each child receives a new set of initial 42 absence days at the beginning of the financial year.
- These absence days can be taken for any reason (provided the day being reported as an absence day is a day on which care would have otherwise been provided).
- These absence days cannot be reported before a child has begun care or after a child has left care.

If a child is absent for one session, or more than one session on the same day, it is counted as one absence day. For example, one absence day is counted where a child is absent from one or both sessions of before and after school care in a day.

Absences are counted only if the session of care would have attracted subsidy. If, for example, the hours charged have used all of a child's eligible hours, then the subsidy will not be payable for the absence, and the absence will not be counted.

Absences on a Public Holiday

In most circumstances a service must be open and available to provide care to report children as absent from a session of care. If your service is closed on a public holiday you may report children as absent from care under the following conditions:

- The child would normally have attended the service or individual educator on the day if it were not a public holiday, **and**
- Fees are charged in respect of the absent child for the day.

All absent days must be recorded on the Attendance Record and, it is best practice to ask parents to sign or initial your service's records of attendance where absences are noted. After the first 42 absent days have been used, Child Care Subsidy is payable for any additional absences where:

- The absence is one taken for an additional absence reason, **and**
- The service obtains and keeps the required documentation, **and**
- Requirements for recording attendance and absences are met, **and**
- Child care fees are charged.

Additional Absence Reasons

Once all the first 42 absence days have been used the subsidy will also be payable for absences taken for these reasons:

- Illness (with a medical certificate);
- Non-immunisation (with written evidence);
- Rostered days off/rotating shift work (with written evidence);
- Temporary closure of a school or pupil-free days;
- Periods of local emergency;
- Shared care arrangements due to a court order, parenting plan or parenting order (with copy of documentation);
- Attendance at preschool;
- Exceptional circumstances.

Absence days taken for the above reasons, after the first 42 absence days have been used, are called 'additional absence days'. There is no limit on the number of these days for which the subsidy may be paid, as long as:

- They are taken for the reasons specified above; and
- Supporting documentation (where required) is provided; and
- They are days on which care would otherwise have been provided.

Illness

Child Care Subsidy is payable for additional absence days where a child, parent, sibling or another individual with whom the child lives is ill. A medical certificate is required to support the payment of Child Care Subsidy in these cases. However, a parent on workers' compensation, or a parent or child with a medical certificate specifying that he/she has a long-term illness, does not need a separate medical certificate for each absence day.

Once the initial 42 absence days are used, Child Care Subsidy can only be paid for absences due to illness where supporting documentation is provided.

You must ensure you keep copies of this documentation.

Rotating Shifts or Rostered Days Off

Child Care Subsidy is payable for additional absence days where a parent is not at work because he/she is working a rotating shift or is obliged to take a rostered day off from full or part-time employment, provided that:

- Care is available for the child, if required; **and**
- The service holds a written statement from the claimant's employer confirming that the claimant works rotating shifts or has rostered days off.

For Child Care Subsidy purposes, a rotating shift requires a worker to work, in rotation, either different periods of the day over a specified period of time, or different days of the week over a period of time. Rotating shifts follow regular patterns.

***For Example:** A worker could be required to work a morning shift at regular hours of one week. At the end of that period they could transfer to the afternoon shift for a period, and then the evening shift. The rotation of shifts follows a regular pattern.*

Another type of rotating shift is a shift system that rotates to cover the seven days of the week, rather than a specified number of days each week. So, during one week, a worker may work Monday to Friday, while the next week the worker may work Tuesday to Saturday, and so on. This may happen in combination with the first example of a rotating shift.

Where travel away from home is involved, for example fly in/fly out arrangements with remote mines, regular patterns including weeks rather than days can also be considered rotating shifts. Rotating shifts or rostered days off do not cover:

- School holidays for teachers as they are on annual leave; or
- Breaks from study (even for individuals receiving JETCCFA) as this provision specifically relates to work arrangements with written evidence from an employer; or
- Periods which include casual or 'on call' types of employment).

Absences When the School is Closed or Not Accepting Students

If a child is absent from education and care because the school the child or the child's sibling(s) attends is closed for the day (except school holidays), then the absence may be an additional

absence. This would not include a situation where children cannot attend their normal care session because they are at a school camp.

Period of Local Emergency

Child Care Subsidy is payable for child care fees paid when a child does not attend a service, or a service is closed, because of a period of local emergency. Subsidy is paid for that part of the period for which the child would normally be in care at the service. A local emergency is an event that:

- Affects a widespread area and has a severe impact on the lives of a significant number of the inhabitants of the area (for example, major damage to homes and businesses, or personal injury to local residents); or
- Disrupts the normal operation of a substantial number of child care services in the area (for example, state health authorities order closure of all child care services because of a disease outbreak).

If you consider that your service, or a child who normally attends your service, has been affected by a local emergency, you should contact your Department of Education and Training state or territory office to find out whether a period of local emergency has been declared.

If a period of local emergency is declared that affects your service, you need to talk to their relevant Department of Education state or territory office about how and when to submit your Attendance Record Reports for that period.

Court Order, Parenting Plan or Parenting Order

Child Care Subsidy is payable for additional absence days where the child is absent due to a court order, parenting plan or parenting order that may, for example, require that the child has an access visit with the child's other parent. The service must retain a copy of the court order, parenting plan or parenting order to support the claim for subsidy.

The parenting plan can be an arrangement agreed between the parents, without any involvement by the courts or lawyers, but there must be an informal agreement that is signed by both parents, outlining the details of the agreed arrangements for care.

A parenting plan can take any form, but to be a parenting plan under the Family Law Act 1975 it must be in writing, signed and dated by both parents. It must be made free from any threat, duress or coercion. It is not sufficient to have a verbal agreement or a statutory declaration signed by just one parent, describing the arrangement.

Attendance at Preschool

Child Care Subsidy is payable for additional absences for attendance at a 'specialised' preschool (not a preschool session at another CCB approved service) where:

- Your service is available to attend to the child should you be contacted while the child is at preschool; **and**

- The child is absent from the whole session of child care; **and**
- The child is in your care at your service immediately before or after attending preschool (meaning from one day to the next e.g. the child is in child care the day before or the day after attending preschool); **and**
- Your service charges the family a fee for the time the child is at preschool; **and**
- The child would be in care at your service, if he/she were not attending preschool).

Attendance at a specialised preschool is intended to cover attendance at an educational program that:

- Is part-time (refers to part-time across the week rather than just part of a day e.g. three days one week and two days the next week); **and**
- Is not provided by another approved child care service; **and**
- Receives some funding from the Australian Government or from a state or territory government; **and**
- Is staffed by a professional teacher; **and**
- Is attended by children before their first year of primary school.

Exceptional Circumstances

Once a child's first 42 absence days have all been used, subsidy may be payable for additional absences due to exceptional circumstances. This is in recognition that some families need to use high proportion of their initial 42 absences for specific reasons, leaving the family with a reduced number of days that can be taken for a break from care.

Services can only approve additional absences due to exceptional circumstances where a child has used more than 30 days of their first 42 absence days for one or more of the following specific reasons:

- The child's illness or illnesses covered by a Medical Certificate;
- Rotating shifts or rostered days off;
- Court order, parenting plan or parenting order.

The family must provide supporting documentation to show that more than 30 days of the initial 42 absences were used for these specific reasons.

Your service can approve a maximum of 20 additional absence days due to exceptional circumstances, but the number of absence days approved in these cases should be the number of days required by the family, up to a maximum of 20 days.

A Child Who has not yet Received Care or Who has Ceased Receiving Care

Child Care Subsidy will not be paid for absences where fees are charged to reserve a place for a child who has not yet started education and care. Subsidy will not be paid for absences once a child has ceased education and care.

However, if a child is booked in to start at your service on a particular date, and does not start on that day the family may only receive subsidy for the days the child was expected to attend if the child's 42 days absences have been exhausted and the absence is an additional absence. Initial 42 days absences may not be claimed for these days.

Fees Charged after a Child Ceases to be in Care

Some services continue to charge fees for sessions on days after a child has left the service because the family did not give the agreed period of notice. This is a business decision for the individual service. However, it is not possible under family assistance law for subsidy to be paid for sessions in these circumstances. Services cannot report absences in these cases.

Educator Absences

If absences from care are due to an educator being unavailable, fees do not apply and absences are not recorded.

Informing Families about Absence Days

The service must keep families regularly informed about the number of absence days each of their children has taken from education and care at your service. The total number of absence days taken in the period must be included on each statement.

Families can also view their absence count on the View Child Care Attendance Online Service Facility available through the Family Assistance Office website at: www.familyassist.gov.au, or via their HubWorks login.

Relevant Legislation

Education and Care Services National Law Act 2010
Education and Care Services National Regulations 2011
CCMS Child Care Services Handbook

Key Resources

Australian Government Department of Education and Training: *Child Care Service Handbook*
<https://www.education.gov.au/child-care-service-handbook-0>

Related Policies

[Appendix F QIP and Compliance](#)



5.2 Attendance Records Policy

Policy number: 5.2

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework	
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National Quality Standards Early Childhood Education & Care	
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HCS	
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Purpose

The service is required to implement requirements outlined in the CCMS Child Care Service Handbook in relation to maintaining all required records of attendance accurately and clearly.

Policy

The Child Care Service Handbook states:

“All services must maintain records of attendance for each child for whom education and care is provided. Accurate records of attendance, such as sign-in sheets, are required to confirm that a child for whom child care payments are made actually attended the service or home where the care was provided, for the hours or sessions of care stated, or was absent from care that would have otherwise been provided on that day.”

The custodial parent (including guardian or authorised person) must record and sign/initial the times of arrival and departure times of their children attending care. The educator must ensure these entries are signed or initialled by the custodial parent at the time of arrival and departure on each day of care. This ensures parents share responsibility for the record of the hours the service reports as child care usage creates transparency for parents and staff and can help keep compliance visits, which involve the inspection of records, as brief as possible.

Educators cannot complete or sign attendance records on behalf of parents, except in the case of outside school hours situations, where a child leaves or is escorted from the service in the morning to attend school or comes to the service in the afternoon after school. In these circumstances, the educator may sign the children into or out of the service or home. It is best practice (CCMS Child Care Handbook ‘signing arrangements pg. 42) that the parent/guardian counter-sign this record.

The attendance record book should be easily accessible to parents. Procedures should be in place to ensure confidentiality of any personal information.

The service and educator are responsible for maintaining all required records of attendance accurately and clearly. Failing to do so is a breach of family assistance legislation and it may lead to penalties for your service.

Submitting attendance records to the service

The attendance record should reach the office by midnight Sunday following the end of the week, and be checked, saved and submitted through HubWorks. Emailed copies of attendance records are seen to be originals. To submit attendance records they must be emailed to the service and must be clear and show each page in its entirety.

- Emailed attendance records must be sent to attendances@beaucare.org.au. This email should include outline of any changes to children's usual schedules or errors made during HubWorks submitting process.

Any attendance records not signed by parents will not be submitted. If the educator has the parent sign the attendance record and re-sends to the service, it can be submitted the following week.

Educators are required to retain the original paper copies of attendance records for three (3) years after the date the record was made, even if the service closes or is sold.

Educators are responsible for ensuring:

- Attendance records will be processed on the Monday (except on a public holiday) following the end of the week and attendance details forwarded to CCMS. This information is then used to process the record and calculate the Child Care Subsidy. This information is passed to DETE to allow Child Care Subsidy payments to be made to the service, generally on the Wednesday. Where there is a public holiday, deposits may be delayed. Subsidy payments are forwarded to educator's nominated financial institution, usually within 24 hours. A weekly Educator Statement of Child Care Subsidies payment will be forwarded to the educator. Educators are requested to check the number of hours recorded and absences for accuracy and advise the service if any adjustments are required.
- If parents have any queries regarding the amount of subsidies paid, the educator is advised to check their statement to ensure the correct number of hours has been recorded. If this is not correct, the educator is advised to contact the service to make an adjustment. If the correct attendance has been reported to CCMS and the parent queries the amount of Child Care Subsidies, the parent should be encouraged to contact the Family Assistance Office.

Attendance records are a legal document. It is a CCMS requirement for Beaucare to have accurate, complete records. Due to this, in the event that an educator finishes with the service they are required to resolve any unsigned attendance records to allow final payment and cancellation of their registration to occur.

Process for Completing Attendance Records

- Educator – Name to be included.
- Week Ending – The date is the Sunday of each week.
- Tick the Type of Service – (If in home child care).

- Child's Surname, Given Name – to be inserted by educator (in home care – parent's surname only needs to be inserted if different to child's surname).
- In/Out – Time and Initials – The parent fills this section in for Family Day Care with the exact time the child is delivered and collected from care.

If an educator collects the child from school, the start time would be completed and initialled by the educator on behalf of the parent. Where a child is in care before school or after school, the boxes may be divided diagonally to allow both sets of times to be entered. Attendance records should show the booked hours typed in then have the parent writing exact times and signature. HubWorks sign in sheets allow for customisation for 2 in/out sessions to be printed for each child.

- Absences – If a child is absent from care, the educator notes an 'A' in the time column when the absence is reported to them. Parents are required to initial against each day of the absence.
- Standard Hours – Indicates the total hours to be charged between 7am and 5pm Monday to Friday rounded to the closest 15 minutes calculated each day. It is the educator's choice to claim by hours or 15 minute blocks.
- Non-standard Hours – Indicates the total hours to be charged before 7am or after 5pm Monday to Friday or any time on Saturday or Sunday rounded to the closest 15 minutes each day. It is the educator's choice to claim by hours or 15 minute blocks.

Daily rate must be charged at the same hourly rate across all hours.

Educators that have minimum booked hours must charge at the standard hourly rate unless the parent requires **actual** non-standard hours.

Relevant Legislation

Education and Care Services National Law Act 2010
Education and Care Services National Regulations 2011
CCMS Child Care Services Handbook

Key Resource

Australian Government Department of Education and Training: *Child Care Service Handbook*
<https://www.education.gov.au/child-care-service-handbook>

Related Policies

[Appendix F QIP and Compliance](#)

5.3 Bookings Policy

Policy number: 5.3

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework	
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National Quality Standards Early Childhood Education & Care	
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HCS	
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Purpose

The service uses a system of booking for care each week to ensure that the number of children in care is not exceeded and that families have the security of knowing their booking is assured.

Policy

Bookings are an agreement between the educator, service and the family, and should always be recorded on a Child’s Schedule/Booked Hours Form. Bookings should be made in 15 minute blocks on a daily basis. Educators are responsible for completing a Child’s Schedule/Booked Hours Form and Parent Care Arrangement with parents prior to care commencing, and scanning a copy of both forms to the service. Educators are able to amend this booking by completing a new Child’s Schedule/Booked Hours Form with the parents.

New legislation as of 10th October 2016 states that a session of care may start on one day and end on the next day, however a booking must not exceed 12 hours of care for a session. Any bookings over 12 hours must reflect actual care used.

For before and after school care bookings, the minimum booking charged by an educator cannot exceed 2 hours for before school and 3.5 hours for after school. If a family requires a longer booking than this, it must accurately reflect the hours used.

In addition, service policy requires that all bookings are a reasonable reflection of care required by the family.

An educator cannot claim for a booking that is solely for the purpose of transporting a child (for example collecting a child from school and driving them directly to the child’s home) however the educator may claim for travel if it is an incidental part of the care being provided (for example collecting a child from school and driving them to the educator’s home where care continues to be provided).

Beaucare policy requires the daily rate must be charged at the same hourly rate across all hours. Educators that have minimum booked hours must charge at the standard hourly rate unless the parent requires actual non-standard hours.

Parents who have a casual booking are required to provide 24 hours notice of cancellation of a casual booking or care will be recorded as an absence and fees will be charged.

Change of booked hours

Parents wishing to change their booked days or hours need to negotiate their availability with the Family Day Care educator, and give 7 days notice.

Preschool/Kindergarten Bookings

Preschool Indicator

Inhouse / Offsite

Indicates whether the child attended a preschool program either inhouse or at another location during this session of care.

Hours

Indicates how many hours were spent in a preschool program during this session of care.

Defining a preschool session

Preschool is a structured educational programme provided by a qualified teacher in a variety of settings. Preschool is usually, but not always one year prior to the first year of primary school, and is generally sessional in nature. The first year of primary school is known as pre-Year 1 and precedes Year 1.

The terminology and entry ages for preschool vary between the states and territories. The terms most commonly used to describe preschool are:

- Kindergarten in Tasmania, Western Australia and Queensland;
- Kindergarten or Preschool in Victoria and South Australia;
- Preschool in New South Wales, Australian Capital Territory and Northern Territory

For Example: *If a child attends your centre from 7 am to 9 am and attends a government preschool nearby from 9 am to 3 pm and returns to your centre from 3 pm to 5 pm you should report the session of care as 10 hours as per usual practice. However, you also need to flag a preschool session as off site and 6 hours for preschool attendance.*

If a child attends an educator's home only before preschool/kindy or only after preschool/kindy, and the educator is not available for the child while they are at preschool/kindy, the booking for that child would only be for the hours that care takes place. Additional care may or may not be able to be offered to the child on pupil free days and school holidays.

Backfill for Educator's Own Child

If an educator's child attends a Child Care Centre, Kindergarten or Family Day Care, a backfill booking may be negotiated with a family for the times the educators own child is attending a Child Care Centre, Kindergarten or Family Day Care or licensed childcare. The booking may only be made subject to written agreement (Backfill for Educators Own Child form) by the family of their understanding that the place is only available for their child if the educators own child is absent from the home in another form of care. The booked place may not be available on school holidays, pupil free days or if the educators own child is unwell and not attending a Child Care Centre, Kindergarten or Family Day Care. Any backfill arrangements must be discussed and approved with the service prior to occurring.

School Holiday / Vacation Care

Bookings for school holidays/vacation care need to be recorded on a Child's Schedule/Booked Hours Form. Educators should confirm with parents ahead of time for school holiday booking. If no vacation care is required, the educator is NOT able to claim the usual booking for before and after school care through the holiday period. Families wanting extra hours for children on school holidays need to have a Child's Schedule/Booked Hours Form in place and may be charged for this booking unless 7 days notice is given.

24 Hour Care

A service can provide 24 hours continuous care provided it is primarily for work related care or for short term emergencies, under exceptional circumstances. Services must approve all 24 hour periods of care prior to the care occurring. Services must also keep supporting evidence for the care period and complete a 24-hour care certificate. Services cannot allow a family to claim more than 14 periods of 24-hour care in a financial year irrespective of the services they use.

The Child Care Service Handbook states "In cases when 24-hours of continuous care is required, services that have the capacity may want to offer short-term, 24-hour care. Access to 24-hour care is controlled because of concern over the care of the child and the high cost to the community.

A child is considered to be in 24-hour care if he or she does not return to the care and supervision of their parent or guardian for any time during a 24-hour period and is cared for by an approved child care service other than an OCC service. This includes children attending school or other approved child care when the school hours plus the care provided before and after school comprise a period of 24 hours or more if the educator is the school's contact. A 24-hour period may commence at any time during the day or night.

Sometimes families may require short-term 24-hour care. Reasons are:

- Work-related demands on parents (such as live-in conferences or training courses);
- Short-term family crisis resulting in circumstances that meet the same criteria as those for 'exceptional circumstances'

Services are approved to provide up to fourteen 24-hour periods per child per year if needed. The year commences on 1 July. Services should check with the Department of Education and Training before offering 24-hour care to ensure that the periods being claimed for do not exceed the 14-period limit.

The 14 periods may be used as needed, either consecutively or intermittently, throughout the year.

If a family or child needs more than fourteen 24-hour periods in a year, services must seek approval from the DHS before care is provided using the following criteria:

- 24-hour care is required because of work-related needs; however, the child must return to the care and supervision of their parent or guardian for the major part of the week;
- the 24-hour care requirement is not work-related but is because of an exceptional circumstance;
- no child should be placed in 24-hour care for longer than 28 days per year unless there are exceptional circumstances.

Procedures

Parents who require 24-hour care should contact the service prior to the care taking place to seek approval under the guidelines as Child Care Subsidy will only be paid for authorised 24-hour care. Documentation to support the need for the care is required. Educators who are approached by a family to provide 24-hour care should direct the family to the service.

Special Child Care Subsidy (SCCS) and 24-hour care

SCCS can be paid for a period of 24-hour care if either work related reasons or exceptional circumstances that warrant 24-hour care apply and eligibility for SCCS also applies. SCCS cannot be paid for a period of 24-hour care for reasons of a child being at risk of abuse or neglect only. A child who is approved for SCCS for an 'at risk of abuse and neglect' reason is not considered to meet the criteria for exceptional circumstances.

Provision of Care for Children of Educator & Near Relatives

As of 10th October 2016, new legislation regarding the provision of care to educator's own children commenced. A child is included in the class of children specified in this section in respect of a session of care provided to the child if:

- The session of care is provided by an FDC carer; and
- The child is one, or more, of the following:
 - An FTB child;
 - A regular care child;
 - A foster care child;
 - A biological or adopted child;
 - A brother, sister, half-brother, half-sister, step-brother or step-sister;

- A child for whom there is a legal responsibility towards as referred to in paragraphs 22(5)(a) and (b) of the A New Tax System (Family Assistance) Act 1999, on the part of the FDC carer or the partner of the FDC carer.

Educators are not able to claim for care provided to a relative if the care is being provided in the child's home; or an individual for whom the child is an FTB child or a regular care child (including a parent of the child) remains present at the location where the care is being provided, while the care is taking place.

The Child Care Services Handbook states:

'Child Care Benefit (CCB) and the Child Care Rebate (CCR) cannot be paid where care is provided to a child who is a child of the educator providing the care, or the child of the educator's partner. Children can be accepted for placement with a near relative if the educator is prepared to continue providing care to new, and existing children in care, who are not relatives and, if there is a waiting list, the relative's child is the next one due to be placed.

When educators provide care for relatives and claim for Child Care Subsidies, same fee for same service applies for all children in care. All policies and documentation requirements are expected to occur.

FDC services must ensure that the provision of child care is in line with the Priority of Access Guidelines available at deewr.gov.au.

Where these conditions are not met, any care provided to a child or a near relative will be regarded as a private arrangement between the educator and the parents and no Child Care Subsidy will apply.

Child Swapping Legislation

Child swapping is a practice where a Family Day Care educator, or their partner, receives child care fee assistance for a session of Family Day Care provided to their child on the same day that they themselves provide Family Day Care. Family Day Care educators and their partners are not entitled to receive child care fee assistance for their own child's session of Family Day Care if, on that same day, the Family Day Care educator provides Family Day Care for an approved Family Day Care service, unless specified circumstances apply.

Family Day Care services will be required to ask eligible individuals if they, or their partner, are a Family Day Care educator. The approved Family Day Care service must also request to be informed if the eligible individual or their partner later becomes a Family Day Care educator.

For full information and legislation please refer to [Appendix B](#).

Double Bookings

If a parent books 2 child care services for the same period, Child Care Subsidy can only be paid to the educator or service that actually provided the care. Full fees would be payable by the parent to the other educator or service. It is the parent's responsibility to ensure double bookings do not occur.

Children Over the Age of 14

Family Day Care Legislation Changes from 13 March 2017 to Family Assistance Law (FAL) affecting approved Family Day Care (FDC) services. These changes mean that child care subsidies are not available to assist with child care costs for children aged 14 or older or who are attending secondary school, unless a specified circumstance applies.

The Government has determined that no-one is eligible for child care fee assistance for FDC (this will apply to IHC as part of Beaucare policy) provided to individuals who have turned 18 years of age.

The specified circumstances only apply when a child who is 14 years of age or older, or who attends secondary school (but has not yet turned 18), needs to be cared for by an approved FDC service because:

- They cannot reasonably be left alone in the circumstances; **and**
- No individual over the age of 18 can provide suitable care in the circumstances.

The specified circumstances are where:

- The child has been diagnosed as having a disability ('eligible disability child'), or is undergoing an assessment of a disability ('eligible ISP child'); or
- The child lives in a remote or very remote area within Australia; or
- The individual/s for whom the child is the Family Tax Benefit (FTB) child or the regular care child, and who would otherwise care for the child on the day, is required to work (other than for an approved FDC service). The child must not yet have turned 16 years of age and those individuals must work for a minimum of five (5) hours on the care day.

The specified circumstances do not apply unless the approved service has received documentary evidence of the specified circumstances, and the evidence has been provided within particular timeframes. This includes documentary evidence of the reasons that the child could not reasonably have been left alone in the circumstances and why there was no adult who could have provided suitable care for them. Other additional documentary evidence of the specified circumstance must also be provided

Relevant Legislation

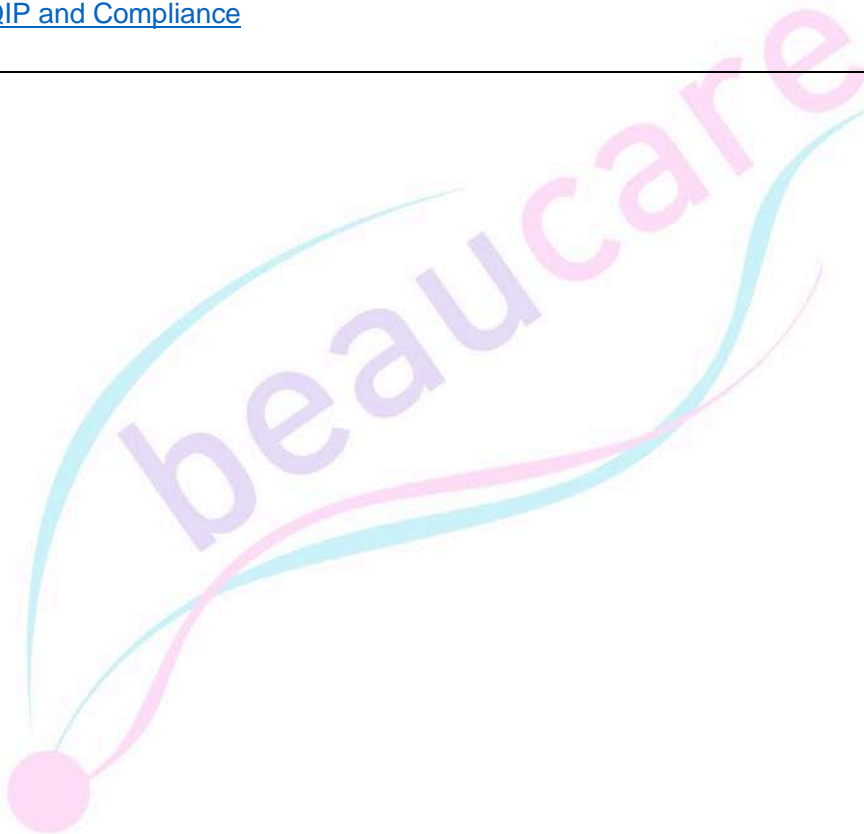
Education and Care Services National Law Act 2010
Education and Care Services National Regulations 2011
CCMS Child Care Service Handbook

Key Resources

Australian Government Department of Education and Training: *Child Care Service Handbook*
<https://www.education.gov.au/child-care-service-handbook-0>

Related Policies

[Appendix A Legislation](#)
[Appendix F QIP and Compliance](#)



5.4 Cancellation of Care Policy

Policy number: 5.4

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework	
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National Quality Standards Early Childhood Education & Care	
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HCS	
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Purpose

Parent Care Arrangements outline the notice periods to be given by educators or families when cancelling care. This can be 1 or 2 weeks notice of care ceasing. However if care does not occur, Child Care Subsidy (CCS) is not payable unless the absence from care is due to an additional absence reason.

Policy

Two (2) weeks notice to the other party is required if a parent of educator wishes to terminate the booking based on the Parent Care Arrangement form, unless otherwise agreed by the educator or service.

Where there are exceptional circumstances, the period of notice may be waived at the discretion of the educator or the service.

For In Home Care, cancellation of care can be immediate without a notice period where there has been a change in circumstances, a relationship breakdown between the family, educator or service, or a serious incident.

Some services continue to charge fees for sessions on days after a child has left the service because the family did not give the agreed period of notice. This is a business decision for the individual service. However, it is not possible under family assistance law for CCS to be paid for sessions in these circumstances. Services cannot report absences in these cases.

A day after a child has left a service, regardless of the individual service's procedures for families giving notice, cannot be a day on which care would have been provided. The Act therefore does not permit CCS to be paid for these days and services can neither record nor report these days as absences.

If the family has advised that their child will leave the service on a particular day, but that child does not attend their last session(s) of care, the family may only receive CCS for the days the child was expected to attend if the child's 42 days absences have been exhausted and the absence is an additional absence. Initial 42 days absences may not be claimed for these days.

These rules also apply to payment of CCR and JETCCFA.

Child Care Subsidy can only be claimed if a child attends care for the last day of the period of notice or is absent for an Additional Absence Reason after exceeding the initial 42 allowable absences (see Policy 5.1 Absences). If an educator is unavailable to provide care for the period of notice, fees do not apply.

If a child does not attend care during the notice period without any additional absences in place after exceeding the initial 42 allowable absences, the educator is able to charge the family full fees or use the initial bond/advance payment from the family for this period.

Educator's Parent Care Arrangements vary due to the educator being self-employed. For this reason, it is the educator's responsibility to follow up with any notice periods and outstanding fees associated with this period.

Coordinators will contact families after care has ceased to obtain feedback for quality improvement. Information and feedback relating to educators will be shared for quality improvement purposes.

Families who have a casual booking with an educator are required to provide 24 hours notice of cancellation of a casual booking or care will be recorded as an absence and fees will be charged.

Associated Beaucare Policies and Documents

[Appendix A Legislation](#)

[Appendix D Privacy and Communication](#)

[Appendix F QIP and Compliance](#)

Relevant Legislation

5.5 Child Care Subsidy Policy

Policy number: 5.5

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	
HCS	

Purpose

As part of the Funding agreement with the Commonwealth Government, the service will administer the payment of subsidies in strict accordance with Commonwealth requirements.

Background

Service policies follow the guidelines in the Child Care Management System (CCMS) Handbook (refer <https://www.education.gov.au/child-care-service-handbook>).

Policy

In order to receive any subsidies from the government, the family must record both the child and parent Customer Reference Number on the enrolment form, and contact Centrelink in order to access any benefits or rebates.

Subsidies paid by the Commonwealth Government are to assist with the cost of Child Care. The Family Assistance Office assesses the eligibility of families for assistance and administers the funding to services for families claiming a fee reduction.

For separated parents, the service may request information from both parents stating which parent is responsible for payment of fees, and therefore linked to the subsidies. The child must be enrolled under the parent responsible for fees as the primary parent.

Child Care Subsidies (CCS)

To eligible for Child Care Subsidies the claimant (for example, parent, relationship parent or guardian) must:

- Meet (or their partner meets) Australian residency requirements; **and**
- Have a Family Tax Benefit (FTB) child (including a relationship child) or regular care child (or a child deemed to be a regular care child) attending an Australian Government approved child care service; **and**
- Be liable (or their partner must be liable) to pay for this child care; **and**

- Have the child care provided in Australia, **and**
- Ensure the child complies with immunisation requirements.

Foster families who meet the eligibility criteria are also able to claim Government Subsidies.

Child Care subsidies are paid at different rates for children attending school (including prep) and children who do not yet attend school.

Any Child Care subsidies that requires backdating will only be resubmitted until the 30th June. After this time, the parent will need to contact Centrelink directly to negotiate the backdated payments with their Tax.

Child Care subsidies will not be paid when the educator is not available to provide care except for public holidays (Refer Policy 5.1 Absences from Care). If an educator is unavailable for care due to sickness in themselves or a member of their household or due to the educator having holidays, parents would not pay any fee and there would not be any absences recorded. However, if an educator is available to provide care and a parent indicates that they will not require care, then fees will apply (Refer 5.1 Absences from Care).

Parents eligibility for hours and subsidies is determined by a 3-step activity test, more closely aligning the hours of subsidised care with the combined hours of work, training, study or other recognised activity undertaken and providing for up to 100 hours of subsidy per fortnight.

The hours of care eligible for Child Care Subsidy include all forms of child care. Parents are able to advise the number of hours of Child Care Subsidy they wish to claim for each form of Child Care used.

Because Child Care subsidy rates vary according to the number of children in a family using childcare, the service needs to be advised of any changes to the total number of children in the family using child care.

Fee reductions provided to families are subject to a reconciliation process conducted by the FAO at the end of the financial year. The purpose of reconciliation is to ensure families receive the correct amount of subsidy. Reconciliation involves using income details from the year and comparing the amount of entitlement to determine if a family has been underpaid or over paid and issuing a credit or recovery notice to families as necessary.

What is the total fee?

The 'total fee' may be different from the 'fee for all charged hours' as reported on the online weekly Attendance Record Report.

The total fee is the amount the family is liable to pay and for which your service has invoiced the family for providing standard services. The total fee includes any CCB amounts and may also include meals, nappy services, etc. if these are provided as part of your standard service.

The total fee includes all hours charged but does not include one-off charges such as enrolment and registration fees.

One-off charges should not be included in the total fee. For example, if your service charges a family an additional \$50 as a one-off registration fee at enrolment, this amount cannot be included in the 'total fee' reported on the Attendance Record Report.

Where a discount is applied to the total fee, the total fee reported should be the discounted fee. For example, if your service offers families a discount for paying fees in advance, the 'total fee' amount reported on the online weekly Attendance Record Report should reflect this.

Where your service includes an additional charge on top of the standard fee for service, the 'total fee' reported should be the fee for standard service only, not including the surcharge. For example, if your service applies a surcharge for credit card payments, the 'total fee' amount reported on the online weekly Attendance Record Report would not include the surcharge.

Similarly, separate fees itemised on a family's receipt or invoice, for example penalty fees for late pick-up or fees for optional excursions, should not be included in the total fee reported on the online weekly Attendance Record Report. The total fee may include the cost of excursions or entertainment where they are not optional and form part of the standard care service provided in that week.

Queries on Child Care Subsidy

If a family is concerned about the amount of a fee reduction calculated, they can confirm with the educator that the details provided on the attendance report were correct. If so, the family should be advised to contact the FAO regarding their CCS eligibility details. Parents are entitled to contact the FAO and seek a review of a decision made by the FAO.

Grandparent Child Care Benefit (GCCB)

Grandparent Child Care Benefit is available to grandparents who:

- Meet the existing CCS eligibility requirements; **and**
- Are receiving an income support payment from DET or the Department of Veterans' Affairs; **and**
- Are the sole or major provider of the ongoing daily care for the grandchild/ren and have the responsibility for the day-to-day decisions about the grandchild/ren's care, welfare and development.

Grandparents claiming GCCB need to apply directly to the DET. Grandparents must notify the DET before the grandchild/ren leave their care or of any other change in their circumstances. The payment of GCCB will cease from the date grandparents no longer meet the GCCB eligibility requirements.

Great-grandparents and current and former partners of grandparents are also eligible. To get Grandparent Child Care Benefit, you must first claim and be eligible for Child Care Subsidy.

Grandparent advisers are in selected service centres to support grandparents with full-time caring responsibility for their grandchild/ren.

Special Child Care Subsidy (SCCS)

Child Care Subsidy is designed to assist eligible families with the cost of child care. The Special Child Care Subsidy (SCCS) rate covers up to the full cost of care and is available to assist:

- Children at risk of serious abuse or neglect; or
- Families experiencing – exceptional cases where a family's income does not truly reflect their capacity to pay the normally charged fee.

SCCS Approval

You should only approve SCCS:

- When the cost of the child care is a barrier to the child's participation in approved child care;
- When the child's situation has been assessed against the SCCS eligibility criteria detailed in sections 14.2 and 14.6;
- When you have the appropriate documentation to support your approval and for use if you have to apply to the DHS for further periods; and
- For the number of weeks required to improve the child's situation and only up to 13 weeks.

To receive the SCCS rate the individual who is conditionally eligible for CCS must have been assessed as eligible to receive CCS as a fee reduction (this includes eligibility for a zero percentage fee reduction) and not as a lump sum.

You should not approve SCCB:

- To cover periods when a family is not eligible for CCS because they have failed to lodge an application form;
- When a family has used all of their initial 42 absence days and CCS is not payable for additional absence reasons;
- To cover periods when a family has ceased care without giving the agreed period of notice;
- To cover bad debts resulting from non-payment of child care fees by families;
- To give additional assistance to a parent whose ongoing income is very low; or
- To compensate for unsupervised care by a parent or carer.

Where a family is in hardship

For families experiencing hardship, the SCCS rate is designed to assist the family while they adapt to their circumstances by helping them maintain access to child care. Applying the SCCS rate for families experiencing an event that causes financial hardship may also help prevent their situation from deteriorating further. Where a hardship event also creates a need for increased hours of child care, the family may also be eligible for an increase in their weekly limit of CCS hours due to exceptional circumstances. These additional hours of care can also be covered by the SCCS rate.

Special Child Care Subsidy is **not** applicable:

- To cover the period when a family is not eligible for CCS because they have failed to lodge an application form; or
- Where a family has used all of their 42 allowable absence days and CCS is not payable for any further allowable absences; or
- To cover bad debts resulting from non-payment of fees by families; or
- To give additional assistance to a person whose ongoing income is very low.

Special Child Care Subsidy is for exceptional circumstances only, and is not to be used on a continuing basis to support a family's over-commitment. It is not intended to support families with ongoing financial problems.

Hardship Procedures

Families with hardship are encouraged to contact the coordinators directly to discuss if their situation meets the criteria for Special Child Care Subsidy. Supporting documentation is required such as independent information from employer regarding loss of job or from an independent professional such as a medical practitioner or social worker or a statutory declaration from the parent outlining the special circumstances. Services can approve Special Child Care Subsidy for a maximum period subject to certain limits and would otherwise refer to the Family Assistance Office for approval.

Jobs, Education and Training Child Care Fee Assistance (JETCCFA)

Jobs, Education and Training Child Care Fee Assistance (JETCCFA) is available to parents receiving the following income support payments:

- Parenting Payment;
- Newstart Allowance;
- Youth Allowance (for job seekers, not full-time students);
- Widow B Pension;
- Widow Allowance;
- Partner Allowance;

- Carer Payment;
- Special Benefit (who would otherwise be eligible for Parenting Payment or Newstart Allowance but who do not meet residency requirements);
- Community Development Employment Projects Participant Supplement (only when the parent had immediate previous entitlement to a JETCCFA eligible income support payment but it is no longer payable due to the supplement income;
- Means-tested ABSTUDY payments.

JETCCFA provides extra help with the cost of approved child care for eligible parents undertaking activities such as job search, work, study or rehabilitation as part of an Employment Pathway Plan, to help parents enter or re-enter the workforce.

JETCCFA can help meet the cost of care in approved services by paying most of the 'gap fee'—that is, the difference between the full fee and CCS, for sessions of care used by parents to participate in JETCCFA-approved activities. All parents receiving JETCCFA will be liable to pay a small contribution to the cost of the care they attend.

Relevant Legislation

Education and Care Services National Law Act 2010
Education and Care Services National Regulations 2011
CCMS Child Care Service Handbook

Key Resources

Australian Government Department of Education and Training: *Child Care Service Handbook*
<https://www.education.gov.au/child-care-service-handbook-0>

Related Policies

[Appendix F QIP and Compliance](#)

5.6 Collection of Parent Payments Policy

Policy number: 5.6

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework	
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National Quality Standards Early Childhood Education & Care	
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HCS	
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Purpose

It is the educator’s role to ensure parents fulfil their obligations in paying for services provided.

Policy

The collection of payment from families is a responsibility of the educators and should be discussed with parents at initial interview so that a payment time is clearly understood and agreed to by both parents and educator. It is a service recommendation that parents make weekly payment to correspond with the weekly Child Care Subsidy payments. If parent payments are not received for 2 or more weeks, the educator should contact the service immediately to rectify the situation.

Overdue payments

If payment is not made as negotiated, educators may charge a late payment penalty in accordance with the service fee schedule.

For situations where payment remains overdue, educators should contact the coordinators to record the debt and discuss the procedure to be followed. Either the educator or coordinator should contact the parents to negotiate a payment schedule.

The payment schedule should be confirmed in writing to ensure that parents are fully aware of their obligations. A copy of the payment schedule should be retained by the educator who will continue to assume responsibility for accepting payment.

If the schedule is not adhered to, the educator may decide that care cannot continue to be offered while the debt remains outstanding. The service will be advised of this and will not offer alternative care while the debt remains outstanding. The family file will be noted in case of future reapplication to the service.

Fees are payable irrelevant of subsidy changes if family have a change with their subsidy and they decide that they need to change their booking this needs to be immediately discussed with the service.

Information regarding the debt will be kept confidential by the educator and service, but may be shared with a debt collection agency arranged by the educator.



It is essential that the educator keeps accurate accounting records at all times to ensure that there are no discrepancies. The service will only assist in debt collection communication/procedures with the parent if the educator accounts are current and accurate. The service will only assist with communications if the debt relates to actual care. Beaucare will not pursue debts for notice periods, late fees or absences that were after the last day of actual care as these situations must be communicated clearly by the educator to the parent, and are part of the Parent Care Arrangement.

Debt collection service information is available from the service but is the responsibility of the educator for contacting and costs.

Associated Beaucare Policies and Documents

[Appendix A Legislation](#)

[Appendix D Privacy and Communication](#)

[Appendix F QIP and Compliance](#)

Relevant Legislation



5.7 Inclusion Support Subsidy Policy

Policy number: 5.7

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework	
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National Quality Standards Early Childhood Education & Care	
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HCS	
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Purpose

The service supports and encourages the provision of care to children with special needs and liaises with the Inclusion Support Program to facilitate Inclusion Support Subsidy incentive payments to educators.

Background

Inclusion Support Subsidy is part of the Inclusion Support program which aims to provide assistance and support to help child care services include all children, including those with additional needs, into the child care environment. CARESU is the regional support agency whose staff provide advice and facilitate support including onsite “inclusion readiness planning”, access to specialist equipment, specialist cultural support and funding to employ additional workers.

Policy

The Inclusion Support Subsidy (ISS) is available to eligible child care services to assist with the inclusion of children with ongoing high support needs, where this is identified as being required when developing the SSP, including:

- Children with diagnosed disability;
- Children who are undergoing continuing assessment of disability;
- Children from a refugee or humanitarian intervention background.

The combination of disability and cultural/language differences can be considered in determining the ongoing high support needs for children from culturally and linguistically diverse backgrounds and indigenous children.

Inclusion Support Subsidy funding may be approved for any of the following purposes in home based services:

- As a Capacity Payment to Family Day Care (FDC) educators in recognition of the additional care and attention required by children with ongoing high support needs in their care and the impact of this on the educator;
- As an Additional Payment to In Home Care (IHC) educators in recognition of the additional care and attention required by children with ongoing high support needs in their care and the impact of this on the educator;
- To engage an additional educator to accompany a FDC educator or IHC educator and child or children with ongoing high support needs on out-of-home excursions or other special activities with typically developing peers (for example, FDC playgroups or Vacation Care excursions).

Eligibility for the ISS does not mean automatic entitlement to the subsidy. Consideration of the need, type and level of ISS will be undertaken on a service-by-service or educator-by-educator basis by completion of a Service Support Plan. Plans are updated annually.

Relevant Legislation

Education and Care Services National Law Act 2010
Education and Care Services National Regulations 2011
CCMS Child Care Service Handbook
Qld Government: *Disability Discrimination Act 1992*
<http://www.comlaw.gov.au/Details/C2011C00747>

Key Resources

Australian Government Department of Education and Training: *Child Care Service Handbook*
<https://www.education.gov.au/child-care-service-handbook-0>

Related Policies

[Appendix F QIP and Compliance](#)

5.8 Fees Policy

Policy number: 5.8

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework	
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National Quality Standards Early Childhood Education & Care	
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HCS	
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Purpose

Clear communication regarding timing and amount of fee payments is an important aspect of the relationship between families and educators. It is the educator’s responsibility to advise families of any changes to their fees.

Policy

Educators are able to set their own fees and advise the service and parents of their fees.

Fee Setting Guidelines

Commonwealth Guidelines for fee setting state

“The service should not charge a fee for the care of a child that exceeds the fee charged for any other child where that child is receiving the same kind of care and whose circumstances are similar. If the service charges a fee for a session of care, care must be available for the whole session”.

i.e. same fee for same service.

The following guidelines in fee setting should be met:

- Same fee for same service – educators must charge the same fee to each family using their service. All families are required to pay the gap fee between the total fee charged by the educator, and any benefits paid by the Family Assistance Office.
- Under the Trade Practices Act, collusion in setting fees is illegal. Educators need to set their fees independently of other educators.
- The Approved Provider has a requirement to ensure that fees remain affordable to families.
- The Approved Provider is responsible for the overall setting of fees and fee structure. Beaucare Child Care sets a minimum and maximum fee schedule with educators setting their own hourly rates dependant on the service they provide. The service fee schedule

is available to parents on enrolment with individual educator fees provided at the same time.

- It is requirement for educators to provide 4 weeks notice of changes to fees to families in writing and provide an updated fee schedule signed to the service.

Parents are required to pay fees at the end of each week or fortnight dependent on the arrangement with their educator. Parents are required to pay the full fees for care less any Child Care Subsidies. The rate of Child Care Benefit is calculated by the Department of Human Services. It is not recommended for educators to estimate fees. The HubWorks system does have a CCB calculator section for when new families start that the educator could use to approximate fees based on their CCB percentage, however, the parent must be advised that this is an estimate only and will not be exact. Educators are not to charge fees based on the HubWorks invoicing system; this system is an accounting system for the educators use.

The recommended process is to charge the full week's fee in advance until the CCB has come through or charge the fees after the week has been submitted and the educator has received an educator statement from the service showing exact payments due by parents. Educators must charge fees according to the educator statement that they receive from the service each week through HubWorks.

Fees are charged according to the booked times. Care provided above the booking is also charged. Bookings may be varied by completing an amendment to Booking form and forwarding a copy to the service.

Families can determine their eligibility for, and use the child care estimator to work out their possible entitlement to, Child Care subsidies – refer

- www.mychild.gov.au or
- www.humanservices.gov.au/customer/services/Centrelink/child-care-benefit or
- www.humanservices.gov.au/customer/services/Centrelink/child-care-rebate

Note: *There will be changes to child care assistance from 2nd July 2018 – refer to the Department of Education and Training website www.education.gov.au/jobsforfamilies*

If an educator is unavailable for care, the family will not be charged for this day and no absence will be recorded. If the family still require care for this day, and alternate care can be arranged with another educator, the alternate educator will claim the attendance for the child.

Relevant Legislation

Education and Care Services National Law Act 2010
Education and Care Services National Regulations 2011
DFACS Child Care Service Handbook

Key Resources

NFDCCA Information Kit on Independent fee setting
Workshop papers on de-regulation 20th March 2005
Information from NFDCCA regarding Trade Practices requirements
Australian Government Department of Education and Training: *Child Care Service Handbook*
<https://www.education.gov.au/child-care-service-handbook-0>

Related Policies

[Appendix F QIP and Compliance](#)



5.9 Receipts Policy

Policy number: 5.9

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework	
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National Quality Standards Early Childhood Education & Care	
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HCS	
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Purpose

It is an important accountability measure that receipts are issued promptly and accurately for all payments for child care.

Policy

It is a Beaucare policy requirement for educators to provide receipts to families through the HubWorks system at the time of any payment including the following information:

- Beaucare Child Care ABN
- Educator Name
- Educator ABN
- Name of the person to whom the receipt is issued
- Name of the child or children in respect of whom payment was made
- Fees paid
- Period to which the payment relates
- Receipt number
- Date of issue of the receipt
- Receipts also record the absences used year to date

Receipts should always be for the actual amount paid in accordance with the fee being charged from the educator statement.

The service can access educator receipts through HubWorks as required.

Relevant Legislation

Education and Care Services National Law Act 2010

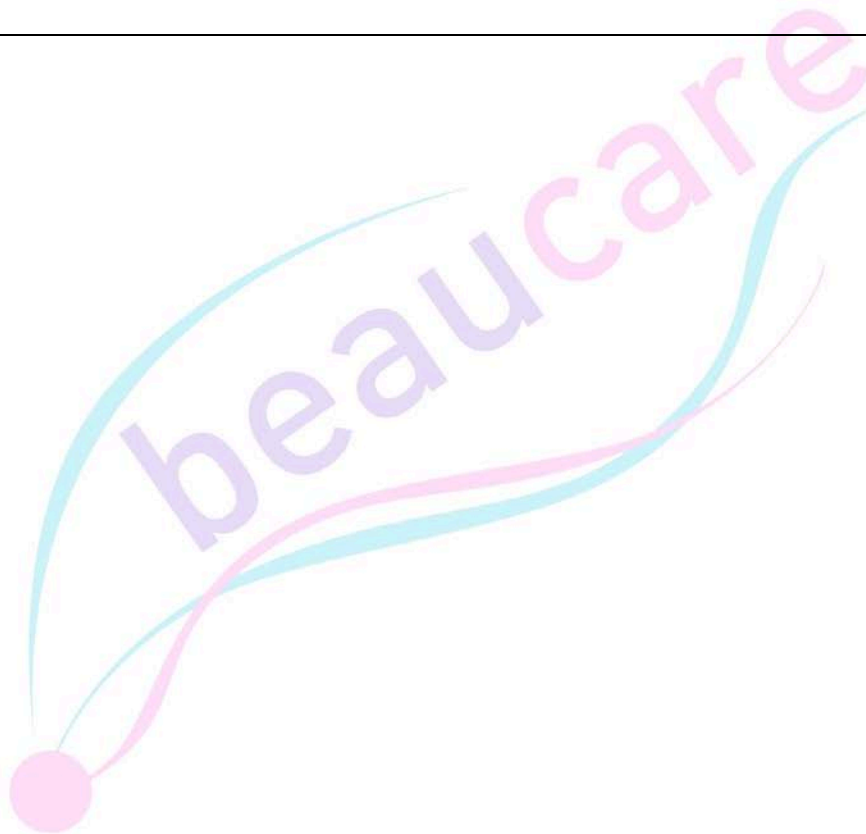
Education and Care Services National Regulations 2011

Australian Government Department of Education and Training: *Child Care Service Handbook*

<https://www.education.gov.au/child-care-service-handbook-0>

Related Policies

[Appendix F QIP and Compliance](#)



5.10 Immunisation Policy

Policy number: 5.10

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	
HCS	

Purpose

In line with changes to immunisation rules by the Department of Human Services, children are required to meet immunisation requirements to be eligible for government benefits.

Policy

Immunisation requirements apply to all children and young individuals under 20 years of age.

If families claim or intend to claim Child Care Subsidies, the child needs to be up to date with their immunisations when the claim is made. The family will need to provide the child's Medicare number when they claim. The Medicare card number will be used to check if your child meets the immunisation requirements on the Immunisation Register.

If the child isn't up to date with their immunisations for Child Care Benefit, it will also affect their eligibility for Child Care Rebate, Grandparent Child Care Benefit, Special Child Care Benefit and Jobs, Education and Training Child Care Fee Assistance.

If there's a medical reason why the child can't be fully immunised, a general practitioner can provide the Immunisation Register with a completed ACIR Immunisation Medical Exemption form (IM011). The Immunisation Register can only accept this form from a general practitioner.

Parents are responsible for ensuring the service has up-to-date information regarding their child's immunisation status. This information is initially collected at enrolment, and parents can update this by logging into their enrolment form, or advising the coordination unit.

Additional exclusion periods apply to non- or partially-immunised children in the event of a disease outbreak in accordance with the Staying Healthy guide.

Relevant Legislation

Education and Care Services National Law Act 2010

Education and Care Services National Regulations 2011

Australian Government Department of Education and Training: *Child Care Service Handbook*

<https://www.education.gov.au/child-care-service-handbook-0>

Key Resources

Australian Government Department of Human Services: *Immunising Your Child:*

<https://www.humanservices.gov.au/customer/subjects/immunising-your-children>

Staying Healthy (2012) Preventing infectious diseases in early childhood and care services Fifth edition

Related Policies

[Appendix F QIP and Compliance](#)



6. QUALITY OF CARE

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6.1 Coordinator Visits and Monitoring the Quality of Care Policy

Policy number: 6.1

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	
HCS	

Purpose

Coordinators visit educators regularly to ensure that the individual needs of children are being met and that the quality of care and safety standards are maintained. Coordinators resource and support educators through discussion on care issues and ways to meet children’s needs.

Policy

Coordinator visits to educators involve spending time in the home, observing and interacting with both children and adults. Educators are encouraged to continue with their normal routine. From their observations and contact with parents, children and educators, coordinators discuss and provide feedback and suggestions to the educator on ways to extend the learning opportunities, quality of care, daily practises and interactions with children. Visits are unannounced and occur at varying times and days of the week for new educators for the first year or as long as assessed to be necessary. However, if there is a particular issue to discuss with an educator, an appointment may be made. Educators that are consistently meeting all requirements after 1 year have their visits scheduled at an agreed frequency to meet the needs of the educator, and this can range between 1-6 weeks. Coordinators will have contact also by email, phone calls and skype/facetime.

The service aims for consistency of coordinators visiting educators and children, as this allows strong professional relationships to develop, and helps provide children with a consistent bond with a coordinator.

To ensure quality of care, Coordinators may:

- Aim to visit new educators on a weekly basis to assist them develop into their role through training and discussion. Acknowledgment will be made for educator’s previous experience and qualifications in child care;
- Visit all educators as often as is necessary at varying times unannounced to assess and monitor the care in line with the National Quality Standards and Early Years Learning Framework. Visit frequency varies with consideration given to educator’s individual support and development needs. Include as a priority school holiday visits to educators who are providing care to school aged children;

- Arrange visits out of core hours and weekend visits where necessary to ensure quality of care being provided at all times. These visits may be conducted in person, or through another medium such as skype or facetime depending on the needs of the educator and children;
- Assist educators by modelling positive quality practices on home visits reflected in the National Quality Standards to promote the best learning outcomes for children. Assist and be available to discuss issues where children, families or the educator may need further information or support;
- Visit new children commencing with the service, take observations and contact parents in their preferred method of contact to discuss the settling of the child and to obtain feedback from the family on their experience with the coordination unit and educators service. Contact can include email communication or telephone calls;
- Maintain ongoing contact with families to ensure quality of care is maintained and issues are addressed.

Records are kept verifying the Coordinator visit and noting key issues discussed and negotiated items to follow-up by either educator or Coordinator. A copy of the visit sheet is retained by both the educator and the service. Internal processes ensure that documented issues are followed up by the service.

Many aspects of an educator's role will be viewed and discussed on home visits including:

- Educator's observations and planning;
- Educator's selection of resources and ideas to extend and vary activities;
- Children's learning opportunities and development including strategies to promote positive behaviour;
- Provision of a safe and stimulating environment for children;
- Accountability provisions in relation to completion of attendance records and receipts;
- Regulatory requirements in relation to record keeping for medication administration, outings, excursions, educators coming together, play session forms and incidents;
- Professional development opportunities;
- Quality improvement plans;
- Feedback from families will also be shared with the educator.

Any identified breach in regulations or service policy will be discussed and documented. Outcomes will also be documented. Action plans will be implemented to outline the expectations of the service with time frames for outcome to be achieved.

Procedures recommended for addressing concerns about quality of care

- (1) The issues of concern are identified. Coordinators should note the section of regulations or policies being breached and/or the impact on the care of the children and/or families. If the Coordinator is unsure about the issue, they should advise the educator of this and consult with Manager and then advise the educator of the outcome. In some cases, the Coordinator may arrange for a further visit to better identify the issues.

Note: *If there is a concern, about the safety of children in the educator's home, Child Protection procedures should be followed – refer Policy 7.3*

- (2) The Coordinator has a discussion with the educator in which:

- The educator is given feedback in areas where their care meets or exceeds the minimum standards;
- The issues of concern are discussed;
- Feedback is sought from the educator if they have any issues of concern with the service; and
- A plan of action, including time frames, is negotiated with the educator. For potential hazards, this would be documented on a Hazard Form. For quality of care issues, this plan would be documented on a visit sheet and an Action Plan which is signed off by the Manager. The action plan may include further training requirements for the educator or increased monitoring of care.

Note: *In instances where the educator has put children at risk, immediate cancellation of the educator's registration with the service can occur. The Coordinator can remain at the home until children have been collected or until the safety issue has been resolved*

- (3) If the issues are not resolved, or if the issue is deemed to be of a more serious nature, the Coordinators or the Manager may hold a formal meeting or discussion with the educator to:

- Outline the issues of concern;
- Outline the assistance that would be provided by the service to address the issues;
- Negotiate a plan of action, including time frames, and negotiate a time for review of the plan of action;
- In serious situations, the service may suspend the educator's registration immediately.

The decisions made from the discussion should be documented and a copy provided to the educator. The educator should also be given clear written information about the potential outcomes of issues not being addressed. The Early Childhood Officer from the Office for Early Childhood Education and Care will be informed of any serious situations where children are seen to be at risk.

Consideration should also be given, in this and all subsequent steps, to address any communication barriers for the educator, including language, literacy, cultural or other barriers, and

- (4) If the issues are not resolved and provided the quality of care to the child is not adversely affected, further meetings/discussions may be scheduled with the educator to review the plan of action. This may also include increased visiting by the coordinator.
- (5) If the issues are still not resolved, the educator's registration with the service may be suspended or cancelled.

If this occurs, Beaucare may:

- inform the educator that they have the right to make oral and written submissions to have the decision reviewed within 14 days; and
- consider any oral or written submissions of the educator that may clarify any issues or change the decision to suspend their registration

As a result of submissions, Beaucare should respond giving reasons for either of the following:

- removal of the suspension; or
- continuation of the suspension for a specified period, to allow any outstanding issues to be addressed; or
- cancellation of the contract with the educator with reasons provided for the cancellation, and information of avenues available for the decision to be challenged (e.g. Anti-discrimination Commission)

Coordinator Safety

As coordinators are expected to conduct home visits to various homes, some of which are unknown, isolated or potentially high-risk, they are to follow safety guidelines to ensure their own protection:

- Coordinators are to 'sign on' with the office via telephone if they are not commencing their day at the office, and to 'sign off' at the end of the day.
- Prior to initial visits with new educators or families, coordinator should ensure that the address and contact number of the educator or family is documented at the office.
- In situations where there are concerns about potential hazard or risk, two coordinators should attend the visit. If this is not possible, a contact coordinator should be nominated to make a phone call to the visiting coordinator 15 minutes into the visit, enabling them to safely leave the home if necessary.
- If the coordinator is conducting out-of-hours visits or training, they should nominate a contact person that they will advise when they arrive at the venue, and again when they

return home. The contact person should have emergency contact details for the visiting coordinator in the event that they cannot be reached.

- If at any point during a visit the coordinator feels uncomfortable or unsafe they are to immediately excuse themselves from the home.

Relevant Legislation

Education and Care Services National Regulations 2011 Section 73,76

Education and Care Services National Law Act 2010 Section 168

National Quality Standards 2012

Key Resources

Belonging, Being, and Becoming The Early Years Learning Framework in Australia

Educators Belonging, Being, and Becoming Educator's Guide to the Early Years Learning Framework

Early Years Learning Framework in Action Educators Stories and models for practice

My Time, Our Place Framework for School Aged Care in Australia

Educators My Time, Our Place Educator's Guide to the Early Years Learning Framework

My Time, Our Place Promoting Collaborative Partnerships between School Aged Services and Schools

Assessing for Learning Development in the Early Years using Observation Scales Reflect

Respect Relate

Family Day Care Australia

www.fdca.com.au

National Quality Standards

Guide to the Education and Care Services National Law and Care Services National Regulations 2011

Related Policies

[Appendix F QIP and Quality of Care](#)

6.2 Role of Educator’s Family Members in Family Day Care Policy

Policy number: 6.2

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework	
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National Quality Standards Early Childhood Education & Care	
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HCS	
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Purpose

Educators family members are integral parts of the Family Day Care environment and can contribute positively to the family atmosphere in Family Day Care. The purpose of this policy is to ensure that the role of family members is acknowledged and supported with clear information on roles and responsibilities and that children’s wellbeing and safety is always the priority.

Definition

Educators’ family members refer to any household member who resides in the home whether irregularly or regularly and includes visiting family members.

Policy

Educator’s family members are in a unique position to positively influence children’s experiences, both through their support of the educator and their interactions with children and their family. Family members are encouraged to share their own skills and culture with the children to enrich children’s experiences in care.

Family members are encouraged to become familiar with service policies including behaviour guidance, health, hygiene, safety, code of conduct and child protection and actively work to ensure that their behaviour and interactions with children and with others while children are in care are appropriate and safe for children.

Service coordinators engage in a discussion with families of new educators regarding the impact of providing Family Day Care, and the roles and responsibilities of family members. It is important that family members have been consulted and have considered their contribution to the success of Family Day Care from their home. A Family Members Handbook with policies and procedures is provided to family members prior to the educator commencing their service.

It is appreciated and understood that educator’s children will progress through normal stages of development, some of which may involve anti-social behaviour. The service maintains a similar acceptance of behaviour of educator’s children as to other children in care and will assist educators in their strategies. Realistic expectations and sensitivity will be demonstrated in regard to the behaviour of educator’s children. When educator’s children exhibit extremely challenging behaviours while children are in care, it is recommended that the situation be frankly discussed

with coordinators to ensure safety of children is maintained. Coordinators will support the educator and family and may offer referrals where needed. Educator should ensure that they treat their own children and children in care in a fair and consistent way.

It is acknowledged that the times of some bookings have the potential to have a greater impact on household members. For this reason, it is recommended that educators carefully consider their environment and discuss impacts on family members before engaging in providing care outside of normal hours or overnight. While it is appreciated and acknowledged that the educator's place of business is also a family home, it is also a requirement that all policies and procedures are adhered to at all times that the service is operating.

Educator's duty of care requires them to be personally and solely responsible for the care of children at all times. Educator's family members are not authorised to supervise children without the presence of the educator. Under Child Protection Policy and strategies for educator protection, it is recommended that family members are not left unsupervised with children. This is important as part of the risk management for educators to protect children in care and also protect their own family members against allegations of harm.

In situations where an educator's family member is unable or unwilling to meet policies and procedures, this should be openly discussed with the service to identify if the care environment and children in care would be affected. The right of children to a safe environment and ways to ensure this would be the guiding principle for these discussions. Arrangements to ensure safety to children in care could involve the educator limiting working hours and not being available for overnight or evening care when the family member is home. It could also involve family members agreeing to make alterations to their normal practices for the period that children are in care. Open respectful communication between the service and the educator's family will form the basis for these negotiations with the care and safety of children being the overriding consideration.

If improper conduct by family members is reported or observed, the service will follow normal complaint handling and quality of care procedures. While family member's individual rights to confidentiality will be respected, if the complaint is against the service and environment offered by the educator, this information will be shared with the educator and reported to the Office for Early Childhood Education and Care.

Educators family members and persons over the age of 18 who live at the family day care residence/property are required to hold a positive suitability card at all times and prior to educators commencing a family day care service. Educators own children turning 17yrs and 6months must apply for a blue card with a statutory declaration for someone turning 18yrs old at 17.6 months. If an educator intends having a new person over 18 years of age take up residency at the family day care home, the educator must inform the coordination unit prior to the person taking up residency. The person must also obtain a blue card before taking up residency in the home and be assessed to be a fit and proper person to be in a home where family day care is occurring by the coordination unit. The educator is also required to inform the coordination unit if any circumstances change which may affect the propriety of a person living at or visiting in their residence.

Educators who have visiting students who are 18 years of age or over are required to advise the service in advance of this occurring.

Educators who provide foster care are required to advise the service of any new children planned to be included in the household and to discuss the possible impact on numbers of Family Day Care children able to be cared for in the home. Each situation is viewed according to individual circumstances based on the information provided to the service. Children placed under a foster arrangement who are under school age would be required to be included in educator's number of children according to the regulation. It is possible that school aged children who are placed with the educator on a longer term arrangement could be treated as the educators own school aged children until 2016 when the regulations require all school age children up to the age of 13 to be included in the ratios of school age children.

The service must be made aware of the following information with regards to the placement of foster children with an educator's family:

- Adverse effects to the running of the service and/or the other children in care (potential risks in behaviour, additional needs etc);
- Visitation schedule and location;
- Age of the children;
- Custody arrangements;
- Length of placement.

Relevant Legislation

Education and Care Services National Regulations 2011 163,164,169
Education and Care Services National Law Act 2010
National Quality Standards 2012
Commission for Children, Young People and Child Guardian Act 2000

Key Resources

Family Day Care Australia
www.fdca.com.au
National Quality Standards

Related Policies

[Appendix I Child Protection](#)

6.3 Guiding Children’s Behaviour Policy

Policy number: 6.3
Date last reviewed: April 2017

This policy relates to	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	
HCS	

Purpose

The service promotes a collaborative approach to guiding children’s behaviour with families, children, educators, community leaders and coordinators involvement. Educators will promote positive guidance techniques and provide an environment where children are helped to learn about their own rights and to develop a respect for the rights of others and skills to take responsibility for their own behaviour.

Policy

Educators will provide a secure, supportive and stimulating environment that encourages children to cooperate and interact with others, enhance their self-esteem and where acceptable behaviour is promoted and acknowledged.

The service acknowledges that all children at some time may display undesirable behaviour. The ability to manage young children’s behaviour in a positive manner is often challenging and complex and can best be worked through in consultation and collaboration with parents and coordinators.

Educators are expected to have an understanding of current information about child development and best practice in guiding children’s behaviour. Coordinators offer support and resources to assist with this.

Guidelines to Guiding Children’s Behaviour

- Behaviour management practices must ensure that the dignity and rights of the child are respected at all times and positive guidance strategies are used; child management techniques may not include physical, verbal or emotional punishment, including punishments that humiliate, frighten or threaten a child.
- Educator’s own beliefs, attitudes and experiences influence the way in which children’s behaviour is guided. These biases can often create challenges for educators when working with difficult behaviours. It is important that educators reflect on their own beliefs, attitudes and experiences in order to effectively guide children’s behaviour.
- Recognise that positive adult attitudes of encouragement, understanding and respect are the basic conditions for desirable behaviour.

- Create an environment where children are encouraged to make choices and are actively involved in planning experiences for the day. Provide opportunities for children to talk about their feelings through activities and spontaneous discussion. Recognise that children are social beings who have the need to belong and feel significant and important. Provide opportunities for children to be recognised and encouraged.
- Recognise that all behaviour has meaning and serves a purpose for the individual concerned. Consider the context in which negative behaviour occurs by observing and gaining clues to situations that may trigger behaviours. Observe situations where the child is happy and well-adjusted, and use the child's strengths to assist them to correct their negative behaviour.
- Understand and acknowledge that a child's behaviour may be affected by their:
 - Age and development – educators are encouraged to consider their knowledge of child development and be realistic in their expectations of children;
 - General health and wellbeing;
 - Relationships with the educator and other children;
 - Play and learning environment;
 - External factors (home life, media coverage of issues that may be traumatic).
- Set limits to behaviour and express and reinforce these clearly and consistently in a developmentally appropriate way:
 - A child may not hurt others;
 - A child may not destroy another's learning environment;
 - A child may not destroy property.
- Acknowledge that acting out behaviour in young children is often related to their language development. Children may feel and express frustration when they have not yet developed the language to effectively communicate their needs and wants. Encourage verbal skills and provide diversions for frustration (i.e. hitting a punch bag or carpentry or pounding pegs into a peg board) and relaxing activities (sand and water play).
- Involve and seek input from families on behaviour guidance strategies. Parents are advised of service policy through the service information booklet and discussion at enrolment and will be advised of and included in discussions about strategies in dealing with their child's challenging behaviours. Professionals and resource agencies working with the child may offer strategies that are tailored to a child's specific need or behaviour.

- Educators and coordinators will role model acceptable behaviours in their interactions and shall work to ensure that visiting parents and visitors do not use any form of physical punishment or inappropriate language while at the Family Day Care home.
- If removal from a group situation is used as a behaviour management strategy the child is not to be isolated, but will be redirected to an area where they can play with an activity and “sit and watch” the acceptable behaviour of the group. This can be supported by the educator being present to assist the child to gain awareness of their actions. This time shall be for no longer than two minutes when the educator should encourage the child to re-join the group and give encouragement for appropriate behaviour. The child could be reminded in positive terms of the acceptable behaviour. During “sit and watch” time the educator should be aware of the feelings of the whole group and should be careful not to withdraw emotional support from the child who is watching.

Biting

Physical actions as a means to communicate are normal behaviours in the development of young children. This is often caused by the inability to verbally communicate. If a child bites or hits another child the following procedures should be followed:

The educator will attend first to the child who was bitten to comfort the child and assess the injury:

- First aid will be applied;
- Immediately after attending to the child, or if possible, while attending to the child who was bitten, the educator will talk about the incident with the child who bit, explaining the consequences of their actions in words they understand. The educator will indicate disapproval for the child’s actions using tone of voice and facial expressions and encourage the child to “help” make the child who was bitten feel better through positive and gentle comforting. The educator will suggest an alternative to biting and will follow this up by encouraging the child who bit or hit to ask for what they want and assist them to learn how to verbalise their feelings.
- The educator will complete an incident report. Due to confidentiality, it is not appropriate for parents to be advised of the child who bit. The incident report will include how the situation arose and reasons why the child bit. This information may assist in preventing a repeat incident. The incident report is to be forwarded to the coordination unit.
- If the behaviour is an on-going concern with a particular child a discussion should be held with parents and Coordinators with the aim of the implementation of cooperative and consistent strategies to assist the child.

Proactive Strategies for Children

Adults can promote self-protection by:

- Giving children choices and empowering them to make their own decisions;
- Listening and respecting individual children;

- Providing encouragement and praise;
- Empowering young children to say “no” and use a stop hand signal when personal safety feels threatened;
- Expressing feelings openly and honestly;
- Allow children to make decisions about rules, expectations and outcomes in relation to their own and other’s behaviour.

Behaviour problems

If educators are following the policy and guidelines of the service and if children continue to consistently display unacceptable behaviour educators and Coordinators should ensure that:

- Strategies and expectations are realistic and consistent with the child’s level of development;
- The child understands the limits;
- There is no conflict between home and service expectations;
- The child’s needs are being met;
- The child has no impediments which may be the cause of the unacceptable behaviour;
- The child is not copying observed behaviour;
- Events at the educator’s home have not encouraged the behaviour;
- Consequences of the behaviour do not encourage the behaviour to persist (i.e. extra attention);
- Strategies are consistently followed by all educators in contact with the child.

Coordinators are available to discuss and assist educators and parents with concerns they have in respect of a child’s behaviour or participation in the group of children and develop a Behaviour Management plan. This would be developed in collaboration with the parents, educator and coordinator including any other services relevant to the child e.g. specialists, schools, other child care services, disability services with the permission of the parents. Behaviour Management Plans would be reviewed on a regular basis.

- Discussions with adults regarding a child’s unacceptable behaviour should **not** take place in the presence of other children.
- Parents, educators and Coordinators should take a collaborate approach when discussing appropriate behaviour with children.

- If a child continues to exhibit unacceptable behaviour after all methods have failed to result in improvement and after a reasonable period of time, the Coordinator may provide information and referral to support services, inclusion support services or discuss alternative care with the parent in consideration of the health and well-being of all children in care.

Note: *The service promotes cultural awareness and acknowledges that cultural and religious factors may affect children’s behaviour. It is accepted that there are differences between cultures in what is considered appropriate. The service acknowledges the individuality of all children including those with special needs and seeks to apply behaviour management guidelines in a non-discriminatory manner. The safety and wellbeing of all children and the educator will be part of setting positive outcomes. Educators will be encouraged to be flexible and when necessary adapt guidance methods in consideration of some cultural differences.*

Relevant Legislation

Education and Care Services National Regulations 2011 S163,164,169
Education and Care Services National Law Act 2010
National Quality Standards 2012
National Standards for In Home Care 8.2, 11.1

Key Resources

Stonehouse. A. (2004). *Dimensions: Excellence in Many Ways*. NSW: National Family Day Care Council of Australia.
Egle,C. (2004). *A Practical Guide to Working with Children*
Ruffin. N (2000) *Goals of Positive Behaviour Management*
Linke P. (1998) *Let’s Stop Bullying*
Kinnell G (2002) *No Biting, Policy and Practice for Toddler Programs*
Noah’s Ark : *Biting Fact Sheet*
<http://www.noahsark.net.au/>
http://www.noahsark.net.au/PDF/Biting_in_childcare.pdf
Parenting Australia: *Don’t Fence Me In! Appropriate Limits for Children in Child Care*
<http://parentingaustralia.com.au/articles/539-dont-fence-me-in-appropriatelimits-for-children-in-child-care>
Family Day Care Australia
www.fdca.com.au

Related Policies

[Appendix I Child Protection](#)

6.4 Numbers of Children Policy

Policy number: 6.4

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework

National Quality Standards Early Childhood Education & Care

HCS

Purpose

The service views the limits on the number of children able to be cared for at any one time to be integral in ensuring the quality of care.

Background:

Policy is in accordance with the implementation of the new Education and Care Services National Regulations 2011 and the new Education and Care Services National Law Act 2010.

In Home Care National Standards require the Department to be contacted if more than 7 children are to be cared for at the one time.

Policy

The Education and Care Services National Regulations 2011 S124 states “The number of children who can be educated and cared for by a family day care educator”:

- (1) A family day care educator must not educate and care for more than 7 children at a family day care residence or approved family day care venue at any one time.
- (2) In determining the number of children who can be educated and cared for by a family day care educator for the purposes of sub-regulation (1):
 - a. no more than 4 can be preschool age or under; and
 - b. if the children are being educated and cared for at a residence, the educator’s own children and any other children at the residence are to be taken into account if:
 - o those children are under 13 years of age; and
 - o there is no other adult present and caring for the children*.

- (3) No more than 7 children can be educated and cared for as part of a family day care service at a family day care residence or an approved family day care venue at any one time.
- (4) Sub-regulation (3) does not apply to children visiting a family day care residence or an approved family day care venue as part of an excursion.

Children attending prep year in Queensland schools are classified as attending school as of 1st January that year. Children who are of prep year age but are not enrolled to attend prep year are not classified as school children.

*Beaucare policy states that all of the educator's own children under 13 years of age are included in their ratios unless they are in formal care outside of the educator's home. For under school age children, this is to be documented on the Backfill for Educator's Own Under School Age Child form, and discussed with the service to allow accurate information of vacancies and numbers of children in care. The service must be contacted in advance if a child is to be given a booking due to the absence of the educator's own child. This is to ensure that in situations where the educator's own child may be home that the parent accessing the place understands that the booking can only occur when the educator's child is not in the care of the educator or present at the home where care is taking place.

For school age children formal care includes school, extra-curricular activities, before or after school care or vacation care, and travel to and from school each day (e.g. Bus or walking) that is done independently of the educator. Educators intending to backfill their own school age children's place will need to complete the School Age Child Backfill form prior to this occurring, and the parent of the child filling the place will need to sign this form with the understanding that their place may not be available if the educator's child is unable to participate in the formal care arrangement.

In order to remain within their approved capacity, there may be times when an educator will not be able to meet the changing needs of parents. In these cases, the coordinator should be contacted to discuss the new booking required by the parent and offer possible alternative care to the parent. All attempts are made within the service for children to be placed with the educator that is most appropriate to meet the needs of the family and child. This is the same consideration when alternate care is needed.

Where possible children and families are introduced to other educators that they might have care with when their usual educator is not available. This can occur through play sessions, or at initial enrolment when the family may meet with all available educators in their area.

Relevant Legislation

Education and Care Services National Regulations 2011124
Education and Care Services National Law Act 2010 169
National Standards for In Home Care

Related Policies



[Appendix F QIP and Compliance](#)
[Appendix I Child Protection](#)



6.4 (a) Emergency Care in Family Day Care Policy

Policy number: 6.4(a)

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework

National Quality Standards Early Childhood Education & Care

HCS

Purpose

Emergency care of one additional hour of care may be provided in Family Day Care to a child in response to an emergency of a parent or guardian that causes late collection of the child or where a child is at risk. An emergency is defined unforeseen circumstances.

Background

Emergency Care was previously in The Child Care Act 2002 and has now been updated in accordance with the Education and Care Services National Regulations 2011

Policy

In implementing this policy, the approved provider of a family day care service may approve, in writing, a family day care educator to educate and care to more than 7 children, or more than 4 children who are preschool age or under, at any one time, in exceptional circumstances. For the purposes of sub-regulation (5), exceptional circumstances exist if:

- All the children being educated and cared for by the family day care educator are siblings in the same family; or
- A child to be educated and cared for is determined to be in need of protection under a child protection law and the family day care educator is determined to be the best person to educate and care for the child; or
- The family day care residence or approved family day care venue is in a rural or remote area and no alternative education and care service is available.

Other possible situations where emergency care may occur is when there has been exceptional circumstances preventing a parent from arriving at the service to collect their child on time overlapping with another booking e.g. in the instance of a car accident or unforeseen emergency.

If emergency care takes place, the educator must contact the service to register the emergency care taking place, and then record the care that occurred on the Emergency Care form, with the completed form forwarded to the service.

Relevant Legislation

Education and Care Services National Regulations 2011 124
Education and Care Services National Law Act 2010

Related Policies

[Appendix F QIP and Compliance](#)
[Appendix I Child Protection](#)



6.5 Educational Program Policy

Policy number: 6.5

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework

National Quality Standards Early Childhood Education & Care

HCS

Purpose

The service encourages and supports educators to plan and program to meet individual children’s interests and abilities.

Policy

Educational Program

The National Law and National Regulations require an Approved Service to provide a program that is based on an approved learning framework:

- Educators with Beaucare are required to base their planning/programs on the Belonging, Being and Becoming -The Early Years Learning Framework for Australia and the My Time, Our Place Framework for School Age Care in Australia.
- The Educational Leader with Beaucare leads the development and implementation of the educational program in the service. This is done in collaboration with coordinators, educators, families, children and community leaders.
- Service Philosophy is developed in collaboration with educators, families, community and service coordinators and incorporated theorist perspectives for the foundation of the educational program.

Assessment of Children’s Learning

The learning frameworks outline that educators use an assessment process to gather information about what children know, understand and can do. This information should be analysed by educators to plan effectively for each child’s learning. Assessment information can also be used by educators to reflect on their own values, beliefs and teaching practices, and to communicate about children’s learning with children and their families. Assessment documentation must be kept for each child.

Beaucare provides each educator with training and resource information on Belonging, Being and Becoming and My Time Our Place Early Years Learning Framework at initial induction, followed by visits and on-going training on methods to gather assessment documentation. A planning pack

based on the Early Years Learning Framework and My Time Our Place is provided to all educators and updated as needed to provide a variety of documentation tools for educators.

Documentation should include:

- Assessments of the child's development needs, interests, experiences and participation in the educational program;
- Assessments of the child's progress against the learning outcomes of the educational program.

For children who are over prep age, this documentation should focus on evaluations of the child's wellbeing, development and learning within the educational program and be reflective of My Time Our Place.

Parents should be informed about the educational program. Regulation 75 requires that:

- Information about the contents and operation of the educational program for the service is displayed at the education and care service premises at a place accessible to parents of children being educated and cared for by the service; and
- A copy of the educational program is available at each family day care residence or family day care venue.

The following information must be given to a child's parents when requested:

- The content and operation of the educational program as it relates to that child;
- Information about that child's participation in the program;
- A copy of assessments or evaluations in relation to that child.

The activities and experiences should:

- Include a balance of activities and learning experiences, including:
 - indoor and outdoor activities; and
 - individual and group activities; and
- Allow, in appropriate circumstances, for supervised periods for the children to rest or sleep; and
- Include opportunities for the children to make choices; and
- Be flexible and responsive to changes in the children's abilities, interests and skills; and
- Nurture each child's self-esteem, self-reliance and competence; and

- Be inclusive of children of all abilities; and
- Ensure each child’s social and cultural background is respected and valued; and
- Reflect an understanding of Australia’s Aboriginal and Torres Strait Islander heritage and its multicultural heritage; and
- Reflect learning that is valued and expected for children within the family and community cultural context; and
- Be based on a combination of spontaneous, child-initiated, educator-initiated, intentional teaching and family input; and
- Identify children’s shared interests and use this information to plan further collaborative learning opportunities; and
- Include evidence of planned and spontaneous experiences that support children to develop and practice the skills required to participate in group discussions and shared decision making with their peers; and
- Be designed in collaboration with schools, professionals or external support agencies that work with the child/ren.

Home visits by coordinators are used to assist educators to be reflective in their practices and planning for children. Additional training and mentoring with educators is available from coordination staff, the Educational leader and educator leaders in the service. Training and information is provided by the service to assist educators to reflect on their current practices and develop their educational programs for children. Planning is encouraged to include all times of the day including arrivals, departures, and routine times (meals, sleep, transition times) as well as indoor and outdoor playtimes. Educators are encouraged to seek input and feedback from children and families where ever possible to ensure inclusive and reflective practices are occurring. Coordinators record reflections and this becomes part of the critical reflections for future planning with the educator. Coordinator visits are planned for the purpose of critical reflection to occur with coordinators spot checking each other’s work with educators and assessing educator profiles.

In Home Care

National Standards for In Home Care (Section 11) states that “The carer should recognise that play is a primary means of children’s learning and therefore provide them with the opportunity to:

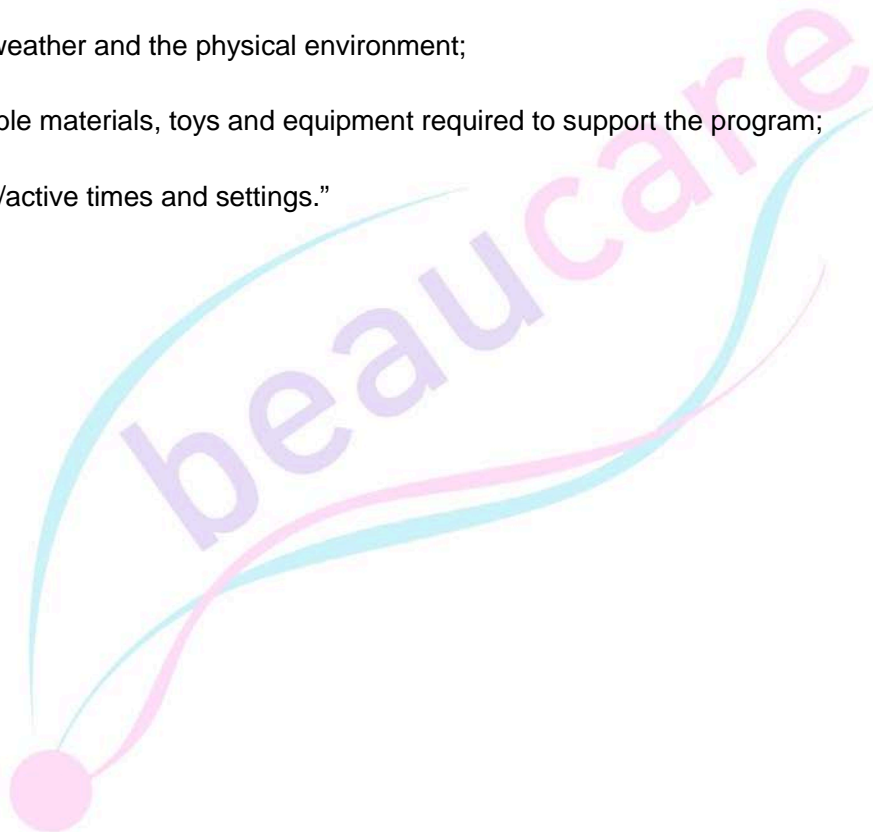
- Explore a variety of experiences, both indoor and outdoor;
- Pursue their own interests;
- Be spontaneous;
- Freely choose activities and solve problems;
- Be involved in imaginative and creative play;

- Explore the world using all their senses.”

Written Weekly Plan

National Standards for In Home Care states “The carer will provide a written weekly plan that encourages the child to engage in early learning through self-directed play, self-discovery, independence and extension of skills and development. The educator is to ensure that programs are child-centred and inclusive of the cultural diversity of the children in care, in an environment free of prejudice. The educators program is to take into account:

- The early learning and developmental needs of individual children;
- The expectations of the children’s parents;
- The weather and the physical environment;
- Suitable materials, toys and equipment required to support the program;
- Quiet/active times and settings.”



Relevant Legislation

Education and Care Services National Regulations 2011
Education and Care Services National Law Act 2010
National Quality Standards
National Standards for In Home Care

Key Resources

Belonging, Being, and Becoming The Early Years Learning Framework in Australia
Educators Belonging, Being, and Becoming Educator's Guide to the Early Years Learning Framework
Early Years Learning Framework in Action Educators Stories and models for practice
My Time, Our Place Framework for School Aged Care in Australia
Educators My Time, Our Place Educator's Guide to the Early Years Learning Framework
My Time, Our Place Promoting Collaborative Partnerships between School Aged Services and Schools
Assessing for Learning Development in the Early Years using Observation Scales
Reflect Respect Relate Get Up & Grow
Stonehouse. A. (2004) *Family Day Care Dimensions*
Gronlund. G.(2001) *Focussed Portfolios*
Crook & Farmer (2002) *Just Imagine: Creative Play Experiences for Children under 6*
Shores.E. (1998) *The Portfolio Book*
Early Childhood Australia: *Why Play-Based Learning?*
http://www.earlychildhoodaustralia.org.au/every_child_magazine/every_child_index/why_play-based_learning.html
Family Day Care Australia
www.fdca.com.au
National Quality Standards 2012
Beaucare Family Day Care Philosophy
www.thestrong.org/about-play/play-quotes
www.f2be.com/quotes.htm
www.child-development-guide.com/child-developmetn-theorists.html

6.6 National Quality Standards Policy

Policy number: 6.6

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework

National Quality Standards Early Childhood Education & Care

HCS

Purpose

The policy aims to raise quality and drive continuous improvement in education and care services through:

- Commitment to the National Quality Standards for Early Childhood Education and Care and School Age Care;
- A National Quality rating and assessment process;
- Streamlined regulatory arrangements;
- A new national body jointly governed by the Australian Government and state and territory governments- the Australian Children’s Education and care Quality Authority (ACECQA) to oversee the new system.

Background

In December 2009, all Australian government, through the Council of Australian Governments, agreed to a partnership to establish a National Quality Framework for Early Childhood Education and Care (National Quality Framework) The new system replaces state and territory licensing and quality assurance processes. The National Quality Framework takes effect on 1st January 2012.

Policy

All educators are required under their contract with Beaucare to work with the National Quality Framework for Education and Care and to meet the National Quality Standards.

The National Quality Framework is underpinned by the Educational and Care Services National Law and Education and Care Services National Regulations. Together they set the National Quality Standard and the regulatory framework for most long day care, preschool/kindergarten, family day care and outside school hours care services in all states and territories. The National law provides objectives and guiding principles for the National Quality Framework.

In making decisions about operating education and care services and working to achieve the National Quality Standard to improve quality at service, the guiding principles of the National Quality Framework apply. These principles are:

- The rights and best interests of the child are paramount;
- Children are successful, competent and capable learners;
- Equity, inclusion and diversity underpin the framework;
- Australia's Aboriginal and Torres Strait Islander cultures are valued;
- The role of parents and families is respected and supported;
- Best practice is expected in the provision of education and care services.

The National Quality Standard

The National Quality Standard sets a national benchmark for the quality of education and care services. It is aimed to provide services and families a better understanding of a quality service. This will enable families to make informed decisions about the services providing education and care to their child.

The Rating System

There are five rating levels within the national quality rating and assessment process:

- *Excellent* – indicates that a service demonstrates excellence and is recognised as a sector leader;
- *Exceeds National Quality Standard* – indicates that a service is exceeding the National Quality Standard;
- *Meets National Quality Standard* – indicates that a service is meeting the National Quality Standard;
- *Working towards National Quality Standard* – indicates that a service is working towards meeting the National Quality Standard;
- *Significant Improvement Required* – indicates that a service is not meeting the National Quality Standard and that the regulator is working closely with the service to immediately improve its quality (otherwise the service's approval to operate will be withdrawn).

Quality areas, standards and elements

There are seven quality areas:

- QA1 Educational program and practice

- QA2 Children’s health and safety
- QA3 physical environment
- QA4 Staffing arrangements
- QA5 Relationships with children
- QA6 Collaborative partnerships with families and communities
- QA7 Leadership and service management

Meeting the National Quality Standards is the expected standard of all educators. Educators identified not to be working at the level of Meeting the National Quality Standards will be expected to be committed to the process of achieving this rating. This process will include:

- Attending specific, additional training;
- Working collaboratively with coordinators;
- Achieving outcomes to Action Plans;
- Demonstrating ongoing progression and improvement

Where educators are identified as working at the level of Significant Improvement Required and not showing a commitment to the process of improvement, the service may cancel the educator’s registration with the service.

Assessing and rating a service

The *National Regulations* set out how services will be assessed. Regulatory Authorities must:

- Review service information (compliance history, rating and assessment history);
- Review a service’s current Quality Improvement Plan;
- Visit one or more family day care residences or venues under that service.

The *National Regulations* also provide that the regulatory authority must consider a range of information when determining a rating, including:

- Any relevant information provided by a government department, public or local authority;
- State or territory regulatory authority or a Commonwealth department;
- Information relating to any other quality assurance or registration process under an education law relating to the service.

Services will be assessed by an authorised officer using the *NQS Assessment and Rating Instrument*. After undertaking an assessment, the regulatory authority will notify the approved provider of a rating for each quality area and an overall rating for the service.

Approved Learning Frameworks

Australia has a National Quality Standard linked to national learning frameworks that recognise children learn from birth. These are:

- Belonging, Being and Becoming: The Early Years Learning Framework for Australia (Early Years Learning Framework);
- My Time, Our Place: Framework for School Age Care in Australia These frameworks outline practices to support and promote children’s learning.

Early Years Learning Framework

The Early Years Learning Framework guides educators in developing quality programs for children. It describes the early childhood pedagogy (principles and practice) and the outcomes required to support and enhance young children’s learning from birth to five years of age, including their transition to school.

Framework for School Age Care

The Framework for School Age Care builds on the Early Years Learning Framework and extends the principles, practice and outcomes to accommodate the contexts and age range of the children and young people who attend school age care settings.

The Framework for School Age Care exists to ensure that children in school age care have opportunities to engage in leisure and play-based experiences that are responsive to the needs, interests and choices of the children attending the service and that contribute to their on-going development. It provides guidance to educator working with school age children in outside school hour’s care, long day care and family day care settings.

Relevant Legislation

Education and Care Services National Regulations 2011

Education and Care Services National Law Act 2010

National Quality Standards

National Standards for In Home Care

Key Resources

Belonging, Being and Becoming: The Early Years Learning Framework for Australia

My Time, Our Place: Framework for School Age Care in Australia

Australian Government Department of Education and Training: *Child Care Service Handbook*

<https://www.education.gov.au/child-care-service-handbook-0>



6.7 Quality of Care Policy

Policy number: 6.7

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	
HCS	

Purpose

Beaucare Child Care Service aims to consistently provide and improve the quality of care for all children in the service and this is reflected in our practices procedures and policies.

Policy

The Service aims to provide and maintain a high standard of childcare at all times. It is the responsibility of Coordinators and educators to monitor the quality of care being provided. The service actively participates in a process of Quality Improvement within the National Quality Standards including a process of reflection and continuous improvement.

Every effort will be made to assist parents or educators who raise concerns about the quality of care to resolve those concerns through negotiation and discussion, with attention to the rights and responsibilities of all of the parties involved.

Appropriate action will be taken by the service to rectify a loss of standards or any breach of regulation.

Every attempt is made to ensure that Quality of Care is:

- Reflective of the service’s philosophy, aims and objectives;
- Individual, personal and specific to each child’s needs;
- Nurtures each child’s self-esteem, self-reliance and competency;
- Promotes learning for all developmental areas, based on family life;
- Ensures that a wide range of activities are available to meet the interests and developing needs of each child;
- Meets the individual needs of children from different cultures and religions, and values minority groups;
- Meets the individual needs of children with disabilities and other special needs;

- Reflects the diversity of our society;
- Promotes and maintains open communication between each child's family and the educator;
- Ensures that children at all times are cared for in a safe and hygienic environment;
- Food provided to a child by the educator is sufficient and nutritious and considers the child's health, allergies, cultural and religious requirements or preferences;
- Ensures that behaviour management techniques practised maintain that the dignity and rights of the child are respected at all times and that positive guidance is used to assist a child to substitute appropriate for inappropriate behaviour.

Educators are responsible for reporting to the service any changes to their service or environment that may be perceived to impact the quality of care.

The Quality Improvement Plan is an ongoing process that is conducted by both the service and educators, incorporating critical reflections that develop ongoing improvements.

Interactions with Children

Educators should ensure that they are providing education and care to all children in the service in a way that:

- Encourages the children to express themselves and their opinions;
- Allows the children to undertake experiences that develop self-reliance and self-esteem;
- Maintains at all times the dignity and rights of each child;
- Gives each child positive guidance and encouragement toward acceptable behaviour;
- Has regard to the family and cultural values, age, and physical and intellectual development and abilities of each child being educated and cared for by the service.

Relationships in Groups

The educator should provide children being educated and cared for by the service with opportunities to interact and develop respectful and positive relationships with each other and with staff members of, and volunteers at, the service.

The educator should ensure that they treat their own children and children in care in a fair and consistent way. Coordinators are able to assist educators with any challenges they may encounter with this.

Routines

Educators are required to have a current Daily Routine. This routine should be flexible to the needs of children in care, and should ensure that the needs of all children can be met throughout the day. The routine should include regular opportunities for children to engage in social play and collaborative experiences.

Routine times should be positive experiences for both child and educator, and can be used as intentional teaching opportunities.

Relevant Legislation

Education and Care Services National Regulations 2011

Education and Care Services National Law Act 2010

National Quality Standards

National Standards for In Home Care

Key Resources

Service Philosophy

Australian Government Department of Education and Training: *Child Care Service Handbook*

<https://www.education.gov.au/child-care-service-handbook-0>

The Early Years Learning Framework in Action.

Belonging, Being & Becoming- Educators Guide to the Early Years Learning Framework Get Up & Grow.

Assessing for Learning and Development in the Early years using Observation Scales Reflect

Respect Relate

My Time My Place Framework for School Age Care in Australia

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7.1 Incidents, Illness, Injury and Trauma Policy

Policy number: 7.1

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework

National Quality Standards Early Childhood Education & Care

2.1.2 Effective illness and injury management and hygiene practices are promoted and implemented.
2.2.2 Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

Purpose

Educators will follow procedures to minimise the impact of incidents and injuries to children in care, and if injuries, illness, trauma or illness occurs.

Policy

In the event of an emergency an ambulance will be called. The educator must ensure that the service and parents of all children are contacted when an ambulance has been called.

For all incidents that occur at the educator’s home, the educator must contact the coordination office by phone to advise of the incident or injury. If the office is unattended, a brief message should be left on the answering machine and, depending on the severity of the incident, the after-hours number must be called. In accordance with Regulation 86, the parent must be notified of any incident, injury, trauma or illness as soon as practicable, but no later than 24 hours after the occurrence. Copies of the original Incident Forms must be received by the office within 24 hours for reporting procedures to occur, with the original to be received as soon as practicable.

Parents must make immediate plans for their child to be collected if requested by the educator or office if there is a serious incident, head injury or illness.

Steps for an educator to take if an incident, injury, trauma or illness occurs

If an incident or injury occurs that requires medical attention and is deemed to be minor (other than to the head) while a child attends the service, all reasonable steps must be taken:

- (1) First provide immediate medical aid (e.g. administering first aid, calling an ambulance or doctor or seeking hospital treatment); **then**
- (2) Contact (or attempt to contact) the child’s parent to advise of the nature of the incident or illness and the medical attention provided. If the parent cannot be contacted, the educator or coordinator will notify the emergency contact person listed on the enrolment form; **and**

- (3) Contact the coordination office by phone to advise of the incident or injury. If the office is unattended, a brief message should be left on the answering machine and, depending on the severity of the incident, the after-hours number must be called. Original Incident forms must be received by the office within 24 hours for reporting procedures to occur.
- (4) In the event that an ambulance is called to the home the educator needs to remain with the Family Day Care children. The educator is only able to leave if there is an assistant educator or coordinator at the home or all children have been collected. If an approved assistant educator is at the home they must meet all requirements according to the Education and Care Services National Regulations 144,163,136. If the emergency is low the ambulance may choose to wait for the parent to arrive. In high risk situations, the ambulance is able to take the child without an adult attending if there is no adult available to attend.
- (5) In the interests of preventing incidents or injuries, educators and coordinators will review the events prior to the incident to ensure precautionary measures are in place to lessen the likelihood of further incidents.

Head Injuries

Children with any sort of head injury are required to be collected from care as there can be further complications. Parents are to be contacted immediately and requested to make arrangements for the child to be collected as soon as possible. The educator needs to ask the parent how long it will take them to collect the child. If a child shows any further symptoms after a head injury an ambulance is to be called. The office is to be advised immediately after the injury and again after the child has been collected. If there is a delay in the parent collecting the child the parent or educator is to contact the nominated emergency contact person on the family enrolment to collect the child.

A clearance letter may be requested by the educator or the service if a child has an injury or illness that may pose further risk to themselves or other children, or if the child is observed by the educator to not be well enough to attend care. If the clearance letter does not provide enough information and there is still concern that the child is not well, or it is not safe for the child to return to care, further information will be sought from the doctor with the parent's permission prior to returning to care.

If there is more than one child presenting with a similar illness that could be contagious clearance letters will be requested from doctors to ensure the well-being of all children. In situations where there are multiple children with the same symptoms there will be consultation with the Public Health Unit for recommended practice to reduce the spread of the illness. All families will be advised in this occurrence. In some situations where there is concern of a contagious illness families may be asked to remain absent from care until the situation is investigated further with consultation with the Public Health Unit or an exclusion period has been followed to prevent ongoing illness in the service.

In addition, Service policy requires a child be excluded from care for at least 24 hours after the last episode of vomiting or diarrhoea.

Children presenting with rashes, vomiting, diarrhoea, high temperatures, coughing (coughing that is of concern) will be excluded from care unless cleared by a doctor. A child may have a rash or temperature and appear well but these are signs that the child may have a virus and could have the potential to be contagious, the service will require for the child to be free of the rash or temperature before returning to care.

Coughs have the potential to be contagious and can have serious consequences, educators will discuss concerns with the parents and may require clearance letters before children return to ensure the well-being of all children.

The educator is required to notify parents of children being educated and cared for at the service when there is an infectious disease. This should be done only by advising families of the illness without identifying the child that was ill.

Documentation

The educator is required to complete a service incident form for **any** incident or injury to a child in care. Educators should also complete a service incident form to record incidences such as biting or scratching, providing a formal written mechanism for informing parents and the coordinators. Educators are responsible for having printed copies of incident forms accessible when care is taking place.

- A person involved in an incident requires third party medical treatment, e.g. doctor, dentist, ambulance, hospital;
- A child suffers a convulsion or fit;
- A claim or notice of intent to claim from a third party e.g. a parent is received, either verbally or in writing.

The National Law requires the service to notify the Regulatory Authority of any serious incident at the service. Notification of Serious Incident form is to be forwarded by the service to the Office for Early Childhood Education and Care.

A serious incident includes:

- The death of a child while attending a service, or following an incident while attending a service;
- Any incident involving injury, trauma or illness of a child where **medical attention** was sought, or should have been sought;
- An incident at the service premises where the attendance of emergency services was sought, or should have been sought;
- If a child:
 - Appears to be missing or cannot be accounted for;

- Appears to have been taken or removed from the service premises in a way that breaches the National Regulations; or
- Is mistakenly locked in or locked out of any part of the service premises.

The National Regulations require that an incident, injury, trauma and illness record be kept and that the record be accurate and remain confidentially stored until the child is 25 years old. Information should be recorded as soon as possible, and within 24 hours after the incident, injury, trauma or illness.

The completed form should be forwarded to the service at the end of the day. A copy of the form will be held on file by the service until the child has turned 25 years of age, unless a claim has been brought and disposed of in the meantime. A copy will be returned to the educator for their records. The original of the Public Liability Incident Form will be sent to the educator's Insurance Company.

A child would probably not need to see a doctor for a common cold and therefore such an event would not need to be reported. However, if a child had a very high temperature and was convulsing then a serious incident form would need to be completed as medical attention would probably or ought reasonably need to have been sought. It is a matter of judgement focusing on the intent of the law which clearly only requires **serious** incidents to be notified rather than the usual run of the mill childhood illness. (OECEC).

The serious incidents definition means services only need to notify their regulatory authority of serious injury, trauma or illness which a reasonable person would consider to require medical attention from a medical practitioner or hospital treatment. Examples of serious incidents include whooping cough, broken limb or anaphylaxis.

Notification

The service will complete a Notification of Serious Incident form as required in Education and Care Services National Law Act 2010 (S174) for any incident or serious injury where medical attention has been sought.

If the Approved service provider becomes aware or reasonably suspects that harm has been caused to a child while care was being provided to a child, or a child suffers a serious injury or dies, the service must immediately report the death, serious injury, harm or suspected harm to the Office for Early Childhood and Education and Care. "Serious injury" means an injury for which treatment from a doctor has been sought or thought reasonably to have been sought. Regulations require that records should be kept for 6 years after the child's death. (Refer Child Protection Policy 7.3).

Serious Injury or Death

If an incident or injury necessitates the admission of the child to hospital or the child dies, then the service emergency after-hours number listed on the answering machine should always be called. The service will acknowledge the feelings of the parents of the child, the other children in care, the educator and all those directly involved. Support and referral to appropriate agencies will be offered. (Refer Critical Incident & Media Policy 4.10)

The service has an action plan for situations where a child may have a serious condition that could lead to death, this form is completed with the family and based on the referral information from the specialist or doctor involved with the family.

Relevant Legislation

Education and Care Services National Law Act 2010 Section 174

Education and Care Services National Regulations 2011

51(1)(a) conditions on service approval (safety, health and wellbeing of children)

85 Incident, injury, trauma and illness policies and procedures

86 Notification to parents of incident, injury, trauma and illness

87 Incident, injury, trauma and illness record

177 Prescribed enrolment and other documents to be kept by approved provider

178 Prescribed enrolment and other documents to be kept by family day care educator.

National Quality Standard 2.1

Key Resource

Staying Healthy: Preventing infectious diseases in early childhood education and care services, Family Day Care Australia

www.fdca.com.au

Related Policies

[Appendix H Safe Work Practices](#)

[Appendix I Child Protection](#)

7.2 Animal Policy

Policy number: 7.2

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	
HCS	

Purpose

Guidelines are to be followed to ensure that children are safe in their contact with animals and that regulatory requirements are met.

Background

Animals are an interesting and educational part of life. There are many benefits to children from interacting with and enjoying the company of animals. Children may acquire valuable life skills in caring for and taking responsibility for an animal and at the same time experience fun and enjoyment from interacting with animals. However, safety of the children is the first priority.

The service aims to ensure that no animal poses a health or safety risk for children. Risk assessment is to occur at all homes and venues where care is occurring and where children may come into contact with animals.

Policy

Procedures

- Any animal kept on premises where child care is provided must be maintained and housed in a clean and healthy condition. All animals must be free from parasites and be regularly treated for worms. It is advisable that pets have regular veterinary checks.
- Entry point to the home must allow safe access at all times. Dogs/animals must not prevent this from occurring.
- Educators will be vigilant in their supervision of children when animals are near and ensure that documented risk assessments have occurred for all pets. This will include providing a separate area where they are inaccessible to children. This may include finger-proofing and other measures.
- An animal that is considered likely to bite, scratch or injure children in any way will be kept in an area that is not accessible to children.
- All litter trays and food dishes will be inaccessible to children.

- Animals should not be present when children are eating or sleeping, and should be fully monitored in their interactions with children and in children's interactions with them.
- Play areas will be kept hygienic and free of pet droppings prior to children using the area.
- Animals should not have access to areas where children sleep.
- Children, educators, coordinators and visitors will wash their hands after contact with animals.
- Educators will teach and encourage children to play safely with pets and respond quickly to any danger signals.

Strategies to Minimise Risk

Dogs

- A secure area must be provided to separate dogs from children at all times except for supervised interactions.
- Teach children to never disturb a dog that is eating or sleeping.
- Encourage children to pat dogs gently and calmly.
- Never allow children to approach a strange dog.
- Stand still if a dog approaches.
- Socialise the children safely with the dog (talk to the child about the dog and introduce them slowly).

Cats

- The main risk to children from cats is from touching a cat's faeces or from scratches. Keep sandpits covered and discourage children from digging in the areas of the garden areas that cats may have used.
- Ensure that any cat bites or scratches are washed and disinfected.
- Do not allow cats to sleep on children's bedding.

Domesticated Farm Animals

- Children should be supervised in all interactions with farm animals to prevent the animal from biting the child, pushing a child over, kicking a child etc.

- Large animals must be in a separate area to where children play. Outdoor play areas need to remain free of all manure.
- Feeding animals can be a wonderful experience for children and this can occur with risk assessment in place and careful planning.
- Interactions with smaller animals such as chickens and ducks can be valuable experiences for children but should also be closely supervised, and not freely accessible at all times in the play area.
- No animals should be present during sleep or meal times for safety and hygiene reasons.

Birds

- Parrot fever (psittacosis) is common in Australia with symptoms much the same as flu. Children have less resistance to parrot fever than adults and so need to be careful when handling birds from the parrot family, including budgerigars.
- Hands should be washed after touching birds.
- Cages should be cleaned regularly to ensure that children are not exposed to dust from droppings.

Snakes/Toads

- While deaths from snakebite in Australia are rare, children should be taught the dangers of snakes and reptiles.
- Avoid walking through long grass and bushland with children. When on excursions or at home in bush settings the children should wear enclosed protective footwear. Snakes or reptiles should not be provoked. Toads are a danger to children. Educators should discuss with children not to touch or go near toads.

Insect Stings and Bites

- Ensure children wear closed-in shoes and long pants if bush-walking and use insect repellents on children (written parental permission is required).
- If a child is known to be highly allergic to bees, wasps or ants (anaphylactic shock) an action plan would be completed when the child commences care (Refer Form for Severe Allergic Reaction). The action plan and necessary medication must be on hand at all times.

Pests and Rodents

- Educators are required to maintain a clean and hygienic environment that is free of pests and rodents
- Regular checking and prevention must occur, and these checks should be documented.

- Educators must be able to demonstrate/communicate how they maintain a pest and rodent free environment

Relevant Legislation

Education and Care Services National Law Act 2010- Section 167
Education and Care Services National Regulations 2011
Protection from harm and hazards

Key Resources

Raising Children Network

http://raisingchildren.net.au/articles/dogs_and_children.html

The Royal Children's Hospital, Melbourne

www.rch.org.au/emplibrary/safetycentre/10-DogsnKids.pdf

Child and Youth Health

www.cyh.com/

Staying Healthy in Child Care Preventing Infectious Diseases in Child Care.

www.nhmrc.gov.au/guidelines/publications/ch43

www.nhmrc.gov.au/guidelines/publications/subject/General%20Health%20Information

Family Day Care Australia

www.fdca.com.au

Related Policies

[Appendix H Safe Work Practice](#)

7.3 (a) Child Protection - Protecting Children and Supporting Families Policy

Policy number: 7.3(a)
Date last reviewed: July 2017

This policy relates to 7.3(b) Process for Child Safety Concerns	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care Queensland Child Protection Legislation Amendments to the <i>Child Protection Act 1999</i>	
HCS	

Purpose

Family Day Care & In Home Care educators are mandatory reporters under the new Child Protection Legislation.

This policy has been developed with regards to reporting child protection concerns and referring families to support services. It aims to assist professionals to:

- Understand their role and responsibilities in ensuring vulnerable children are protected and families supported;
- Make confident and informed decisions about referring or reporting concerns about a child’s safety or wellbeing;
- Understand the legislative provisions for sharing information about a child and their family;
- Make confident decisions about whether to refer families to Family and Child Connect or support services, or report to Child Safety.

Background

The Queensland child protection system has changed to better support families to keep their children safe by strengthening prevention and early intervention services. Vulnerable families and children now have access to a greater range of high-quality services at the right time to help them to stay safe and stay together.

The Queensland Government is strengthening intensive family support services and domestic and family violence prevention and support services. These services will work with families to get them back on track before their problems escalate and require intervention by Child Safety.

Queensland Child Protection Legislation

Amendments to the *Child Protection Act 1999* provide the legal framework for sharing information about child protection concerns. The legislation:

- Clarifies the definition of a 'child in need of protection' to include 'significant harm';
- States that any person may report to Child Safety a reasonable suspicion that a child may be in need of protection, or an unborn child may be in need of protection after they are born;
- Consolidates mandatory reporting requirements;
- Requires that certain professionals, referred to as 'mandatory reporters', report to Child Safety a reasonable suspicion that a child may be in need of protection caused by physical, emotional or sexual abuse or neglect;
- Provides guidance on what to consider in identifying significant harm when developing a reasonable suspicion that a child may be a 'child in need of protection';
- Allows certain professionals from particular prescribed entities to directly refer families to Family and Child Connect or support services, where appropriate.

Family and Child Connect

As part of the Supporting Families Changing Futures reform program, community-based intake and referral services, known as Family and Child Connect, provide an additional pathway for referring concerns about children and their families.

While serious child protection concerns should be reported to Child Safety, families who are at risk of entering or re-entering the child protection system can be referred to Family and Child Connect.

Family and Child Connect provides information and advice to people seeking assistance for children and families where there are concerns about their wellbeing. Families who find themselves in need of support can also contact Family and Child Connect for help.

The service is designed to support vulnerable families by assessing their needs and referring them to the most appropriate support service. Where a family has multiple or complex needs and is willing to access support, Family and Child Connect refers them to an intensive family support service.

A child protection practitioner employed by Child Safety is based at each Family and Child Connect to assist with identifying and responding to more serious concerns that may require statutory intervention.

Family and Child Connect also leads local-level alliances of government and non-government services within the community to ensure vulnerable children and their families receive the right mix of services at the right time.

Policy

Definitions

Refer to [Appendix I Child Protection](#)

Making Decisions

When you are concerned about a child's safety or wellbeing, there are often many factors to consider. You may feel you do not have all of the information you need or you may be concerned about potential consequences.

In making a decision, you should:

- Obtain what information you can within a reasonable timeframe, remembering that it is often better to make a timely decision based on what you do know;
- Where possible, speak to the family about your concerns:
 - Ask them about what services they may already be accessing and whether they would be willing to receive additional support;
 - Do not speak with the family about your concerns, if you believe this will place the child or another person at risk, or affect a possible criminal investigation. **If you are concerned about this risk**; contact the domestic and family violence worker at Family and Child Connect or DV Connect (**1800 811 811**) for advice on how to talk about your concerns without increasing the risk of violence

There are now a number of different pathways for referring or reporting concerns, depending on the seriousness of your concerns and the complexity of the situation:

- Refer to the [Pathways for Reporting and Referring Concerns flow chart](#) which summarises the circumstances for deciding which pathway to follow; or
- Use the online [Child Protection Guide](#) to help you decide whether to report to Child Safety or refer to Family and Child Connect. For detailed procedures, cultural notes and a complete glossary refer to the [Child Protection Guide Procedures Manual](#).

The Child Protection Guide

The Child Protection Guide is an online tool to support you in deciding which pathway to take to refer or report your concerns about a child's safety or wellbeing.

It was developed by government and non-government agencies to ensure that Queensland professionals meet reporting obligations to report to Child Safety, while also enabling families in need of support to access services without unnecessary statutory intervention.

The Child Protection Guide asks a series of 'yes or no' questions about your concerns and provides a recommended 'decision point' based on your answers. The guide supports your decision making by:

- Focusing on the critical factors;
- Clearly identifying the threshold for concerns that require a report to Child Safety;
- Identifying alternative and additional ways to support a family where the concerns do not meet the threshold;
- Operationalising the legislation to ensure reporting obligations are met;
- Providing details of local support services;

- Providing a consistent and objective framework for analysing concerns;
- Promoting shared principles, language and thresholds across the system.

The Child Protection Guide also contains contact details for support services and links to forms for reporting and referring concerns.

It is designed to complement your professional judgment, expertise and critical thinking. It should be applied within your respective agency's policies and procedures for managing child protection concerns and making referrals to support services.

The [Child Protection Guide \(online tool\)](#) and [Child Protection Guide Procedures Manual](#) are available at www.communities.qld.gov.au

Threshold for Reporting to Child Safety

Your concerns meet the threshold for a report to Child Safety if you have formed a reasonable suspicion that a child may be in need of protection, or that an unborn child may be in need of protection after they are born.

Child Safety must be aware of alleged harm or risk of harm to a child, and reasonably suspect that the child is in need of protection, in order to take action. Although Child Safety is responsible for making the final determination about whether a child is in need of protection, it is important that you consider the definition of a child in need of protection when reporting to Child Safety.

You can form a reasonable suspicion that a child may be in need of protection, if you have information to suggest that the child:

- Has suffered, is suffering, or is at an unacceptable risk of suffering significant harm, **and**
- May not have a parent able and willing to protect them from harm.

The *Child Protection Act 1999* defines harm to a child as any detrimental effect of a significant nature on the child's physical, psychological or emotional wellbeing. It is immaterial how the harm is caused. Harm can be caused by physical, psychological or emotional abuse or neglect, or sexual abuse or exploitation. Harm can be caused by a single act, omission or circumstance, or a series of acts, omissions or circumstances. In identifying significant harm, you may consider detrimental effects on a child's physical or psychological state, the nature and severity, the likelihood that it will continue and the child's age. These considerations will also be informed by your professional knowledge, training and expertise.

The meaning of 'may not be able and willing' is important. A parent may be willing to protect their child, but not have capacity to do so (that is, they are 'not able'). This includes situations where the parent's inability is due to ill health or because they are a victim of domestic violence. Alternatively, a parent may have the capacity and be able to protect their child, but may choose not to do so (that is, they are 'not willing'). This includes situations where a parent chooses an ongoing relationship with a person who is harming their child. In many serious cases where a child has suffered, is suffering, or is at an unacceptable risk of suffering significant harm, the severity of the harm or risk of harm itself could be an indication that there may not be a parent able and willing to protect the child. The [Pathways for Reporting and Referring Concerns flow chart](#) summarises the circumstances for deciding which pathway to follow.

Active measures to promote safety and well-being of children include:

- Encourage involvement of staff, educators and parents in child abuse prevention programs and service provider activities;
- Teach proactive strategies with children and basic principles for personal safety;
- Consult with and maintain good working relationships with professionals working in child protection;
- Public commitment by the service to child abuse prevention and a statement of commitment;
- Careful selection and assessment of staff, educators and volunteers, and thorough induction training;
- Ensure household members in Family Day Care are met as part of the assessment process, and that they receive child protection information;
- Maintain high standards in adult behaviour and attitude which could help protect staff, educators and members of their household from unfounded accusations of causing harm to children;
- Work together in the service provider involving families and educators in risk management to identify and minimise risks to children;
- Provide information to families and educators on current Child Protection laws and information through the parent handbook and verbal discussion.

Definition of Harm

Section 9 of the Child Protection Act 1999 states:

- (1) Harm to a child is any detrimental effect of significant nature on the child's physical, psychological or emotional wellbeing;*
- (2) It is immaterial how the harm is caused;*
- (3) Harm can be caused by:*
 - *Physical, psychological or emotion abuse or neglect; or*
 - *Sexual abuse or exploitation.*

Categories of Harm

There are four different types of child abuse:

Physical Abuse

Physical abuse occurs when a child has suffered, or is at risk of suffering, non-accidental physical trauma or injury. Physical abuse can include:

- hitting
- shaking
- throwing
- burning
- biting
- poisoning.

Physical abuse does not always leave visible marks or injuries. It is not how bad the mark or injury is, but rather the act itself that causes injury or trauma to the child.

Sexual Abuse

Child sexual abuse occurs when an adult, adolescent or child use their power or authority to involve a child in sexual activity. Child sexual abuse can cause physical and emotional harm to a child.

Sexual abuse can be physical, verbal or emotional and can include but is not limited to the following:

- kissing or holding a child in a sexual manner
- exposing a sexual body part to a child
- having sexual relations with a child
- talking in a sexually explicit way that is not age or developmentally appropriate
- making obscene phone calls or remarks to a child
- sending obscene mobile text messages or emails to a child
- fondling a child in a sexual manner
- persistently intruding on a child's privacy
- penetrating the child's vagina or anus by either the penis, finger or any other object
- oral sex
- rape
- incest
- showing pornographic films, magazines, internet sites or photographs to a child
- having a child pose or perform in a sexual manner

- forcing a child to watch a sexual act
- child prostitution.

Grooming refers to the process by which some people who are responsible for the sexual abuse of children groom people in the community, such as parents, carers, teachers and children to establish trust and gain access to a child.

Some people who are responsible for the sexual abuse of children spend considerable time targeting, enticing and trapping a child for sexual purposes. Grooming involves the person responsible for the sexual abuse integrating themselves into places where they have access to children and then grooming the adults to create opportunities for the person to abuse their victims. Grooming behaviour can be difficult to identify as it can sometimes include the use of in some contexts, appropriate behaviours. Some examples of grooming behaviour can include a person:

- regularly offering to babysit a child for free or take a child on overnight outings alone
- actively isolating a child from other adults or children
- insisting on physical affection such as kissing, hugging, wrestling or tickling even when the child clearly does not want it
- being overly interested in the sexual development of a child
- insisting on uninterrupted time alone with the child
- enjoying taking lots of pictures of children
- sharing alcohol or drugs with younger children or adolescents
- exposing their genitals to a child.

A child may say things, do things or exhibit physical signs that may indicate sexual abuse, even if they do not disclose clear information. Some indicators of child sexual abuse may include:

- displaying greater sexual knowledge than normally expected for their age or developmental level
- inappropriate sexual play and behaviour with themselves, other children or dolls and toys
- hints about sexual activity through actions or comments that are inappropriate to the child's age or developmental level
- excessive masturbation or masturbation in public after kindergarten age
- persistent bedwetting, urinating or soiling in clothes
- persistent sexual themes in their drawings or play time
- running away

- destroying property
- hurting or mutilating animals
- creating stories, poems or artwork about abuse
- difficulty concentrating or being withdrawn or overly obedient
- having unexpected redness, soreness or injury around the penis, vagina, mouth or anus
- having torn, stained or bloody clothing, especially underwear
- recurring themes of power or control in play.

Should any of the above be present, a child may need parents or other adults to take action to keep them safe from any further harm. Without a disclosure it is important to talk to a sexual abuse specialist about observed behaviours.

- to help protect a child from sexual abuse:
- be suspicious if an adult wants to spend time alone with your child
- be wary of people who are overly affectionate or generous with gifts to your child
- be careful about the company your children keep. Watch children's behaviour for signs of stress – their reactions to certain individuals may tell you something
- teach children about being safe in a way that does not frighten them
- teach children that the parts of their bodies covered by underwear are private
- teach children anatomical names for body parts, such as penis or vagina
- encourage children to tell someone they trust if anyone tries to touch their private parts
- carefully consider who else you might want your children to tell if you are not available – let your children know these contact options
- speak to children who are under school age about personal safety in simple language and repeat the same rules often – play 'what if' games to reinforce the message
- teach children of primary school age basic family safety rules and how to apply them in potentially dangerous situations
- assist adolescents to think independently, and to develop decision-making and assertiveness skills
- know who is supervising your children when they are away from home

- listen to your children and trust what they say, even if it shocks you — children rarely make up stories about sexual abuse.

You have a right to know your children are safe. Ask organisations about their policies, activities and who is looking after your children.

Remember:

- People who work with children have an obligation to keep them safe.
- Adults who work with children must have a blue card from the Commission for Children and Young People and Child Guardians
- Organisations should have written policies available to read showing how they respond to child sexual abuse allegations
- Organisations must provide activities that are suited to the developmental stage of the children involved
- Organisations must supervise all children in their care.

Emotional Abuse

Emotional abuse occurs when a child's social, emotional, cognitive or intellectual development is impaired or threatened. It can include emotional deprivation due to persistent:

- rejection
- hostility
- teasing/bullying
- yelling
- criticism
- exposure of a child to domestic and family violence.

Neglect

Neglect occurs when a child's basic necessities of life are not met, and their health and development are affected. Basic needs include:

- food
- housing

- health care
- adequate clothing
- personal hygiene
- hygienic living conditions
- timely provision of medical treatment
- adequate supervision.

Signs of Child Abuse and Neglect

A child who has been, or may be experiencing abuse may show behavioural, emotional or physical signs of stress and abuse.

Some general indicators of child abuse include:

- showing wariness and distrust of adults
- rocking, sucking or biting excessively
- bedwetting or soiling
- demanding or aggressive behaviour
- sleeping difficulties, often being tired and falling asleep
- low self-esteem
- difficulty relating to adults and peers
- abusing alcohol or drugs
- being seemingly accident prone
- having broken bones or unexplained bruising, burns or welts in different stages of healing
- being unable to explain an injury, or providing explanations that are inconsistent, vague or unbelievable
- feeling suicidal or attempting suicide
- having difficulty concentrating
- being withdrawn or overly obedient
- being reluctant to go home
- creating stories, poems or artwork about abuse.

Some indicators of neglect include:

- malnutrition, begging, stealing or hoarding food
- poor hygiene, matted hair, dirty skin or body odour
- unattended physical or medical problems
- comments from a child that no one is home to provide care
- being constantly tired
- frequent lateness or absence from school
- inappropriate clothing, especially inadequate clothing in winter
- frequent illness, infections or sores
- being left unsupervised for long periods.

Child abuse can be a single incident, or can be a number of different incidents that take place over time.

Under the Child Protection Act 1999, it does not matter how much a child is harmed, but whether a child:

- has suffered harm, is suffering harm, or is at risk of suffering harm
- does not have a parent able and willing to protect them from harm.

Harm is defined as any detrimental effect of a significant nature on the child's physical, psychological or emotional wellbeing (section 9 of the Child Protection Act 1999). For harm to be significant, the detrimental effect on a child's wellbeing must be substantial or serious, more than transitory and must be demonstrable in the child's presentation, functioning or behaviour.

Suspicion of Harm

Service provider/participants have “reasonable grounds” to suspect harm if:

- A child or young person states they have been harmed;
- Someone else, for example another child, a parent or a staff member, advises that harm has occurred or is likely to occur;
- A child or young person advises they know someone who has been harmed. It is possible they may be referring to themselves;

- Significant changes in the behaviours of a child or young person, or the presence of new unexplained and suspicious injuries are noticed;
- They see the harm occurring.

Any disclosure of harm is important and must be acted upon, regardless of whether the harm to a child or young person has been caused by a person from within or outside the organisation or the children or young person disclosing harm is from within or outside the organisation.

Procedure to Refer or Report Concerns

Guidelines to follow if a disclosure is made

(1) Remain calm –

You may be the first person to whom the disclosure is made. Your reaction may determine whether the person making the disclosure trusts you with the information. It is important not to react in a shocked or critical way. Tell the person you are glad they have told you.

(2) Find a private place to talk –

Privacy may help the person making the disclosure feel more comfortable and less concerned about telling what they have to say, especially if they are a child or young person.

(3) Listen –

Don't say "I won't tell" and don't promise to keep secrets. Reassure the person they have done the right thing in telling. Say you need to tell someone else who can help them. Reassure them you will only tell someone who will make them safe.

(4) Believe the person –

- It is not up to you to judge if the person is telling the truth – always act on the basis that what you have been told is the truth;
- Don't ask leading questions or put words in the person's mouth – let them tell what happened and if you need to clarify anything, ask non-leading questions like "Tell me what happened", "What happened then?" or "Can you tell me about that?";
- It is not your role to investigate allegations of harm. Only ask enough questions to confirm the need to report the matter.

(5) Take detailed notes –

At the first opportunity, make notes of what occurred and include information such as dates, times, location and who is present, and include a detailed description of exactly what the person said, using "I said" "They said" statements and the questions you asked. Any reports or documentation on disclosures of harm must be kept confidential and secure, with access strictly limited.

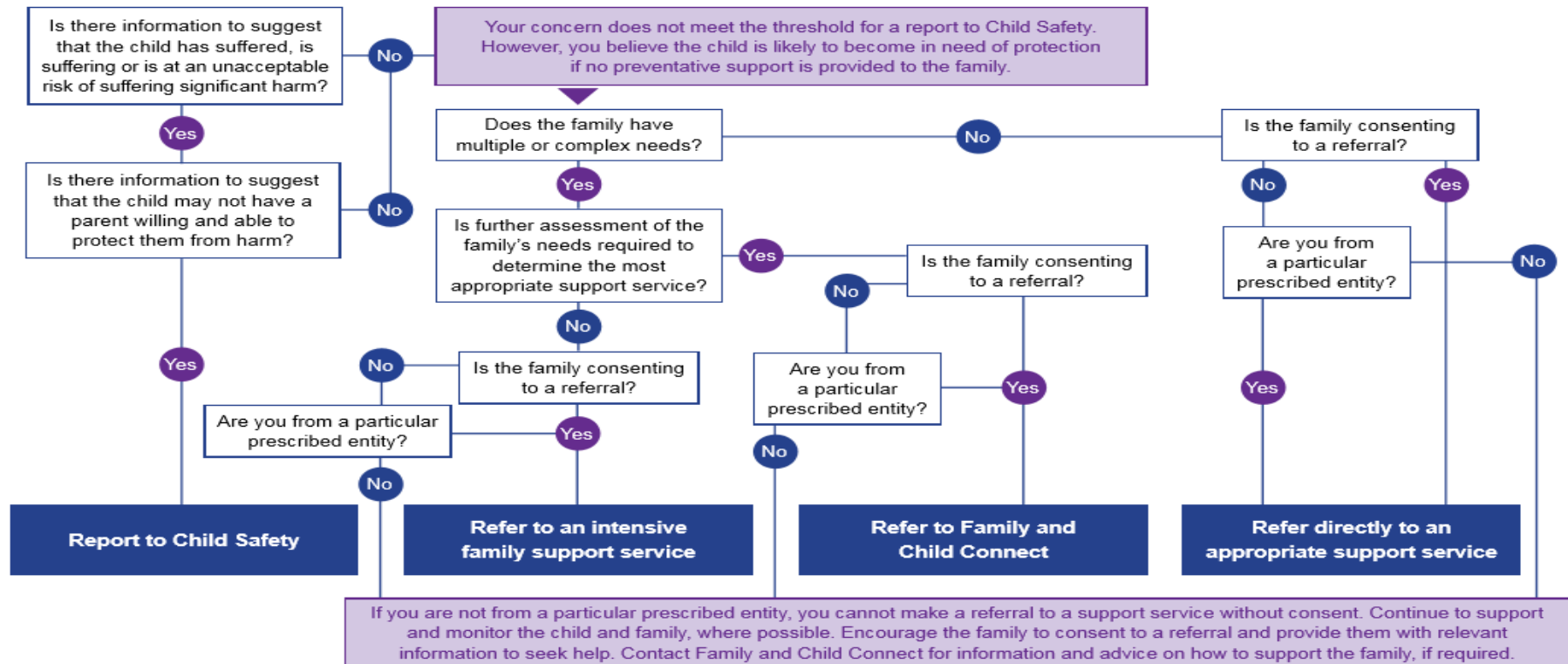
Steps to follow to act on child safety concerns

Step 1 – Determine who to notify

There are now a number of different pathways for referring or reporting concerns, depending on the seriousness of your concerns and the complexity of the situation. Either refer to the [Pathways for Reporting and Referring Concerns flow chart](#) which summarises the circumstances for deciding which pathway to follow, OR, use the online [Child Protection Guide](#), to help you decide whether to report to Child Safety or refer to Family and Child Connect. (For detailed procedures, cultural notes and a complete glossary refer to the [Child Protection Guide Procedures Manual](#).)

Flow Chart – Pathways for Reporting and Referring Concerns

Pathways for reporting and referring concerns



Process and Contact Details for Reporting and Referring Concerns

Step 2 – Report or Refer your concerns

Report to Child Safety

If you have formed a reasonable suspicion that a child has suffered, is suffering, or is at unacceptable risk of suffering, significant harm caused by physical or sexual abuse, and the child does not have a parent willing and able to protect them from harm.

Brisbane: 1300 682 254
South East Queensland: 1300 679 849
South West Queensland: 1300 683 390
North Coast: 1300 703 921

Child Safety After Hours

OR

Refer to Family and Child Connect

If you are concerned about a child, but you do not believe your concern meets the threshold for reporting to Child Safety, refer the child's family to Family and Child Connect. The family must give their consent to be referred for help.

Call: 13FAMILY or 13 32 64

Notify the service

Where the disclosure indicates that harm may have occurred to a child while in the care of a child care service, the allegation must be reported to the Manager who will report to the Office for Early Childhood Education and Care (refer to 7.03 (c) Allegation of Harm to Child in Child Care Policy > the [Actioning Concerns, Allegations or Disclosure of Harm to Children flow chart](#))

Process following a Referral or Report

If you would like further information about the process following your referral or report, you can discuss this with Family and Child Connect or the support service.

For more information about the Child Safety process following a report, please contact the local child safety service centre or visit www.communities.qld.gov.au/childsafety

You may also discuss any queries with your line manager, a child protection specialist in your agency or with Family and Child Connect on 13FAMILY.

Sharing Information

Sharing information is a key part of ensuring that vulnerable children are protected and supported. The *Child Protection Act 1999* sets out the legal framework for reporting concerns about children to Child Safety and referring families to Family and Child Connect and support services, including intensive family support services. It outlines information sharing rights and responsibilities between professionals, Child Safety and services that support children and families.

When referring or reporting, you are required to act reasonably and honestly and in the child's best interests. Child Safety, Family and Child Connect and other support services that take action to support the child and family must also consider the child's best interests.

Sharing concerns and information about a family with the right service enables a comprehensive assessment, informs decision making and leads to better outcomes that ensure the child's safety. Sharing information can also facilitate a coordinated multi-agency response to families with multiple or complex needs.

Legal Obligation to Report to Child Safety

The Act requires certain professionals, referred to as 'mandatory reporters', to make a report to Child Safety, if they form a reasonable suspicion that a child has suffered, is suffering or is at an unacceptable risk of suffering significant harm caused by physical or sexual abuse, and may not have a parent able and willing to protect them.

Although not specified in the legislation, mandatory reporters should also report to Child Safety, if they form a reasonable suspicion that a child is in need of protection caused by any other form of abuse or neglect.

Under the *Child Protection Act 1999*, mandatory reporters are:

- Teachers
- Doctors
- Registered nurses
- Police officers with child protection responsibilities
- A person performing a child advocate function under the *Public Guardian Act 2014*
- Early childhood education and care professionals.

Doctors and registered nurses are mandatory reporters whether they are employed in the private or public health sector.

Child Safety employees and employees of licensed care services are mandated to report a reasonable suspicion that a child in care has suffered, is suffering, or is at an unacceptable risk of suffering significant harm caused by physical or sexual abuse.

Sharing Information – With Consent

Where possible, you should obtain a family's consent to share information. You do not need written consent to share information. A verbal agreement or acknowledgment is sufficient. It is advisable to document the conversation for your own records.

The table below summarises the circumstances in which consent is required to share information:

Do I need consent to refer or report?*		
I am from	I want to refer or report to	Is consent required?
Child Safety	Family and Child Connect	No
	A support service	No
A particular prescribed entity	Family and Child Connect	No
	A support service	No
	Child Safety	No
Family and Child Connect	Child Safety	No
	Another Family and Child Connect	Yes
	A support service	Yes
An organisation or agency that is not a particular prescribed entity	Child Safety	No
	Family and Child Connect	Yes
	A support service	Yes

***A reasonable suspicion that an unborn child may be in need of protection after they are born may be reported to Child Safety without consent. However, a referral to Family and Child Connect or a support service can only be made with the consent of the pregnant woman, regardless of your profession or the organisation you work with.**

Sharing Information – Without Consent

If you form a reasonable suspicion that a child is in need of protection, you should report your concerns to Child Safety.

In cases where your concerns do not meet the threshold for a report to Child Safety but you consider the child is likely to become in need of protection if no support is provided, the *Child Protection Act 1999* allows certain professionals (see table above) to make a direct referral to Family and Child Connect or a support service to enable support to be offered to the family. Service providers are skilled at engaging families and encouraging them to access support.

The legislative provision that enables direct referrals without consent allows early support to be offered to the family before problems escalate and require statutory intervention. Sharing information takes precedence over a parent’s right to confidentiality or privacy because the safety, welfare and wellbeing of the child is paramount.

Following a direct referral, the family must give consent for any further information sharing with another Family and Child Connect or support service.

Directly Referring Families for Support

Certain professionals from particular entities prescribed under section 159M of the *Child Protection Act 1999* can directly refer families to Family and Child Connect or support services to prevent a child from becoming in need of protection. This enables the professional to provide information about the child or their family to a support service to assess their needs and offer help in a timely manner.

Professionals from particular prescribed entities include:

- The chief executive or authorised officers of the department responsible for administering the Act
- Delegated officers of government:

- Community Services
- Corrective Services
- Disability Services
- Education Services
- Housing Services
- Health Services
- The Police Commissioner
- The Chief Executive of the Mater Misericordiae Health Services Brisbane
- Principals of non-state schools.

If you are not a professional from a particular prescribed entity and not authorised to share information without family consent, you should continue to discuss your concerns with the family and encourage them to either give their consent for you to make a referral or seek support themselves.

A family may initially refuse support but then change their mind once they have had time to consider the offer or if their circumstances change.

For this reason, you should ensure the family has the information to contact appropriate services themselves and, if possible, continue to support and monitor the child and family. If the situation changes and your concerns become more significant, you should reconsider your options for referring or reporting.

Referrals or Reports to the Wrong Service

Referring or reporting your concerns to the most appropriate service leads to a faster response and often better outcomes. The service you refer or report to will gather further information and use their specialist expertise to decide how best to respond, including sharing the information with another service if they determine it is better placed to respond to the concerns.

For example, if you act honestly and reasonably in referring a family to Family and Child Connect or an intensive family support service, and the service assesses that the matter reaches the threshold for a report to Child Safety, they will ask you to report this directly to Child Safety. This ensures that all relevant information can be provided to Child Safety, and protects you as the notifier under the *Child Protection Act 1999*. If the service is unable to gauge whether the report has been made, they will report the matter to Child Safety and provide your contact details in the event that Child Safety requires more information from you.

Identity Disclosure

Many professionals wish to keep their identity confidential when they share information with Child Safety, and confidentiality provisions are in place to allow for this.

However, better outcomes are often achieved when you are open about your concerns and advise the family that you intend to share or have shared their information, particularly when you are referring them to support services. The family will then be more open to addressing their problems, rather than questioning who made the referral or report.

Identifying yourself also makes it easier for you to be part of any plans developed to help the child and family.

When making your referral, advise Family and Child Connect or the support service if you have any concerns about your identity being disclosed to the family.

When sharing information with Child Safety, your identity will remain confidential.

Requests to Share Information

Child Safety or Family and Child Connect can ask you to share information that is relevant to the work they are doing with a child.

Chapter 5A of the Act allows relevant information to be shared between Child Safety, other government agencies and non-government organisations that provide services to children and families. It outlines information-sharing provisions and the circumstances under which relevant information can be shared without the consent of the family in order to meet the protection and care needs of the child.

Although the Act allows relevant information to be shared without the consent of the family in certain circumstances, it is best practice in most cases to seek consent. There may be some instances when it is more appropriate to share the information immediately without seeking consent — for example, Child Safety may seek information from you to inform their decision making during an investigation and assessment.

Protection when Sharing Information with Child Safety

The *Child Protection Act 1999* offers the following protections when you provide information about a child who may be in need of protection, or an unborn child who may be in need of protection once they are born:

- (4) Your identity will not be disclosed unless the disclosure of your identity is permitted under limited exceptions;
- (5) You cannot be held legally liable (for example, for criminal prosecution or a civil suit for defamation or breach of privacy) if you are acting honestly and reasonably;
- (6) You cannot be held professionally liable (for example, for disciplinary action) if you are acting honestly and reasonably.

Sharing Relevant Information

Section 159C of the Act defines 'relevant information' and the circumstances under which it can be shared.

The types of information that may be shared with Child Safety, Family and Child Connect or a support service may include, but is not limited to:

- The progress of a child or family towards achieving the goals of the support or case plan and of the service you provide;
- The views and wishes of the child;
- The views and wishes of family members;
- Any known history of the child suffering harm;
- Any periods that the child has been cared for by other people;
- Any significant issues relating to the child's siblings;
- The child's physical health, including any medical treatment and needs;
- Any psychological and emotional difficulties the child may have;
- The child's education, including any special educational needs;
- Any disabilities the child may have, including any special care they may need;
- Any significant health problems of the child's parents;
- Whether a parent has a mental illness, substance-abuse problem, disability or a history of domestic and family violence;
- Whether a parent is receiving treatment or accessing support for any of the above issues;
- Information about a person who may pose a risk to the child.

Section 13H of the Act authorises mandatory reporters to confer with a colleague employed within their own agency to:

- Form a reasonable suspicion that a child may be in need of protection;
- Take action to respond to suspected harm or risk of harm;
- Report to Child Safety and maintain records about a child who may be in need of protection.

For example, a teacher might discuss their concerns with the school principal so that the principal can make a report to Child Safety and ensure the child is protected at school.

Process following a Referral or Report

If you would like further information about the process following your referral or report, you can discuss this with Family and Child Connect or the support service.

For more information about the Child Safety process following a report, please contact the local child safety service centre or visit www.communities.qld.gov.au/childsafety

For more information about information sharing, reporting to Child Safety, referring to Family and Child Connect or other support services, or the *Child Protection Act 1999*, go to www.qld.gov.au/strongerfamilies

You may also discuss any queries with your line manager, a child protection specialist in your agency or with Family and Child Connect on 13FAMILY.

Relevant Legislation

Queensland Child Protection Legislation

Amendments to the *Child Protection Act 1999*

Education and Care Services National Law Act 2010- Section 167

Education and Care Services National Regulations 2011 – Protection from harm and hazards

Key Resources

Raising Children Network

http://raisingchildren.net.au/articles/dogs_and_children.html

The Royal Children's Hospital, Melbourne

www.rch.org.au/emplibrary/safetycentre/10-DogsnKids.pdf

Child and Youth Health

www.cyh.com/

Staying Healthy in Child Care Preventing Infectious Diseases in Child Care.

www.nhmrc.gov.au/guidelines/publications/ch43

www.nhmrc.gov.au/guidelines/publications/subject/General%20Health%20Information

Family Day Care Australia

www.fdca.com.au

Online Child Safety Referrals: www.communities.qld.gov.au/childsafety

Related Policies

[Appendix H Safe Work Practice](#)

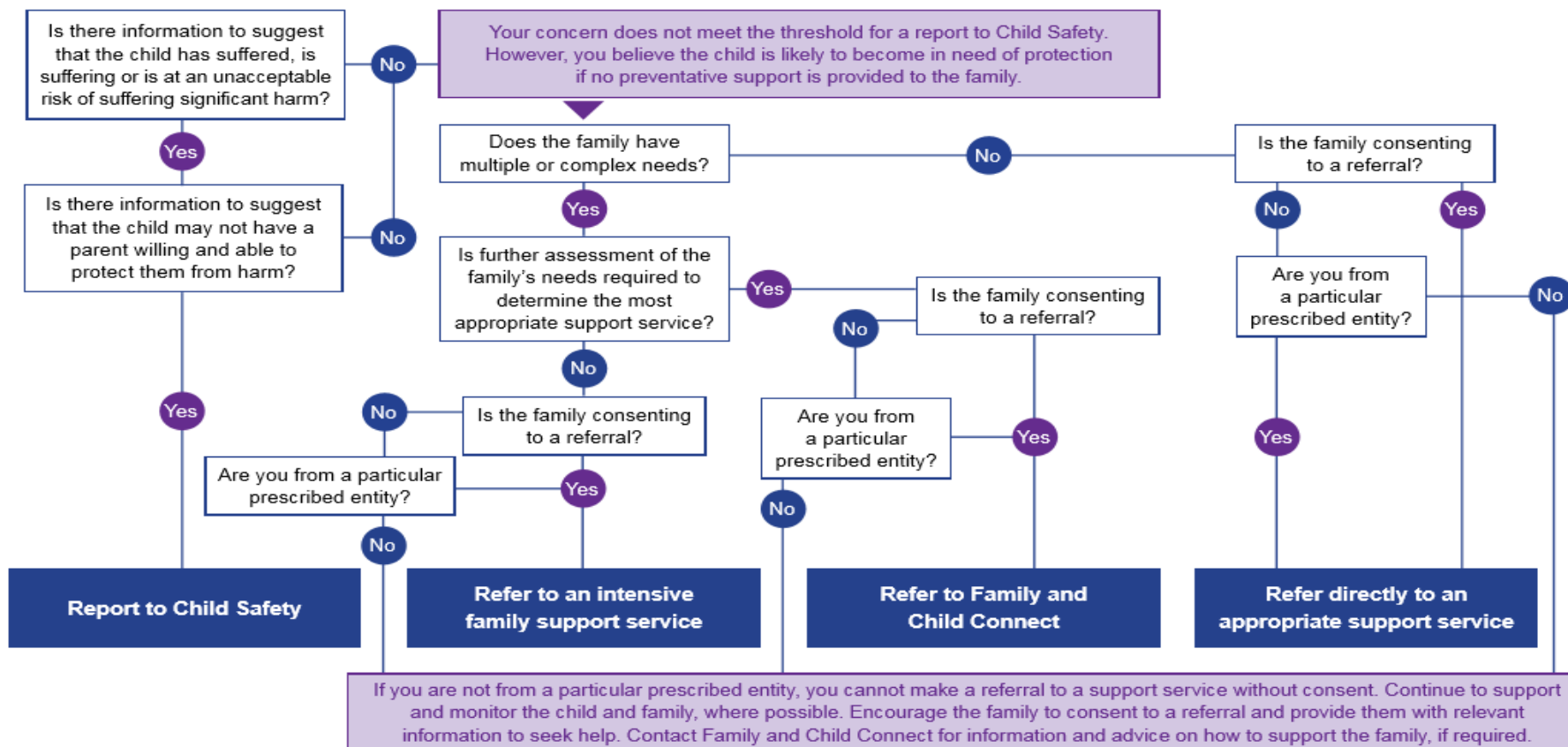
[Appendix I Child Protection](#)

7.3 (b) Process for Child Safety Concerns

Step 1 – Determine who to notify

Either refer to the [Pathways for Reporting and Referring Concerns flow chart](#) (below) OR, use the online [Child Protection Guide](#), (available at www.communities.qld.gov.au/childsafety/protecting-children) to help you decide whether contact Child Safety or Family and Child Connect regarding your concerns. You can also discuss your concerns with your service provider.

Pathways for reporting and referring concerns



Step 2 – Report or refer your concerns

Report to Child Safety

If you have formed a reasonable suspicion that a child has suffered, is suffering, or is at unacceptable risk of suffering, significant harm caused by physical or sexual abuse, and the child does not have a parent willing and able to protect them from harm.

Brisbane: 1300 682 254
South East Queensland: 1300 679 849
South West Queensland: 1300 683 390
North Coast: 1300 703 921

Child Safety After Hours

OR

Refer to Family and Child Connect

If you are concerned about a child, but you do not believe your concern meets the threshold for reporting to Child Safety, refer the child's family to Family and Child Connect. The family must give their consent to be referred for help.

Call: 13FAMILY or 13 32 64

Notify the service

*Where the disclosure indicates that harm may have occurred to a child while in the care of a child care service, the allegation must be reported to the Manager who will report to the Office for Early Childhood Education and Care (**refer to 7.03 (c) Allegation of Harm to Child in Child Care Policy > the [Actioning Concerns, Allegations or Disclosure of Harm to Children flow chart](#)**)*

Process following a Referral or Report

If you would like further information about the process following your referral or report, you can discuss this with Family and Child Connect or the support service.

For more information about the Child Safety process following a report, please contact the local child safety service centre or visit www.communities.qld.gov.au/childsafety

You may also discuss any queries with your line manager, a child protection specialist in your agency or with Family and Child Connect on 13FAMILY.

7.3 (c) Allegation of Harm to a Child in Child Care

Policy number: 7.3(c)
Date last reviewed: July 2017

This policy relates to	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care National Regulations Queensland Child Protection Legislation Amendments to the <i>Child Protection Act 1999</i>	

Purpose

Family Day Care & In Home Care educators', coordination staff and manager are mandatory reporters under the new Child Protection Legislation.

Refer to the same process as policy 7.3(a) Child Protection – Protecting Children and Supporting Families. The person providing the concern will be provided with the information to report as set out in 7.3(a)

This policy has been developed with regards to reporting child protection concerns and referring families to support services. It aims to assist professionals to:

- Understand their role and responsibilities in ensuring vulnerable children are protected and families supported;
- Make confident and informed decisions about referring or reporting concerns about a child's safety or wellbeing;
- Understand the legislative provisions for sharing information about a child and their family;
- Make confident decisions about whether to refer families to Family and Child Connect or support services, or report to Child Safety.

Background

The Queensland child protection system has changed to better support families to keep their children safe by strengthening prevention and early intervention services. Vulnerable families and children now have access to a greater range of high-quality services at the right time to help them to stay safe and stay together.

The Queensland Government is strengthening intensive family support services and domestic and family violence prevention and support services. These services will work with families to get them back on track before their problems escalate and require intervention by Child Safety.

Policy

Queensland Child Protection Legislation

Amendments to the *Child Protection Act 1999* provide the legal framework for sharing information about child protection concerns.

Where the harm is alleged to have occurred to a child or young person in the care of a child care service

(1) *Where the disclosure indicates that harm may have occurred to a child while in the care of a child care service, the allegation must be reported to the Manager.*

- The allegation of harm will be reported in the same process as 7.3 (a) Child Protection – Protecting Children and Supporting Family Policy (refer to the [Pathways for Reporting and Referring Concerns flow chart](#) or use the online [Child Protection Guide](#) to help you decide whether to report to Child Safety or refer to Family and Child Connect) as well as reported to the Office for Early Childhood Education and Care (refer to [Actioning Concerns, Allegations or Disclosure of Harm to Children flow chart](#)). Considerations will include:
 - The risk (or perceived risk) of abuse to the child/children who is/are the subject of the alleged abuse and the risk of other children being cared for in the service;
 - Any advice from, or requests made by, The Office for Early Childhood Education and Care, Child Safety and or the police which may facilitate the investigation of the alleged abuse;
 - What contact the service's service provider or staff should have with the family of the child/children who is/are the subject of the report of alleged abuse and with families of other children who are currently, or have been previously, cared for by the educator;
 - What supportive counselling and other assistance could be offered to families requesting it;
 - Any other issues considered relevant.

A decision on the immediate risk to children in care will be made:

(2) *An immediate risk to children in care is determined and care must cease*

In this case, the educator will be contacted to relinquish care and parents of the children in care will be contacted and asked to arrange other care, effective immediately or seek alternate care within the service.

Depending on the decision the specific nature of the allegation may or may not be able to be shared with the educator. Unless otherwise specified by the police, the confidentiality of the allegation will be protected in all discussions with parents. Regardless of inconvenience to families and implications for educators in these situations, the safety of children in the care of the service will always remain the paramount consideration. Outcomes and management plans will be advised to the Office of Early Childhood Education and Care.

(3) No immediate risk to children is determined and care may continue

If there is not seen to be an immediate risk to children while the investigation is occurring this will be documented and a management plan completed. This plan may include increased monitoring by coordinators.

The outcome and any strategies will be advised to the Office of Early Childhood Education and Care. The educator will be advised as soon as possible after the. Throughout the process confidentiality will be maintained by the service. Only essential staff will be involved in the issue. Reporting within Beaucare will protect the identity of the parties involved.

Decisions made will be reviewed if any new information emerges during the investigation that would affect the well-being or safety of children.

Outcome

When the investigation into the allegation has been completed, discussion will be held to examine the level of ongoing risk to children and may result in:

- Termination of the service contract with the educator; or
- Lifting of the suspension and retention of the educator with conditions imposed; or
- Lifting the suspension and retention of the educator (with or without conditions), with increased monitoring by coordinators; or
- Lifting the suspension with no extra monitoring or conditions.

When making this decision, the service provider would need to consider:

- Whether the information collected indicates that there are ongoing risks to the safety of children in care. This will be the primary consideration; and
- Whether there are other appropriate options available for addressing any of the issues that emerged during the investigation.

If the educator's agreement with the service provider is terminated or conditions are imposed, the service provider will inform the educator of the decision.

Service provider processes will include a debriefing and review for those openly involved in the procedures. Although the issue may be concluded, confidentiality provisions will still apply and may prevent some party's involvement in the review process. Service provider policies and practices may need to be amended if they are proved to be inconsistent with the requirements of the Education and Care Services National Law Act 2010 and the Education and Care Services National Regulations and the Child Protection Act 1999 or could be improved.

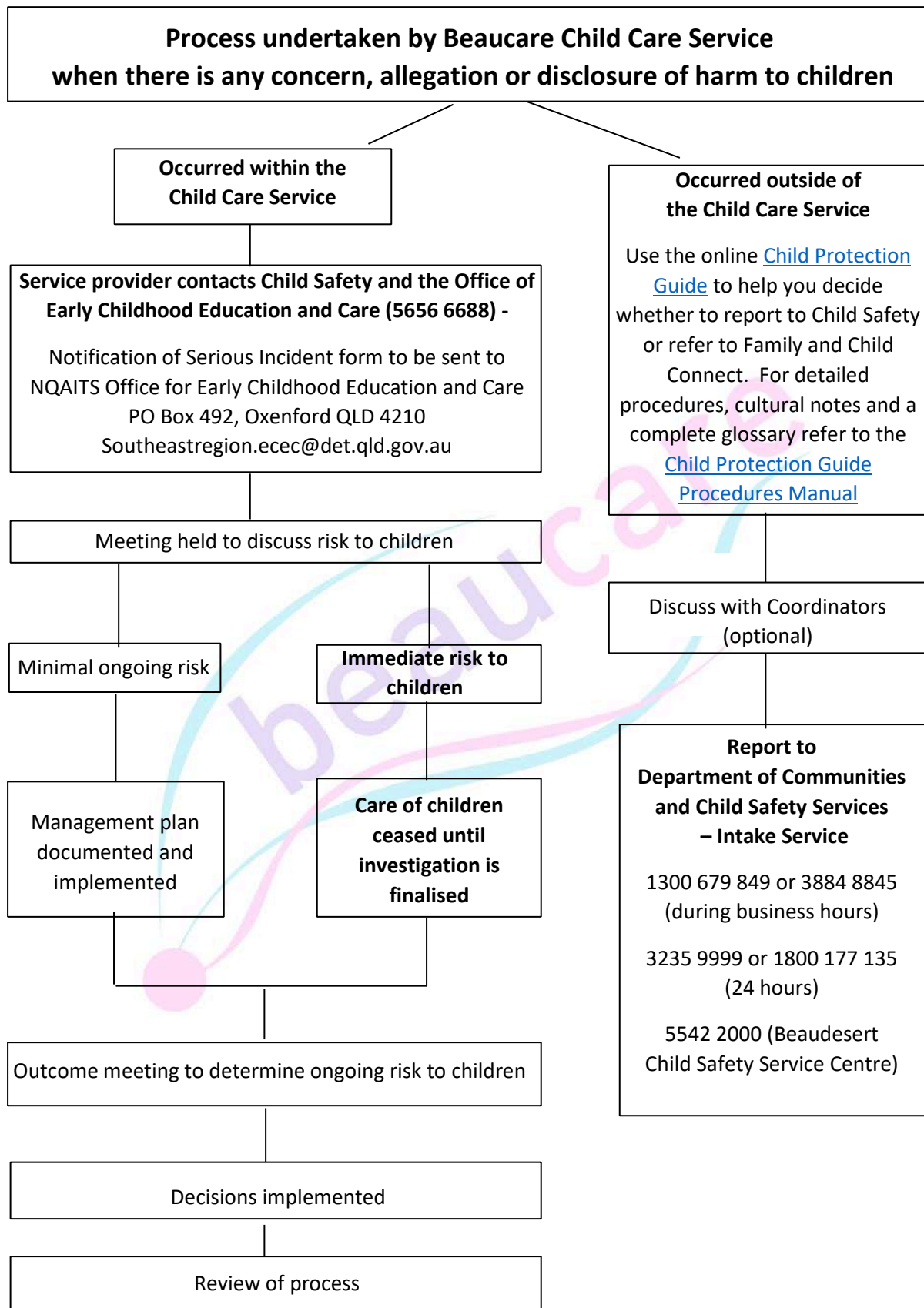
Educator Protection Procedures

Educators are required to keep up to date with current child protection law. This is maintained by participating in child protection training every 2 years. Educators' family members are provided with child protection information and are encouraged to remain familiar with child protection information.

Educators are encouraged to follow the procedures to protect themselves and their families from unfounded allegations and to ensure that children are protected from harm:

- Educators are advised to always record any unusual marks on any of the children or comments made by children in care that cause concern. Educators are required to contact a coordinator if they feel uncomfortable about any situation (such as repetitive bruising) or if a parent and child have a different account of how an injury occurred;
- Educators should follow service provider procedures in the case of incidents and injuries to children in care, including notifying the service provider verbally and completing documentation;
- Educators are reminded of their legal obligation to always maintain duty of care and be actively supervising children at all times. The best way to prevent allegations and incidents occurring is through consistent, active supervision;
- It is not recommended practice to allow children to enter family bedrooms/rooms with older children or leave children alone with family members. Situations like this can give rise to allegations of improper practice by family members. Protective measures for family members and visitors include ensuring that there is always a witness to their interactions with children;
- Actively ensure that children only have access to DVD's, technology, television or books that are age-appropriate and discussed with parents. This is particularly relevant if providing evening or overnight care. Internet use should be physically monitored and should only occur with parent's permission;
- Ensure that children's privacy is respected and individual needs accommodated when toileting, showering or changing clothes. Show respect for children by seeking their permission before checking of nappies and changing or bathing children;
- Model the use of correct terms for body parts and encourage children to refer to their body using correct terms. Discuss and encourage understanding by families that this is a recommended practice by Child Safety authorities. Offer to share service provider resources (books) with families.

Flow Chart – Actioning Concerns, Allegations or Disclosure of Harm to Children



Relevant Legislation

Education and Care Services National Law Act 2010- Section 167

Education and Care Services National Regulations 2011 – Protection from harm and hazards

Key Resources

Raising Children Network

http://raisingchildren.net.au/articles/dogs_and_children.html

The Royal Children's Hospital, Melbourne

www.rch.org.au/emplibrary/safetycentre/10-DogsnKids.pdf

Child and Youth Health

www.cyh.com/

Staying Healthy in Child Care Preventing Infectious Diseases in Child Care.

www.nhmrc.gov.au/guidelines/publications/ch43

www.nhmrc.gov.au/guidelines/publications/subject/General%20Health%20Information

Family Day Care Australia

www.fdca.com.au

Related Policies

7.3(a) Child Protection – Protecting Children and Supporting Families

[Appendix H Safe Work Practice](#)

[Appendix I Child Protection](#)

7.4 Delivery and Collection of Children Policy

Policy number: 7.4
Date last reviewed: April 2017

This policy relates to	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	
HCS	

Purpose

Arrivals and departures of children are key times for parent and educator communication and for welcoming children into care. Educators must ensure that regulations regarding parental authorisation for delivery and collection of children are met.

Policy

A child may only leave the education and care service premises under one of the following circumstances:

- A parent or authorised nominee collects the child;
- A parent or authorised nominee provides prior written authorisation for the child to leave the premises;
- A parent or authorised nominee provides prior written authorisation for the child to attend an excursion;
- The child requires medical, hospital or ambulance treatment, or there is another emergency.

(In this regulation, the term “parent” does not include a parent who is prohibited by a court order from having contact with the child.)

Any continuous period of care for a child must not exceed 23 hours without prior approval from service manager. Hours that the child is attending school are included in this period if the educator is dropping off and collecting the child from school.

Parents nominate the **adult** (over 18 years) who will be delivering and collecting their child from care at the time of registration. It is the service’s policy that only the person nominated on the enrolment registration is authorised to collect children from care. If other arrangements are needed, the service and educator should be notified and HubWorks information updated.

Educators are not to be listed as an emergency contact for any child, and it is not recommended that educator family members are listed as emergency contacts.

Families with custody issues are required to share this information with the service and provide copies of any custody or court orders in place.

If a child at the service appears to be missing or cannot be accounted for, or appears to have been taken or removed from the service premises in a way that breaches the National Regulations, it is considered a serious incident and the educator is required to immediately contact the service and any necessary authorities/emergency services without delay. The service will contact the Regulatory Authority within 24 hours of the incident.

On arrival each day, educators need to receive the child into care. Parents are required to sign and note the actual time of their child coming into care on the sign in sheet. On collection parents are required to sign and note the actual time of collection. These are requirements of the Child Care Benefit legislation and are the responsibilities of parents.

If variation to the booked times of delivery or collection occurs consistently, the booking times should be altered. The educator fee schedule may include a Late Fee if families are consistently late.

On delivery, parents may have useful information regarding their child (e.g. their health or well-being prior to coming into care) to share with their educator. On collection, educators will also have information to share regarding the child's day. Procedures should be in place to allow discussion of sensitive issues out of the hearing of children.

Parents must be allowed access to the Family Day Care service at any time while their child is in care except where this may contravene an order of a court or tribunal.

Emergency Removal of Children

Educators must verify identification documents and contact the service in these situations:

- Where the Regulatory Authority considers on reasonable grounds that there is an immediate danger to the safety, health or wellbeing of a child or children, the Regulatory Authority (with the assistance of others such as police officers or the Department of Communities and Child Safety Service) may take emergency action to remove the child or children from the approved service premises;
- Department of Communities and Child Safety Services have authority to remove children from the approved service due to any circumstance affecting the child where the child has been identified "at risk". This can occur in situations where the child is removed from parental care.

School Children

If a child is attending before or after school care in a Family Day Care setting, the educator is responsible for signing the child out of care upon dropping them to school, and in to care upon collecting them from school. At the end of each day, the parent should countersign the educator's signature/s.

Educators that have children arriving or departing by bus need to have contact details for the bus operator and school documented on the Bus Travel Details form. Educators who have children who walk independently to and from school need to have the route and travel times documented.

In the event that a child is expected to arrive at the educator's home after school on a bus but the bus does not arrive, or the bus arrives without the child, OR if a child is expected to walk themselves to the educator's home but does not arrive by the expected time, the following steps should be taken:

- (1) The educator is to immediately contact the school to try and locate the child;
- (2) The educator should next contact the coordination unit to advise what has occurred;
- (3) If the child has been located at the school, the educator or service will contact the parent to arrange collection of the child;
- (4) If the child cannot be located at the school, the educator should contact the parent to confirm that no alternative arrangements have been made;
- (5) The educator should immediately notify the police if the child is not able to be located.

Relevant Legislation

Education and Care Services National Law Act 2010 Sections 165,167
Education and Care Services National Regulations 2011 99,158-159, 168(2)(f),176

Key Resource

Australian Government Department of Education and Training: *Child Care Service Handbook*
<https://www.education.gov.au/child-care-service-handbook-0>

Related Policies

[Appendix F QIP and Compliance](#)
[Appendix I Child Protection](#)

7.5 Duty of Care, Supervision and Risk Management Policy

Policy number: 7.5

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	2.2.1 Supervision
HCS	

Purpose

Educators need to maintain their duty of care at all times when caring for children and follow sound risk management practices as part of their daily routine.

Policy

Duty of Care is a legal responsibility to care for the safety and well-being of the other party. It is required that an educator, whether at home or elsewhere, will always fulfil their 'duty of care' and ensure the ongoing safety and wellbeing of each child. Educators need to actively supervise children at all times. Supervision is critical to the safety of children.

Active supervision allows an educator to quickly respond to potential risks to children including when a child is distressed or in a hazardous situation. Active supervision also requires educators to be actively involved with children. Every child should always be monitored actively and diligently. The educator needs to know where each child is at all times. The level of supervision should be determined by a range of factors, including:

- Number, ages and abilities of children;
- Each child's current activity;
- Areas where children are playing, in particular the visibility and accessibility of these areas;
- Potential risks in the environment and experiences provided to children;
- The educator's knowledge of each child.

Active Supervision

Educators effectively supervise children by positioning themselves to actively and effectively monitor the environment. Educators should ensure that they do not carry out actions that draw their attention away from active supervision. If educators are required to move away from actively supervising children, they should make sure they are replaced by an approved educator assistant.

Children often challenge their own abilities but are not always able to recognise the potential risks involved. While thoughtful playground and building design can prevent or reduce the severity of injuries, active supervision enables educators to prevent injuries from occurring.

Active supervision can ensure that children's play is enjoyable and their learning opportunities are promoted. Through careful observation, educators can identify opportunities for supporting and building on children's play experiences and identify and respect when children wish to play independent of adult involvement or in individual spaces.

Active supervision is achieved through careful positioning of educators to allow them to observe the maximum area possible. By moving around the areas, educators can ensure the best view possible and that they are always facing the children. Scanning or regularly looking around the areas to observe all the children in the vicinity is useful when educators are supervising a larger group of children. Listening closely to children near and far will assist educators to supervise areas that may not be in the educator's direct line of sight. This is particularly useful when listening out for sleeping babies through a monitor or when supervising more stimulating areas where children may be playing in corners, behind trees or on play equipment.

Observing children's play and anticipating what may happen next will allow educators to assist children as difficulties arise and to respond or intervene in response to risks

Risk Management

Procedure

A critical step in supervising children is assessing the risk through the following Risk Management procedures:

- (1) Identify the hazard;
- (2) Assess the risk caused by the hazard;
- (3) Decide on control measures;
- (4) Implement control measures;
- (5) Monitor and review the effectiveness of the measures.

Risk Assessment and Management

Use the following guidelines with the **Risk Matrix** to assess, categorise and manage risks. Risks should be managed based on the categorisation:

- *High or Extreme* – Requires immediate action.
- *Moderate* – Requires children to avoid the risk area until action plan is implemented.
- *Low* – Requires a documented action plan with a time frame for completion.

Risk Matrix

Risk Matrix		Consequence				
		Insignificant	Minor	Moderate	Major	Catastrophic
Likelihood	Almost Certain	Moderate	High	High	Extreme	Extreme
	Likely	Moderate	Moderate	High	Extreme	Extreme
	Possible	Low	Moderate	High	High	Extreme
	Unlikely	Low	Low	Moderate	High	High
	Rare	Low	Low	Low	Moderate	High

Educators are responsible for conducting and documenting a daily risk assessment of their environment prior to children attending care, which should be monitored throughout the day. Any hazards identified should be recorded on the back of the Daily Safety Audit, along with steps taken to rectify or minimise the risk. The risk assessment needs to be consistent with service policies and educator safety audit checklist.

Risk assessment and supervision must also take into consideration special factors including:

- Developmental levels of children;
- Familiarity of children with the environment and the expectations of limitations/boundaries;
- Behavioural and risk variances within children;
- The makeup of the group and the group dynamics;
- Individual interest levels and abilities of children;
- The challenges or risks that the environment and activities offer;
- The children’s routines;
- The amount of space available and clear sight lines that allow viewing of all areas.

Risk management strategies for high risk activities shall be documented and reviewed annually. Hazards and risks identified by coordinators on home visits shall be documented on a Hazard Identification form, discussed with the educator and a risk rating and plan of action including time frames documented. When the action has been completed, the educator will note on the form and

return a copy to the service. If hazards are not resolved, an Action Plan will be implemented with specific time-frames for completion. Non-compliance with an Action Plan is a breach of service policies and may lead to suspension of service. The service will suspend a service where there is evidence of serious risk to children, if the hazard is not able to be resolved, or if the educator is not willing to resolve the situation.

Risk assessment needs to occur as part of planning for experiences, prior to outings or prior to significant changes in the routine and environment (refer to risk assessment & management plan).

Educators must carry out a risk assessment in accordance with Regulation 101 before an authorisation is sought for an outing. This assessment must identify and assess risks that the outing may pose to the safety, health or wellbeing of any child being taken on the outing, and specify how the identified risks will be managed and minimised.

Risk assessment must occur for all environments that will be used for care prior to children arriving each day. There needs to be documentation to show that risk assessment has occurred prior to children arriving for care (refer to Daily Safety Audit for Educators). Educators will implement risk management strategies to ensure that children remain safe and will use risk management when planning excursions or higher risk care such as overnight care.

Risk management plans for high risk activities and special events are to include changes to the care environment and renovations identified that may pose a risk to children. It is the responsibility of the educator to provide the service with prior notice of:

- Any proposed renovations to their residence or venue, e.g. installing a pool;
- Any changes in their residence or venue that vary the documented safety audit and have the potential to pose a risk to children, e.g. acquiring a pet;
- Any other significant changes to the residence or venue that will affect the education and care provided to children as part of the service.

Relevant Legislation

Education Care Services National Law Act 2010 167
Education and Care Services National Regulations 2011
51(1)(a) Conditions on service approval (safety, health and wellbeing of children)
165 Offence to inadequately supervise children
167 Offence relating to protection of children from harm and hazards
169 Offence relating to staffing arrangements
170 Offence relating to unauthorised persons on education and care service premises
100 Risk assessment must be conducted before excursion
101 Conduct of risk assessment for excursion
102 Authorisation for excursions
116 Assessment of family day care residences and approved family day care venues
161 Authorisations to be kept in enrolment record
168 Education and care service must have policies and procedures

Child Protection Act 1999

Standards Australia: *Risk Management Guidelines Companion to AS/NZS 4360:2004*
<http://www.standards.org.au/Pages/default.aspx>

Key Resources

Commission for Children & Young People and Child Guardian: Working with Children Kit

www.ccypcg.qld.gov.au/pdf/media/WWCKit070704.pdf

Commission for Children & Young People and Child Guardian: Risk Management Strategy Toolkit

www.ccypcg.qld.gov.au/pdf/risk/risk_management_info_sheet.pdf

Child Safe Risk Management System

www.childsafe.org.au

Kid safe QLD

www.kidsafeqld.com.au

Community Services QLD Government

www.communityservices.qld.gov.au

http://ww2.rch.org.au/emplibrary/econnections/CCH_Vol9_No1_March2006.pdf

www.rch.org.au/econnections/publications/index.cfm?doc_id=11283

Family Day Care Australia

www.fdca.com.au

Related Policies

[Appendix F QIP and Compliance](#)

[Appendix H Safe Work Practice](#)

[Appendix I Child Protection](#)

7.5 (a) Safe Sleeping and Rest Time Policy

Policy number: 7.5a

Date last reviewed: September 2017

This policy relates to	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	2.1.1 Wellbeing and Comfort
Related National Law and National Regulations	Section 51(1)(a) Conditions on service approval (safety, health and wellbeing of children) Regulation 81 Sleep and rest Regulation 168(2)(a)(v) Education and care service must have policies and procedures in relation to sleep and rest for children
HCS	
Resources	<ul style="list-style-type: none"> ▪ Red Nose – Safe Sleeping Practices https://rednose.com.au/section/safe-sleeping ▪ Health Direct – Sudden Infant Death Syndrome (SIDS) https://www.healthdirect.gov.au/sudden-infant-death-syndrome-sids ▪ KidSafe Australia – Safe Sleeping for Infants http://www.kidsafe.com.au/Safe%20Sleeping%202012%20national.pdf

Purpose

Procedures are set to ensure that all children have a safe sleeping environment. An approved service must take reasonable steps to ensure that children’s needs for sleep and rest are met, having regard to each child’s age, development and needs.

Regulation 81 and National Quality Standards 2.1.1

On enrolment children’s sleep and rest routines will be discussed with parents and educators will try to meet individual needs to assist with sleep patterns.

Background

Educators are required to follow recommendations by Red Nose with regards to safe sleeping. Circumstances for children with specialist needs for sleeping will need to have support documentation for any practice that is outside of the policy and Sudden Infant Death Syndrome (SIDS) recommendations. Changes will not occur based on parent’s direction due to risks to children.

Policy

Educators are required to follow recommendations by Red Nose with regards to safe sleeping. Discussion is to occur with families at enrolment time to include usual sleep practices at home and to ensure parents are aware of policy requirements. We respect that parents may have different practices at home and that making changes may cause some difficulties in settling a child into care, however the policies are based on meeting safety requirements and will need to be followed by the educator. If educators or families have any concerns they are very welcome to call the office and discuss further.

It is recommended to use the *Infant Routine Form* with new families to identify any issues prior to the family starting care so that there can be discussion about SIDS requirements. Parents may be able to transition routines prior to the child starting care to assist with settling the child into care e.g. if a child is used to going to sleep with a bottle in their cot, this would not be able to occur in Family Day Care and the parent may be able to make changes to the practice so that it is easier for the child when they start care.

All Children

- Children should sleep and rest with their face uncovered.
- Supervision planning and the placement of educators across a service should ensure educators are able to adequately supervise sleeping and resting children.

Individual Children

Ensure that children who do not wish to sleep are provided with alternative quiet activities and experiences, while those children who do wish to sleep are allowed to do so, without being disrupted. If a child requests a rest, or if they are showing clear signs of tiredness, regardless of the time of day, there should be a comfortable, safe area available for them to rest (if required). It is important that the opportunities for rest and relaxation, as well as sleep, are provided.

Consider that there are a range of strategies that can be used to meet children's individual sleep and rest needs.

Look for and respond to children's cues for sleep (e.g. yawning, rubbing eyes, disengagement from activities, crying, decreased ability to regulate behaviour and seeking comfort from adults).

Avoid using settling and rest practices as a behaviour guidance strategy because children can begin to relate the sleep and rest environment, which should be calm and secure, as a disciplinary setting.

Minimise any distress or discomfort.

Acknowledge children's emotions, feelings and fears.

Understand that younger children (especially those aged 0-3 years) settle confidently when they have formed bonds with familiar carers.

Sleep Rooms

- Ensure the physical environment is safe and conducive to sleep. This means providing quiet, well-ventilated and comfortable sleeping spaces. Wherever viewing windows are used, all children should be visible to supervising educators.
- Children's sleep and rest environments should be free from cigarette or tobacco smoke.
- Sleep and rest environments and equipment should be safe and free from hazards;
- Doors to sleep rooms must remain open unless the room is fitted with a functioning smoke detector that is tested annually.
- Sleep rooms need to allow for a comfortable and safe sleep environment this includes ventilation of air and regulated temperatures of the room, ability to close curtains or darken the room in some way to create a restful environment.

Supervision

- Supervision requirements of sleeping children should include an assessment of each child's circumstances and needs to determine any risks. Factors to be considered include the age of the child, medical conditions (e.g. small babies or children with colds; chronic lung disorders), individual needs and history of health and/or sleep issues. A higher level of supervision may be required while the child is sleeping.
- Educators should closely monitor sleeping and resting children and the sleep and rest environments. Listening for children is not a fail-safe form of supervision for young children. Visual checking/inspecting at regular 15 minutes is the recommendation and should occur for all children in care when they sleep, and be documented using *The Sleep Checklist*.
- Sleeping children should always be within sight and or hearing distance so that educators can assess the child's breathing and colour of their skin to ensure their safety and wellbeing. Rooms that are very dark and have music playing may not allow adequate supervision of sleeping children.
- Checking infants regularly is recommended every 15 minutes to ensure that the child has not rolled onto their stomach and is breathing comfortably. The Sleep Checklist is to be used to document regular checking of all children in care when they sleep recommended every 15 minutes.
- If an infant, particularly under the age of 6 months, has rolled onto their stomach, they need to be placed back on their back.
- Infants that fall asleep in a pram or baby swing, car seat should be removed and placed on their back in the cot.

Older Children

- Individual beds and bedding should be provided for each child needing a rest.
- Linen for individual children should be stored in bags if not being used.

- No child is to sleep on a waterbed or beanbag.
- Children over the age 18 months are generally old enough to sleep on a mattress on the floor, or in a regular bed with guard-rails.
- Due to risk of falls, the top bunk needs to be made inaccessible. Children under 9 years should not be allowed on the top bunk of bunk beds. (The risk and incidence of bunk bed injuries does not substantially reduce until children reach nine years of age).
- Beds should be in good condition and easily cleaned. Beds must meet the needs for the age, size and comfort of each child.

Babies and Toddlers

- If being used, a dummy should be offered for all sleep periods. Dummy use should be phased out by the end of the first year of a baby's life. If a dummy falls out of a baby's mouth during sleep, it should not be re-inserted.
- Babies or young children should not be moved out of a cot into a bed too early; they should also not be kept in a cot for too long. When a young child is observed attempting to climb out of a cot, and looking like they might succeed, it is time to move them out of a cot. This usually occurs when a toddler is between 2 and 3.5 years of age, but could be as early as 18 months. Download the Red Nose brochure ["Cot to Bed Safety: When to Move Your Child Out of a Cot"](#) for more information.

To reduce the risk of SIDS, educators are to follow the outlined recommendations in the brochure "Red Nose Safe Sleeping" for all children under the age of 2 years which states:

Sleep Baby on the Back from Birth, Not on the Tummy or Side

Babies should be placed on their back with feet at the bottom of the cot when first being settled. Red Nose does not recommend using positional devices such as items that fasten baby in a sleeping position as there are no Australian Standards for these products. Once a baby has been observed to repeatedly roll from back to front and back again on their own, they can be left to find their own preferred sleep or rest position (this is usually around 5 to 6 months of age). Babies aged younger than 5 to 6 months, and who have not been observed to repeatedly roll from back to front and back again on their own, should be re-positioned onto their back when they roll onto their front or side.

NOTE: Healthy babies placed to sleep on their back are less likely to choke on vomit than tummy sleeping infants. Actively supervised tummy time is important and encouraged for all babies when they are awake.

If a medical condition exists that prevents a baby from being placed on their back, the alternative practice should be confirmed in writing with the service, by the child's medical practitioner.

Sleep Baby with Head and Face Uncovered

Ensure there are no pillows, bumpers, blankets quilts, doonas, duvets, pillows, cot bumpers, lamb's wool/sheepskins and soft toys in the cot. Dress baby appropriately to avoid the need for blankets, or use a safe baby sleeping bag. Remove all head coverings and hooded clothing before sleeping.

Babies over 4 months of age can generally turn over in a cot. When a baby is placed to sleep, educators should check that any bedding is tucked in secure and is not loose. Babies of this age may be placed in a safe baby sleeping bag (i.e. with fitted neck and arm holes, but no hood). At no time should a baby's face or head be covered (i.e. with linen). To prevent a baby from wriggling down under bed linen, they should be positioned with their feet at the bottom of the cot.

If a baby is wrapped when sleeping, consider the baby's stage of development. Leave their arms free once the startle reflex disappears at around 3 months of age, and discontinue the use of a wrap when the baby can roll from back to tummy to back again (usually 4 to 6 months of age). Use only lightweight wraps such as cotton or muslin. Visit the Red Nose website to download the information statement ["Wrapping Babies"](#) and the brochure ["Safe Wrapping"](#) for more information.

Keep Baby Smoke Free Before and After Birth

Ensure the environment is free of tobacco smoke, alcohol and illicit drugs at all times. There is an increased risk of SIDS when babies are exposed to tobacco smoke.

Provide a Safe Sleeping Environment Night and Day

Cots, mattresses and environments that are unsafe increase the risk of sudden unexpected infant death. Refer to the information contained in "Safe Cot", "Safe Mattress" and "Safe Bedding" sections included in this policy.

Sleep Baby in their Own Safe Sleeping Place in the Same Room as an Adult Caregiver for the first Six to Twelve Months

A portable cot which has been specifically designed as an infant sleeping environment can be used for daytime sleeps and moved from room to room for adult supervision. If a baby needs to be slept in a separate room, they should always be within hearing of the educator and should be visually checked/inspected every 15 minutes which is to be documented using *The Sleep Checklist*.

Encourage Breastfeeding

Ensure breastfeeding is encouraged in the Family Day Care environment, as studies have shown that breastfeeding reduces the risk of SIDS.

New educators are required to watch the Red Nose DVD, and answer the corresponding questionnaire, prior to commencing care. Coordinators will schedule occasional visits to coincide with sleep time to observe educator's safe sleeping practices. Educators should display Red Nose resources and information in their service, and encourage parents to practice safe sleeping techniques at home.

Safe Cots

Babies spend time alone in cots so it is important that a safe sleeping environment is provided. Statistics show that babies can get into dangerous situations when sleeping. Risks include:

- Suffocating under bedding;
- Choking on toys or other objects;
- Becoming caught between the cot side and mattress;
- Becoming strangled on cords and ribbons;
- Entrapment hazards - spaces between panels or bars which a child's head, limbs or hands can get caught;
- Snag points – protrusions on which clothing can catch and hang a child.

To ensure safe sleeping environments for babies and young children, all cots sold in Australia must meet the current mandatory Australian Standard for Cots (AS/NZS 2172), and carry a label to indicate this, and be used for the age and weight of children specified on the cot's directions.

- All portable cots sold in Australia must meet the current mandatory Australian Standard for children's portable folding cots, AS/NZS 2195, and should carry a label to indicate this. Port-a-cots may only be used with children who weigh less than 13.5 kilos, are less than 85cm in length or who are generally less than 18 months. Educators need to ensure that this is discussed with families prior to starting care.
- Wooden cots should be set the lowest height as soon as the baby is able to sit. Wooden cots can be used at the lowest height until a child is 2 years of age or a climbing risk is posed by the child.
- Bassinets, hammocks and prams/strollers do not carry safety codes for sleep. Babies should not be left in a bassinet, hammock, pram/stroller, swings or car seats to sleep as these are not safe substitutes for a cot, do not meet the requirements of SIDS and may increase risks to children.
- Linen for individual children should be stored in bags if not being used.

Cots used at a service should meet current standards. Download the guide to infant and nursery products publication – [“Keeping Baby Safe”](#) - for more information from the Australian Competition and Consumer Commission's website.

It is recommended when purchasing porta cots that they have mostly mesh sides for breathability. Educators with older porta cots are recommended to transition cots over time to have porta cots that have mostly mesh sides.

Critical Cot Dimensions

- Minimum depth: should be at least 500mm from the top of the mattress to the lowest point on any side. Only use the size of mattress recommended by the manufacturer.

- Space between bars: need to be between 50mm and 85mm (any wider and a serious head entrapment is created).
- Spaces between bars and mattress sides: Should not be more than 25mm. An infant can roll face down into a gap and have difficulty rolling over.
- Finger traps: There should be no spaces between 5mm and 12mm.
- Arm and leg traps: There should be no spaces between 30mm and 50mm.
- Protrusions: There should be no protrusions more than 8mm within the cot that are accessible to the child. Clothing can be caught on these and strangle a child.

Maintenance

- Ensure there are no more than two legs with castors or that the castors have brakes engaged.
- Ensure bases on adjustable base cots are moved to their lowest setting as soon as the child is able to sit unaided. There should only be two base height positions.
- If the cot has been painted, ensure the paint is lead free. Lead paint is toxic and when babies are teething they may chew the cot bars and swallow the lead paint. If unsure if the paint is leaded, do not use the cot until it has been checked (the paint can be tested).
- Make sure that all bolts and screws are tight and that catches on the cot-side can't be undone by small fingers.
- Ensure the cot does not have any sharp edges or corners, or holes that fingers can be poked into.
- Ensure cots have high sides i.e. from the top of the mattress to top of cot side needs to be at least 500mm. This is important because as babies grow and can pull themselves to a standing position in the cot they are at risk of falling over the side.
- Cots should be kept clean and safe at all times. Cots are only to be used for infant sleeping and are not to be used to store toys/equipment. Cots should not be used as a play area for babies or children.

Safe Cot Mattresses

Mattresses should be in good condition; and completely free from tears as exposed foam padding can lead to choking and is harmful to infants. They should be clean, dry, dust free, firm and flat, and fit the cot base with not more than a 20mm gap between the mattress sides and ends. A firm sleep surface that is compliant with the new AS/NZS Voluntary Standard (AS/NZS 8811.1:2013 Methods of testing infant products – Sleep surfaces – Test for firmness) should be used.

Mattresses should not be elevated or tilted. Testing by hand is not recommended as accurate in assessing compliance with the AS/NZ Standard.

Remove any plastic packaging from mattresses.

Ensure waterproof mattress protectors are strong, not torn, and a tight fit.

In portable cots, use the firm, clean and well-fitting mattress that is supplied with the portable cot. Do not add any additional padding under or over the mattress or an additional mattress.

If a cot is used for more than one child, sheets and bedding must be cleaned, changed and the cot disinfected after each child's use.

Sheets and bedding are to be washed as needed or weekly.

Safe Bedding

Light bedding is the preferred option; it should be tucked in to the mattress to prevent the child from pulling bed linen over their head.

Remove pillows, doonas, loose bedding or fabric, lamb's wool, bumpers and soft toys from cots.

Soft and/or puffy bedding in cots is not necessary and may obstruct a child's breathing. For more information, download the information statements – [“Pillow Use”](#), [“Soft Toys in the Cot”](#) and [“Bedding Amount Recommended for Safe Sleep”](#) from the Red Nose website.

Safe Placement/Location of Bedding

Cots must only be placed in rooms that have been safety checked and approved by the coordination unit. Ensure a safety check of sleep and rest environments is undertaken on a regular basis.

If hazards are identified, lodge a report as instructed in the service's policies and procedures for the maintenance of a child safe environment.

- Cots and mattresses are not to be placed near windows, heaters, electrical appliances or power points (to reduce the risk of injuries from falls, burns and electrocutions).
- Cots and mattresses must not be placed near any hanging cords or strings from curtains, blinds, mobiles or electrical devices to avoid risks of strangulation.
- The space above the cot must be free of objects such as pictures or mirrors that could fall on the child.
- Toys, cushions, pillows and cot bumpers are not to be used in infant cots as part of SIDS guidelines.
- Small objects that could cause the child to choke should not be placed in the cot or anywhere accessible to the child. (Anything smaller than a ping pong ball is a choking hazard to an infant).

- Electric blankets, hot water bottles and wheat bags must not be used for babies or young children while in cots or on mattresses.
- Do not place anything (e.g. amber teething necklaces) around the neck of a sleeping child. The use of teething bracelets (e.g. amber teething bracelets) is also not recommended while a child sleeps.

Planning for Rest Times

Rest times are to be planned for as part of the daily routine, with consideration given to safety, lighting, sound, temperature and ventilation for all children resting. Educators should accommodate individual children's needs, especially infant and toddler routines and the needs of children who do not sleep.

- Children who have suffered a high temperature or head injury should not be going to sleep in care and need to be sent home as they may require medical attention.
- If a child has been unwell in the morning it is better for the child to leave care prior to rest time, small children may not be able to verbalise that they are feeling unwell and temperatures can increase when an infant is sleeping- bringing on risks for febrile convulsions.
- Consideration should be given to the temperature of the room/day prior to putting a child to sleep, check clothing for safety and temperature.
- Checking with parents in the morning about the child's previous day/night is important to know when they might be tired. Expecting a child to go to sleep at the exact same time each day is not reasonable and can create stress for the child and educator e.g. if the child has slept in until late morning they may not go back to sleep for a morning rest at care.
- Many variances can affect a child's sleep routine, changes in the home, routine, weather, if they are hungry, health changes, noise, level of activity in the environment prior to rest time, during rest time, nappy change requirements/toileting. If a child is not settling well all factors should be considered.
- If a child is not settling for a rest time it is reasonable in some situations to contact the parent to discuss if there have been any changes that might be affecting the child.
- There are times that parents ask for children not to rest in care due to sleep issues occurring at night time or the home. It should be explained to the parent that it is a requirement for all children to have a rest time, this might look differently for individual children based on their needs. Children will not be forced to have a sleep but a quiet rest time is a healthy practice for all children. Educators are not expected nor should they try to keep children awake when they are showing signs of being tired and want to go to sleep.
- The coordination staff are happy to assist educators and families to develop good practice to assist children to have a happy, safe and restful time when they are in care.

- Children who do not sleep and just have a rest time can be given quiet activities to do while other children sleep, this can depend on how the educator plans for this time of day.

Relevant Legislation

Education and Care Services National Law Act
Education and Care Services National Regulations
National Quality Framework

Key Resources

www.fairtrading.qld.gov.au

www.fairtrading.qld.gov.au/safety-initiatives.htm

www.fairtrading.qld.gov.au/Product-safety-warnings.htm

Red Nose Safe Sleeping brochure and information sheets for Safe Sleeping Practices

www.rednose.com.au/section/safe-sleeping

Kid Safe Qld

<http://www.kidsafeqld.com.au/publications/factsheets>

KidSafe Australia – Safe Sleeping for Infants

<http://www.kidsafe.com.au/Safe%20Sleeping%202012%20national.pdf>

Health Direct – Sudden Infant Death Syndrome (SIDS)

<https://www.healthdirect.gov.au/sudden-infant-death-syndrome-sids>

Family Day Care Australia

www.fdca.com.au

Baby Bedroom Australia

www.babybedroom.com.au/Australian-cot-safety-standard

Product Safety Recalls Australia

www.recalls.gov.au/content/index.phtml/itemId/952911

Australian Competition and Consumer Commission

www.accc.gov.au/content/index.phtml/itemId/142

Keeping Baby Safe

<https://www.accc.gov.au/publications/keeping-baby-safe-a-guide-to-infant-and-nursery-products>

Red Nose information sheet - Pillow Use

www.rednose.com.au/article/pillow-use

Red Nose information sheet - Soft Toys in the Cot

www.rednose.com.au/article/soft-toys-in-the-cot

Red Nose information sheet – Bedding Amount Recommended for Safe Sleep

www.rednose.com.au/article/bedding-amount-recommended-for-safe-sleep

Red Nose information sheet – Wrapping or Swaddling Babies

www.rednose.com.au/article/wrapping-babies

Red Nose brochure – Cot to Bed Safety: When to move your Child out of a Cot?

www.rednose.com.au/downloads/Cot_to_Bed_Brochure.pdf

Related Policies

[Appendix H Safe Work Practice](#)

7.6 Emergencies and Evacuation Policy

Policy number: 7.6

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	
HCS	

Purpose

As part of risk management, educators are required to have emergency plans and practice emergency evacuation every 3 months.

Policy

An emergency or evacuation could be the result of fire, flood, bushfire, chemical spill, bomb scare, severe weather condition or child protection issue.

Emergency and Evacuation Procedures Regulation 97

The emergency and evacuation procedures required under regulation 168 must set out:

- (1) Instructions for what must be done in the event of an emergency; and
- (2) An emergency and evacuation floor plan.

For the purposes of preparing the emergency and evacuation procedures, the service must ensure that risk assessment is conducted to identify potential emergencies that are relevant to the service:

- (1) The emergency and evacuation procedures are rehearsed every 3 months; and
- (2) The rehearsals of the emergency and evacuation procedures are documented.

The approved provider of an education and care service must ensure that a copy of the emergency and evacuation floor plan and instruction are displayed in a prominent position at eye level near each exit at the education and care service premises, including a family day care residence and approved family day care venue.

Evacuation Plan

Each educator should have a documented evacuation plan for fire and other emergencies for their residence. **Refer the Emergency Evacuation Plan Example below.**

Copies need to be displayed at all exit points in accordance with Education and Care Services National Regulations. The plan should be displayed for parents to view with a copy held on scheme records. Evacuation plans should reflect possible reasons for evacuation and consider where the children might be at different times of the day e.g. playing, sleeping or eating meals. The plan should note a meeting place in the event of an evacuation, indicate the position of smoke alarms, fire blanket and/or fire extinguisher and first aid kit.

The emergency evacuation plan should include steps to be followed in the event of an evacuation including:

- (1) Sound alarm;
- (2) Remove all children and adults through exit points;
- (3) Ring 000, advise Fire Service of exact address, extent of fire and if everyone is out of the building;
- (4) Contact service – Beaucare (07) 5541 3588;
- (5) The last person out should close doors to contain the fire;
- (6) Meet at Assembly/meeting point and complete a head count;
- (7) Remain at meeting point and wait for Emergency Services.

It is recommended that the plan should also indicate the position of smoke alarms, fire blanket and/or fire extinguisher, first aid kit and where the emergency contact details of all children at the service are kept.

The service requires an up to date copy of the emergency evacuation plan prior to educators starting with the service. It is the educator's responsibility to update this plan and advise the service as needed. Educators are encouraged to discuss the evacuation in advance with children and assist children to learn strategies like "Stop, Drop, Roll" if their clothes catch fire or "Get down low and go, go, go" in case of a fire evacuation.

Evacuation drills must be documented and evaluated on the effectiveness of the procedures and practice.

It is recommended that an emergency evacuation drill be conducted within the first 2 weeks of new children commencing care.

Each home and workplace must have ready access to an operating telephone that is available at all times for sending and receiving calls. Telephones should be located where educators can easily access them without leaving children unsupervised. If this is a mobile phone, it must be capable of making and receiving calls i.e. that is not locked for outgoing calls, out of a service area or out of credit. Children should be instructed in the use the telephone to aid in an emergency.


Each home must have an adequate number of smoke alarms which are tested regularly and batteries replaced as needed, or at least annually. Rooms where doors will be closed for resting children must have a smoke detector or doors must remain open.

Each home is required to have a working fire extinguisher and/or fire blanket readily accessible near areas where fires could start (e.g. the kitchen). During induction, educators are given Work Instruction sheets on the operation of both fire extinguishers and fire blankets. It is recommended that educators complete fire safety training or watch an instructional fire safety DVD every 2 years.

Fire extinguisher gauges should be checked regularly to ensure they are in working order, and if there are any concerns they should be checked by a professional or replaced.

Plans should be forwarded to the service to allow a copy to be retained.

Emergency Evacuation Plan Example

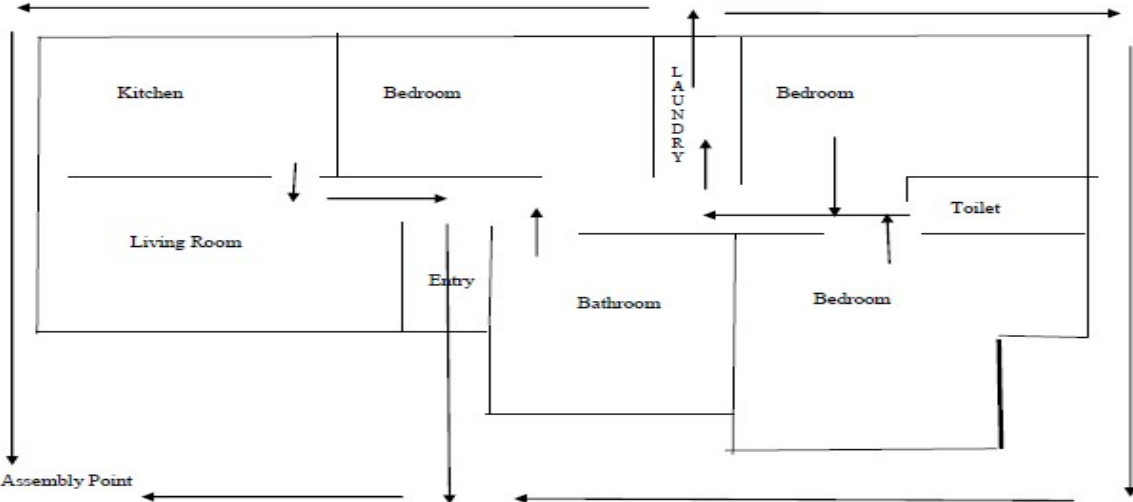


**BEAUCARE CHILD CARE SERVICES
EMERGENCY EVACUATION PLAN**

Draw a floor plan of your home (see second page)
 Mark exit points from each room (windows and doors)
 Include position of smoke alarms
 Fire Blankets&/extinguisher
 First Aid Kit
 List of children's emergency contacts
 Mark a meeting/assembly place at the front of the house or in a safe location

Emergency Evacuation Plans must be displayed at each exit of the home.

Example evacuation plan for a domestic family dwelling



Include on the plan simple steps to follow in the event of an evacuation

1. Sound alarm
2. Remove all children and adults through exit points
3. Ring 000, advise Fire Service of exact address, extent of fire and if everyone is out of the building
4. Contact service—Beaucare 5541 3588
5. The last person out should close doors to contain the fire.
6. Meet at Assembly/meeting point and complete a head count.
7. Remain at meeting point & wait for Emergency Services

<p>Office use only</p> <p>Form received.....</p> <p>Evacuation Plan copied.....</p> <p>Copy placed in visit folder.....</p>	<p>Do you require copies? Yes No</p> <p>If yes how many?</p> <p>Original returned to educator</p>
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Floor Plan of Child Care Venue

As a means to assist in planning how your home is to be used for childcare, all educators are requested to prepare a floor plan of the home indicating the following:

- Any room or areas that are *out of bounds* to children;
- Areas which are to be used for children sleeping;
- Area where children's bags/belongings are to be stored;
- Area where meals are to be served;
- Shaded outdoor areas and what they are to be used for;
- Areas for messy playing;
- Cosy/quiet areas;
- Space to store ongoing projects;
- Space for school-aged activities;
- Areas where dogs may be fenced separately if required;
- Location of emergency contact list/book;
- It is recommended that each plan should identify where you are with closest exit point identified.

Changes to areas used/accessed by children will need the floor plan to be updated.

Plans should be forwarded to the service to allow a copy to be retained.

Emergency Plans

It is recommended for educators to plan for emergency situations that may affect their environment including bushfires, floods and other natural disasters. Educators need to make appropriate plans in the event of an emergency to include consideration of who they would call on to assist them with the supervision of children until parents were able to collect the children, or if they needed to call an ambulance or emergency service.

It is recommended that educators consider what they would do in the event that one of their own family members had an emergency. It is recommended that educators register their service with local emergency services (e.g. rural fire brigade) so that in an emergency the emergency services will know that they are operating a childcare service. Educators should also consider what their emergency plan would be in the event of a bomb scare, hostage situation or other emergency caused by people.

The educator is only able to absent themselves from their role as educator of the children if there is an approved assistant educator at the home. This includes the situation if an ambulance is called or there is an emergency that affects the educator or their own family members.

An educator cannot attend to an external emergency affecting their own family or go with the ambulance if there are other children who remain in care. It is the decision of the ambulance to wait for the parent to arrive or transport the child without an accompanying adult.

Family Day Care Educator Assistant Regulations

If an approved assistant educator is at the home, they must be approved by Beaucare Family Day Care and meet all requirements according to the Education and Care Services National Regulations 144,163,136:

Regulation 144

- (1) An approved provider of a family day care service may approve a person to assist a family day care educator in providing education and care to children as part of a family day care service in the circumstances set out in sub-regulation (2).
- (2) An approved family day care educator assistant may assist the family day care educator by:
 - a. in the absence of the family day care educator, transporting a child between the family day care residence of approved family day care venue and:
 - o a school;
 - o another care and education service or children's service; or
 - o the child's home.
 - b. providing education and care Outputs achieved in to a child, in the absence of the family day care educator, in emergency situations, including when the educator requires urgent medical care or treatment;
 - c. providing education and care to a child, in the absence of the family day care educator, to attend an appointment (other than a regular appointment) if:
 - o the absence is for less than 4 hours; and
 - o the approved provider of the family day care service has approved that absence; and
 - o notice of that absence has been given to the parents of the child.
 - d. providing assistance to the educator while the educator is educating and caring for children as part of a family day care service.

- (3) An approved provider must not approve a person under sub-regulation (1) unless the family day care educator provides the written consent of a parent of each child being educated and cared for by the educator to the use of the assistant in the circumstances set out in sub-regulation (2)

Regulation 136

The approved provider of a family day care service must ensure that each family day care educator and family day care educator assistant engaged or registered with the service (refer codes available at www.acecqa.gov.au):

- a. holds a current approved first aid qualification; and
- b. has undertaken current approved anaphylaxis management training; and
- c. has undertaken current approved emergency asthma management training.

Regulation 163

The approved provider of a family day care service must take reasonable steps to ensure that a person who is a family day care educator assistant at a family day care residence or approved family day care venue is a fit and proper person to be in the company of children. The approved provider must consider one of the following in respect of the person:

- a. current working with children check, working with children card or working with vulnerable people check issued on the basis of a criminal history record check;
- b. current teacher registration.

Although risk management can be planned, it is not possible to plan for all situations. The service will assist wherever possible by having a coordinator attend the educator's home/site to support the emergency situation.

All families give permission for a Beaucare Coordinator to be the assistant educator in an emergency situation by signing the Parent Care Arrangement form at enrolment. This will occur in situations where it is possible. Where there will be delay in the arrival of the assistant educator the educator is required to continue to care for the children and arrange for their collection. The educator must not leave the children in care with anyone for any reason unless they are an approved educator assistant with Beaucare.

All families enrolling with Beaucare will be advised through the parent handbook and enrolment process that in an emergency situation they are accepting and agreeing to the following emergency procedures:

- The educator or office will make all attempts to contact parents as soon as possible - parents are responsible to arrange immediate collection of their child as requested by the educator or office;

- Emergency aid, medical, hospital and ambulance services will be called as required for any emergency situations;
- Emergency contact persons as outlined on enrolment forms will be called to collect your child from care if parents are not contactable;
- Coordinators will be able to care for children in care as needed if there is an emergency situation affecting the educator, or the educator needs assistance;
- Educator assistants are able to care for children as nominated by the educator in an emergency situation without notice to families;
- Crisis care services will be called if children are at risk or have not been collected from care after all efforts have occurred to contact parents and emergency contacts.

In all emergency situations the service needs to be contacted urgently to ensure any assistance possible is provided and to guide the educator in following the most appropriate procedure. If the emergency occurs out of office hours, the service after-hours number should be called.

Parents will be contacted in any emergency situation to arrange collection of all children. Refer to the Emergency Action Plan.

All families give permission for the educator or service to contact an ambulance or arrange medical treatment in an emergency for their child by signing the Parent Care Arrangement form at enrolment.

Relevant Legislation

Education and Care Services National Law Act 2010
Education and Care Services National Regulations 2011 97,168
National Standards 2.3

Key Resources

Fire Protection Association of Australia

www.fpaa.com.au

Queensland Fire and Rescue Service

www.fire.qld.gov.au

Qld Government Fire Escape Planner

<https://www.fire.qld.gov.au/planning/>

Kid safe Queensland

www.kidsafeqld.com.au

Family Day Care Australia

www.fdca.com.au

Related Policies

[Appendix F QIP and Compliance](#)

[Appendix H Safe Work Practice](#)

7.7 Equipment Policy

Policy number: 7.7

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework	
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National Quality Standards Early Childhood Education & Care	
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HCS	
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Policy

Equipment used for childcare must be safe and always used according to manufacturer's instructions.

Baby Walkers

Baby walkers are not recommended for use and are only to be used if the wheels have been removed and the equipment is secure and safe for the age of the child. This type of equipment should only be used for small amounts of time as it is restricting to the child.

High Chairs

High chairs should be used for infants at meal times only for short periods of time. Children must be properly restrained using a 5-point harness and closely supervised at all times while in high chairs (actively supervising means not leaving a child alone in a high chair at any time) as injuries involving high chairs account for 25% of nursery furniture incidents. These injuries are mainly due to falls from the high chair. High chairs must only be used for appropriate ages of infants, (refer to manufacturer details for recommended ages).

Children should be fully supervised and in reach of the educator at all times. Children should never be allowed to stand up in a high chair or climb into or out of it. Children trying to stand up is an indicator that the child may have outgrown the high chair, and transition to a child size table and chairs might be more appropriate and safe. If possible, the high chair should be placed in an area to prevent children climbing on to or toppling out of it.

Selection of High Chair

High chairs must have a 5-point harness with straps over the shoulders, between the legs and around the waist. High chairs without a harness may have an appropriate separate shoulder harness attached. Ensure that the high chair does not have any gaps that could trap a baby's arm or leg and that there are no finger traps or sharp edges under the tray (any gap between 5 to 12 mm is a finger trap). Make sure that the high chair is stable with a wide base.

Location

Ensure that the high chair is placed at least 500mm away from walls, stoves, appliance cords, curtains or blind cords and located so that the chair could never fall into a glass surface. Folded up high chairs should be stored in a secure way that will not allow toppling.

Maintenance

Attend to loose nuts and broken parts immediately. Repair/replace any torn seats before the foam padding is exposed to prevent risk of choking.

Usage

Ensure that the high chair's instructions regarding weight and height are adhered to. If the high chair has a reclining seat, do not attempt to adjust the angle while the infant is still in the chair. If the high chair's height can be adjusted, make sure any locking devices are locked firmly into place before putting the infant in it.

Educators should limit the amount of time babies and toddlers spend in high chairs, and this time should only be for specific purposes (e.g. meal times).

Table and Chairs

It is a requirement for all educators to have child size table and chairs to meet the needs of the children for eating and play activities. The table and chairs need to be stable and suitable for the ages of the children. Adult size table and chairs are not suitable for small children under the age of 3 unless a secured booster seat with a 5-point harness is in place as they pose a fall height risk which can be serious for a young child.

Strollers and Prams

Strollers and prams are required to meet the Australian Standard AS/NZS 2088:2000. Strollers and prams present many potential hazards to children if not used and stored safely:

- Children can be put in dangerous situations and risk serious injuries or death if a pram or stroller rolls away from the educator's control. Educators should always use parking brakes and tether straps to ensure the pram or stroller cannot move away when stopped;
- Children should be secured using the harness at all times when the pram or stroller is in use;
- When not in use, prams and strollers should be folded and/or stored in an area that is inaccessible to children;
- Children should never be allowed to climb or play on the pram or stroller;
- Prams and strollers are not to be used as a sleep alternative to a cot or bed. If a child is to fall asleep in a pram or stroller, they should be transferred as soon as possible to an appropriate sleep surface;

- Children should not be restrained in prams or strollers for extended periods of time. They should not be used as an alternative to a high chair for meal times in the home.

Bumbo Seats

Bumbo seats are designed for use on the **floor only**. They are never to be placed on a raised surface such as a bench, table or chair, and babies must be supervised at all times whilst using the Bumbo. The safety harness must be used at all times. Bumbos must be used strictly according to manufacturer's instructions, and only for short periods of time. They are only suitable for use with babies who have adequate head control.

Bouncinettes/Baby Swings

Educators should limit the amount of time babies spend in bouncinettes or baby swings, but when using:

- Always place the baby in the bouncinette's harness;
- Put the bouncinette on a flat floor surface, away from potential hazards, such as stairs and furniture;
- Bouncinettes should not be used once babies have started to roll;
- Never place the bouncinette on a table or other raised surface that could cause the baby to fall;
- Never carry the baby around in the bouncinette;
- Babies are not to be left to sleep in a bouncinette or baby swing, as per SIDS recommendations.

Playpens

Playpens are not recommended for use as they limit developmental opportunities for babies, toddlers and young children. It is important that in small groups of children in family day care all children are able to interact and be part of the group.

Routines, experiences and activities should be planned to accommodate the interactions and involvement of all children. Playpens prevent opportunities for children to explore and interact with their environment.

If educators identify or are concerned with safety issues regarding age groupings this should be discussed with coordinators.

Cubby Houses

- Equipment should be a safe design which complies with Australian standards;

- For heights over 500mm, soft fall to a depth of 250mm- 300mm is recommended;
- Ensure it is an appropriate size for young children, including handrails (large timber logs do not allow a child a firm hand grip).

Equipment higher than 500mm

Kidsafe Queensland recommends that a fall height is no greater than 1000mm for 0-3yrs and 1500mm for children over 3yrs. With mixed age groups the cubby needs to meet the requirements of the youngest children who will be able to access the equipment. It is not suitable to let some children use equipment and not others so it is important that this is considered before installing equipment.

- Soft fall is recommended for equipment higher than 500mm (***refer Soft Fall section below***);
- If equipment and soft fall is not in place, preventing access to the equipment is required. This means physical barriers in place to prevent access. Supervision alone is not sufficient;
- The design of the cubby should not allow children to climb onto the roof or onto surrounding structures;
- All barriers on the cubby structure should be vertical, not horizontal, with a recommended guard rail height of 900mm;
- Ensure there are no sharp edges, splinters or entrapment areas on or within the unit.

A cubby at ground level reduces the risk of falls and provides easy access for different age groups of children.

Swings

Swings should be well anchored with a soft surface underneath, and a large clear space all around them. Install swing sets away from fences, sandpits and walkways (where other children will not run into a swinging child). Seats should be maintained and kept free of cracks. Chain links can crush little fingers and should be covered with plastic tubing. Be aware that all glide swings and boat swings can cause crush injuries and head injuries. A 1.9 metre clear space around swings is recommended, measured from the extended swing point. Swings should be checked to ensure that any protruding bolts are covered or shaved back.

Trampolines

If a trampoline is used, safety mats covering the frame and springs are required. Trampolines with safety nets around them help prevent injury from falls. The trampoline must be enclosed and placed on a level, stable surface clear of obstacles around all sides to ensure that if a child does fall off the trampoline they will not complicate an injury by falling onto any objects such as wood, concrete, bricks, toys or fences.

The surface below the trampoline should be grass or soft fall material.

Children must be strictly and constantly supervised at all times when the trampoline is in use.

Only one child shall be permitted on the trampoline at any one time.

Educators must ensure that children remain clear from underneath the trampoline at all times. They must regularly check that the springs are securely attached, leg braces are locked, the mat does not have holes or tears, and that the frame is not bent. Mini trampolines/exercise trampolines are also required to be sited with sufficient clearance from obstacles.

Trampolines are limiting pieces of equipment with only one child being able to use at any time, and close supervision is required. Educators need to ensure children know how to land correctly and are able to dismount safely. Educators should assess the risks of using trampolines particularly for the age of child using them.

Soft Fall

It is recommended that all equipment with a fall height over 500mm must have a tested impact-absorbing surface under and around it to help prevent serious head injuries. The surface should comply with Australian/New Zealand Standard 4422:1996 Playground surfacing - Specifications, requirements and test materials.

Grass should not be relied upon to provide protection for equipment over 500mm, as its ability to cushion a fall depends on wear and environmental conditions. There is no one ideal impact absorbing surface, and your choice will depend on a variety of considerations. The two main types of materials are loose fill (such as bark, woodchip or sand) and unitary, or solid, materials (rubber or synthetic compounds).

Loose fill material should be installed to whichever is the greater depth, 300mm or the depth that your soft fall supplier specifies for the height of your equipment. An extra 20% is required for heavy traffic areas (e.g. under fireman's poles) or compaction.

A unitary material is a material which is laid as a solid or whole piece. Products include synthetic grass, rubber compounds formed into sheets, tiles, or mats, and 'wet pour' rubber substances that are mixed and trowelled into place on site. The cushioning effect of these materials varies according to the thickness of the layer and the composition of the material. You must use a tested and approved material and have the manufacturer specify the required depth (from CFH test report) to match your equipment. Unitary materials are recommended in heavy traffic areas such as under swings and track rides.

Impact absorbing surfaces must comply with Australian/New Zealand Standard 4422: 1996 Playground Surfacing specifications, requirements and test materials and the supplier should provide you with laboratory test results for Critical Fall Height (CFH). Suppliers of any surfacing materials should only install an approved product to the depth specified in their CFH Test report to suit the height of your equipment.

Relevant Legislation

Education and Care Services National Law Act 2010
Education and Care Services National Regulations 2011

Key Resources

CHOICE online

www.choice.com.au/reviews-and-tests/babies-and-kids.aspx

Fair Trading Facts (Cot safety, Baby walkers, High Chairs, Hazard to Children Under 3 years)

www.fairtrading.qld.gov.au

www.fairtrading.qld.gov.au/safety-initiatives.htm

www.fairtrading.qld.gov.au/Product-safety-warnings.htm

Red Nose Safe Sleeping brochure, Red Nose Safe sleeping information sheet

www.rednose.com.au

Kid Safe Factsheets

<http://www.kidsafeqld.com.au/publications/factsheets>

Family Day Care Australia

www.fdca.com.au

Baby Bedroom Australia

www.babybedroom.com.au/Australian-cot-safety-standard

Product Safety Recalls Australia

www.recalls.gov.au/content/index.phtml/itemId/952911

Australian Competition and Consumer Commission

www.accc.gov.au/content/index.phtml/itemId/142

Related Policies

[Appendix F QIP and Compliance](#)

[Appendix H Safe Work Practice](#)

7.8 (a) Hygiene Practices – Bathing Policy

Policy number: 7.8 (a)

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework

National Quality Standards Early Childhood Education & Care

HCS

Purpose

Children will be provided with safe and hygienic opportunities to bathe and shower with regard to privacy and personal preferences. This service is negotiated with families and is particularly appropriate for children in care overnight and for extended periods.

Adequate supervision for all children in care must be maintained at all times if bathing or showering is to take place. A thorough Risk Assessment must occur prior to bathing or showering to ensure all children are actively supervised.

Policy

Bathing children is a risk, and needs to be planned for accordingly. Educators who plan to bath children need to inform the office and complete a risk management plan or overnight care checklist.

Bathing and showering of children in care would usually occur only if necessary:

- After toileting incidents;
- For children who are in care for extended periods and where the educator has the flexibility to safely offer bathing without compromising safety and care of other children;
- As part of overnight care. An overnight care checklist needs to be completed prior to care commencing.

Procedure for bathing a young child

- The room should be warm and free from draughts with everything needed for washing, drying and dressing the child ready and close to hand.
- To avoid danger of scalding with hot water, run all the water needed before placing the child in the bath. When filling the bath, or running the shower, turn on the cold water first, then slowly turn on the hot water. To turn off the water, simply reverse the process (turn off the hot water first, then the cold).
- A young child is never to be unattended or left out of reach of the educator in the bath, even in shallow water, because of the risk of drowning. Children under the age of two have not

developed the technique of holding their breath under water when their faces are submerged. A toddler falling forward in a few inches of water is likely to take a large breath to scream and draw water instead of air. The educator is the only person responsible for supervision during bathing/showering.

- Young children are not to be left unattended in the shower or bath at any time.
- When showering the child, the water temperature should be first tested on the elbow or inside of wrist rather than the hand. The water should not be too hot - around body temperature of 37°C is ideal.
- A rubber mat should be used on the bottom of the bath or shower to prevent slipping. Mats in showers need to allow free drainage of water.
- For hygiene purposes, children should be bathed separately and not share bath water. Individual towels, soap and washers should be provided for each individual child. Educators should check with parents to ensure that children are not allergic to soap products. When children are to be bathed or showered on a regular basis, parents may prefer to provide soap and towels for each child to use.
- Parental permission form to be completed prior to bathing taking place.
- It may not be possible to bath or shower children if there is more than one child in care due to supervision requirements and the ages of the children in care.

Procedure for older children

Procedures for older children should be varied to provide privacy and protect dignity, but also maintain safety. Family members' cooperation and sensitivity is needed. Length of showers with older children should be clearly discussed.

Relevant Legislation

Education and Care Services National Law Act 2010
Education and Care Services National Regulations 2011

Key Resources

Staying Healthy in Child Care – Preventing Infectious diseases in child care – 5th Edition
<http://www.nhmrc.gov.au/guidelines/publications/ch43>
<http://www.nhmrc.gov.au/guidelines-publications>
Family Day Care Australia
www.fdca.com.au

Related Policies

[Appendix H Safe Work Practice](#)
[Appendix I Child Protection](#)



7.8 (b) Hygiene Practices – Handwashing Policy

Policy number: 7.8 (b)

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework

National Quality Standards Early Childhood Education & Care

HCS

Purpose

Educators will minimise the spread and risks of infectious diseases between children, educators, family members and visitors by following the best practice handwashing guidelines and standards for children and themselves.

Background

Good handwashing practices and hygiene can prevent the spread of infectious illnesses. When infection control procedures are followed, the spread of colds in children under 24 months of age can be reduced by 17% and a 66% reduction of diarrhoea in children over 24 months.

Educators and children in care are at increased risk of many infectious diseases, particularly respiratory and diarrhoeal diseases, but also potentially serious diseases such as Hepatitis A and CMV. Washing hands by educators and children regularly and in certain situations significantly reduces the risk of transmission of infectious diseases. Toileting and handwashing facilities must be safe, regularly cleaned and appropriate for the number and ages of children in care.

Policy

Facilities

Hand washing facilities should consist of a wash basin with running water, liquid soap dispenser and paper towels.

Procedure

Soap and Water

The most effective method of hand hygiene is using soap and water. Washing your hands with soap and running water loosens, dilutes and flushes off dirt and germs. Soap alone cannot remove dirt or kill germs it is the combination of running water, rubbing your hands and the detergent in the soap that helps loosen the dirt, remove the germs and rinse them off your skin.

Hand washing should take 15 seconds using liquid soap and warm running water. All surfaces of the hands should be cleaned, lathering vigorously front, back, and sides of the hands, wrists,

between the fingers and under the nails. Count to ten as hands are washed and rinsed. Dry hands with individual paper towel and discard in bin.

Steps to correctly washing hands:

- (1) Wet hands under running water;
- (2) Soap hands (using a soap on tap), lather well;
- (3) Rub thoroughly, including the wrists and between the fingers;
- (4) Rinse in clean running water.
- (5) Dry thoroughly on clean paper towel, leaving no moisture on the hands.

Alcohol-Based Hand Rubs

Alcohol-based hand rubs are safe to use as directed, but children may be at risk if they eat or drink the hand cleaner, inhale it, or splash it into their eyes or mouth. Alcohol-based hand rubs should be kept well out of reach of children and only used with adult supervision.

It is important to remember that soap and water are the best option when your hands are visibly dirty. Alcohol-based hand rubs are also known as antiseptic hand rubs, waterless hand cleaner, gels or hand sanitisers. They can be a fast and effective way to remove germs that may have been picked up by touching contaminated surfaces. Alcohol-based hand rubs reduce the number of germs on your hands; they do not remove dirt from your hands.

Hand Drying

Effective hand drying is just as important as thorough hand washing. Damp hands pick up and transfer up to 1000 times more bacteria than dry hands. Drying your hands (and children's hands) thoroughly also helps remove any germs that may not have been rinsed off. Paper towel should be used for drying hands. If an educator prefers not to use paper towels, they can use single use hand towels which should be washed after each use. Re-useable hand towels must be hung in a way that prevents them touching, and the educator must ensure that the children only use their own hand towel.

Children

Children should be taught to wash their hands in this way as part of the daily routine. It is recommended that children be encouraged by incorporating songs and rhymes into transition activities that involve handwashing, including posters and signs which show good hygiene practice, and talking to children about the reasons why handwashing is important. Educators are encouraged to support children to develop handwashing skills through encouragement for their efforts while carefully supervising children who are still gaining skills.

Children should always wash hands:

- Before eating;

- After going to the toilet, or having their nappy changed;
- After touching nose secretions or sores.
- After playing outside;
- After handling pets or other animals;
- After messy play experiences.

Handwashing should take place in a separate location to food or drink preparation, rinsing of soiled clothing, or cleaning of potty-chairs. Kitchen sinks should not be used for hand washing.

Infants Under 12 Months

Babies need to wash their hands as often and as thoroughly as older children. If the baby is able to stand at an appropriate sized basin, educators need to wash and dry their hands. If the baby is unable to stand at a hand basin, wash their hands with either pre-moistened towelettes or wet disposable cloths, and then pat dry with paper towels.

If educators prefer, handwashing of infants under 12 months may occur using diluted liquid soap and individual hand washers. Washers are to be used only once.

Adults

Adults should always wash hands:

- Before preparing food or infant formula;
- Before eating or feeding a child;
- After toileting yourself or a child.
- Before and after changing nappies or children's underpants;
- Before and after giving medication or first aid;
- After wiping a child's nose, or sneezing or blowing own nose;
- After cleaning up faeces, vomit or any bodily fluid;
- After handling pets or other animals;
- After handling raw food and garbage.

Washing hands before and after wearing gloves

It is recommended to wash your hands before putting on gloves so that you remove as many germs as possible from your hands. Otherwise when you reach into the box of gloves, you can contaminate the other gloves in the box.

When changing a nappy, it is very important to wash your hands before you put on gloves, so that when you have finished changing the child, you can remove the dirty gloves and dress the child without needing to interrupt the nappy-changing procedure to wash your hands before dressing the child.

When you have finished a procedure that requires you to wear gloves, it is important to wash your hands thoroughly after removing the gloves, because any germs on your hands may have multiplied significantly while you were wearing the gloves. There may also be microscopic tears or holes in the gloves that can allow germs to contaminate your skin. When taking off the gloves, you may contaminate your hands with the dirty gloves; therefore, it is essential that you wash your hands.

Educators have the option of implementing further infection control measures in encouraging children to wash their hands on arrival and departure at their home and turning off taps using a paper towel.

Relevant Legislation

Education and Care Services National Law Act 2010
Education and Care Services National Regulations 2011

Key Resources

Germ Busters Early Childhood Kit and Hand Hygiene Fact Sheet (2009)

www.health.qld.gov.au/germbusters/

National Health and Medical Research Council: (2006) Staying Healthy in Child Care - Preventing Infectious Diseases in Child Care 5th Edition

www.nhmrc.gov.au/

www.nhmrc.gov.au/guidelines/publications/ch43

www.nhmrc.gov.au/guidelines/publications

www.nhmrc.gov.au/files_nhmrc/publications/attachments/ch43poster1.pdf

Related Policies

[Appendix H Safe Work Practice](#)

[Appendix I Child Protection](#)

7.8 (c) Hygiene Practices – Nappy Changing Policy

Policy number: 7.8 (c)

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework

National Quality Standards Early Childhood Education & Care

HCS

Purpose

Educators should ensure that children's nappies are checked and changed frequently, hygienically and respectfully. Nappy changing should be used as an opportunity for communication, interaction and developing relationships with children.

Policy

Nappies should be changed frequently to ensure infants and toddlers health, hygiene and comfort is maintained.

Nappies should be changed on a needs basis as well as certain times during the day when each child's nappy is checked.

Nappy changing areas and potties must be away from food preparation areas. Hands should be washed using a different sink from the food preparation area sink.

Educators should ensure that their own reactions to nappy changing are always positive and reassuring to the child.

Nappy changing and toileting rituals are also valuable opportunities to promote children's learning, meet individual needs and to develop strong relationships with children. Having their needs met in a caring and responsive way builds children's sense of trust and security - which relates strongly to the Early Years Learning Framework.

Educators should use nappy changing as an opportunity to:

- Have one on one interaction with children;
- Build trusting and caring relationships;
- Interact using verbal and non-verbal communication and respond to children's communication.
- Engage in simple play activities with children such as singing, rhymes and finger play;

- Build children’s understanding of what is happening and promote their ability to predict what will happen next;
- Help children begin to develop self-help skills e.g. handwashing and dressing.

Procedure for Hygienic Nappy Changing

- Educators should have a designated space for changing nappies with supplies ready and within reach, including pre-moistened towelettes or damp paper towels, disposable gloves, plastic bags, fresh nappies, clothes and a lined, hands free rubbish bin. Children should never be left unattended on a nappy change table and physical contact should always be maintained with the child;
- Educators are encouraged to speak respectfully with children about what they are doing, for example seeking permission from or advising children that their nappy is being checked and talking to them about what is happening as their nappy is being changed. Children who are walking should be encouraged to walk to the change area;
- Educators are required to use gloves when dealing with bodily fluids including blood, vomit, urine and faeces.

Steps to change a nappy (*refer to the Staying Healthy in Child Care 5th Edition – Nappy Changing Procedure flow chart below*):

Note: *The bin needs to be inaccessible to children.*

- (1) Wash your hands;
- (2) Place paper on the change table;
- (3) Put disposable gloves on both hands;
- (4) Remove the child’s nappy and put it in a hands-free lidded bin, or a tied plastic bag ready for disposal. Place any soiled clothes in a plastic bag;

Note: *Gloves worn during nappy changing can be used to effectively contain faeces within the nappy for disposal. To do this, hold the soiled nappy in the palm of one hand, and invert and stretch the other glove over the entire glove/nappy ball. This will make the nappy safe to handle and contain odour.*

- (5) Clean the child’s bottom wiping from front to back;
- (6) Remove the paper and put it in a hands-free lidded bin;
- (7) Remove your gloves now. Put the gloves in the bin;
- (8) Place a clean nappy on the child;
- (9) Dress the child;

- (10) Take the child away from the change table;
- (11) Wash your hands and the child's hands;
- (12) Clean the change table with detergent and water, paying particular attention to the mat, at the completion of each nappy change;
- (13) If the child has used a cloth nappy or any clothing is soiled, rinse soiling off and put the nappy and any clothes into a plastic bag to be taken home. Solids should be flushed into the toilet, and soiled nappies should be either soaked in an effective germicidal cleaning solution in a container with a close-fitting lid (out of the reach of children), or placed in a sealed bag to be returned to parents.
- (14) Wash your hands.

Change Mats

- Change mats/the surface of the nappy change table need to be impervious/vinyl and need to be smooth and in good condition as germs can survive in cracks, holes, creases, pleats, folds or seams;
- Replace the paper on the change table ready for the next use. Any paper, without print, can be used for this; paper towel is easy to use.

Steps to clean the change mat or nappy change table:

- (1) After each nappy change (including if faeces spill on to the change table or mat), thoroughly wash the table or mat well with detergent and water. Use paper towel for cleaning and drying the surface;

Staying Healthy in Child Care – Preventing Infectious Diseases in Child Care 4th Edition states “disinfectants are usually unnecessary. Most germs do not survive for long on clean surfaces when exposed to air and light. Effective cleaning with detergent and warm water, followed by rinsing and drying removes the bulk of germs from surfaces”

- (2) At the end of the day, thoroughly wash the table or mat well with detergent; remove the mat and leave to dry, preferably in the sun.
- (3) Wash your hands.

Flow Chart – Staying Healthy in Childcare (5th Edition) – Nappy Changing Procedure

Nappy Changing Procedure					
Preparation		Changing		Cleaning	
1	Wash your hands	4	Remove the child's nappy and put it in a hands-free lidded bin. Place any soiled clothes in a plastic bag	12	Clean the change table with detergent and warm water after each nappy change
2	Place paper on the change table	5	Clean the child's bottom	13	Wash your hands
3	Put disposable gloves on both hands	6	Remove the paper and put it in a hands-free lidded bin		
		7	Remove your gloves and put them in a hands-free lidded bin		
		8	Place a clean nappy on the child		
		9	Dress the child		
		10	Take the child away from the change table.		
		11	Wash your hands and the child's hands		

Relevant Legislation

Education and Care Services National Law Act 2010
 Education and Care Services National Regulations 2011
 National Quality Framework 2011

Key Resources

National Health and Medical Research Council: (2006) *Staying Healthy in Child Care Preventing Infectious Diseases in Child Care 5th Edition*
<http://www.nhmrc.gov.au/>
<http://www.nhmrc.gov.au/guidelines/publications/ch55>
<http://www.nhmrc.gov.au/guidelines/publications/subject/General%20Health%20Information>
http://www.nhmrc.gov.au/files_nhmrc/publications/attachments/ch43poster2.pdf
 The Royal Children's Hospital, Melbourne: Childcare and Children's Health Vol 11 No 3 (2008)
Hygiene and Infection Control
http://www.rch.org.au/emplibrary/ecconnections/CCH_Vol_11_No3_Sept_2008.pdf
http://www.rch.org.au/ecconnections/publications/index.cfm?doc_id=11283
 Family Day Care Australia
www.fdca.com.au

7.8 (d) Hygiene Practices – Nose Wiping Policy

Policy number: 7.8 (d)

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	
HCS	

Purpose

To minimise the risks and spread of infectious diseases.

Policy

It is recommended practice for educators to wash hands every time after wiping a child's (or your own) nose:

- Use tissues and dispose of tissues in a covered bin. Ensure adults and children wash their hands after nose wiping;
- Washing your hands after every time you wipe a child's nose will reduce the spread of germs. If you cannot wash your hands after every nose wipe, use an alcohol-based hand rub;
- It is not necessary to wear gloves when wiping a child's nose. If you do wear gloves, you must remove gloves and wash your hands or use an alcohol-based hand rub afterwards.

Educators are encouraged to engage with and actively involve children in performing the task. Work toward teaching children to learn to wipe their nose and positively encourage their efforts as part of learning self-help skills.

Relevant Legislation

Education and Care Services National Law Act 2010
Education and Care Services National Regulations 2011

Key Resources

The Royal Children's Hospital Melbourne: Childcare and Children's Health Vol 9 No 2 May 2006
Handwashing and Nose Wiping

http://www.rch.org.au/emplibrary/ecconnections/CCH_Vol9_No2_May2006.pdf

http://www.rch.org.au/ecconnections/publications/index.cfm?doc_id=11283

The Royal Children's Hospital Melbourne: Childcare and Children's Health Vol 11 No 3 (2008)
Hygiene and Infection Control

http://www.rch.org.au/emplibrary/ecconnections/CCH_Vol_11_No3_Sept_2008.pdf

http://www.rch.org.au/ecconnections/publications/index.cfm?doc_id=11283

National Health and Medical Research Council: (2006) *Staying Healthy in Child Care - Preventing Infectious Diseases in Child Care 5th Edition*

<http://www.nhmrc.gov.au/>

<http://www.nhmrc.gov.au/guidelines/publications/ch55>

<http://www.nhmrc.gov.au/guidelines/publications/subject/General%20Health%20Information>

Implementing Good Practice in Infection Control, Centre for Community Child Health, Royal Children's Hospital Melbourne 2000

Improving Infection Control in Child Care Services, Centre for Community Child Health, Royal Children's Hospital Melbourne 1999

7.8 (e) Hygiene Practices – Oral Health Policy

Policy number: 7.8 (e)

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	
HCS	

Purpose

Educators are encouraged to promote good oral hygiene awareness in children and assist in reducing the incidence of dental cavities in children.

Policy

Although children’s first teeth, ‘milk teeth’ will be replaced later by permanent teeth, they should still be cared for as they maintain the correct position in the mouth for later teeth. Ongoing care is needed with children’s permanent teeth.

Regular coating of the teeth with foods or drinks by sucking from bottles containing fruit juice or sweet drinks (e.g. cordial, soft drink and flavoured milk) or sucking on dummies dipped in sugar syrups, such as honey can cause early childhood cavities.

It is recommended that children not be given bottles to go to bed with as this speeds up the decay process. Educators are encouraged to have face to face interactions when bottle feeding infants. If an infant can bottle feed themselves, this must be fully supervised and the bottle removed immediately after the child stops drinking. This also applies to regular sucking (except for meal times) on bottles throughout the day that contain milk. Should an infant require something to drink, unsweetened water is recommended.

It is recommended that infants start drinking from a cup at 8 months as this reduces the time that decay-producing sugars are in contact with the teeth.

Pacifiers such as a dummy or the child’s thumb have not been identified as affecting children’s teeth while the child is under the age of three. However, these practices should be discouraged in children over three years old as they can push the front teeth forward.

Care must be taken to ensure cross-infection does not occur through inappropriate storage of toothbrushes. The membranes of gums in young children are very fragile and easily broken when brushing their teeth, which means that both blood, and saliva can contaminate brushes.

Infants

Infants do not have the bacteria (germs) in their mouth that can cause dental decay or holes in their teeth. However, infants can pick up disease in their mouth through any person kissing baby, tasting or blowing on food, or putting the bottle or dummy in their mouth before giving it to the baby. People in close contact with infants should have no active dental disease.

Teething can cause significant discomfort in infants and temporary feeding disruptions. It does not, however, cause illness. Often signs of illness may be confused with teething, although some children are prone to temperatures, flushed cheeks and a change in their behaviour while teething. Offering something cold and firm (teething rings) to bite on may help ease the pain. Teething rings are not to be shared, and must be cleaned according to manufacturer instructions.

The use of a small toothbrush with soft bristles from when the first tooth appears is recommended. Bacteria (germs) in the baby's mouth use sugars to produce acid that attacks the immature enamel easily.

Cleaning of Teeth

The tooth brushing experience is a good time to talk about the importance of caring for teeth, and eating healthy food. If tooth brushing is not possible, children can be encouraged to swill their mouths with water, and to learn about the importance of caring for teeth at the same time.

Procedure

- (1) Starting at the back on one side, brush along the outside of the top, then the bottom teeth. Use a circular motion, brushing towards the front;
- (2) Brush the front teeth, top then bottom, again with a circular motion. This cleans the spaces between the teeth;
- (3) Brush the second side as the first side was done. Always brush towards the front;
- (4) The chewing surfaces of the molars are particularly at risk from decay so they must be thoroughly cleaned;
- (5) Finally, clean the inner surfaces of the incisors (front teeth), with a straight, flicking action from the gums to the top edges of the teeth;
- (6) The excess toothpaste can be spat out but do not rinse the mouth or have a drink. The fluoride will help strengthen the teeth against the attack of acid.

It is usual for children to need help cleaning their teeth until they are 8 years old.

Relevant Legislation

Education and Care Services National Law Act 2010
Education and Care Services National Regulations 2011
National Quality Framework

Key Resources

Healthy Teeth for Life Queensland Government Qld Health
<http://www.health.qld.gov.au/oralhealth/default.asp> (2006)
http://www.health.qld.gov.au/oralhealth/healthy_smile/babies.asp (2009)
Happy Teeth Happy Child Queensland Government Qld Health
http://www.health.qld.gov.au/oralhealth/promo_programs/happy_teeth.asp (2011)
http://www.health.qld.gov.au/oralhealth/promo_programs/happy_teeth_manual.asp
National Health and Medical Research Council: (2006)
Staying Healthy in Child Care Preventing Infectious Diseases in Child Care 5th
Australian Dental Association –
<http://www.ada.org.au/oralhealth/dentInfo.aspx>
Logan Beaudesert Family Day Care Tooth Brushing Program-Resource Kit
http://www.health.qld.gov.au/oralhealth/promo_programs/happy_teeth.asp
http://raisingchildren.net.au/articles/dental_care_preschoolers.html
Australian Government Department of Education and Training: *Child Care Service Handbook*
<https://www.education.gov.au/child-care-service-handbook-0>
Beaucare Family Day Care – Recommended Cleaning Schedule
(refer Appendix H: Safe Work Practice)

7.8 (f) Hygiene Practices – Toilet Training and Toileting Policy

Policy number: 7.8 (f)

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	
HCS	

Purpose

Educators will minimise the spread and risks of infectious diseases by ensuring toileting and toilet training is conducted in an efficient way according to recommended guidelines and standards with understanding and encouragement for children’s efforts.

Background

Many diseases are spread by faeces, urine or other body fluids. Educators and children in care are exposed to about twice the usual risk of diarrhoeal infections and increased risk of Hepatitis A. Risk and spread of infectious diseases are significantly reduced by safer toileting and toilet training methods.

Policy

Educators are encouraged to work in collaboration with families regarding timing of toilet training. While acknowledging that families and educators may have strong views on the timing of toilet training, a decision to assist the child to learn to use the toilet should be based on signs of readiness from the child.

Signs include:

- Showing an interest in the toilet, including an interest in others using the toilet;
- Indicating a need to go to the toilet either before or while they are doing it;
- Staying dry for longer.

When adults have reasonable expectations and children are ready, toilet training is not a matter of training or teaching but rather a process of supporting the child’s learning.

It is recommended that educators:

- Consider that many toddlers have a drive to do things themselves. Educators should respect and support children’s independence, while also using sensitive strategies to

ensure that children are clean when they have finished using the toilet. The toilet area itself must be kept clean and the floor surface dry to prevent slipping.

- Where possible, use the correct terms for going to the toilet. Ask families what words are used at home, as consistent language between home and care will help children understand and learn more easily. Model the use of correct terms for body parts and encourage children to refer to their body using correct terms. Discuss and encourage understanding by families that this is a recommended practice by Child Safety authorities. Offer to share service resources (books) with families.
- Respond to a child's cues as quickly as possible when a child indicates they need to use the toilet. Ask or remind children about using the toilet and be alert to signs that a child is uncomfortable.
- Ensure that the toilet is always freely accessible to children without barriers or gates and there is a method to preventing the door from swinging or jamming fingers.
- Allow children to take their time.
- Acknowledge children's successes. Expect incidents and setbacks and treat them in a matter of fact and supportive way.
- Share information with families about how the toilet training is going at home and in care.
- Encourage families to provide children with clothes that assist them to use the toilet independently e.g. elastic waist pants, pull up nappies.
- Support children when they want to be more independent by making tasks manageable and being present to provide help and encouragement. Provide footstools to allow children access to the toilet and taps.

Note: *It is better for children to use the toilet rather than a potty chair, which increased the risk of spreading disease. If the child must use a potty, empty the contents into the toilet and wash the chair with detergent and warm water. Do not wash the potty in a sink used for washing hands.*

Procedure

The following hygiene procedures should be followed by educators:

- Toilets and potties should be kept clean at all times.
- Educators should have supplies ready and within reach, including gloves, toilet paper or pre-moistened towelettes.
- Ask parents to supply clean changes of clothing and if necessary additional footwear.

Steps when children are learning to use the toilet:

- Help the child use the toilet and ensure the child is clean before clothes are put back on;

- Wash your hands and help the child wash their hands in accordance with the service hand washing policy. Ask older children if they washed their hands counting to ten;
- Place soiled clothes in a plastic bag for parents to take home at the end of the day.

Relevant Legislation

Education and Care Services National Law Act 2010
Education and Care Services National Regulations 2011 107,109
National Quality Framework

Key Resources

National Health and Medical Research Council: (2006) *Staying Healthy in Child Care – Preventing Infectious Diseases in Child Care 5th Edition*
<http://www.nhmrc.gov.au/>
<http://www.nhmrc.gov.au/guidelines/publications/ch55>
<http://www.nhmrc.gov.au/guidelines/publications/subject/General%20Health%20Information>

Family Day Care Australia
www.fdca.com.au

Early Childhood Australia
http://www.earlychildhoodaustralia.org.au/learningaboutchildren3to9years/toddlers/toilet_training.html

Child and Youth Health
<http://www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=114&np=122&id=1837>

Mommy, I Have to Go Potty: A Parent's Guide to Toilet Training Paperback – April 1, 2009 by [Jan Faulkner MEd](#) (Author), [Helen F. Neville BS RN](#) (Author)

7.9 Illness, Exclusion Times and Infectious Diseases Policy

Policy number: 7.9

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework

National Quality Standards Early Childhood Education & Care

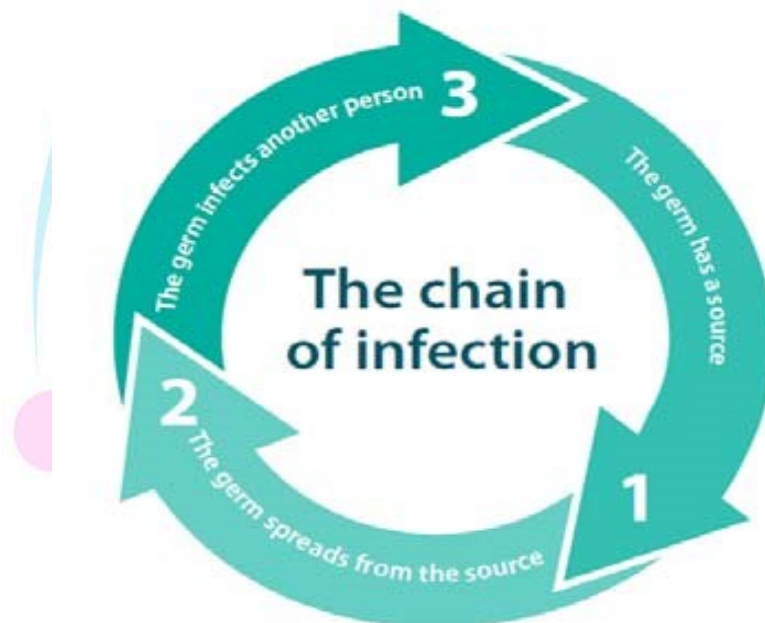
HCS

Purpose

The service aims to care for the health and wellbeing of children in care and follows exclusion times for contagious illnesses in order to minimise spread of infections.

Policy

The chain of infection refers to the way in which germs spread. All the steps in the chain need to occur for germs to spread from one person to another. By breaking the chain, you can prevent and control infections. It is important to remember that the chain can be broken at any stage.



The most important ways to break the chain of infection and stop the spread of diseases are:

- Effective hand hygiene;
- Exclusion of ill children, educators and other staff;
- Immunisation.

Other strategies to prevent infection include:

- Cough and sneeze etiquette;
- Appropriate use of gloves;
- Effective environmental cleaning.

If a child is ill at home and there is a possibility the child may be suffering from an infectious illness, this needs to be clarified and a medical diagnosis provided before the child is admitted into child care. The educator should request a clearance letter where there is any concern that a child may be contagious.

As the needs of all children in care must be considered, children with infectious illnesses must be excluded from care as recommended by the National Health and Medical Research Council of 1992 and detailed in the current edition of "Staying Healthy in Child Care". All educators are supplied with a copy of this publication.

In addition, Service policy requires a child be excluded from care for at least 24 hours after the last episode of vomiting or diarrhoea.

Children presenting with rashes, vomiting, diarrhoea, high temperatures, coughing (coughing that is of concern) will be excluded from care unless cleared by a doctor. A child may have a rash or temperature and appear well but these are signs that the child may have a virus and could have the potential to be contagious, the service will require for the child to be free of the rash or temperature before returning to care.

Coughs have the potential to be contagious and can have serious consequences, educators will discuss concerns with the parents and may require clearance letters before children return to ensure the well-being of all children.

The educator is required to notify parents of children being educated and cared for at the service when there is an infectious disease. This should be done only by advising families of the illness without identifying the child that was ill.

A child who becomes ill in care with a high temperature may only be given one single dose of paracetamol when a signed Health Plan is in place and after cooling down procedures have been followed and the temperature has not decreased. Parents need to be contacted to arrange immediate collection of the child as the temperature is a sign of the child being unwell. The service should also be contacted.

If a child develops an infectious illness i.e. vomiting or diarrhoea, the educator will contact the parent to collect the child immediately.

If there is no rash, vomiting or diarrhoea, it is the educator's decision (based on other symptoms and wellbeing of the child) to identify if a child is unwell and needs to be collected from care. This information should be discussed with the coordination unit. If the educator or a member of the family has an infectious illness, the educator is required to make themselves unavailable for care. (Refer 5.1 Absences from Care Policy).

Cases of some infectious diseases are required to be notified to the local public health department. Public health staff can provide useful advice, support and resources to help manage outbreaks. Gold Coast Public Health Unit on (07) 5687 9000 during business hours or 13 Health (13 432 584) after hours, or your General Practitioner. Email gcphucdc@health.qld.au.

A clearance letter may be requested by the educator or the service if a child has an injury or illness that may pose further risk to themselves or other children, or if the child is observed by the educator to not be well enough to attend care. If the clearance letter does not provide enough information and there is still concern that the child is not well, or it is not safe for the child to return to care, further information will be sought from the doctor with the parent's permission prior to returning to care.

If there is more than one child presenting with a similar illness that could be contagious clearance letters will be requested from doctors to ensure the well-being of all children. In situations where there are multiple children with the same symptoms there will be consultation with the Public Health Unit for recommended practice to reduce the spread of the illness. All families will be advised in this occurrence.

Relevant Legislation

Education and Care Services National Law Act 2010
Education and Care Services National Regulations 2011 4,88,168(2)(c)
National Standards 2.1

Key Resources

National Health and Medical Research Council: (2006) *Staying Healthy in Child Care – Preventing Infectious Diseases in Child Care 5th Edition*
www.nhmrc.gov.au/
www.nhmrc.gov.au/guidelines/publications/ch55
www.nhmrc.gov.au/guidelines/publications/ch43 Refer to Table 1.1 Recommended minimum exclusion periods in SHICC
www.nhmrc.gov.au/guidelines/publications/subject/General%20Health%20Information
Queensland Health Communicable Diseases Branch
The Royal Children's Hospital, Melbourne: Childcare and Children's Health Vol 8 No 3 (May 2005) *Infection Control and Some Common Infections in Young Children*
www.rch.org.au/emplibrary/ecconnections/CCH_Vol8_No3_May2005.pdf
www.rch.org.au/ecconnections/publications/index.cfm?doc_id=11283
The Royal Children's Hospital, Melbourne: Childcare and Children's Health Vol 11 No 2 – *Fever in Babies and Children*
www.rch.org.au/emplibrary/ecconnections/CCH_Vol_11_No2_June_2008.pdf

Related Policies

[Appendix H Safe Work Practice](#)

7.10 Immunisation Policy

Policy number: 7.10

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework

National Quality Standards Early Childhood Education & Care

HCS

Purpose

The service recommends that all children, educators and staff have up-to-date immunisation in accordance with the Australian Standard Vaccination Schedule, but respects individual decisions and has procedures to cater for children who are not immunised.

Background

Immunisation of children and adults is reported to reduce the risks of vaccine preventable diseases.

Policy

Medical immunisation is recommended for all children and early childhood educators, but is not a compulsory requirement for participation in care. The service provides care to both immunised and non-immunised children. If a child is not up-to-date with their immunisation, the service can choose to refuse enrolment, cancel enrolment or refuse attendance, or impose a condition on the child's enrolment or attendance. Educators may choose to not accept enrolment of non-immunised children, however this must be a joint decision between the educator and service, and should be based on a medical reason (e.g. pregnant mothers, young babies).

Children who cannot be vaccinated for medical reasons or who are on a recognised vaccination catch-up schedule are considered up-to-date, and this will be the status on their immunisation history statement.

It is acknowledged that Aboriginal and Torres Strait Islander children are at higher risk of many infectious diseases, especially respiratory and ear infections, and have a different immunisation schedule to non-Aboriginal and Torres Strait Islander children.

Procedure

- Information is received from parents regarding medical immunisation on enrolment of their children. Parents are asked to update immunisation information during the year.
- If children are not immunised, this information will be requested to be shared with the educator.

- The service should be informed if an educator's own children are not medically immunised.
- If the child has not been medically immunised (not medically immunised includes children who may have been naturopathically or homeopathically immunised), tell the parents that their child will be excluded from care during outbreaks of some infectious diseases (such as measles and pertussis), even if their child is well. This is because the effectiveness of naturopathic or homeopathic immunisations has not been scientifically proven.
- If an educator or member of an educator's household or a child who attends care is diagnosed with an infectious disease, the service should be advised and the Public Health Unit contacted. Under the direction of the Public Health Unit, all parents with children with the educator and recent contacts may need to be contacted. Non-immunised children may need to be excluded from care as well as anyone at a higher risk of infection (e.g. pregnant mothers, young babies, children with compromised immunity).

<http://deta.qld.gov.au/earlychildhood/pdfs/tip-sheets/tip-sheet-managing-the-risk.pdf>

Queensland Health: (07) 3328 9724
Communicable Diseases Branch: (07) 3328 9728
Gold Coast Public Health Unit: (07) 5668 3700

Department of Human Services Immunisation Rules

Immunisation requirements apply to all children and young individuals under 20 years of age.

If families claim or intend to claim Child Care Subsidies, the child needs to be up to date with their immunisations when the claim is made. The family will need to provide the child's Medicare number when they claim. The Medicare card number will be used to check if your child meets the immunisation requirements on the Immunisation Register.

If the child isn't up to date with their immunisations for Child Care Benefit, it will also affect their eligibility for Child Care Subsidies.

If there is a medical reason why the child can't be fully immunised, a general practitioner can provide the Immunisation Register with a completed ACIR Immunisation Medical Exemption form (IM011). The Immunisation Register can only accept this form from a general practitioner.

Parents are responsible for ensuring the service has up-to-date information regarding their child's immunisation status. This information is initially collected at enrolment, and parents can update this by logging into their enrolment form, or advising the coordination unit

Relevant Legislation

Education and Care Services National Law Act 2010
Education and Care Services National Regulations 2011 4,88
Public Health Act 2005 Section 15B

Key Resources

Australian Government Department of Health and Ageing: *Understanding Childhood Immunisation*
www.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook-home

Australian Government Department of Health and Ageing: *National Immunisation Program Schedule Valid from 01 July 2007*
www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/nips2
www.immunise.health.gov.au/

Queensland Government Department of Health: *Childcare Immunisation Requirements 2016*
<https://www.qld.gov.au/health/conditions/immunisation/childcare/index.html>

Australian Government Department of Health and Ageing: *Aboriginal and Torres Strait Islander People and Australian Immunisation Handbook 9th Edition*
www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/atsi2
www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/atsi-mob-report
<http://immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbookindigenous>

Queensland Health Community Child Health Service: *About Immunisation*
www.health.qld.gov.au/cchs
www.healthinsite.gov.au/content/internal/page.cfm?ObjID=0004D4C6-020B1D2D-81CF83032BFA006D&startpage=1

National Health and Medical Research Council: (2006) *Staying Healthy in Child Care Preventing Infectious Diseases in Child Care 5th Edition*
www.nhmrc.gov.au/ www.nhmrc.gov.au/guidelines/publications/ch43
www.nhmrc.gov.au/guidelines/publications/subject/General%20Health%20Information

Family Day Care Australia
www.fdca.com.au

7.11 Medical Conditions and Medication Administration Policy

Policy number: 7.11

Date last reviewed: April 2017

This policy relates to	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	2.1.2 Effective illness and injury management and hygiene practices are promoted and implemented.
HCS	

Purpose

Educators will facilitate effective care and health management of children who are taking medication or have medical conditions.

Background

Procedures are set to ensure that medication is only provided to children with the authority of parents/guardians and that safeguards are in place.

Policy

The service aims to provide care for children who require authorised medication, either on a short or long-term basis. The responsibility for the administration of medication should be negotiated and clearly established between parent, educator and the coordination unit.

The service requires the written consent of a parent before administering any form of medication to a child.

All staff, educators, volunteers or students at the service will be informed of current policies and practices in relation to managing specific medical conditions. This will be done through access to enrolment information for the child, access to health care plans displayed in the service, and access to risk minimisation plans in the service.

Parents can communicate any changes to the medical management plan or risk minimisation plan for the child through the enrolment form, discussion with the educator or coordination unit, or through direct information from the medical specialist or doctor.

Administering medication

- (1) The parent must give the educator a written authority for administration of all medication, specifying the date/s, name of the medication, dosage, and time of administration and time of last dose together with the parent's signature on the service's Medication Authorisation Form. If a child has not had a specific medication before, it is requested that the **first dose** of the medication be administered prior to a child coming into care;

- (2) Medication will only be administered if it is in its original container with the dispensing label attached listing the child's name and the dosage to be given and is within its use-by-date. Medication must be stored appropriately;
- (3) Non-prescription medication except for paracetamol/ibuprofen may be administered for the first 24 hours with the completion of a medication form. If the medication is required for longer than 24 hours, a doctor's written instruction is also required.

Exceptions: Teething gel and nappy creams – These may be administered by an educator after a medication form has been completed by the parent. (A doctor's written instruction is not required for the ongoing use of these products)

Medicines from a Herbalist or Naturopath

Parents who choose to administer medicines from a herbalist or naturopath are required to obtain a letter from their doctor verifying the medication and dosage if they wish their educator to administer the medication or provide the medication to their child prior to their child attending care and advise the educator.

Paracetamol-Ibuprofen

A parent may provide written permission on a Health Care Plan for Fevers to administer one dose only of paracetamol for temperatures over 38 degrees that do not respond to the cooling down procedure (Refer to 7.11(b) Action Plan for a child with a High Temperature). The Health Care Plan is designed to allow educators to reduce the temperature of a child at risk of complications from a fever. Paracetamol cannot be given for any other reason e.g. pain, teething. If a Health Care Plan is in place the parent must supply the paracetamol/ibuprofen in the original bottle with chemist label.

Children with Asthma

The parent of child who has asthma is required to provide an Asthma First Aid Action Plan for emergencies. The parent may provide written permission to allow a child whom the parent judges to be of sufficient maturity to self-administer an inhaler such as Ventolin on an as-needs basis; or a nebuliser to be administered by the educator in accordance with the parent's instructions. The educator must note the time and dosage on the Self-Administration of Medication Authorisation form. Refer to 7.14(a) the Asthma First Aid Action Plan.

Children with a Chronic Medical Condition

The parent/guardian of a child with a chronic medical condition may wish to complete the Medication Authorisation form together with a doctor's letter with instruction for the medication to be administered. The educator must note the time and dosage of medication on the Medication Authorisation form. Medication prescribed for any chronic medical condition must be medically reviewed at least six monthly, and a new permission form and doctor's letter provided.

Procedure

- Before any medication is administered, the educator should check the parent's instructions and double-check the instructions in relation to specific time and dosage. In case of any discrepancy (e.g. dosage, time or recommended age) no medication should be administered and the service should be contacted;
- The Medication Authorisation form is to be completed by the parent. The educator must record the time the medication is administered and the dosage, with their signature. The parent must sign the form at the end of the day;
- At all times, medication must be kept in a secure place out of reach of children. If the medication is required to be kept in the refrigerator, it should be placed at the back of the fridge in a childproof container or made inaccessible to children;
- Upon completion of a course of medication or when the Medication Authorisation form is full in the case of chronic conditions, the educator must forward a copy of the form to the service via email in accordance with Regulation 177(1) (c). The original form should be retained by the educator for a period of three (3) years after the child has left the service;
- Self-Administration of Medication – Parents can give permission for children prep, school age and older to self-administer asthma medication and diabetes medication where this has been identified on the health care plan or doctors letter. The educator must note the time and dosage on the Self-Administration of Medication Authorisation form, which must be completed by the parent prior to care.

Risk Minimisation Plan

Educators who have children with specific health or medical conditions which require an Action Plan will need to complete and display a Risk Minimisation Plan. This plan should not contain identifying information about the child, but will inform all other people attending the service of the risks associated with the condition and how they can minimise these risks.

Risk Management Plans must be displayed in an area that is accessible to anyone entering the service. The plan should include (if relevant):

- Any specific risks relating to the child's specific health care need or allergy and how these can be minimised;
- Practices and procedures relating to the safe handling, preparation, consumption and service of food;
- Any known allergens that pose a risk and strategies for minimising risks associated with these;
- The location of the child's identity, medical management plan and medication.

If a child has a medical condition requiring medication prescribed by the child's medical practitioner, the educator must ensure that the child does not attend care without this medication as part of the risk minimisation.

Emergency Plan

If the educator is caring for a child who is suffering from a life-threatening or potentially terminal condition, the educator will have an Emergency Plan in place. This Plan is to be used in the event that the child experiences a severe medical emergency while in care. The emergency plan needs to be followed, unless a medical professional has given different instructions in which case the service should be notified and a new plan created.

Relevant Legislation

Education and Care Services National Law Act 2010 Section 167, 173
Education and Care Services National Regulations 2011
51(1)(a) Conditions on service approval (safety, health and wellbeing of children)
85 incidents, injury, trauma and illness policies and procedures
86 Notification to parents of incident, injury, trauma and illness
87 incidents, injury, trauma and illness record
90 Medical conditions policy
91 Medical conditions policy to be provided to parents
92 Medication record
93 Administration of Medication
94 Exception to authorisation requirement –anaphylaxis or asthma emergency
95 Procedure for administration of medication
96 Self administration of medication
162 Health information to be kept in enrolment record
168 Education and care service must have policies and procedures
177 Prescribed enrolments and other documents to be kept by approved provider
178 Prescribed enrolments and other documents to be kept by family day care educator

National Quality Framework 2011
Queensland Government Health Act 1937 (reprinted July 2010) National Standard 2.1
www.legislation.qld.gov.au/LEGISLTN/CURRENT/H/HealA37.pdf

Key Resources

Department of Education and Children Services, South Australia
www.decs.sa.gov.au/speced2/files/pages/chess/hsp/Resource%20Index/Medication_management_May.pdf
Family Day Care Australia
www.fdca.com.au

7.11 (a) Action Plan for Asthma Policy

Policy number: 7.11 (a)

Date last reviewed: April 2017

This policy relates to	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	2.1.2 Effective illness and injury management and hygiene practices are promoted and implemented.
HCS	

Purpose

The service will facilitate effective care and health management of children with asthma and ensure that an Asthma action plan is in place for all children identified with this condition.

Policy

An **Asthma Action Plan** outlines the day-to-day management of asthma. The service requires all children with asthma to have a current documented action plan.

The management of an asthma attack differs according to whether the child has previously been diagnosed with asthma.

Possible signs that a child is having difficulty breathing are as follows:

- Dry irritating, persistent cough that worsens with play;
- Abdominal pain;
- Tightness in the chest;
- Shortness of breath, which often shows as abdominal breathing (abdomen looks more swollen than usual);
- A wheeze (whistling sound) that can sometimes be heard when the child is breathing out.

A child may experience some or none of these symptoms. These symptoms may vary from child to child and from time to time with the same child. Some children may have a number of these symptoms while some may only have a cough or wheeze. If the educator notices any of these signs, they are to contact the parent and follow steps outlined on the child's Asthma Action Plan.

In the case of an emergency, it is acceptable to obtain verbal consent from a parent, or a registered medical practitioner or medical emergency services if the child's parent cannot be contacted. In the case of an anaphylaxis or asthma emergency, medication may be administered to a child without

authorisation. In this circumstance, the child's parent and emergency services must be contacted as soon as possible.

Asthma First Aid Procedure

- (1) Sit the child upright, be calm and reassuring, do not leave the child alone;
- (2) Give medication;
 - a. Shake the blue reliever;
 - b. Use a spacer if you have one;
 - c. Give 4 separate puffs into the spacer;
 - d. Get the child to take 4 breaths from the spacer after each puff
- (3) Wait 4 minutes;
 - a. If no improvement repeat step 2;
 - b. If still no improvement call emergency assistance (Dial 000);
 - o Tell the operator the person is having an asthma attack;
 - o Continue giving 4 puffs every 4 minutes while you wait for emergency assistance.

Call emergency assistance (000) immediately if the person's asthma becomes suddenly worse at any time.

Educators are required to obtain current training in Asthma Management every 3 years. Approved Asthma Management Training courses must carry the appropriate code (available at <http://acecqa.gov.au/>).

Self-Administration of Medication

School age children with parent's permission are able to self-administer asthma medication with the support of the educator.

A child over preschool age may self-administer medication under the following circumstances:

- Written authorisation is provided by a person with the authority to consent to the administration of medication;
- The medical conditions policy of the service includes practice for self-administration of medication.

Regulations allow an exception to authorisation requirements where there is anaphylaxis or asthma emergency:

- 94 (2) If medication is administered under this regulation, the approved provider or nominated supervisor of the education and care service or family day care educator must ensure that the following are notified as soon as practicable (a) parent of the child (b) emergency services.

Relevant Legislation

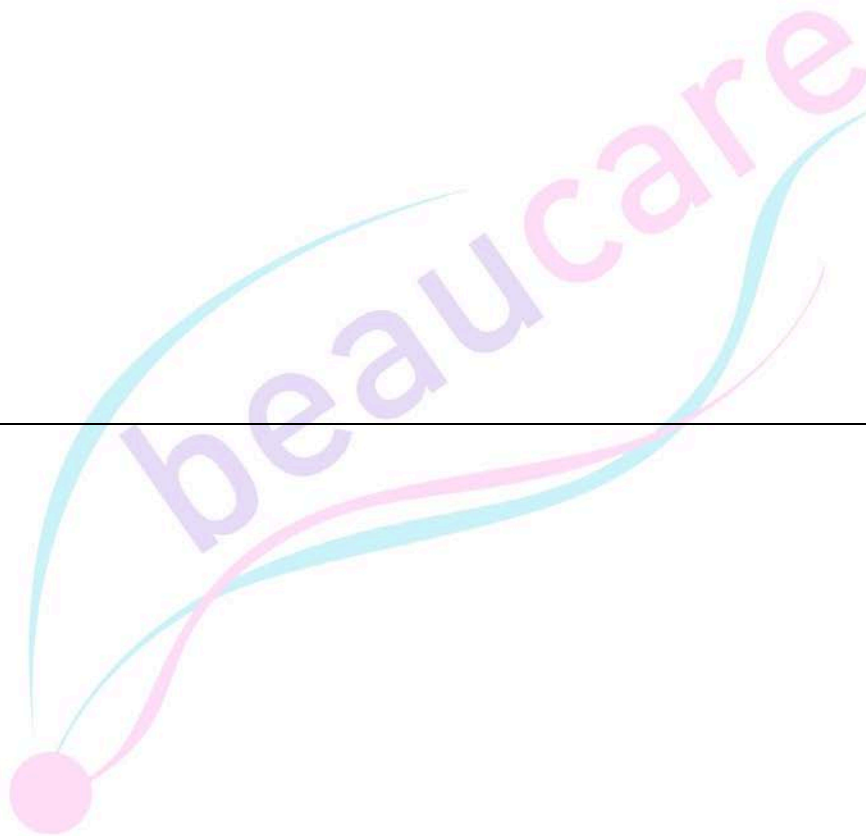
Education and Care Services National Law Act 2010 Section 167,173
Education and Care Services National Regulations 2011
85 Incident, injury, trauma and illness policies and procedures
86 Notification to parents of incident, injury, trauma and illness
87 Incident, injury, trauma and illness record
90 Medical conditions policy
91 Medical condition policy to be provide to parents
92 Medication record
93 Administration of medication
94 Exception to authorisation requirement- anaphylaxis or asthma emergency
95 Procedure for administration of medication
96 Self administration of medication
162 Health information to be kept in enrolment record
168 Education and care service must have policies and procedures
177 Prescribed enrolment and other documents to be kept by approved provider
178 Prescribed enrolment and other documents to be kept by family day care educator.
National Quality Framework 2011

Key Resources

Asthma Foundation: *Asthma Policy for Children's Services*
www.asthmaqld.org.au
http://www.asthmaaustralia.org.au/asthma_in_childcare.aspx
http://www.asthmaaustralia.org.au/Asthma_and_children.aspx
<http://www.asthmaaustralia.org.au/resources.aspx>
Asthma Australia: *Asthma and Under 5's for Parents and Carers including First Aid*
http://www.asthmaaustralia.org.au/uploadedFiles/Content/About_Asthma_2/Resources/AA%20Policy%20Document%200113%20FINAL.pdf
National Asthma Council Australia: *First Aid*
<http://www.nationalasthma.org.au/uploads/content/22-NAC-First-Aid-for-Asthma-ChartKids-FINAL.pdf>
Australian Government Department of Health and Ageing : *My Asthma Action Plan*
[http://www.health.gov.au/internet/main/publishing.nsf/Content/C8C588345A5750D7CA257BF00021DFAF/\\$File/asplan06.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/C8C588345A5750D7CA257BF00021DFAF/$File/asplan06.pdf)
<http://www.health.gov.au/internet/main/publishing.nsf/Content/health-pg-asthmaindex.htm>
NSW Multicultural Health Communication Service: *Children's Asthma Information Pack*
http://www.mhcs.health.nsw.gov.au/publicationsandresources/pdf/copy_of_topics/asthma#b_start=0&c7=pdf
Asthma and Under 5's – Guidelines for Childcare services, Kindergartens & Preschools

Asthma in the Under 5's – P22 Jigsaw Spring 2004 Asthma
Foundation WA: *Towards the Low Allergen Home*

www.asthmawa.org.au/About-Asthma/Asthma-Factsheets/Towards-the-Low-AllergenHome/



7.12 (b) Action Plan for High Temperature Policy

Policy number: 7.11(b)
Date last reviewed: April 2017

This policy relates to	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	
HCS	

Purpose

High temperatures are a signal that a child is unwell. Educators will implement cooling down procedures for children who have fevers and if no response will arrange collection from care.

Policy

Key things to remember about fever:

- The normal temperature for a child is up to 38 degrees;
- Fevers are common in children;
- If the child is less than 3 months old and has a fever above 38 degrees, contact the parents and ask them to collect the child and recommend seeing a doctor;
- If the child is unhappy, showing other symptoms of being unwell contact the parent to collect them;
- Give the child clear fluids. Watch the child and monitor how they are feeling;
- If a child has a fever, ensure they drink plenty of fluids and are not overdressed.

Avoid cold-water sponging that make the child shiver. If sponging makes the child feel more comfortable, use lukewarm water.

In some cases, a child may have febrile convulsions, which are physical seizures caused by the fever. They usually last only a few seconds or minutes. An educator should call an ambulance in any situation that they are concerned for the wellbeing of the child and contact the parents and service immediately.

A child who becomes ill in care with a high temperature may only be given one single dose of paracetamol when a signed Health Plan is in place and after cooling down procedures have been followed and the temperature has not decreased. Parents need to be contacted to arrange immediate collection of the child as the temperature is a sign of the child being unwell. The service should also be contacted.

Some studies show that giving medication to reduce the fever can actually slow down the body's immune response to infection. Focus should be on the way the child looks and behaves, their level of alertness, and whether there are any other symptoms that indicate serious infection, such as vomiting, coughing rashes, or convulsions.

The educator should contact the parent to arrange for the child to be collected immediately if the child's temperature rises to 40 degrees or the child shows any other symptoms including:

- A rash or blotchy skin;
- Vomiting;
- Diarrhoea;
- Cold hands and feet despite the fever;
- Will not drink.

If there is deterioration in the child's wellbeing an ambulance should be called. Parents and the service should be contacted. Coordinators may assist in contacting the parents or providing backup at the home.

As fever in infants may indicate a more serious underlying problem, it is recommended that all infants under 12 months be seen by a doctor if they have a fever or appear unwell.

If the child has displayed other symptoms and the educator is concerned about the child being contagious a clearance letter from the doctor can be requested prior to the child returning to care.

It is best practice to have this discussion with the parent when they collect their child from care so they understand what is expected prior to returning to care.

Relevant Legislation

Education and Care Services National Law Act 2010 Section 167
Education and Care Services National Regulations 2011 92-96,178,181-184 National Quality Framework 2011

Key Resources

The Royal Children's Hospital, Melbourne: Childcare and Children's Health Vol 11 No 2 (June 2008) *Fever in Babies and Children*

www.rch.org.au/emplibrary/ecconnections/CCH_Vol_11_No2_June_2008.pdf

www.rch.org.au/kidsinfo/factsheets.cfm?doc_id=5200

National Health and Medical Research Council: (2006) *Staying Healthy in Child Care Preventing Infectious Diseases in Child Care 4th Edition*

www.nhmrc.gov.au/

www.nhmrc.gov.au/guidelines/publications/ch43

www.nhmrc.gov.au/guidelines/publications/subject/General%20Health%20Information

13Health

www.health.qld.gov.au/13health/

http://access.health.qld.gov.au/hid/ChildHealth/InfectionsandParasites/fever_is.asp

Child and Youth Health

www.cyh.com/

Raising Children Network

http://raisingchildren.net.au/articles/fever_a.html

Supporting Documents

High Temperature Record

Health Care Plan

7.11 (c) Action Plan for Severe Allergy (Anaphylaxis) Policy

Policy number: 7.11(c)
Date last reviewed: April 2017

This policy relates to	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	2.1.2 Effective illness and injury management and hygiene practices are promoted and implemented.
HCS	

Purpose

The service will facilitate effective care and health management of children with a severe allergy and ensure that an action plan and emergency plan is in place for all children identified with this condition.

Policy

A child demonstrating symptoms of allergy or anaphylaxis should not be in care. If a child demonstrates any symptoms of an allergic reaction while in care, the educator should contact the parents to collect the child immediately or, call an ambulance. Care is able to recommence with medical clearance.

Anaphylaxis

Anaphylaxis is a severe and sudden allergic reaction. It occurs when a person is exposed to an allergen to which they are sensitive. The most common allergens or trigger substances that may cause anaphylaxis in children are peanuts, tree nuts, fish, shellfish, egg, cow's milk, sesame, soy, insect stings, latex and certain medications.

Children known to have anaphylaxis are required to have a signed action plan from their doctor with an accessible copy at the educator's home for emergency purposes.

Symptoms and signs of a mild to moderate allergic reaction

A mild to moderate allergic reaction may include one or more of the following:

- Tingling of the mouth;
- Hives, welts or body redness;
- Swelling of the face, lips, eyes;
- Vomiting, abdominal pain.

Symptoms and signs of anaphylaxis

Anaphylaxis may include one or more of the following:

- Difficulty and/or noisy breathing;
- Swelling of the tongue;
- Swelling or tightness in the throat;
- Difficulty talking or hoarse voice;
- Wheeze or persistent cough;
- Dizzy/light-headed;
- Loss of consciousness and/or collapse;
- Pale and floppy (young child).

Managing Anaphylactic Reactions (Severe Allergy)

Urgent action is required including:

- Follow the child's emergency action plan or if there is no action plan for the child treat the situation as an emergency and call 000;
- If the action plan indicates the use of an adrenaline auto injector (EpiPen), administer the EpiPen;
- Seek urgent medical assistance - call an ambulance 000 (advise the dispatcher that the medical condition is anaphylaxis);
- If unconscious and no pulse is evident, commence CPR and continue until ambulance arrives;
- Maintain airway, breathing and circulation at all times;
- Contact parents, service;
- Maintain close observation for possible relapse while waiting for ambulance or medical assistance.

Role of the educator

- To ensure that children who have anaphylaxis have an up to date action plan;

- The action plan is clearly accessible as well as the medication or EpiPen but still out of reach of children (should not be locked in a cupboard as this delays access in an emergency);
- Ensure that the medication/EpiPen has been replaced prior to expiry and/or after it has been used;
- Educators ensure that children avoid exposure to food they are allergic to; this is the only way to manage a food allergy. This means avoiding exposure at all times – mealtimes, during cooking and craft activities;
- Children with food allergies must be closely supervised at meal times and snack times;
- The role of the educator is to ensure that parents have provided and EpiPen (or equivalent) that remains at the educator's service for the entire period while the child is enrolled with that educator;
- Parents must ensure that Action Plans are current and updated regularly;
 - Copies of Action Plans must be given to the educator and the service.
- Educators are required to obtain current training in Management of Anaphylaxis every 3 years;
- Approved Anaphylaxis Management Training courses carry the specific codes (available at <http://acecqa.gov.au/>).

Regulations allow an exception to authorisation requirements where there is anaphylaxis or asthma emergency:

- 94 (2) If medication is administered under this regulation, the approved provider or nominated supervisor of the education and care service or family day care educator must ensure that the following are notified as soon as practicable (a) parent of the child (b) emergency services.

Relevant Legislation

Education and Care Services National Law Act 2010 Section 167
Education and Care Services National Regulations 2011
Education and Care Services National Law Act 2010 Section 167,173 Education and Care Services National Regulations 2011
85 Incident, injury, trauma and illness policies and procedures
86 Notification to parents of incident, injury, trauma and illness
87 Incident, injury, trauma and illness record
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93 Administration of medication
94 Exception to authorisation requirement- anaphylaxis or asthma emergency
95 Procedure for administration of medication
96 Self administration of medication
162 Health information to be kept in enrolment record
168 Education and care service must have policies and procedures
177 Prescribed enrolment and other documents to be kept by approved provider
178 Prescribed enrolment and other documents to be kept by family day care educator.

National Quality Framework 2011

Key Resources

www.education.qld.gov.au/schools/healthy
www.allergyfacts.org.au/
<http://education.qld.gov.au/schools/healthy/docs/anaphylaxis/guidelines/for/queensland/state/schools.pdf>
www.allergy.org.au/content/view/31/258/

7.11 (d) Action Plan for Diabetes Policy

Policy number: 7.11(d)
Date last reviewed: April 2017

This policy relates to	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	2.1.2 Effective illness and injury management and hygiene practices are promoted and implemented.
HCS	

Purpose

The service will facilitate effective care and health management of children with diabetes and ensure that an action plan and emergency plan is in place for all children identified with this condition.

Policy

Families are required to provide a doctor’s letter and health care plan for children who have diabetes prior to commencing care. This health care plan is to be signed by parent and educator.

There are two main types of diabetes:

- Type 1 – insulin dependent diabetes;
- Type 2 – non-insulin dependent diabetes.

Diabetes exists when blood glucose builds up to high levels. Symptoms include:

- Lethargy;
- Weight loss;
- Increased urination;
- Excessive thirst.

Without insulin treatment, the disease progresses to a life-threatening condition marked by dehydration and build-up of acids in the blood.

Type 1 Diabetes (Insulin Dependent Diabetes)

This is the form of diabetes which occurs in childhood. Most secondary schools will have one student with diabetes for each 55 students, whilst primary will have one student for each 1200. Type 1 diabetes is due to a server deficiency of insulin. It is an auto-immune disease in which the

body's own immune system attacks the pancreas and destroys the body's own insulin producing cells.

Treatment

Insulin lowers the blood glucose levels and allows a return to good health. The treatment of diabetes depends on:

- 2-4 injections of insulin daily. The dose is adjusted according to blood glucose tests done several times a day;
- A regular pattern of snacks and meals;

The timing of injections and food intake is most important. Carbohydrate foods (bread, fruit, and sugar) are essential and raise blood glucose levels while insulin and exercise lower them. Maintaining a balance so the level of glucose is neither too high nor too low is very important, but difficult to achieve. Exercising muscles use more glucose for energy and hence extra food needs to be eaten with exercise.

Self-Administration of Medication

A child over preschool age may self-administer medication under the following circumstances;

- Written authorisation is provided by a person with the authority to consent to the administration of medication
- The medical conditions policy of the service includes the practice of self-administration of medication

Type 2 Diabetes (Non-Insulin Dependent Diabetes)

Type 2 diabetes mainly occurs in adults over 40, though it is increasingly being seen in adolescents who are markedly overweight. It may be accelerated by lifestyle factors (obesity, little exercise, overeating) and is treated by weight control, sensible eating, exercise, tablets and occasionally insulin injections. However, unlike the childhood form of diabetes, omission of insulin injections will not prove fatal.

Hyperglycaemia (High Blood Glucose)

Hyperglycaemia can be caused by not enough insulin, too much food, common illness (cold) or stress. Symptoms include:

- Frequent urination;
- Excessive thirst;
- Weight loss;
- Lethargy;

- Change in behaviour (usually irritability).

Parents need to be contacted if these symptoms are observed.

Hypoglycaemia without Symptoms

Occasionally a routine blood glucose test will show a result less than 4mmol/L in the absence of hypo symptoms. Urgent treatment is still needed to prevent progression to a severe hypo. Hypos generally occur when the blood glucose falls below 4mmol/L. If in doubt, **treat** the child.

Mild to moderate hypos can be treated by giving sugar containing drinks or foods by mouth. Parents/guardians should provide educators with their preferred hypo kit, or an emergency store of glucose tablets or jelly beans if children are over 3 years of age (due to choking risk).

Act swiftly and give a rapidly absorbed carbohydrate. Any ONE of the following:

- Fruit juice (1/3 to ½ glass or 125-200ml);
- Sugar containing soft drink (1/3 to ½ can or 125-200ml);
- Glucose tablets equivalent to 10-15 grams;
- Sugar, honey, sweetened condensed milk or jam (2-3 teaspoons);
- Jelly beans (4 large or 7 small).

Do not leave anyone having a hypo alone. An adult must stay with the child at all times to make sure the food or drink is actually consumed and the hypo is successfully treated. (The parent must be called)

In a **moderately severe hypo** additional signs develop, including:

- Inability to help oneself;
- Glazed expression;
- Being disoriented, unaware of seemingly intoxicated;
- Inability to drink and swallow without much encouragement;
- Headache, abdominal pains or nausea.

In **severe hypo**, the signs have progressed to include:

- Inability to stand;
- Inability to respond to instructions;

- Extreme disorientation (may be thrashing about);
- Inability to drink and swallow (leading to danger of inhaling food into lungs);
- Unconsciousness or seizures (jerking or twitching of face, body or limbs).

Treatment is needed promptly to prevent a mild hypo from progressing to a severe hypo; call an ambulance and the child's parent and then contact service

Treatment of a Severe Hypo

Never put food or drink in the mouth of a person who is unconscious, convulsing or unable to swallow in case it is inhaled. The only treatment for a severe hypo is either an injection of glucose into the vein (this can only be given by a doctor or a trained paramedic) or an injection of Glucagon given by doctors, paramedics, or parents.

Call an ambulance and advise there is a diabetic emergency.

Relevant Legislation

Education and Care Services National Law Act 2010 Section 167
Education and Care Services National Regulations 2011
Education and Care Services National Law Act 2010 Section 167,173 Education and Care Services National Regulations 2011
85 Incident, injury, trauma and illness policies and procedures
86 Notification to parents of incident, injury, trauma and illness
87 Incident, injury, trauma and illness record
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96 Self administration of medication
162 Health information to be kept in enrolment record
168 Education and care service must have policies and procedures
177 Prescribed enrolment and other documents to be kept by approved provider
178 Prescribed enrolment and other documents to be kept by family day care educator.

Quality Framework 2011

Key Resources

www.diabetesaustralia.com.au/
www.diabetesqueensland.org.au

<http://diabetes.about.com/od/whatisdiabetes/u/symptomsdiagnosis.htm>

www.diabeteskidsandteens.com.au/kids.html

www.jdrf.org.au/

www.cyh.com/HealthTopics/HealthTopicDetailsKids.aspx



7.11 (e) Food Allergy, Intolerance and Special Dietary Needs Policy

Policy number: 7.11(e)

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework

National Quality Standards Early Childhood Education & Care

HCS

2.1.3 Healthy eating and physical activity are promoted and appropriate for each child.

Purpose

The service will endeavour to maintain a safe environment for all children including children who have allergies or intolerances to certain foods or special dietary needs.

Background

Children develop allergies to foods while others may be sensitive or intolerant to some chemicals (natural or added) in foods.

Policy

Food Allergy

Allergic reactions are caused by a reaction of the body's immune system to a protein in a food. The most common source of food allergy in children under five are cow's milk, soy, eggs, peanuts, tree nuts, wheat, sesame, fish and shellfish. Even very small amounts of food can cause an allergic reaction. Food allergies occur in around one in 20 children and some of these allergies are severe. Symptoms of an allergic reaction are usually immediate and can include hives or a rash on the skin, swelling of the lips, tongue or mouth, vomiting, diarrhoea, or difficulty breathing. Severe cases of allergic reaction can lead to an anaphylactic reaction, where breathing becomes extremely difficult. This can cause loss of consciousness and severe injury or death.

If a child is believed to have a food allergy they need to be properly diagnosed by a doctor or dietician who will provide information regarding a diet that is adequate for the child. Copies of any diagnoses and action plans are to be given to the educator and the service.

The service needs to be advised of any food allergies, food intolerance or special dietary requirements, possible symptoms and the action that should be taken if an allergy occurs. This should be documented on an allergic reaction action plan. Where the allergy is severe, parents will be requested to allow sharing of information of a child's allergy with other parents to ensure that food provided by other children does not put the child with the allergy at risk. All parents need to give consideration to other children with severe allergies to ensure that food provided does not put that child at risk.

Children who are beginning solid foods will be encouraged to gradually introduce one food at a time to ensure any allergies are detected. New foods should be introduced to children at home prior to

care and discussed with educator. Foods that may be unsuitable or unsafe for a child will not be given. Educators will discuss individual requirements with parents and together plan the introduction of new foods.

Food Intolerance

Food intolerance or sensitivity typically results in less severe reactions than allergy. Usually, a larger dose of food is required to cause a reaction from food intolerance. Symptoms of food intolerance can include headaches, skin rashes, and stomach upsets. It is important to work with parents to develop a plan to manage a child's food intolerance which minimises the child's exposure to particular foods.

Procedure for a Child with Allergy or Intolerance in Care

- Information on individual children's allergies or special diets is sought on enrolment and updated regularly;
- If allergy or intolerance is suspected, parents should be encouraged to have their child properly diagnosed by a doctor;
- Information (preferably from a doctor or dietician) should be provided to the service identifying food that a child should avoid and a management plan completed noting possible symptoms and appropriate action or treatment;
- Educators will take special care to ensure children do not share food and that food provided for special occasions (i.e. birthdays, picnics) is safe and suitable for all of the children in care;
- Educators ensure that children avoid exposure to food they are allergic to - this is the only way to manage a food allergy. This means avoiding exposure at all times – mealtimes, during cooking and craft activities;
- Children with food allergies must be closely supervised at meal times and snack times.

Other health conditions associated with food such as diabetes and coeliac disease (gluten allergy) will also be discussed as above with a management plan completed to ensure children's needs are accommodated.

Educators will be required to undertake specific training if caring for children that have peg feeding. This will be identified and planned for prior to care occurring unless the parent is at the home and responsible for all peg feed procedures.

Relevant Legislation

Education and Care Services National Law Act 2010
Education and Care Services National Regulations 2011
51(1)(a) Conditions on service approval (safety, health and wellbeing of children)
77 Health, hygiene and safe food practices
78 Food and Beverages
79 Service providing food and beverages
80 Weekly menu
168 Education and care service must have policies and procedures

Food Standards Australia and New Zealand (ANZFA)

www.foodstandards.gov.au

Key Resources

Good Food in Family Day Care – A Food and Nutrition Information Kit

Australian Government Department of Health and Ageing: *Food Safety: Allergies and Intolerances*

www.health.gov.au/internet/publications/publishing.nsf/Content/gug-carer-toc~gugcarerfoodsafety

Anaphylaxis Australia: Starting Kinder or Preschool with Food Allergies

www.allergyfacts.org.au

www.allergyfacts.org.au/PDF/AAI%20Starting%20preschool.pdf

The Royal Children's Hospital, Melbourne: Childcare and Children's Health Vol 10 No 1: *Allergies and Anaphylaxis*

www.rch.org.au/emplibrary/econnections/CCH_Vol10_No1Mar2007.pdf

www.rch.org.au/econnections/publications/index.cfm?doc_id=11283

Qld Government Community Child Health Service

http://access.health.qld.gov.au/hid/IncidentsInjuriesandPoisonings/AllergicReactions/foodAllergy_is.pdf

Nutrition Australia: *Food Allergy / Lactose Intolerance*

www.nutritionaustralia.org/

www.nutritionaustralia.org/sites/www.nutritionaustralia.org/files/Lactose%20Intolerance.pdf

Raising Children Network: *Food Allergies and Intolerances – An Overview*

http://raisingchildren.net.au/articles/allergies_intolerances.html/context/644

Australian Government Department of Health and Ageing: *Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood – Staff and Carer Book*

www.health.gov.au/internet/publications/publishing.nsf/Content/gug-carer-toc

www.health.qld.gov.au/ph/documents/caphs/27100.pdf

7.12 Nutrition and Physical Activity Policy

Policy number: 7.12

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	2.1.3 Healthy Lifestyle
HCS	

Purpose

The food children eat affects their growth, development and overall behaviour and wellbeing. Any specific cultural, religious and health requirements should be considered. It is important that food and drink provided to children is nutritious and provided in adequate quantities to promote their development. Educators and coordinators need to work cooperatively with families to ensure that children’s nutritional needs are met, that mealtimes are relaxed social occasions, and that family cultures and individual food requirements are accommodated.

Background

Nutrition Guidelines established by Nutrition Australia form the basis of the Nutrition Policy. It is the role of the service to ensure that educators and families have information to ensure that children receive nutritious food and that healthy eating choices are promoted.

Policy

Goal

- For all children in Care to be provided with healthy, nutritious food and drink consistent with recommendations of the Australian Government Healthy Eating and Physical Activity Guidelines for Early Childhood Settings and /or the Dietary Guidelines for Children and Adolescents in Australia;
- To ensure that mealtime environments and food and drink offered to children is safe and hygienic;
- To develop and nurture healthy eating and drinking habits in young children;
- For children to experience a variety of foods including foods from other cultures;
- To promote mealtimes as relaxed social occasions, and opportunities for conversation about healthy lifestyle choices;
- For educators to role-model healthy lifestyle choices and to reinforce the importance of healthy food and nutrition;

- For children to have access to adequate and appropriate physical activity every day;
- To promote physical activity as a fun and important part of the children’s day.

Procedure

All educators and parents will have a copy of the current Nutrition policy. Information on nutrition, healthy recipes, recipes reflecting other cultures and guidelines for age appropriate foods will be available to parents and educators through the resource library, newsletter articles and in-service training.

Daily Food Requirements

Parents and educators will be encouraged to supply food that will meet the child’s nutritional needs for the time that the child is in care. It is recommended that children in care for 8 hours a day (e.g. morning tea, lunch and afternoon tea) have 50% of their recommended dietary requirements met whilst in care. Children needing breakfast or dinner need to have 75% of their nutritional needs met.

The following table is provided as a guide and shows the minimum number of serves from each food group to achieve 50% of recommended daily intake. (Source: Food and Nutrition Policy, Qld Health)

Breads and cereals	2 serves	<u>1 serve =</u> 1 slice bread <i>or</i> ½ cup breakfast cereal <i>or</i> 1/3 cup cooked rice <i>or</i> ½ cup cooked pasta
Dairy Foods	3 serves	<u>1 serve =</u> 100ml milk (1/2 cup) <i>or</i> 1/3 cup grated cheddar cheese -15 g <i>or</i> 1 slice of processed cheddar cheese <i>or</i> yoghurt – 100g or 1/2 small tub or 1/3 cup <i>or</i> custard – ½ cup or 125 ml
Meat or alternative	1 serve	<u>1 serve =</u> 45 g red or white meat <i>or</i> 1/3 cup cooked legumes (baked beans, lentils, chick peas) <i>or</i> 1 egg
Fruit	1 serve	<u>1 serve =</u> 1 medium sized piece of fruit <i>or</i> ½ cup tinned fruit
Vegetables	1 serve	<u>1 serve =</u> ½ cups vegetables <i>or</i> 1 cup salad

If children are in care for 9-10 hours, then extra food should be provided.

Dietary Guidelines for Children and Adolescents in Australia and *Get Up & Grow* recommends that children enjoy a wide variety of nutritious food and be encouraged to:

- Eat plenty of vegetables, legumes and fruits;
- Eat plenty of cereals (including grains, rice, pasta and noodles), preferably wholegrain;
- Include lean meat, fish, poultry and/or alternatives;
- Include milks, yoghurts, cheese and/or alternatives. Reduced fat milks are not suitable for young children under 2 years because of their high-energy needs, but reduced-fat varieties should be encouraged for older children and adolescents;
- Choose water as a drink.

Care should be taken to:

- Limit saturated fat and moderate total fat intake. Low-fat diets are not suitable for infants;
- Choose foods low in salt;
- Consume only moderate amounts of sugar and foods that contain added sugars.

Educators are encouraged to take opportunities to discuss appropriate food choices with families and provide information and suggestions. Parents will be informed of how their child has eaten during the day. Food that has not been heated or handled will be kept to take home or left for the next day. Individual cultural and nutritional needs of children and specific food preferences of children will be accommodated through discussions with parents. While children should be encouraged to try new foods and make healthy food choices, children should not be forced to eat foods they don't like or to eat more than they want.

Food should never be used as a reward or punishment for behaviour. If a child is not hungry at routine meal times, they should be provided with alternative times to eat that suit their needs.

Children are to have free access to water at all times throughout the day, and should be offered water regularly.

If the educator supplies meals, a menu must be displayed, and the meals are to be consistent with the menu.

Foods to avoid

A child can choke on food more easily than an adult because they lack back teeth to chew lumps properly.

Foods to avoid for younger children include corn chips, popcorn, whole nuts, hard fruit or uncooked vegetables like carrot. Careful supervision and monitoring of children is needed.

Children who are beginning solid foods will be encouraged to gradually introduce one food at a time to ensure any allergies are detected. New foods should be introduced to children at home prior to care and discussed with educator. Foods that may be unsuitable or unsafe for a child will not be given. Educators will discuss individual requirements with parents and together plan the introduction of new foods.

Physical Activity

Most children find it fun to play and be active, and it is important to encourage physical activity in the early childhood years for two reasons. Firstly, early development of good habits may form a foundation for later years. Secondly, regular physical activity in early childhood can impact on immediate and long-term health outcomes.

Children should be encouraged to participate in physical activity every day from birth. This can be as simple as safe, supervised tummy time, encouraging babies to move their arms and legs, and encouraging them to reach for toys.

Older children should have access to both unstructured and planned physical play.

Relevant Legislation

Education and Care Services National Law Act 2010
Education and Care Services National Regulations 2011
51 (1)(a) Conditions on service approval (safety, health and wellbeing of children)
77 Health, Hygiene and safe food practices
78 Food and Beverages
79 Services providing food and beverages
80 Weekly Menu
168 Education and care must have policies and procedures

National Quality Standard 2.1.3

Key Resources

Australian Government Department of Health and Ageing: *Get Set 4 Life*
[www.health.gov.au/internet/main/publishing.nsf/Content/47B8A7F882590379CA25759B001EE259/\\$File/GetSet4LifeBrochure.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/47B8A7F882590379CA25759B001EE259/$File/GetSet4LifeBrochure.pdf)

Australian Government Department of Health and Ageing: *Food Safety*
www.health.gov.au/internet/publications/publishing.nsf/Content/gug-carer-toc~gugcarer-foodsafety

Australian Government Department of Health and Ageing: *Choking Risks for Toddlers and Young Children*
www.health.gov.au/internet/publications/publishing.nsf/Content/gug-carer-toc~gugcarer-foodsafety~gug-carer-foodsafety-choking

Diabetes Australia Queensland
www.diabetesqld.org.au

Australian Government Department of Health and Ageing: *Australian Guide to Healthy*

Eating

www.health.gov.au/internet/main/publishing.nsf/content/health-pubhlth-publicatdocument-fdcons-cnt.htm

Australian Government Department of Health and Ageing: *Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood – Staff and Carer Book*

www.health.gov.au/internet/publications/publishing.nsf/Content/gug-carer-toc
www.health.qld.gov.au/ph/documents/caphs/27100.pdf

Nutrition Australia: *Dietary Guidelines for Children and Adolescents / Kids Brainy Breakfast Ideas / Healthy Lunches for Under 5's / Healthy Snacks for Under 5's / Food Allergy*

www.nutritionaustralia.org/

Qld Government Community Child Health Service

www.health.qld.gov.au/cchs/nutrition.asp

Good Food in Family Day Care - Food and Nutrition Information Kit

Kid safe Qld : *Choking and Suffocation*

www.kidsafeqld.com.au/

www.kidsafeqld.com.au/images/stories/pdfs/inews.97362.1.pdf

Qld Government Education Department: *Anaphylaxis Guidelines for Queensland State Schools* <http://education.qld.gov.au/schools/healthy/anaphylaxis.html>

Anaphylaxis Australia: Starting Kinder or Preschool with Food Allergies

www.allergyfacts.org.au

www.allergyfacts.org.au/PDF/AAI%20Starting%20preschool.pdf

The Royal Children's Hospital, Melbourne: Childcare and Children's Health Vol 10 No 1 (March 2007): *Allergies and Anaphylaxis*

www.rch.org.au/emplibrary/ecconnections/CCH_Vol10_No1Mar2007.pdf

www.rch.org.au/ecconnections/publications/index.cfm?doc_id=11283

The Royal Children's Hospital, Melbourne: Childcare and Children's Health Vol 10 No 1 (March 2007): *Good Nutrition*

www.rch.org.au/emplibrary/ecconnections/CCH_Vol9_No4_December_2006.pdf

Family Day Care Australia

www.fdca.com.au

Healthy Jarjums Healthy Eating Choices – Inala Indigenous Health

<http://www.health.qld.gov.au/iihs/html/healthy-jarjums.asp>

Kay A. Toomey, PHD (2002): *SOS Approach to Feeding – Developmental Food Continuum*

7.12 (a) Mealtimes Policy

Policy number: 7.12 (a)

Date last reviewed: April 2017

This policy relates to	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	2.1.3 Healthy eating and physical activity are promoted and appropriate for each child.
HCS	

Purpose

Educators ensure that mealtimes are relaxed social occasions and that family cultures are accommodated.

Background

Children’s eating habits and attitudes are formed early in life and educators will endeavour to ensure that influences in their home contribute to a child forming healthy eating habits, and that mealtimes are pleasant social occasions.

Policy

Educator Strategies and Procedures

Children will be encouraged to participate in mealtime preparation with the development of self-help skills in setting the table, collecting food from the fridge and opening up packages.

Children should be encouraged to try foods, with likes and dislikes being respected.

Food will not be used as a form of punishment or reward.

Parents should be informed of how their child has eaten during the day.

Educators should endeavour to make mealtimes enjoyable for all children, sitting and eating with children and engaging in conversations while eating nutritious foods and taking opportunities to role model good hygiene and eating habits.

Educators will demonstrate good hand washing and food handling practices, and will ensure that children wash their hands before meal times and before handling food.

Comfortable and safe areas will be provided to ensure that children are sitting down while eating and drinking.

Children will be encouraged to participate in a variety of food experiences, to develop awareness of healthy eating habits, to gain awareness of other cultures and celebrations, to develop self-help

skills, and independence. Educators will include cooking experiences with children and use this as an opportunity for children to learn skills including food handling procedures. Cooking experiences will accommodate children’s allergies and intolerances.

Children who are beginning solid foods will be encouraged to gradually introduce one food at a time to ensure any allergies are detected. New foods should be introduced to children at home prior to care and discussed with educator. Foods that may be unsuitable or unsafe for a child will not be given. Educators will discuss individual requirements with parents and together plan the introduction of new foods.

Educators will provide a clean and hygienic environment and are encouraged to provide individual cups and plates for each child. Children should be encouraged to use individual serving utensils to foster self-help skills.

Utensils, cups, plates, chairs and tables should vary depending on the age of the child. The level of self-help skills should also vary depending on the age and ability of the child.

Animals should not be present while children are eating.

It is not a safe practice for children to eat in the car.

Meal times need to be planned to meet individual needs of each child.

Relevant Legislation

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- 51(1)(a) Conditions on service approval (safety, health and wellbeing of children)
- 77 Health, hygiene and safe food practices
- 78 Food and Beverages
- 79 Service providing food and beverages
- 80 Weekly menu
- 168 Education and care service must have policies and procedures

Food Standards Australia and New Zealand (ANZFA)

www.foodstandards.gov.au

Key Resources

Good Food in Family Day Care - Food and Nutrition Information Kit (National Family Day Care Council of Australia Limited)

Victorian Government : *Toddlers and Mealtimes Manners*

[www.betterhealth.vic.gov.au/bhcv2/bhccpdf.nsf/ByPDF/Toddlers_and_mealtimes_manners/\\$File/Toddlers_and_mealtimes_manners.pdf](http://www.betterhealth.vic.gov.au/bhcv2/bhccpdf.nsf/ByPDF/Toddlers_and_mealtimes_manners/$File/Toddlers_and_mealtimes_manners.pdf)

VIC Government: *Child Care and Healthy Eating*

www.betterhealth.vic.gov.au/bhcv2/bhccarticles.nsf/pages/Childcare_and_healthy_eating

Raising Children Network: *Teaching Children to Feed Themselves / Introducing Solids / Family Meals: A Time for Toddlers*

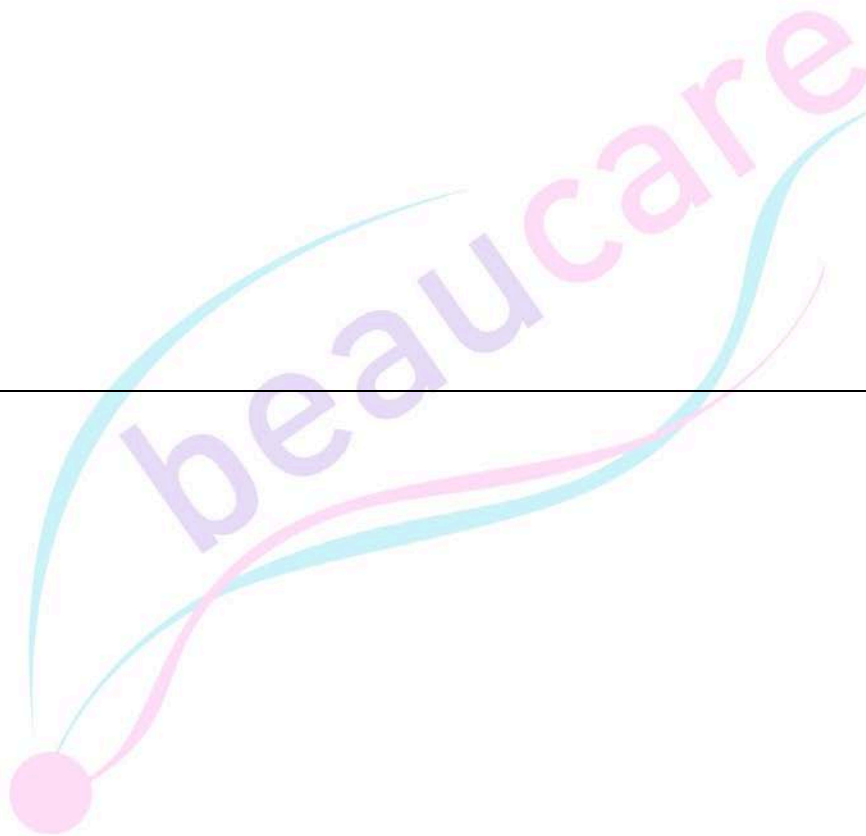
<http://raisingchildren.net.au/>

NSW Government: *Why Are Food and Drinks So Important in Early Childhood Services*

www.healthykids.nsw.gov.au/teachers-childcare/food-and-nutrition.aspx

Australian Government Department of Health and Ageing: *Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood – Staff and Carer Book*

www.health.gov.au/internet/publications/publishing.nsf/Content/gug-carer-toc



7.12 (b) Breast Milk, Milk and Drinks Policy

Policy number: 7.12(b)

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework

National Quality Standards Early Childhood Education & Care

HCS

2.1.3 Healthy eating and physical activity are promoted and appropriate for each child.

Purpose

Educators will ensure that children receive adequate milk to meet their daily requirements

Background

Children’s growing bodies need adequate provision of calcium, mostly provided through milk and milk products.

Policy

Discussions between parents and educators around the preparation and provision of formula/breast milk should occur prior to care commencing.

Parent’s choice to provide breast milk for their child is supported and encouraged by the service. (*Reference: Dietary Guidelines for Children and Adolescents in Australia – Encourage and support breastfeeding*). Educators should encourage mothers to continue breastfeeding as long as possible, and the environment should support this. A comfortable, quiet area may be set up to allow mothers to breastfeed their baby at the service.

All Beaucare buildings have comfortable spaces for mothers wishing to breastfeed.

Breast milk is a bodily fluid and needs to be treated with care. Breast milk should be clearly labelled and supplied in a non-spill airtight container or breast milk bags. It should be carried in a way to prevent spoilage (i.e. in an insulated container with a frozen cooler brick) and must be refrigerated by storing in the coldest part of the fridge and can be kept for three to five days. Defrosted breast milk should be used within 24 hours.

Breast milk can be frozen in a freezer that has a separate door to the refrigerator for up to 3 months. Breast milk can be stored in a freezer compartment within a refrigerator for two weeks only.

Formulas

Infant formula may be prepared in advance if refrigerated and used within 24 hours. Formula older than 24 hours should be discarded. For infants in care, parents should provide the setting with sterilised bottles and teats, as well as pre-measured powdered formula each day. These should be

clearly labelled with the date, the baby's name and the amount of water to be mixed with the formula. It is preferable that parents bring bottles already filled with the correct amount of pre-boiled, cool water, so that educators do not have to boil and cool water before feeding infants.

Once made up, infant formula should be stored in the refrigerator until used and discarded after 24 hours.

Parents may prepare bottles in advance, but are required to ensure that they are being transported in a safe manner.

It is recommended that parents provide extra breast milk/formula for new infants commencing care to ensure there is no shortage throughout the day.

Heating

It is recommended that breast milk or formula is heated by standing them in warm/hot water. The temperature will be tested on the educator's wrist before being given to the child. ***Microwaves can only be used for the heating of formula and cow's milk, as there is evidence that heating breast milk in a microwave can destroy breast milk's immunological properties.***

The following steps must be taken if using a microwave to reduce the risk of uneven heating and the formula/milk continuing to become hotter:

- Take the teat/bottle top off and leave it outside the microwave;
- Adequately rotate and shake the bottle directly after microwaving;
- After the teat/bottle top has been replaced, invert the bottle at least 10 times and let the bottle sit for 1-2 minutes before testing the temperature;
- Check the temperature of the formula/milk on the inside of the wrist before giving to the child.

Bottles should be heated only once. Left-over milk from a feed will be discarded immediately and the bottle rinsed. It is the parent's responsibility to ensure the sterilisation of bottles and teats. Bottles will not be given if the milk shows signs of deterioration or if they contain additives that are not recommended for children (e.g. medication, sugar)

Cow's milk should not be given to infants as a main drink until they are at least 12 months of age. Small amounts of cow's milk can be used in mixed foods for infants after about 9 months. Reduced fat milks are not recommended for children under two years of age. Although reduced fat and low fat varieties contain the same amount of calcium, they are not recommended for children under 2 years of age. Soymilk provided to children should be calcium fortified.

Educators are encouraged to have face-to-face interaction when bottle feeding babies. Under no circumstances should an educator prop a bottle for an infant. If a child can bottle-feed themselves, this must be strictly supervised and the bottle removed immediately after the child stops drinking.

It is recommended that children **not** be given bottles to go to bed with as this speeds up the tooth decay process. This also applies to regular sucking (except for meal times) on bottles throughout the day that contain milk. Should an infant require something to drink, unsweetened water is recommended.

Drinks

Water is the preferred drink for children, and will be available to children at all times. It is recommended that fruit drinks be served no more than once a day and only in small quantities. Due to tooth decay, cordials and other sugary drinks are not recommended and should not be offered to children in care. This is part of service policy and will be discussed with families on enrolment.

Children should be encouraged to drink from a cup to develop skills and muscle development.

Relevant Legislation

Education and Care Services National Law Act 2010
Education and Care Services National Regulations 2011
51(1)(a) Conditions on service approval (safety, health and wellbeing of children)
77 Health, hygiene and safe food practices
78 Food and Beverages
79 Service providing food and beverages
80 Weekly menu
168 Education and care service must have policies and procedures
Food Standards Australia and New Zealand (ANZFA)
www.foodstandards.gov.au

Key Resources

Qld Government Community Child Health Service : *Bottle Feeding / Breastfeeding / Breastfeeding When You are Working or Away From Your Baby*
www.health.qld.gov.au/ph/documents/childhealth/28107.pdf
www.health.qld.gov.au/ph/documents/childhealth/28104.pdf
www.health.qld.gov.au/ph/documents/childhealth/28097.pdf
VIC Government: *Child Nutrition – Juices and Sweet Drinks*
www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Child/nutrition/juices/and/sweet/drinks?open
National Health and Medical Research Council: *Dietary Guidelines for Australians*
www.nhmrc.gov.au/guidelines/publications/n29-n30-n31-n32-n33-n34
Good Food in Family Day Care- Food and Nutrition Information Kit (National Family Day Care Council of Australia Limited) Nutrition Australia
www.nutritionaustralia.org
www.nutritionaustralia.org/national/resource/drinks-children
Raising Children Network: *Introducing Drinks*
<http://raisingchildren.net.au/>
Child and Youth Health: *Milk for Toddlers*
www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=114&np=302&id=1788
Australian Government Department of Health and Ageing: *Get Up & Grow: Healthy Eating and*



Physical Activity for Early Childhood – Staff and Carer Book

www.health.gov.au/internet/publications/publishing.nsf/Content/gugcarer-toc



7.12 (c) Food Handling Procedures Policy

Policy number: 7.12(c)
Date last reviewed: April 2017

This policy relates to	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	2.1.3 Healthy Eating and Physical activity are promoted and appropriate for each child.
HCS	

Purpose

Educators who supply or prepare food for children will ensure that hygienic practices are used that comply with the Food Standards Australia.

Background

Food safety standards have been developed to reduce the level of food-borne illness in Australia. Educators who supply or prepare food for children need to meet the food safety standards.

Policy

Educators who supply meals for children are required to prepare a written menu to be displayed and discussed with parents. Menus will be varied and will comply with Nutrition Australia and the service's Nutrition Policy. Food provided will be appropriate to the child's age, nutritional needs and promote an awareness of food from different cultures. Educators supplying food will be required to have completed a food handling course prior to supplying food at their service. Online training is available. The service requires a copy of this certificate.

Educators providing and preparing food for children will use correct food handling practices as outlined in Food Standards Australia. These are:

- Handle food safely;
- Store food safely;
- Maintain good personal hygiene;
- Maintain good cleaning practices.

Handle Food Safely

Food should be handled with clean hands and gloves or utensils to avoid contamination and cross contamination of food. Equipment such as cutting boards should be in good condition with no crevices or cracks. Chipped, broken or cracked utensils may not be used. A food thermometer

(accurate to + or – 1 degree C) is required under Food Standards of Australia to measure any potentially hazardous food.

Potentially hazardous food is defined by Food Standards Australia as:

- Raw meats, cooked meats and food containing meat, such as casseroles, curries, lasagne and meat pies;
- Dairy products and foods containing dairy products, such as milk, cream, custard and dairy-based desserts;
- Seafood (excluding live seafood) and food containing seafood, such as seafood salad;
- Processed fruits and vegetables, such as prepared salads and ready-to-eat fruit packs; cooked rice and pasta;
- Processed foods containing eggs, beans, nuts or other protein rich food, such as quiche and soy bean products; and
- Foods that contain any of the above foods, such as sandwiches, rice and pasta salads.

A separate cutting board should be used to prepare raw and cooked foods (different colours are recommended).

Fruit and vegetables should be washed well.

Frozen food should be thawed in the fridge or microwave.

Areas where food is prepared will be kept clean and only clean utensils will be used for handling food. Animals must be kept away from food preparation areas. Practical measures must be used to prevent pests from the areas where food is handled.

Tongs or gloves are recommended when serving food. Gloves should be worn for one task only (i.e. breaking up a cooked chicken for sandwiches). When starting the next task, new gloves are to be worn.

Different utensils should be used for raw meat and foods that are ready to eat, such as cooked meats, unless they have been thoroughly cleaned, sanitised and dried.

High risk foods (i.e. mince, burger patties, sausages, chicken nuggets) should be cooked thoroughly until they are no longer raw and there is no sign of pink remaining.

Clean and dry serving dishes should be used for cooked food and food that is ready to eat.

Food should be heated or cooked until steaming hot. The temperature needs to reach above 60°C to kill the bacteria. If using a microwave, cover food with microwave-safe wrap or microwave cover to trap steam. Stir food and rotate dish at least once through the heating process. Ensure that food

is steaming throughout and not just on the edges and allow time for food to reduce to an appropriate temperature before giving it to a child. Only reheat food once.

If keeping food hot on cooktops or in ovens the equipment temperature needs to be set high enough to ensure that the food remains hot (60° C or hotter)

Cold food, which is to be served hot, will need to be quickly and thoroughly heated until it is steaming hot and then kept hot until it is served. Food needs to be reheated to over 60°C and held at this temperature for at least 2 minutes. A thermometer may be used to check that all of the food reaches this temperature. Food standards suggest that thermometers be used to take temperature when establishing heating capacity of appliances with individual types of food.

Procedures to Take the Temperature of Food

It is recommended that temperature of 60 degrees be reached when reheating food.

The probe of the thermometer must be cleaned and sanitised before it is used to measure the temperature of the food. It should be washed in very hot soapy water and thoroughly dried with a disposable towel or air-dried.

The following method must be used to check the temperature of food:

- Insert the clean, dry probe into the food. Temperature readings are not instant – wait until the temperature has stabilised before reading;
- If the food is packaged or frozen, place the length of the probe between two packages of the food;
- The temperature needs to be taken at the centre of food as it can vary significantly from the outer to the centre of food;
- Stabilise the thermometer between measuring hot and cold foods by allowing the thermometer to come back to room temperature.

Store Food Safely

Bacteria grow in temperatures between 5°C and 60°C. They multiply by splitting in two and under the right conditions, they double their number every 10 to 30 minutes. They grow faster around room temperature, but will multiply anywhere between 5°C and 60°C. This range is known as the temperature danger zone for food. For this reason, it is not safe to leave food at room temperature for more than 2 hours and perishable food should be kept cold during transportation. When storing food at less than 5°C, bacteria become inactive or multiply very slowly, although they are not killed. Cooled or frozen food needs to be defrosted under controlled conditions (fridge) and heated to above 60°C to kill bacteria.

The interior of the fridge should be 5°C or lower and the interior of the freezer should be 15°C or lower. These temperatures may be verified from appliance manuals or with a fridge freezer thermometer.

Raw meats should be stored in the bottom of the refrigerator or in a sealed section to prevent drips.

Potentially hazardous food will be stored in the fridge at a temperature of 5°C or less or 60°C or more. If potentially hazardous foods have to be cooled, the food should be cooled as quickly as possible within 2 hours - from 60°C to 21°C; and within a further 4 hours – from 21°C to 5°C.

Placing foods in shallow containers assists to reduce the temperature quickly.

Parents are encouraged to deliver perishable food to an educator's home under refrigeration or using an ice-pack to reduce the time the food is out of refrigeration.

Maintain Good Personal Hygiene

Educators preparing food must take all practicable measures to ensure that the body or anything from the body or clothing does not contaminate food or surfaces likely to come into contact with food.

Hands should be washed in a separate location to food preparation:

- Before handling and preparing food;
- After handling raw food;
- After handling an animal;
- Between handling raw food and food that is ready to eat, such as cooked food and salads;
- After using the toilet or assisting children to toilet or nappy changing;
- After smoking, coughing, sneezing, blowing the nose, eating or drinking;
- After touching body parts, handling rubbish and other waste.

Procedure for Correct Hand Washing

- Wet hands under running water;
- Soap hands (using soap on tap), lather well;
- Rub thoroughly, including the wrists and between the fingers;
- Rinse in clean running water;
- Dry thoroughly on clean paper towel, leaving no moisture on the hands.

Outer clothing must be clean and unsoiled and any bandages and dressings on exposed parts of the body should be covered with waterproof dressings.

There should not be any sneezing, blowing or coughing over uncovered food or equipment.

Smoking should not occur where food is handled, prepared or served.

Wherever possible adults handling food must not do so whilst ill or suffering from a foodborne disease.

Children should not be permitted to share drink containers, plates, cups or utensils.

Maintain Good Cleaning Practices

There are three steps to effectively clean and sanitise utensils and surfaces. (Sanitising means to apply heat or chemicals to a surface so the number of bacteria on the surface is reduced to a level that is safe for food contact.)

- Utensils such as cutting boards, bowls and knives need to be thoroughly washed in warm soapy water. This will remove most of the dangerous bacteria present. Sanitising will then kill any remaining bacteria;

A dishwasher is very effective at sanitising if it has a hot wash and drying cycle. Sanitisers are available for surfaces

- All utensils must then be thoroughly dried before they are re-used. Air-drying is recommended;
- Cleaning cloths need to be used for one purpose. Different cloths need to be used for wiping benches than wiping up spills from the floor. Different coloured cloths or disposable towels prevent cross contamination.

Relevant Legislation

Education and Care Services National Law Act 2010

Education and Care Services National Regulations 2011

51(1)(a) Conditions on service approval (safety, health and wellbeing of children)

77 Health, hygiene and safe food practices

78 Food and Beverages

79 Service providing food and beverages

80 Weekly menu

168 Education and care service must have policies and procedures

Food Standards Australia and New Zealand (ANZFA)

www.foodstandards.gov.au

Key Resources

Bacteria: Food Safety Matters (2nd Edition) Student Guide

“Four Hour, Two Hour Guide and Temperature Control Fact Sheet” Brisbane City Council

Good Food in Family Day Care (National Family Day Care Council of Australia Limited)

What is Better Food for Early Childhood Settings (Queensland Health)
There's more to Food than eating, Food Foundations for children: Birth to 8 years,
Food Safety It's all in the handling – Queensland Health
Staying Healthy in Child Care Fifth Edition
Australian Government Department of Health and Ageing: *Protecting Food from Contamination*
www.health.gov.au/internet/publications/publishing.nsf/Content/ohp-enhealth-manual-atsicnt-l-ohp-enhealth-manual-atsi-cnt-l-ch3~ohp-enhealth-manual-atsi-cnt-l-ch3.9
Nutrition Australia: *12 Golden Rules of Safe Food Handling*
www.nutritionaustralia.org
www.nutritionaustralia.org/national/resource/food-safety
The Royal Children's Hospital, Melbourne : Childcare and Children's Health Vol 6 No 4 (November 2003) *Food Safety Plans – What Are They?*
www.rch.org.au/emplibrary/econnections/CCCH_Vol6_No4.pdf
National Health and Medical Research Council : *Dietary Guidelines for Australians*
www.nhmrc.gov.au/guidelines/publications/n29-n30-n31-n32-n33-n34
Food Standards Australia and New Zealand: *Food Safety Practices and General Requirements / Health and Hygiene: Responsibilities of Food Handlers*
www.foodstandards.gov.au/scienceandeducation/factsheets/foodsafetyfactsheets/foodsafetypracticesa70.cfm
www.foodstandards.gov.au/scienceandeducation/factsheets/foodsafetyfactsheets/healthandhygienesp101.cfm
Family Day Care Australia
www.fdca.com.au
Australian Government Department of Health and Ageing : *Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood – Staff and Carer Book*
www.health.gov.au/internet/publications/publishing.nsf/Content/gug-carer-toc

Related Policies

[Appendix H Safe Work Practices](#)

7.13 Play Sessions, Outings and Excursions Policy

Policy number: 7.13

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework	
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National Quality Standards Early Childhood Education & Care	
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HCS	
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Purpose

The service has procedures in place to ensure that play session, outings and excursions are in the best interest of the children. Documentation is used to show risk management, adequate supervision and safety precautions are taken into account. Effective supervision is critical to the safety of children. Effective supervision also requires educators to be actively involved with children. A thorough risk assessment should be used to determine whether minimum ratios are sufficient to provide adequate supervision while attending an excursion.

Policy

Outings should be child-orientated and planned for the interest and learning outcomes of each individual child in care. Educators need to provide a balance of care that takes place within the home and on outings.

All children must be actively supervised at all times during which the children are being educated and cared for.

Educators are required to provide evidence of planned and spontaneous experiences that support children to develop and practice the skills required to participate in group discussions and shared decision making with their peers.

A visit to the proposed excursion destination will assist in conducting a risk assessment. During a site visit information can be gathered about the availability of toilets, hand washing, drinking and shade facilities at the destination and details can be checked such as mobile phone coverage and access for emergency services.

Outings where water is accessible must be treated as high risk. Prior to the outing, a risk assessment must be completed by the educator and approved by the parent. The service requires a copy of the outing details and risk assessment prior to the outing. Outings to areas where there is water may not be approved by the service due to high risks associated. It is essential that outing venues such as parks are visited prior to the outing to ensure that risks have been fully assessed. Adult to child swimming ratios need to be met for any outing where there is a water risk, including beaches, canals, waterways, ponds and dams:

- For children who are less than 3 years – 1 adult accompanying for each child;

- For children who are at least 3 years but not yet 6 years of age – 1 adult accompanying for each 2 children;
- For children who are 6 years of age – 1 adult accompanying for each 4 children.

These ratios include all children in the Family Day Care service and include the educator's own children up to the age of 13 years.

Educator-to-child ratios alone do not determine what is considered adequate supervision and does not automatically allow for the outing to occur where there is water accessible. The benefits of the outing must be higher than the risks- this needs to be documented in full and be provided to the service prior to the outing for discussion. Outings where there is water have a much higher potential of risk and are generally discouraged.

This information needs to be part of the educator's risk management plan that the service has already been provided with.

The role of the educator is directly to:

- Ensure the safety and well-being of all children;
- Ensure that there has been thorough risk assessment of the outing, including the venue, prior to the outing occurring;
- Actively engage with the children;
- As part of risk assessment consider the suitable time frames for the outing and transport route;
- Promote and encourage positive learning outcomes;
- Consider meal and rest routines of all children. It is not appropriate for children to eat in the car, or for sleep times to be planned to occur in the car.

Procedure

It is essential that outings are discussed with parents and that written permission is received in advance. For regular outings, educators complete a "Regular Outing" form at the commencement of each year for parents to sign. The service is to be provided with a signed copy prior to the outings occurring. All outing forms should be accompanied by a map showing the planned route to the destination, or written directions on the outing form.

Updates to this information should be provided to parents and the service as regular visits change due to new bookings or change of routines. For any outings not listed on the Regular Outings form, educators must obtain written permission from parents on an Outing form in advance and forward this form to the service.

Outings planned for a venue where water is accessible to children must have a risk assessment and outing form completed and approved by the parents and forwarded to the service **before** the outing takes place.

Outing forms need to be retained by the educator and a copy sent to the office prior to the outing occurring. It is important to seek permission prior to the outing, giving families plenty of notice to ensure parents are able to plan appropriately for the day, considering food, clothing, footwear and individual routines. Outings should be negotiated with families to ensure the learning outcomes for children are clear and agreed to. Families not wanting their child to attend outings should have their views respected and accommodated where possible.

The educator should maintain active supervision for the safety of the children. This requires that educators be actively involved with the children. The educator should maintain attentive concern for the safety of the children at all times particularly when providing care away from the home. First aid kit, emergency numbers (including service and parent's contact numbers), and a mobile phone are required to be taken on all outings to ensure that educators are contactable by phone. Emergency contact numbers should be written and stored somewhere accessible on outings, as the educator's phone may be inaccessible in an emergency. Drinking water and nappy change supplies are also a requirement. (Refer Policy, Transport 7.18). If food is to be provided on the outing, it needs to meet nutritional guidelines and advised in advance to parents. Sunscreen, hats and shoes for all children and adults must be taken. Children must be restrained in correctly fitted car seats.

Advance planning for the outing would include risk management consideration and planning to minimise any potential risks.

First Aid kits should also be taken when leaving the service premises for excursions, routine outings and emergency evacuations.

If an outing is not a Regular Outing, the educator is required to notify the service prior to commencing the outing. This will assist with emergency situations, planning, coordinator visits and communication between coordination unit and educator. The completed outing form is to be scanned to the office prior to the visit occurring, and the original form should be retained by the educator for coordinator to sight on visits.

Play Sessions

Educators are encouraged to attend play sessions held in various areas of the service. Play sessions are an opportunity for children to experience a larger group and explore play and learning opportunities that may differ from those offered by their own educator. Educators also benefit by sharing ideas and experience with other educators.

Play sessions can be recorded on the regular outing form, with an outing form completed prior to the initial outing documenting risk assessment.

Planning for the larger group of children is accommodated with a play session planning and evaluation form which considers the age, current knowledge, ideas, culture and interests of each of children based on the educational programs, which are the Early Years Learning Framework and My Time Our Place Framework. Coordinators will attend play sessions from time to time and

contribute by taking observations and assisting with planning. Host and visiting educators are required to display a play session plan prior to the play session occurring.

The approved national learning frameworks outline that assessment is a process used by educators to gather information about what children know, understand and can do. This information should be analysed by educators to plan effectively for each child's learning. Assessment information can also be used to reflect on their own values, beliefs and teaching practices, and to communicate about children's learning with children and their families. Assessment documentation must be kept for each child. There is no prescribed method in the National Law or National Regulations for documenting the assessment of children's learning. For children who are prep age or under, this documentation should include:

- Assessment of the child's developmental needs, interests, experiences and participation in the educational program;
- Assessment of the child's progress against the learning outcomes of the educational program;

It is recommended that play sessions are no longer than 2 1/2 hours duration, including the meal break.

Several types of play may be provided, such as singing, reading stories, blocks, low balancing beam, dress ups, painting, sand play, water play, and play dough. Effective supervision also requires educators to be actively involved with children at play sessions. Toilet access (with running water and liquid soap for washing hands) and an accessible nappy change area should be available.

All children should be seated for morning tea. A mat on the ground is sufficient. Rugs and/or soft mats should be available for infants. Plenty of water should be available to the children.

Relevant Legislation

Education and Care Services National Law Act 2010 165,167,174

Education and Care Services National Regulations 2011 100-102,168,166,176 National Quality Framework 2011

Key Resources

Family Day Care Australia

www.fdca.com.au

Raising Children Network: *Play and Learning / Playgroups*

http://raisingchildren.net.au/articles/why_play_is_important.html/context/249

<http://raisingchildren.net.au/articles/playgroups.html/context/249>

Kid safe Queensland: *Benefits of Play*

www.kidsafeqld.com.au/playground-safety/benefits

Related Policies

[Appendix H Safe Work Practice](#)

[Appendix I Child Protection](#)



7.14 Premises and Facilities for Care Homes and Venues Policy

Policy number: 7.14

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework

National Quality Standards Early Childhood Education & Care

National Standards.

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,

2.2.1 At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

3.1 The design of the facilities is appropriate for the operation of a service.

3.1.1 Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child.

3.1.2 Premises, furniture and equipment are safe, clean and well maintained

3.2 The service environment is inclusive, promotes competence and supports exploration and play-based learning.

3.2.1 Outdoor and indoor spaces are organised and adapted to support every child’s participation and to engage every child in quality experiences in both built and natural environments.

3.2.2 Resources, materials and equipment allow for multiple uses, are sufficient in number, and enable every child to engage in play-based learning

HCS

Purpose

It is the policy of the service that each Care environment is prepared and maintained to support the health, safety and wellbeing of children in care. Educators are required to document their compliance with the requirement to conduct daily safety audits and risk management practices.

Policy

Educators are required to provide an environment for children that supports the health, safety and wellbeing of the children in accordance with Regulation 168(2) (h). The service completes a safety

check prior to an educator commencing care provision. It is the educator's responsibility to maintain the environment according to the safety audit. This is achieved by the educator completing the educator daily safety audit and documenting that this has occurred. In addition, the educator is required to practice risk management to manage and reduce hazards while care is taking place. The service also conducts unannounced safety audits at each premises annually or more frequently if required.

Assessments of Care Homes and Venues

Assessments of care homes and venues will be based on the home safety audit which includes practices and procedures and covers the following:

- The premises, furniture and equipment;
- Fencing and security;
- The sufficiency of furniture, materials and equipment;
- The adequacy of laundry facilities or other arrangements for dealing with soiled clothing;
- The adequacy of toilet, washing and drying facilities;
- The adequacy of ventilation and natural light;
- Glass safety;
- The suitability of the residence or venue according to the number, ages and abilities of the children who attend or are likely to attend the service;
- The suitability of nappy change facilities;
- The existence of any water hazards, water features or swimming pools at or near the premises;
- Any risk posed by animals;
- Access to the home.

Changes to the Environment

Educators must advise the service and schedule a coordinator safety audit when there are:

- Any proposed renovations to their residence or venue, prior to work commencing;
- Significant changes to the residence or venue that are different to the initial assessment of the premises, such as acquiring a pet (refer to policy 7.2) or using a different room for care provision;

- Any changes to the residence or venue that will affect the education and care provided to children as part of the Care Service;
- The insurance company must be notified of any renovations to the premises.

Educator Safety Audit

This safety audit is designed for educators to conduct an annual safety audit of their physical environment and is the basis for the daily safety check. (Refer daily safety audit form)

To meet the Education and Care National Law (167), the Education and Care National Regulations (116) and the Education and Care National Standards, an approved service must conduct an annual assessment (including risk assessment) of each residence and approved venue of the service before education and care is provided to children, and then at least annually. The purpose of the assessment is to ensure the health, safety and wellbeing of children is protected. Coordinators may conduct spot checks throughout the year and will identify any hazards/ risks that are observed on visits. A copy of this checklist will be retained by the service and the educator.

Definition: "Inaccessible to children" means that there is a physical means that prevents children's access such as a childproof safety catch or located over 1.2 metres in height.

The following safety provisions are required and are listed on the safety checklist:

Safe Practices

Grass should be kept short. Mowing should not take place when the children are in care unless the children can be supervised by the educator in a place well away from the area being mowed.

Correctly fitting helmets must be worn by children riding 2 wheeled bikes. If skateboards, roller skates, in-line skates or scooters are used, appropriate safety helmet, knee and wrist guards must also be worn.

If ovens and hotplates are accessible to children, there must be a method to prevent children turning on the heat.

Open doors need to be restrained from swinging and jamming children's fingers.

Sandpits should be safety checked before use. Covers are required to protect sandpits from contamination.

Bunk bed ladders are removed or made inaccessible and the top level of bunk beds is not used for children under 9 years.

Floor coverings need to be secure and free from tripping hazards.

Furniture and appliances need to be secure and stable to prevent toppling onto children.

Mobile baby walkers are not used for children.

High chairs are required to have a five-point harness. Children should never be left unattended in highchairs.

Boats/ trailers need to have the wheels chocked to prevent movement.

Children should never be left unattended in cars and should be removed from the car even if another adult is standing close by. Petrol should not be purchased while children are in care.

If vehicles enter the play area, educators must prepare a Risk Management Plan for High Risk Activities.

Effluent and grey water should not be released in areas that children play in. Exposed power points are required to be fitted with covers.

Telephone or Other Communication Equipment

Educators are required to have ready access to an operating telephone/mobile phone to communicate immediately with emergency services, parents of children attending the service or to receive calls at all times. This includes when educators are in their outside environment. The telephone should be located in an easily accessible location so that educators do not leave children unsupervised. The telephone must not be disconnected in order to use the line for internet access. If the telephone is a mobile phone, it must be capable of making and receiving calls and be in a service area.

Water Hazards (Refer 7.17 Swimming and Water Safety Policy)

All water hazards (swimming pools, spas, dams) must be made inaccessible to children, with fences and gates which provide an effective barrier in accordance with service policy on Swimming. The environment must be free of all potential drowning hazards i.e. containers capable of holding water.

Permanent swimming pools and spas are required to have pool fencing that meets pool fencing guidelines. Pools should be registered with the Queensland Government's Pool Safety Register. A copy of the Safety Certificate for pools and spas must be provided to the service prior to commencing care provision. Educators who intend to offer swimming to children are required to forward a completed swimming permission form to the service prior to any swimming occurring.

Wading pools and baths should be filled immediately before use & emptied immediately after each use. Children must be actively supervised, and must remain in arms reach of the educator. It is recommended that water depth does not exceed 100mm.

Any pond or water hazard into which a young child could fall and drown must be:

- Covered by a material (mesh etc.) which must be secured and fixed in place and be capable of preventing the immersion of a young child's nose, mouth and/or face; **or**
- Completely enclosed by a barrier, fence, wall, self-closing and self-latching gate in accordance to ASS1926, closing the door etc.

(This applies to water tanks where inlet openings are accessible to children).

Any premises which are adjacent to or provides access to any water hazards (such as dams, swimming pools, spas or fishponds), shall be isolated from such hazards by an effective barrier or fence. Every gate in such a fence shall incorporate a secure latch, which cannot be operated by a young child.

Relevant Legislation

Education and Care Services National Law Act 2010 167

Education and Care Services National Regulations 2011

51 (1)(a) Conditions on service approval (safety, health and wellbeing of children)

81 Sleep and rest

98 Telephone or other communication equipment.

103 Premises, furniture and equipment to be safe, clean and in good repair

106 Laundry and hygiene facilities

107 Venue care only Space requirements indoor space

108 Venue care only-space requirements outside

109 Toilet and hygiene facilities

110 Ventilation and natural light

112 Nappy Change facilities

113 Outdoor space- natural environment

114 Outdoor space shade

115 Premises designed to facilitate supervision

116 Assessments of family day care residences and approved family day care residences and approved family day care venues.

117 Glass

168(2)(a)(v) Education and care service must have policies and procedures in relation to sleep and rest for children

Key Resources

Kidsafe Queensland: Family Day Care Safety Guidelines *Backyard Safety / Hazards / Home Safety Checklist / Maintenance / Planning / Poisonous Plants / Shade & Plants / Surfaces*

www.kidsafesw.org/imagesDB/news/KidsafeFamilyDaycareSafetyGuidelines2012.pdf

www.kidsafeqld.com.au/playground-safety

www.kidsafeqld.com.au/images/stories/pdfs/inews.23086.1.pdf

www.kidsafeqld.com.au/images/stories/pdfs/Kidsafe%20Safety%20Checklist.pdf

www.kidsafeqld.com.au/images/stories/pdfs/factsheet-poisonous-plants.pdf

Queensland Government Health: *Child Safety at Home / Home Safety Checklist / Poisoning Prevention / Child Home Safety Construction Guidelines*

www.health.qld.gov.au/chipp/child_safety/default.asp

www.health.qld.gov.au/chipp/documents/32461.pdf

www.health.qld.gov.au/poisonsinformationcentre/poisoning_prevention/default.asp

www.health.qld.gov.au/ph/documents/hpu/12685.pdf

http://www.health.qld.gov.au/PoisonsInformationCentre/plants_fungi/default.asp

Office of Fair Trading: *Seven Easy Steps for Blind and Curtain Safety / Seven Easy Steps for Trampoline Safety*

www.fairtrading.qld.gov.au/Consumers/Blind_cord_safety.pdf

www.fairtrading.qld.gov.au/Consumers/trampoline_safety_flyer.pdf

Fire Protection Association of Australia

www.fpa.com.au

Queensland Fire and Rescue Service

www.fire.qld.gov.au

Qld Government Fire Escape Planner

<https://www.fire.qld.gov.au/planning/>

Family Day Care Australia

www.fdca.com.au

Standards Australia: Australian Standard AS 1288–2006

www.standards.org.au/Default.aspx

Related Policies

[Appendix H Safe Work Practice](#)



7.14 (a) Glass Requirements Policy

Policy number: 7.14(a)
Date last reviewed: April 2017

This policy relates to	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	<p>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,</p> <p>2.2.1 At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard</p> <p>3.1 The design of the facilities is appropriate for the operation of a service.</p> <p>3.1.1 Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child.</p> <p>3.1.2 Premises, furniture and equipment are safe, clean and well maintained</p>
HCS	

Purpose

The service complies with Australian standards and ensures risks to children through contact with glass are minimised.

Background

Information on Safety Standards for glass in Educators homes has been circulated by National Family Day Care Council and Educators have been made aware through this correspondence of their need to comply with the standards.

Policy

Regulation change as of June 2014 – Safety glass for FDC services. This change is to align the National Regulations with the Australian Standard for safety glass, which specifies current requirements for glazed areas less than one metre above floor level. **Amendment only applies to FDC residences or venues approved by the approved provider of the FDC service after 1 June 2014.*

For existing educators prior to 1st June 2014, if a glazed area of a family day care residence or approved venue is accessible to children, and situated 7500mm or less above the floor level, one of the following is required:

- The glass should be separated from children;
- The glass should be guarded with barriers that prevent a child from hitting or falling against the glass;
- The glass should be safety glazed by the Building Code of Australia or;
- The glass should be treated with a product that prevents glass from shattering if broken (e.g. safety film) by a professional Glazier.

All glass in the educator's home that is accessible to children must meet the Australian and New Zealand standard AS/NZS 2208:1996, and a compliance certificate from a licenced glazier must be received by the service prior to care commencing.

To lessen the risk of accidents, all glass doors, floor length windows and clear shower screens should have markings (stickers/contact) at children's varied eye levels and the area be well lit. This can occur by having a glass service attend the home and assess glass that will be accessible to children. If there is glass identified that does not meet the standards AS 12882006 this will need to be fully resolved prior to care commencing.

Relevant Legislation

Standards Australia: Australian Standard AS 1288–2006

www.standards.org.au/Default.aspx

Education and Care Services National Law Act 2010

Education and Care Services National Regulations 2011

103 Premises, furniture and equipment to be safe, clean and in good repair.

116 Assessment of family day care residences and approved family day care venues.

117 Glass

Key Resources

Kidsafe Queensland: *Glass Safety*

www.kidsafeqld.com.au/images/stories/pdfs/inews.19885.1.pdf

Queensland Government Health: *Child Home Safety Construction Guidelines 1998*

www.health.qld.gov.au/ph/documents/hpu/12685.pdf

Department of Education, Tasmania: *Glass Safety in Home Based Child Care Settings*

www.childcare.tas.gov.au/publications/GSATcarer.pdf

7.14 (b) Ventilation, Heating and Cooling Policy

Policy number: 7.14(b)

Date last reviewed: April 2017

This policy relates to	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	<p>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,</p> <p>2.2.1 At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard</p> <p>3.1 The design of the facilities is appropriate for the operation of a service.</p> <p>3.1.1 Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child.</p> <p>3.1.2 Premises, furniture and equipment are safe, clean and well maintained</p>
HCS	

Purpose

Educators will maintain safe practices in regard to ventilation, heating and cooling appliances in the home.

Policy

Children should be cared for in a comfortable temperature with adequate ventilation. Ventilation helps to reduce the spread of infection and control the circulation of unpleasant odours. Ventilation is important in cot rooms and bathrooms as well as main play rooms.

Indoor spaces used by children at a family day care home must:

- Be well ventilated;
- Have adequate natural light;
- Be at a temperature that ensures the safety and wellbeing of children.

Sleeping areas should be:

- In well-ventilated rooms that are cool and comfortable and with good circulation of air;

- In hot weather, windows should be open to allow fresh air to circulate (care will be taken to prevent pets from having access to sleep areas);
- Cots and beds should be free of items that prevent circulation of air. Toys should always be removed as they may also pose a danger (Refer to 7.5(a) Safe Sleeping Policy);
- Babies should not be left to sleep in a pram, as they can be hot and airless;
- Children under 2 should be dressed according to weather for sleeping rather than using blankets in accordance with the Safe Sleeping Policy;
- Fans may be used to provide air circulation and should be placed in a position that is inaccessible to children. If pedestal fans are used, they must be completely inaccessible to children.

Procedure

All heating and cooling appliances must be adequately secured and guarded to prevent injury to children through contact with hot surfaces, moving parts and the emission of any sparks or flames.

All open fires, pot-belly stoves or other fuel-burning space heaters will be enclosed by a fitted guard constructed according to the specifications below, which will:

- Prevent contact with flames;
- Prevent access to all hot surfaces including flues;
- Prevent contact with clothing, which could be ignited;
- Not easily be toppled, removed or displaced by a child.

Or

- Educators are required to complete a statement to verify that they do not use the fireplace during times when children are in care and the fireplace is free of ash and coals prior to children commencing care.

Specifications for Fire Guards

- The guard shall be at least 1000mm high;
- Fireplace guards must be made of heat-resistant metal;
- No child should be able to reach hot surfaces;
- If openings in or around the guard are 20mm or less, the guard will be placed at least 150mm clear of any hot surface; or

- If openings in or around the guard exceed 20mm, the guard shall be placed at least 500mm clear of any hot surface

Relevant Legislation

Education and Care Services National Law Act 2010 167

Education and Care Services National Regulations 2011

51 (1)(a) Conditions on service approval (safety, health and wellbeing of children)

110 Ventilation and natural light

81 Sleep and rest

116 Assessments of family day care residences and approved family day care residences and approved family day care venues.

Key Resources

The Royal Children's Hospital, Melbourne: *Guards and Screens for Heaters and Open Fires*

www.rch.org.au/emplibrary/safetycentre/Fireguard_Fact_Sheet_November_07.pdf

Queensland Government Health: *Child Home Safety Construction Guidelines*

www.health.qld.gov.au/ph/documents/hpu/12685.pdf

VIC Government: *Child Care and Healthy*

www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Child_safety_hot_weather

7.14 (c) Asbestos Policy

Policy number: 7.14(c)

Date last reviewed: April 2017

This policy relates to	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	<p>3 Physical Environment</p> <p>3.1.1 Outdoor and indoor space, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child.</p> <p>3.1.2 Premises, furniture and equipment are safe, clean and well maintained</p>
HCS	

Policy

Asbestos was a common building material used in housing construction in every State and Territory across Australia prior to 1985. Areas such as house eaves, roofs, sheds, wet areas such as bathrooms, kitchens and laundries as areas where asbestos is most likely to have been used. When asbestos is in good condition and left alone, it presents no health risks. Asbestos becomes a health risk when asbestos fibres are released into the air and inhaled.

Common situations carers need to be aware of, in which fibres may be disturbed and released into the air, include the natural deterioration of the materials due to exposure to weather, and building and maintenance related activities such as:

- Demolition;
- Electrical maintenance and installation including work on electrical meter boards, flooring maintenance and installation;
- Building renovation and maintenance work – commonly occurring as kitchen/laundry and bathroom/renovations, replacement or repair of wall and ceiling linings, other additions or alterations work;
- Painting and coating/sealing of materials containing asbestos.

It is very important that materials containing asbestos are handled by qualified professionals to avoid health risks. Lists of registered professionals who can do house assessments if required, remove asbestos or provide training are available through the work safe websites listed for each State.

In each State, a residence is a 'workplace' if a business, such as family day care, is being conducted there. Furthermore, any person with 'control' of a workplace has a duty of care to comply with their

State or Territory Acts, Regulations and Standards. Generally, this requires carers to include asbestos in their risk management plans. Carer plans should:

- *Identify* any material containing asbestos (MCA) in the home (or if unable to, assume it is material containing asbestos).

A good guide is the ACT table of asbestos usage in homes based on the age of ACT properties. http://www.asbestos.act.gov.au/resources/pdfs/AA_Colour_HR.pdf

- *Assess* the risks posed by the identified MCA; if it is in good condition and left undisturbed it does not pose a health risk. Most MCA around Australian homes is usually in good condition. If you suspect it is not in good condition arrange for appropriate removal or maintenance by a licensed contractor;
- *Manage* the risk by checking over the MCA to ensure it stays in good condition and ensuring the use of safe work practices when doing minor repairs;
- *Review* the risk assessment and the control plan periodically.

If you are planning renovations which disturb any materials containing asbestos, it presents a risk to yourself and your clients. In these situations, MCA work safe sites suggest the minimising of exposure to any dust particles and wearing of disposable mask and clothing. Removing more than 10 square metres of asbestos in most States requires not only safe handling, but also consultation with a suitably qualified asbestos assessor and notification of local Councils before the materials can be disposed of. Trades people doing such work should be licensed and knowledgeable of these requirements.

Relevant Legislation

National Law and National Regulations

103 Premises, furniture and equipment to be safe, clean and in good repair

116 Assessment of family day care residences and approved family day care venues

Associated Beaucare Policies and Documents

[Appendix A Legislation](#)

[Appendix D Privacy and Communication](#)

[Appendix F QIP and Compliance](#)

7.14 (d) Fire Safety Policy

Policy number: 7.14(d)

Date last reviewed: April 2017

This policy relates to	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	2.2.2 Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
HCS	

Policy

Fireplace

Wood burners and fireplaces require a fixed guard (Refer 7.14(b) Ventilation, Heating and Cooling Appliances) and ash must be inaccessible to children. Portable Kerosene heaters must not be used.

If fireplace does not have a guard, a written declaration must be completed stating the fireplace will be safe (cool and with ash removed) before children come into care.

Fire Safety

In accordance with the Queensland Fire & Rescue Authority, each Family Day Care home should have at least one smoke alarm installed, tested annually and be correctly maintained. Where children sleep in bedrooms with the door closed, a separate smoke alarm is to be installed in these rooms. A fire extinguisher or fire blanket is also required.

The Education and Care Services National Regulations requires a copy of the emergency and evacuation floor plan and instruction are displayed in a prominent position at eye level near each exit at the education and care service premises.

Educators are required to keep the following numbers easily accessible - Ambulance, Fire Police ('000' or '112' from mobiles), Poisons Information Centre, nearest Hospital, each child's parents contact numbers, doctor and service no.

Educators are required to practice and record the effectiveness of emergency evacuation with children every 3 months.

Emergency and Evacuation Procedures Regulation 97

The emergency and evacuation procedures required under regulation 168 must set out:

- (1) Instructions for what must be done in the event of an emergency; and

- (2) An emergency and evacuation floor plan.

For the purposes of preparing the emergency and evacuation procedures, the service must ensure that risk assessment is conducted to identify potential emergencies that are relevant to the service:

- (1) The emergency and evacuation procedures are rehearsed every 3 months;
- (2) The rehearsals of the emergency and evacuation procedures are documented.

Relevant Legislation

National Law and National Regulations

97 Emergency and evacuation procedures

168 Education and care service must have policies and procedures

Associated Beaucare Policies and Documents

[Appendix A Legislation](#)

[Appendix D Privacy and Communication](#)

[Appendix F QIP and Compliance](#)

7.14 (e) Hazardous Items and Plants Policy

Policy number: 7.14(e)

Date last reviewed: April 2017

This policy relates to	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	<p>2.2 Each child is protected</p> <p>2.2.1 At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.</p> <p>3.1 The design of the facilities is appropriate for the operation of a service.</p> <p>3.1.1 Outdoor and indoor space, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child.</p>
HCS	

Policy

Hazardous or Potentially Hazardous Items

Service policy requires that the following items need to be inaccessible to children:

- Pills and medicines including medicines in the fridge;
- Sharp knives and sharp cooking utensils e.g. metal skewers, corkscrews and cooking forks, vegetable/cheese graters;
- Cigarettes, butts, lighters and matches are out of sight of children;
- Plastic bags (or individually tied in a knot);
- Small items that may cause choking (e.g. coins, Lego, buttons, hair ties and hair clips) inaccessible;
- Rolls of cling wrap and containers with serrated edges i.e. alfoil;
- Polystyrene;
- Sharp scissors;
- Aerosol sprays;
- Open bottles of alcohol;

- Loose cords over 30cm in length including ropes, beads and blind cords;
- Razor blades and shavers;
- Spray cans including hairspray, deodorant and room freshener;
- Toilet bowl fresheners and sanitisers;
- Double adaptors;
- Incense/oil burners;
- Pedestal fans;
- Bar heaters and kerosene heaters;
- Firearms (to be locked according to Fire Arms Act 1996);
- Hunting or fishing gear;
- Petrol and diesel;
- Sharp or heavy gardening tools;
- Gas bottles (or fitted with a catch (door knob cover) over the control to prevent gas being turned on);
- Pet food dishes and litter trays;
- Water in fish tanks;
- Paint;
- Pet droppings;
- Rusty or sharp or protruding items including swings;
- Unstable wood or brick piles, loose metal or wood with nails protruding;
- Overflow tap on hot water systems (or made inoperable);
- All items marked “keep out of reach of children” by the manufacturer including medicated shampoos, chemicals etc.

Service policy requires that the following items need to be unplugged or inaccessible to children:

- Kettles;

- Toasters;
- Hair dryers/straighteners;
- Electric razors.

Poisonous Plants

The child care environment is required to be free from any poisonous plants or plants that could injure children. The service and educator have access to copies of the book *“Plants and Fungi Poisonous to People in Queensland”* as a reference:

Refer to the link http://www.health.qld.gov.au/PoisonsInformationCentre/plants_fungi/default.asp

This book lists the following plants as poisonous:

- *Category 1 plants (extremely toxic, removal of plants required)*
African Milk Bush, Angel’s Trumpet, Castor Oil plant, Crab’s Eye, Foxglove, Lantana, Naked Lady, Pink Oleander, White cedar, Yellow Oleander
- *Category 2 plants (potentially toxic)*
Aroid Plants, Arum Lily, Black Bean, Brazilian Nightshade, Cestrums, Cunjevoi, Cycads, *Duranta, Physic Nuts, Stinging Trees, Wintersweet
- *Category 3 (irritant to skin and eyes from sap, removal of plant required)*
Stinging nettles

*As it is the berries on the Duranta that are poisonous, risk management practices of pruning flowers to prevent berries has been discussed with Queensland Health as a viable practice to reduce the risk of this plant.

Thorny plants and shrubs such as cactus and bougainvillea should be pruned or managed in a way that limits children’s access to the risk.

Relevant Legislation

National Law and National Regulations

51 (1)(a) Conditions on service approval (safety, health and wellbeing of children)

81 Sleep and rest

98 Telephone or other communication equipment.

103 Premises, furniture and equipment to be safe, clean and in good repair

106 Laundry and hygiene facilities

107 Venue care only Space requirements indoor space

108 Venue care only-space requirements outside

109 Toilet and hygiene facilities

110 Ventilation and natural light

112 Nappy Change facilities

113 Outdoor space- natural environment

114 Outdoor space shade

115 Premises designed to facilitate supervision

116 Assessments of family day care residences and approved family day care residences and approved family day care venues.

117 Glass

168(2)(a)(v) Education and care service must have policies and procedures in relation to sleep and rest for children

Associated Beaucare Policies and Documents

[Appendix A Legislation](#)

[Appendix D Privacy and Communication](#)

[Appendix F QIP and Compliance](#)

7.14 (f) Fencing and Verandahs Policy

Policy number: 7.14(f)

Date last reviewed: April 2017

This policy relates to	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	
HCS	

Policy

Each Care residence/venue should have access to a suitable and appropriate outdoor play space that meets the needs of the children being provided education and care in each family day care residence in terms of their age, developments and program being offered.

Regulation 104 requires an approved provider to ensure that any outdoor space used by children at an education and care services premises is enclosed by a fence or barrier that is of such a height and design that children of preschool age, or under cannot go through, over or under it. The intent of regulation 104 is that, even if the service fails to provide adequate supervision, children under school age should not be able to leave the premises unaccompanied or undetected.

Secure Fencing Recommendations

- Educators are required to provide a safe and shady outdoor play area with secure fencing that prevents children from being able to go over, under, around or through. Fencing needs to prevent access to all potential risks to children including water hazards, roads, animals and pets or poisonous products.
- The heights of fencing may vary dependant on the risks. It is recommended that fencing should be 1.2 metres high. Increased fence height may be required in situations where there is a higher risk to children. To increase safety for children, fencing should not provide footholds that allow a child to climb outside the fence. Active supervision is required where children exhibit risk taking behaviours to ensure children remain safe. Fencing should be regularly maintained and checked as part of daily safety audit to ensure that there are no gaps in the fencing that would allow a child to go over, under, around or through the fencing. The environment needs to be planned to ensure that there are no structures or equipment placed close to fences that provide an opportunity for climbing over the fence.
- Gates and doors are required to have childproof catches that prevent access to hazards including dams, roads and areas that have not been safety checked. Gates need to be free of foot holds and meet the same height requirements as fencing.
- Dogs and animals that may cause injury to children are required to be housed in separate areas with secure fencing.

Staircases and Verandahs

Staircases must be inaccessible to children to whom the staircase poses a safety hazard. Stairs should have:

- Handrails, with 1 metre high gates at the top and bottom of stairs and gaps less than 100mm; **or**
- A documented risk management plan developed in consultation with service coordinators.

Verandahs should have vertical railing no greater than 100mm apart with no horizontal or near horizontal parts that would allow children to climb, with no greater gap between the bottom rail of 100mm. Verandahs with a fall height are a higher risk play area. Educators should ensure that children are well supervised and that careful selection and placement of verandah furniture limits the risk of children falling from the verandah.

Keep all furniture, potted plants and other climbable objects away from railings and the edges of decks, verandahs and balconies.

Try to place only heavy items of furniture on the deck, verandah so that children cannot move them or tie the table and chairs together so they cannot be pushed to the edges.

Educators must prevent access to all verandahs, decks and balconies unless children are actively supervised. Doors must be key-locked with keys hung by door out of reach of children.

Regular checking of any wood for rot, rusty nails or termite damage that could become a potential hazard should occur and be documented as a hazard with immediate action taken to prevent any possible risks to children.

Associated Beaucare policies and documents

[Appendix A Legislation](#)

[Appendix D Privacy and Communication](#)

[Appendix F QIP and Compliance](#)

Relevant Legislation

7.15 Smoking, Drugs and Alcohol-Free Environments Policy

Policy number: 7.15

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	
HCS	

Purpose

Beaucare has a duty of care under workplace health and safety legislation to protect children from, and must ensure the environment is free from, the harm of tobacco, illicit drugs and alcohol.

Background

There is strong evidence that breathing passive smoke can increase the risk of heart disease, lung cancer and other chronic lung diseases in adults and lead to bronchitis, asthma and other chest conditions and middle-ear infections in children. It has also been linked to Sudden Infant Death Syndrome (SIDS) and affecting the unborn child. Children are particularly prone to the harmful effects of tobacco smoke because their lungs and body weight are smaller.

Policy

Tobacco, Drug and Alcohol-free Environment

From the 1st September 2016 smoking will be banned at Early Childhood Education and Care facilities across Queensland. The smoking ban also extends to a 5 metre buffer zone around the land from which the service is provided. The new law applies to ECEC services approved under national and state legislation, including long day care, kindergarten, family day care, outside school-hours care, occasional care and limited-hours care services.

Educators must ensure that children being educated by the educator as part of family day care service are provided with an environment (i.e. any area that children will access) that is free from the use of tobacco, illicit drugs and alcohol.

Educators must not consume alcohol or be affected by alcohol or drugs that may impair their capacity to provide education and care to children. Exposure to tobacco smoke poses major health risks for both children and adults. Educators need to develop strategies to ensure that the home is a safe place for children. Educators who smoke need to ensure that they are free of smoke residue prior to commencing care with children and develop strategies to ensure children do not come in contact with smoke residue. Educators who smoke need to document on their risk management plan how they ensure a smoke free environment and ensure that children, particularly children under 2 years of age, do not come into contact with smoke residue.

Educators, coordinators and volunteers must not consume alcohol or be affected by alcohol or drugs (including prescription and non-prescription medications) that may impair their capacity to provide education and care to children. This does not mean that educators, coordinators or volunteers who require prescription medication must be excluded from the service, but rather that consideration be given as to whether the particular medication affects the person's capacity to provide education and care to children. Educators are required to advise the service of changes to their health including medication that might in any way affect their ability to care for children. In these circumstances, doctor's letters will be requested prior to recommencing care.

When care is taking place, smoking is not permitted in the presence of children. This applies to family members and all visitors to the home, including parents. Educators should ensure that children remain in a smoke-free environment when in vehicles and on outings and excursions.

Exposure to tobacco smoke poses major health risk for both children and adults. In family day care where the service is also a family home, strategies should be developed to ensure that the educator's home is a safe place for children. If tobacco is smoked in the family day care residence when the service is not operating, consideration should be given to issues such as ventilation, hygiene and safe storage of items including ashtrays and cigarette lighters.

To ensure that this policy is adhered to ashtrays, cigarette packets and smoke odours should not be evident when children are in care. Cigarette butts are extremely toxic to children and should be carefully disposed of out of reach of children. Educators who smoke need to ensure that their hands, clothing and any items that children may come into contact with are free of smoke residue.

Beaucare maintains a smoke free environment for staff in its buildings. Visitors to Beaucare premises are required to adhere to this.

Relevant Legislation

Education and Care Services National Law Act 2010 167
Education and Care Services National Regulations 2011, 82-83
Workplace Health and Safety Act

Key Resources

Department of Health

www.health.qld.gov.au/publicelath/topics/atod/tobacco-laws/education/default.asp.

www.workplaces.healthier.qld.gov.au/public-resources/workplace-quit-smoking-program/

Quit Line 137848

Qld Cancer Fund and Qld Health: *Smoke Free Policy Guide for Workplaces (2006)*

www.health.qld.gov.au/atod/documents/smokefreepolicy_work.pdf

Queensland Health: *Smoke Free Car with Kids*

www.health.qld.gov.au/tobaccolaws/default.asp

Oxygen: *Smoke-Free Education and Child Care*

www.oxygen.org.au/downloads/resources_for_schools/Smarter_than_Smoking_SA_Smoke-Free_Education_and_Childcare_G.pdf

The Royal Children's Hospital, Melbourne: Childcare and Children's Health Vol 11 No 4 (December 2008): *Young Children and Passive Smoking*

www.rch.org.au/emplibrary/econnections/CCH_Vol_11_No4_Dec_2008.pdf

Kidsafe

www.rednose.com.au

Related Policies

7.5 Duty of Care, Supervision and Risk Management Policy

7.16 Sun Protection and Protective Clothing Policy

Policy number: 7.16

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	
HCS	

Purpose

Beaucare Child Care Services has a duty of care to ensure that children are provided with a high level of sun protection during the hours of care. Educators will protect children by following Sun Safe procedures to minimise UVR exposure and provide an environment where knowledge and practices can positively influence long term behaviours.

Background

Australia has the highest rate of skin cancer in the world. 80% of all new cancers diagnosed in Australia are skin cancers. Research indicates that childhood sun exposure is a significant contributing factor to the development of skin cancer later in life and that nearly 80% of a person's lifetime sun exposure occurs before the age of 21. Over exposure to the sun during childhood and adolescence is a major factor in the development of skin cancer. In untanned skin, exposure to the summer sun between 10am and 3pm for thirteen minutes produces mild sunburn. Reducing children's exposure to UVR is considered to be the single most effective strategy for reducing future rates of skin cancer in Australia.

Policy

When an educator commences with Beaucare, a coordinator will observe them engaging in sun-smart practices. The coordinator will complete a Sun Safety checklist, which will be sent to the Cancer Council who issue the educator a Sun Smart Service certificate.

In order to be compliant with Sun Safety procedures, educators are required to:

- Where possible, plan daily outdoor activities outside of peak UV times. Outdoor activities must be carefully planned to take place at times during the day when UV levels are low. Outdoor activities should be avoided around the midday hours when UV levels are highest. Multiple sun protection methods are required whenever the UV Index level is forecast to reach 3 or above. In Queensland, the UV index level is 3 or above all year round. UVR is present on cloudy days and can be reflected from light coloured surfaces such as concrete, white house paint and sand. Ensure the outdoor space has adequate, quality shade. Use a minimum of SPF 30+ broad-spectrum, water-resistant sunscreen and have appropriate hats and clothing to guarantee SunSmart outdoor activity.

- All outdoor activities will be planned in shaded areas. Play activities will be set up in the shade and moved throughout the day to utilise daily shade patterns. The service will provide and maintain adequate shade for outdoor play. Shade options can include a combination of portable, natural and built shade. Regular shade assessments will be conducted to monitor existing shade structures and assist in planning for additional shade.
- Parent's permission is required on enrolment for the application of sunscreen. A broad-spectrum Sunscreen SPF 30+ should be applied 20 minutes prior to outdoor activity in winter and summer, and reapplied every two hours or more frequently if water play is involved. Sunscreen is to be applied to clean dry skin in a manner that will minimise cross infection. This can be achieved by the educator using individual disposable gloves to apply sunscreen or applying sunscreen using individual tissues and allowing older children to apply sunscreen themselves with guidance.
- If a child has an allergic reaction to sunscreen, the service will stop applying the sunscreen, notify the family and request that a hypoallergenic sunscreen be supplied by the family for the child's use.
- Sun Protection needs to be a specific consideration when planning play sessions and excursions.
- Parents are encouraged to provide sunglasses for children's use. It is recommended that sunglasses meet the Australian Standards AS/NZS 1067:2003 with a category number 2, 3 or 4.
- All children must wear an approved sun protective hat that is either broad brimmed, bucket or legionnaire's style when outdoors. The Queensland Cancer Fund recommends an 8-10cm broad brim hat or legionnaire style hat that protects a child's face, neck and ears. Educators need to ensure that children not wearing hats play in shaded areas. Educators are encouraged to provide backup hats for children.
- Encourage parents to ensure clothing provides adequate protection from UV rays. The Queensland Cancer Fund recommends collars with sleeves, dark colours, and closely woven fabric with natural fibres.
- Educators are advised to display sensitivity with regard to possible cultural differences regarding clothing.
- Educators are required to have ample, easily accessed drinking water for children to prevent dehydration when playing outside.
- Educators and Coordinators are encouraged to act as positive role models for children in modelling sun smart behaviour by wearing appropriate hats, sunglasses and clothing, and using sunscreen.
- Babies under 12 months should not be exposed to direct sunlight and are to remain in full shade when outside. They must wear sun-protective hats and clothing. Small amounts of SPF30 or higher sunscreen may be applied to their exposed skin if direct exposure is unavoidable

Clothing

Educators need to take into account individual children and families clothing preferences where practicable to promote children's comfort, safety and protection within the scope of service requirements for health and safety.

In addition to responding to children's personal preferences and meeting sun safe practices, educators need to ensure that children's clothing is added to or removed to provide warmth, or coolness, throughout the day; and that children are assisted with footwear.

Children's clothes should provide adequate protection from heat, and cold depending on climatic conditions. They should be hardwearing but comfortable, allowing the child freedom of movement to play both active and messy games.

Clothing should be:

- Lightweight allowing for unrestricted movement;
- Easy to pull on and off (overalls can be more difficult for a child who is toilet training).
- Simple – to encourage independence in dressing, undressing and toileting;
- Sun Safe (shirts and dresses with sleeves).

In Queensland, the temperatures for much of the year are warm, warm and humid, or hot and dry and styles of clothing reflect this. The use of cotton or natural fibres allows perspiration to evaporate from the child's skin and means the child will feel cooler and more comfortable.

During the colder weather children will need protection from the cold. Layered clothing is the most practical and effective way to cope with the cooler weather as it allows layers to be removed as the child's activity increases, or the temperature rises.

Children should go bare foot as often as possible so that the bones and muscles of their feet can develop. When children are learning to walk, they should have bare feet as much as possible. Senses from their bones and muscles as the foot touches the ground assists in developing balance so that children learn to walk more steadily and safely. Children use their toes to help balance, so activities like climbing, walking and running are most successful in bare feet. It is safer for a child to move over a climbing frame in bare feet than in thongs/shoes. Shoes compromise the grip that they would naturally have in bare feet.

In hot weather, shoes are only necessary as a form of protection over rough and unfamiliar terrain and in places where safety cannot be controlled e.g. Public places. Educators are to be aware that sunscreen needs to be applied to feet.

In colder weather children may need shoes for warmth. Educators should encourage parents to supply shoes, socks and adequate clothing for the seasons.

Relevant Legislation

Education and Care Services National Law Act 2010 Section 167
Education and Care Services National Regulations 2011 168
National Standards 2.3
Workplace Health and Safety Act

Key Resources

Cancer Council Qld: Shade Fact Sheet / Early Childhood Settings Sunsmart Policy Guidelines
www.cancerqld.org.au/icms_dcs/54255_Early_Childhood_Settings_SunSmart_Polic_Guidelines.pdf
Cancer Council NSW: *Shade for Early Childhood Services*
www.cancerouncil.com.au/html/prevention/sunsmart/downloads/information-sheet_shade_early_childhood_services.pdf
Qld Government Community Child Health Service: *Sun Protection in Queensland Early Childhood Services*
www.sunafety.qld.gov.au/documents/29602.pdf
Sunsmart *Sun Protective Clothing*
www.sunsmart.com.au/downloads/resources/info_sheets/Sun_protective_clothing_info_sheet.pdf
Sunsmart VIC: Sunsmart Playgroup Application Checklist
<http://www.sunsmart.com.au/checklist.asp>
The Royal Children's Hospital, Melbourne: Childcare and Children's Health Vol 9 No 3 (September 2006): *Child Health and the Sun*
www.rch.org.au/emplibrary/ecconnections/CCH_Vol9No3September2006.pdf
Family Day Care Australia
www.fdca.com.au

7.17 Swimming and Water Safety Policy

Policy number: 7.17

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework

National Quality Standards Early Childhood Education & Care

HCS

Purpose

Educators will take precautions to ensure the swimming pool/spa is not accessible to children. Water play and swimming is only offered at the educator’s home, in a safe and actively supervised manner. Swimming must not occur unless the educator has a current Pool/Spa Safety Certificate (form 23), educator to child ratios are adhered to, and a completed Risk Assessment Matrix which has had prior approval from the service, and prior written permission is obtained by parents.

Educator to child ratios alone do not determine what is considered adequate supervision.

Background

Drowning is a major killer of children under 5 years with more than 100 children drowning each year. Children can drown quickly and silently in only 5 cm of water. Children should be vigilantly supervised in water play and swimming. Swimming pools remain the location with the highest number of 0-4 years drowning deaths.

Policy

Beaches, Canals, Waterways, Ponds and Dams

Swimming is not permitted for any reason in these areas due to the high risk. However, adult to child swimming ratios need to be met for any outing where there is a water risk, including beaches, canals, waterways, ponds and dams. A risk assessment form must be completed prior to the outing, signed by the parent and forwarded to the service before the outing takes place (Refer 7.13 Play Sessions, Outings and Excursions Policy).

Safety Certificate

Educators who have a pool/spa will be required to have a certified safety certificate (current within 6 months) from the Queensland Government Pool Safety Register, or a final council approval for pool fencing, prior to commencement. The educator will be required to have a new certificate supplied to the service in the event that there are renovations or changes to the environment that may affect the original pool certificate. Educators are responsible to maintain the fencing to the original certificate standard of approval. Educators are required to advise the service of any changes that occur or may occur, that could compromise the original pool safety certificate.

Annual inspections will occur as part of the annual review process. If there are maintenance issues or changes are observed that may affect or compromise the pool safety certificate a new certificate will be requested and this may result in the suspension of service until resolved and a new certificate has been supplied.

Changes to the fence or gate may also lead to the service requesting a further certificate for safety reasons.

Swimming While Children are in Care

Swimming is defined as any activity where children are likely to enter a swimming pool at the educator's own service where the educator has obtained a current pool certificate (form 23 Building Act 1975).

Children can participate in swimming at the educator's service when the following has occurred:

- A thorough risk management plan must be documented- the benefits of swimming due to the high risk must be proven to outweigh the risks.
- Active supervision requirements must occur with the educator actively engaged in the pool and not leaving the pool area for any reason.
- Children under 6 years of age must be accompanied by the educator in the pool within arm's reach at all times. Children 6 years and over who can competently swim 25 metres unaided can be actively supervised by the educator from the pool edge. Children 6 years of age and over who cannot competently swim 25 metres unaided will require the educator to be in the pool and within arm's reach at all times.
- Prior written parental permission has been obtained on the current swimming permission form for all children in care for every time that swimming is being planned. If parental permission is not provided for all children, swimming cannot take place. Permission forms and risk assessment form must be sent to the office prior to swimming occurring.
- Any flotation devices or pool toys must be used according to manufacturer's instructions, and be fully supervised as they can increase the risks associated with swimming. These devices and toys must be removed from the pool area immediately after swimming is completed.

There must be a documented risk management plan and risk assessment matrix in place prior to swimming taking place which will include meeting the following swimming ratios:

- For children who are less than 3 years – 1 adult accompanying for each child;
- For children who are at least 3 years but not yet 6 years of age – 1 adult accompanying for each 2 children;
- For children who are 6 years of age – 1 adult accompanying for each 4 children.

These ratios include all children in the Care service and include the educator's own children up to the age of 13 years.

Educator to child ratios alone do not determine what is considered adequate supervision. This information needs to be part of the educator's risk management plan that the service has already been provided with.

No person is to engage in swimming at a care premises whilst care is being provided. This is due to the following reasons:

- Inequity – It is unfair for a child in care to observe swimming and not be able to participate.
- Safety – Risks of the pool gate being left open are increased by family members and visitors accessing the pool area.
- Emergencies – The educator is unable to respond to an emergency in the pool area whilst children are in care.

It is the educator's responsibility to advise all new parents prior to commencing care if they have a pool, dam or water on their property and what risk management is in place.

Swimming pool fencing and gates must comply with ASA standards. Every fence shall be at least 1200mm high, and prevent children accessing the pool area by going over, under, around or through. Every gate in such a fence shall be self-closing and self-latching and incorporate a latch which cannot be operated by a young child. The pool shall not be directly accessible from the house with doors or windows which allow access to the pool.

- Spas are to be rendered inaccessible by fencing which conforms to the above standard (AS1926).
- Any objects/ furniture/ equipment which could assist a child to climb up and over a fence or operate any gate, door or window must be removed from close proximity. Pool/spa toys, when left in and around the pool/spa, can attract the attention of children and draw them towards the pool/spa.
- A notice displaying current resuscitation procedures shall be permanently attached to a fixture within the pool area.

Wading pools may only be used with active constant supervision by the educator. Wading pools must only be used if the water is less than 100mm in depth and is less than the height of the smallest child's knees. Wading pools must be filled immediately before and emptied immediately after each separate use. Wading pools must be stored in a place inaccessible to children.

Outings Where Water is Accessible (also refer to 7.13 Play Sessions, Outings and Excursions Policy)

It is recommended that outings do not occur where there are bodies of water that could be accessed by children. If an outing is planned for an area where there is water a risk assessment needs to occur prior to the outing to ensure that the risk of water has been identified and assessed. This

needs to be sent to the service prior to the outing occurring to allow further discussion on risk assessment.

Where there are bodies of water identified as accessible the following ratios need to be considered, as part of risk management:

- For children who are less than 3 years – 1 adult accompanying for each child;
- For children who are at least 3 years but not yet 6 years of age – 1 adult accompanying for each 2 children;
- For children who are 6 years of age – 1 adult accompanying for each 4 children.

These ratios include all children in the Family Day Care service and include the educator's own children up to the age of 13 years.

Parents need to provide written permission prior to outings occurring and sign the risk assessment sheet showing they have a clear understanding that there is water at the venue. The service requires a copy of outings form to areas where there is water prior to the outing occurring due the outing being a higher risk situation and the need for risk assessment.

Consideration for risk assessment needs to include:

- Number, ages and abilities of children;
- Number and positioning of educators;
- Each child's current activity;
- Areas where children are playing, in particular the visibility and accessibility of these areas;
- Risks in the environment and experiences provided to children;
- The educator's knowledge and skill of each child.

The educator must follow emergency procedures, and contact emergency services and the Service immediately if a child appears to be missing. The Regulatory Authority must be notified within 24 hours if a child appears to be missing or cannot be accounted for.

Ponds and Other Water Hazards in an Educator's Home Environment

Any pond or water hazard into which a young child could fall and drown must be:

- Covered by a material (mesh etc.) which must be secured and fixed in place and be capable of preventing the immersion of a young child's nose, mouth and/or face;

Or

- Completely enclosed by a barrier, fence, wall, self-closing and self-latching gate in accordance to ASS1926, closing the door etc.

(This applies to water tanks where inlet openings are accessible to children).

Any premises which are adjacent to or provides access to any water hazards (such as dams, swimming pools, spas or fishponds), shall be isolated from such hazards by an effective barrier or fence. Every gate in such a fence shall incorporate a secure latch, which cannot be operated by a young child.

Water Containers

Educators shall ensure that children do not have access to any container in the outdoor play area that is capable of containing water or capable of allowing immersion of a young child's head or face (e.g. nappy bucket, animal drinking bowl etc.) unless directly supervised by the educator.

Relevant Legislation

Education and Care Services National Law Act 2010 165, 167, 174

Education and Care Services National Regulations 2011 168

Pool Legislation (Safety Certificate) AS1926

Building Act 1975

www.legislation.qld.gov.au/legisln/current/b/builda75

Key Resources

National Drowning Report

Child Incident Prevention Foundation of Australia

www.kidsafe.com.au

www.kidsafeqld.com.au/images/stories/pdfs/inews.13954.1.pdf

Swim Kids Australia

www.swimkids.com.au

www.swimkids.com.au/water-safety/2011-drowning-report-infographic/

Royal Life Saving Society Australia

www.royallifesaving.com.au

Fact Sheet no. 1, 8, 9, 10

www.royallifesaving.com.au/resources/documents/RLS/Fact/sheets/10.sep.pdf

www.homepoolsafety.com.au/SiteMedia/w3svc1184/Uploads/Documents/HomePool_A4Checklist2009.pdf

A4Checklist2009.pdf

7.18 Car Restraints and Transport Policy

Policy number: 7.18

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework

National Quality Standards Early Childhood Education & Care

HCS

Purpose

The service ensures that children in care who are transported in educators' vehicle or other forms of transport are safely transported and securely restrained.

Background

In Australia, motor vehicle crashes are a major cause of child death and disability. Each year, an average of 850 children are seriously injured on Australian roads (Charlton 2005).

Child restraints play a vital role in reducing injury and death in children involved in car crashes. The death rate is reduced by 71% in infants and 54% in young children if they are properly restrained (WHO, 2004). Other studies of children involved in car crashes have also revealed that unrestrained children were three times more likely to be injured than children who were properly restrained in motor vehicles (Durbin et al, 2005) (Queensland Ambulance Service www.ambulance.qld.gov.au/25/10/13)

Policy

Mandatory Standard

The mandatory standard is based on AS/NZS 1754 and applies to all car restraints.

Children must only be transported in correctly installed and fitted car restraint. The correct car seat must be used for each child according to the standards.

It is the educator's responsibility to ensure that all children are correctly fitted with their car seat and that the seat belts are secure. Children are not to be responsible to fit themselves into car seats at any age.

New educators may be supplied with car seats and boosters initially for up to 6 months after which time educators are required to purchase their own car seats, boosters. It is important to only use car seats appropriate for the age of the child and to know the history of any second hand car seats.

Second Hand Restraints

- Has never been in an accident- recommended practice to gain a declaration from the supplier of the car seat stating the seat has not been in an accident;

- Seats must have the Australian standard label on it – AS/NZS 1754;
- The seat must be in good condition with no frayed or broken straps and buckles;
- The seat must come with the original instruction booklet.

It is essential that outings are discussed with parents and that written permission is received in advance. For regular outings, educators complete a “Regular Outing” form at the commencement of each year for parents to sign. Updates on this information should be provided to parents and the service as regular visits change due to new bookings or change of routines. For any outings not listed on the Regular Outings form, educators must obtain written permission from parents on an Outing form in advance and forward this form to the service. (Refer to 7.13 Play Sessions, Outings and Excursions Policy.)

It is important that risk assessment has occurred when ever children are going to be transported. This should include the route to be taken and any possible risks to children.

The educator should maintain attentive concern for the safety of the children at all times particularly when providing care away from the home. A first aid kit, emergency numbers, drinking water and nappy change supplies are also a requirement.

If educators are using their vehicle to transport children in care, the service sign listing contact number should be displayed at all times. Educators need to ensure this vehicle is maintained in a safe and roadworthy condition with a yearly safety certificate provided to the service. The installation of children’s and infant restraints should also be checked annually with a certificate provided to the service.

The educator is responsible for checking the restraints of all children every time they are used so they are fitted correctly. It is also the educator’s responsibility to buckle the children into their car restraints or seat belts.

The child restraint check can be conducted by:

- Appointment with ambulance stations which have completed their course in Advice and Installation of Child Restraint Systems with ACRI (Australian child restraint resource initiative); **or**
- Certified Beaucare Coordinators.

Appropriate Restraints for Children by Age

The Queensland Government Transport and Main Roads law requires all children up to seven years of age to be correctly restrained according to their size and age. Appropriate restraints are as follows:

Babies

Babies aged 0 to six months must be secured in an approved rearward facing baby capsule or infant restraint that is properly fastened and adjusted.

Babies and Children

Babies and children aged between six months and four years of age must be secured in either an approved rearward facing child restraint or an approved forward facing child restraint with built-in harness that is properly fastened and adjusted. It is recommended that a baby remain in an approved infant restraint for as long as possible. Babies and all children are to be removed from car seats or capsules at the end of the journey, even if this means waking the child. It is not safe for children particularly infants to spend long periods of time in car seat, capsules or infant seats.

Children

Children who have reached four years of age must be secured in an approved booster seat with a H-harness or a booster seat with a secured adult lap/sash seatbelt that is properly fastened and adjusted. The child must be secured in this manner up until they turn seven years of age.

<u>Code</u>	<u>Age</u>	<u>Indicative Weight</u>	<u>Child Restraint</u>
CAP	0 to 6 months	less than 8 kgs	Rearward facing baby capsule or infant restraint
INF	6 mths to 1 yr.	8 to 12 kgs	Rearward or forward facing infant restraint
CR	6 mths to 4 yrs.	8 to 18 kgs	Forward facing child restraint with built-in harness
BH or BS	4 yrs to 7 yrs.	14 to 26 kgs	Booster seat with H-harness or a booster seat with a secured adult Seatbelt
S/Belt	Over 7 years		Adult seatbelt

The rules recognise that some children may be too large or too small for a specific type of child restraint:

- If a child is too small to move into the next level of restraint, they should be kept in the lower level restraint for as long as possible (for example, a child who has turned four but is too small for a booster seat should remain in a forward facing child restraint with a built-in harness).
- If a child is too large to fit into a child restraint specified for their age, the child may move into the next level of restraint. A child is too tall for a booster seat when the level of the child’s eyes is above the level of the back of the booster seat.
- If a child has been supplied with a specific seat due to disability or health condition a letter from a doctor, specialist of disability services will be required. Manual of the restraint will be required to ensure it is being used correctly.

Seating Children in the Front Passenger Seat

Whether a child can sit in the front passenger seat will depend on the age of the child and whether there is more than one row of seats in the car.

Each educator is responsible to check their own car manual to determine if children under 12 years of age are safe to sit in the front seat of the vehicle or not. For some vehicles this applies only to children aged 12 years.

Seating Children where there are Two or More Rows of Seats

A child under four years of age **cannot** sit in the front seat of a vehicle that has more than one row of seats, even if the child is three years of age and large enough to sit in a booster seat. A child aged between four and seven years of age **cannot** sit in the front seat of a vehicle that has more than one row of seats, **unless** all the other seats are occupied by children less than seven years of age. In this situation the eldest child should always sit in the front seat and only if the car manual allows for this to occur depending on air bags and any other specifications.

Child restraints that are more than 10 years from the date of manufacture must not be used. Overseas child restraints cannot be used in Australia because they do not display the Australian Standards.

If a second-hand child restraint is used, educators are responsible for ensuring that it has not been involved in a car accident or damaged in any way that could cause it to be faulty.

Advice on fitting restraints may be obtained from RACQ hotline 1800 816 523 and Queensland Government and Main Roads www.transport.qld.gov.au/childrestraints. Instructions on the installation of scheme car seats are included in this policy.

Children Should Never be left Unattended in Cars

It is common for a fire to start spontaneously or through children playing with matches and lighters. For this reason, educators should follow strict procedures to ensure that children are **never** left alone in a vehicle even for brief periods of time. There are no exceptions to this requirement. Children should be removed from the vehicle even if an adult is standing nearby. Petrol should be purchased when children are not in care or by using a station with driveway service.

School Transport

If children are attending school, transport arrangements should be discussed with parents with a clear understanding of what method of transport is to be used including details of meeting places and times. If an educator is escorting children or collecting children from a school bus, waiting is recommended to occur on the same side of the road as where the bus stops, whether the educator is in a car or on foot. When transporting children to and from school, legal drop off and pick up zones or car parks must be used. Children must enter and exit the vehicle on the kerb side of the educator's vehicle. The educator's vehicle must be legally parked and stationary.

Relevant Legislation

Education and Care Services National Law Act 2010 167

Education and Care Services National Regulations 2011

Queensland Government Transport and Main Roads

www.transport.qld.gov.au/childrestraints

www.tmr.qld.gov.au/~media/a34d7a95-2ff5-4b5e-b57b47aeb515d0af/child_restraints_qanda.pdf

Key Resources

ACCC Find out more: Keeping baby safe

www.accc.gov.au

RACQ

www.racq.com.au/motoring/cars/safer_cars/child_restraints

Queensland Ambulance Service

www.ambulance.qld.gov.au/

Queensland Transport, Safety

www.transport.qld.gov.au/childrestraints

Kid safe Queensland

www.kidsafeqld.com.au

www.kidsafeqld.com.au/images/stories/pdfs/inews.17679.1.pdf

Australian Car Restraint Initiative

www.acri.com.au/

[Appendix H: Safe Work Practices](#) – Attachment 8 InfaSecure Convertible Car Seat Manual
(Models CS7110 series and CS7210 series)

[Appendix H: Safe Work Practices](#) – Attachment 9 InfaSecure Convertible Booster Seat Manual
(Models GMA 2010 and GM 2010)



7.19 Visitors Policy

Policy number: 7.19

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework

National Quality Standards Early Childhood Education & Care

HCS

Purpose

Educators are required to provide a safe environment for children and follow all safety and risk management procedures to ensure regular visitors to the home do not pose a risk to children. This is achieved through supervision and blue card requirements.

Policy

Educators are responsible for advising the service of all regular visitors. Regular visitors are required to have a positive blue card prior to visiting on a regular basis.

A regular visitor is defined as an adult visiting:

- At least once a week over the course of one month;
- At least once a fortnight over the course of two months;
- At least once a month over the course of six months;
- Visiting for three weeks in the course of one year.

A visitor is considered anyone entering the property while family day care is being provided.

Applications for a blue card need to be returned to Beaucare and the original signed by a Coordinator stating that current original identification documents (or certified copy) have been sighted and copied. Beaucare will forward the application to the Blue Card Office.

If a regular visitor has a current blue card, this must be confirmed through completion of an authorisation to confirm a valid blue card. Beaucare will view the blue card and forward the form to the Blue Card Office.

A record must be kept which records all visitors to the Care residence or venue during the service's hours of operation. The record must include the name and signature of the visitor, the reason for the visit, their arrival and departure time and contact phone number. These records must be kept by the educator for 3 years.

An educator **must not** leave a child or children alone with a visitor to a care residence or venue while providing care and education to that child as part of the Care Service. This is to protect both the children from potential harm, and the visitor from potential allegations of harm. It is the educator's responsibility at all times to ensure that the children are actively supervised. Visitors must not impact the quality of care being provided or the supervision of the children.

Relevant Legislation

Education and Care Services National Law Act 2010 167

Education and Care Services National Regulations 2011, 165-166,169

Child Protection Act 1999

www.legislation.qld.gov.au/LEGISLTN/CURRENT/C/ChildProtectA99.pdf

Commission for Children and Young People and Child Guardian Regulation 2011

www.legislation.qld.gov.au/LEGISLTN/CURRENT/C/CommisChildR11.pdf

Commission for Children and Young People and Child Guardian Act 2000

www.legislation.qld.gov.au/LEGISLTN/CURRENT/C/CommisChildA00.pdf

Key Resources

Commission for Children and Young People and Child Guardian

www.ccypcg.qld.gov.au

www.ccypcg.qld.gov.au/bluecard/fdc/index.html

Related Policies

[Appendix I Child Protection](#)

7.20 Television, Computers, Electronic Games and Social Media Policy

Policy number: 7.20

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework	
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National Quality Standards Early Childhood Education & Care	
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HCS	
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Purpose

Careful use of Television, Computers and Electronic games can enhance the care experience for children, but needs to be carefully planned, monitored and evaluated by the educator.

Policy

It is recommended that educators discuss the proposed use of electronic games, computers, videos and the internet with parents prior to their use. Television/commercial radio should only be used for specific planned activities, and should not be left on as a background activity or for background noise.

To extend on a child's learning experiences, it is recommended that an educator interacts with the child/children who are watching a television program or playing an electronic or internet game. By sharing these experiences with children, educators are able to ensure that children are not exposed to violence, stereotypes or adult themes.

Educators are responsible for ensuring that the content of material is appropriate for the ages of children. Particular care should be taken when children are in out-of-hours care to ensure that the educator's family routines are adapted if necessary to ensure that children in care are not exposed to unsuitable television or videos. Actively ensure that children only have access to DVD's, technology, television or books that are age appropriate and discussed with parents. G-rating is recommended in most cases. This is particularly relevant if providing evening or overnight care. Internet use should be physically monitored and should only occur with parent's permission.

Educators are encouraged to provide opportunities for children to practise using technology, such as printing birthday cards, using drawing programs and photography.

Television, computers and electronic games should be used for limited amounts of time with supervision. It is recommended that a maximum of one hour of television/video occurs per day. It is recommended that children under the age of 2 years do not watch television.

Educators should always make available alternative activities during times when television, computers or video games are in use.

If the internet is used, educators should be vigilant in their supervision to ensure that sites accessed are child-friendly in content. This includes Facebook, internet and all social media

Key Resources

Australian Journal of Early Childhood (Dec 2005): *“Why do early childhood educators use computers in their classrooms?”*

www.earlychildhoodaustralia.org.au/australian_journal_of_early_childhood/ajec_index_abstracts/the_reasoning_behind.html

Rattler (Community Childcare Co-op NSW) Winter 2004 “What’s On the Box” Young Media Australia:

Top Ten Tips for Parents

What are the Risks Involved with My Child Using the Internet?

Tips for Safe Internet Use

Effects of the Media from a Child Development Perspective

Early Choices for Healthy Development

Developing Healthy Relationships

Developing Good Social and Emotional Skills

Developing a Strong and Confident Sense of Self

Developing Good Language Skills

Developing Good Thinking Skills – Analytical and Creative

Developing a Realistic Understanding of the World

www.youngmedia.org.au www.youngmedia.org.au/publications/fact_sheets.htm

Child and Youth Health: *Television [Parenting SA: Parent Easy Guide 7]*

www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=114&np=122&id=1839

www.parenting.sa.gov.au/pegs/Peg7.pdf

7.21 Toxic and Dangerous Products Policy

Policy number: 7.21

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework	
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National Quality Standards Early Childhood Education & Care	
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Purpose

The service endeavours to protect children, families and visitors from the risks associated with exposure to toxic and dangerous products. Educators and coordinators are to maintain a safe environment that limits risks associated with poisoning or exposure to toxic products. It is part of risk management to ensure that medications and toxic products are always stored safely out of reach of young children (and preferably out of sight), and that use of pesticides and toxic products is minimized to limit impact on the safety of the home. Precautions are needed to limit exposure to lead and asbestos.

Policy

The service endeavours to:

- Provide a smoke free environment;
- Promote sustainable practices and eco-friendly environments as much as possible through the use of natural and chemical free products and materials;
- Ensure that toxic products are inaccessible to children and out of sight where possible;
- Promote environments that are safe for children and free of toxic products where possible;
- Review safety information regarding toxic products and update information for educators.

Toxic products or products that would cause poisoning if ingested should be clearly labelled and kept out of reach of children. **In the event that poisoning or potentially hazardous ingestion, inhalation, skin or eye exposure has occurred contact 131126 and an ambulance on 000.**

To prevent poisoning, educators are encouraged to:

- Minimize the use of chemicals and choose the least hazardous chemical or product for the job;

- Use medications and chemicals safely and limit the use of poisonous products. Read directions for use carefully and never leave chemicals or medications unattended;
- Ensure that all dangerous cleaning materials, poisons and other dangerous substances are stored in their original labelled container and not transferred to any other container;
- Ensure that poisonous products, medications and chemicals are stored out of reach and out of sight of children (preferably 1500mm high), in a locked or child resistant cupboard;
- Ensure that, if the original container for hazardous substance does not have a child resistant lid, the container is kept in a locked place which is secure and inaccessible to children;
- To prevent imitation by children, it is recommended that adults avoid taking medications in their presence and refer to medications by their proper names;
- Store educator and visitor's bags out of reach of children as they may contain medications;
- Ensure no medications (including paracetamol) are left in children's bags.

Pesticides and Herbicides

Pesticides and herbicides are chemicals used to control weeds, insects, rodents and other pests. Exposure to pesticides and herbicides can occur through skin contact, inhalation or by swallowing and can leave residues on furniture, rugs and books. Chemicals used against pests often pose hazards for humans. It is recommended that pest control methods be used such as sealing cracks in walls, floors and cupboards, minimising clutter to improve the ability to clean and reduce nesting places. It is recommended that only licensed and registered pest control operators be used. It is recommended that the lowest toxicity pesticide (no stronger than pyrethroids) be used. Pesticides and herbicides should not be used when children or pets are present and care should be taken to ensure that there are no pesticide residues left after treatment.

Lead

Lead is highly toxic and can be found in old paint, dust from industrial fumes and vehicle exhaust, soil and some consumer products (i.e. toys). Children under 7 are particularly at risk of lead poisoning because they may ingest lead dust and soil by putting their hands in their mouths.

To prevent exposure to lead, old peeling and/or weathered paint on indoor and outdoor walls and ceilings should be repaired promptly. If lead paint or dust has been identified, remove the item immediately or have the paint removed in accordance with the Building Code of Australia.

Nursery furniture is required to meet Australian Standards to ensure that it does not contain lead.

Asbestos

Asbestos is a fibrous insulation material that can be found in Australian buildings built before 1987. If products are in good condition, they present no significant health risks. However, if asbestos is cracked, torn or crumbling it can release asbestos fibres and dust. Premises that were built before

1983 may contain building materials with asbestos such as fibro sheeting and tiling cement, lagging on water and drainage pipes, roofing shingles and guttering or flexible boards and under eaves.

Asbestos in homes should be identified by a certified contractor with the condition checked regularly. Repairs or renovation on any asbestos areas should only be carried out according to the Building Code of Australia using certified contractors. After hail or any other damage to the roof inspect for possible damage to asbestos. If there are pieces on the ground, keep in a wet condition until a contractor can remove the pieces.

Renovations to care premises will require a builders report to ensure that children are not being exposed to asbestos.

Key Resources

Workplace Health and Safety Act

www.deir.qld.gov.au/workplace/index.htm

www.deir.qld.gov.au/workplace/documents/showDoc.html?WHS%20Fast%20Facts/healthcommunity%20-%20childcare%20worker

www.deir.qld.gov.au/workplace/subjects/rural/chemicals/pesticides/index.htm

www.deir.qld.gov.au/workplace/subjects/hazardousmaterials/lead/index.htm

www.deir.qld.gov.au/workplace/subjects/asbestos/definition/index.htm

www.deir.qld.gov.au/workplace/subjects/hazardousmaterials/definition/msds/index.htm

Kid safe

www.kidsafeqld.com.au

www.kidsafeqld.com.au/images/stories/pdfs/inews.4049.1.pdf

Educational Resource Centre The Royal Children's Hospital

www.rch.org.au/poisons

Poisons Information Centre 13 11 26

www.health.qld.gov.au/poisonsinformationcentre/

www.health.qld.gov.au/ph/Documents/hpu/15448.pdf

University of New South Wales Medicine: *Health & Safety in Family Day Care Model Policies, 2003*

www.med.unsw.edu.au/

[www.med.unsw.edu.au/SPHCMWeb.nsf/resources/FDCModelPolicies.pdf/\\$file/FDCModelPolicies.pdf](http://www.med.unsw.edu.au/SPHCMWeb.nsf/resources/FDCModelPolicies.pdf/$file/FDCModelPolicies.pdf)

Tansey, S. (2006) Quality Improvement and Accreditation System Factsheet # 2 Safety In Children's Services. NSW National Childcare Accreditation Council Inc.

7.22 Cleaning and Maintaining Hygiene Policy

Policy number: 7.22

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework

National Quality Standards Early Childhood Education & Care

HCS

Purpose

The service endeavours to ensure that educators, families, children and staff all have a clean and hygienic environment, while minimising exposure to toxic products.

Policy

The service follows the Staying Healthy guide with regards to maintaining a clean and hygienic environment while minimising exposure to toxic chemicals. Educators are required to ensure their service meets hygiene requirements at all times.

It is recommended that educators:

- Vacuum or sweep floors daily to ensure they are kept free of debris;
- Regularly sanitise benches and surfaces using hot soapy water;
- Clean & sanitise bathroom floors & nappy change areas at regular, scheduled intervals daily using hot soapy water;
- Clean toilets at regular, scheduled intervals daily;
- Empty and sanitise garbage bins at regular intervals daily using hot soapy water and dry them with paper towel before replacing plastic liners;
- Empty and sanitise nappy change bins at regular intervals daily using hot soapy water and dry them with paper towel before replacing plastic liners;
- Clean & sanitise tables and eating areas between each mealtime experience using hot soapy water;
- Clear food scraps promptly & encourage children to actively participate in food waste recycling routines;
- Clean and sanitise outdoor areas and equipment at regular, scheduled intervals with hot soapy water;

- Maintain compliance with Food Safety requirements;
- Wash and sanitise all toys on a regular, scheduled and rotating roster after use each day by washing with hot soapy water or placing through the dishwasher as appropriate;
- Ensure that all spills are cleared immediately;
- Ensure cushion covers are laundered at least once per week, or more regularly if soiled;
- Clean & sanitise chairs, cots, beds, window sills, light switches and walls on a regular, scheduled basis using hot soapy water;
- Sanitise sandpits weekly to protect against animal secretions using a rake and hot soapy water;
- Encourage children to be proactive in effective hygiene routines.

For most general cleaning through the day, the best method is:

- (1) Use detergent and warm water. Follow the manufacturer's instructions on how much detergent to use;
- (2) Vigorously rub the surface to physically remove germs;
- (3) Rinse the surface with clean water;
- (4) Dry the surface.

It can be useful to have colour-coded cloths or sponges for each area (e.g. blue in the bathroom, yellow in the kitchen) so that it is easier to keep them separate. Wear utility gloves when cleaning and hang them outside to dry. Wash your hands after removing the gloves. When choosing cleaning products, it is important to consider the product's effectiveness against germs and the length of time the product must be in contact with a surface to properly clean it.

Disinfectants are only necessary if a surface is known to be contaminated with potentially infectious material. Remember, if the surface is not clean, the disinfectants cannot kill germs, so you should always clean first, then (if required) disinfect.

Handwashing

Hand hygiene is one of the simplest ways to break the chain of infection. The most effective method of hand washing is using soap and water, and this is the best option when your hands are visibly dirty. For further information and full procedure please refer to 7.8 (b) Hygiene Practices – Handwashing Policy.

Using Gloves

If there is a chance that you may come in contact with faeces, urine, saliva, vomit or blood, you should wear disposable gloves. If you are not likely to come in contact with these body fluids, there is no need to wear gloves. If you do come in contact with body fluids but gloves are not available, it is important to thoroughly wash your hands with soap and water as soon as you finish the activity.

It is important to remember that the outside of the glove is dirty and the inside of the glove is clean. Avoid touching the inside of a glove with the outside of another glove, and avoid touching bare skin or clean surfaces while wearing contaminated gloves.

How to Remove Disposable Gloves

- (1) Pinch the outside of one glove near the wrist and peel the glove off so it ends up inside out;
- (2) Keep hold of the peeled-off glove in your gloved hand while you take off the other glove—put one or two fingers of your un-gloved hand inside the wrist of the other glove. Peel off the second glove from the inside, and over the first glove, so you end up with the two gloves inside out, one inside the other;
- (3) Put the gloves in a plastic-lined, hands-free lidded rubbish bin, and wash your hands. If a hands-free lidded rubbish bin is not available, put the gloves in a bucket or container lined with a plastic bag, then tie up the bag and take it to the outside garbage bin.

Nappy Changing

Faeces (and sometimes urine) contain billions of germs. Hygienic nappy changing and toileting is important to prevent these germs from spreading disease.

An area should be specifically set aside for changing nappies. Ensure that the nappy change mat or surface is not torn and can be easily cleaned. Take extra care to ensure that the change mat is thoroughly cleaned after each nappy change, especially if a child is known to have an infection.

How to Clean the Nappy Change Area

- (1) After each nappy change and at the end of each day, wash the surface well with detergent and warm water, rubbing with paper towel or a cloth as you wash. Put the paper towel in the bin, and leave the change surface to dry;
- (2) If faeces or urine spill onto the change surface, clean the surface with detergent and warm water and leave it to dry;
- (3) Always wash your hands after cleaning the nappy change area.

For further information and full procedure please refer to 7.8 (c) Hygiene Practices – Nappy Changing Policy.

Toilet Training

Good hygiene is important when children are toilet training, as they are likely to have accidents.

If a child does have an accident, place soiled clothes in a plastic bag or alternative, and keep these bags in a designated place until parents can take them home. Help the child use the toilet. It is better for the child to use the toilet rather than a potty chair, which increases the risk of spreading disease. If the child must use a potty, empty the contents into the toilet and wash the chair with detergent and warm water. Do not wash the potty in a sink used for washing hands.

How to Clean Up Faeces or Urine Spills

- (1) Wear gloves;
- (2) Place paper towel over the spill and allow the spill to soak in. Carefully remove the paper towel and any solid matter. Place it in a plastic bag or alternative, seal the bag and put it in the rubbish bin;
- (3) Clean the surface with warm water and detergent, and allow to dry;
- (4) If the spill came from a person who is known or suspected to have an infectious disease (e.g. diarrhoea or vomit from a child with gastroenteritis), use a disinfectant on the surface after cleaning it with detergent and warm water;
- (5) Wash hands thoroughly with soap and running water (preferably warm water).

Blood

Children must be supervised at all times, and it is important to ensure that they play safely. If a child is bleeding, through either an injury, bites from other children or a nosebleed, you need to look after the child, dress the wound (if appropriate), check that no-one else has come in contact with the blood and then clean up the blood.

How to Clean Up Blood Spills

When cleaning or treating a child's face that has blood on it, do not put yourself at eye level with the child—their blood could enter your eyes or mouth if the child is crying or coughing.

The best way to clean a blood spill depends on the size of the spill. The table below will help educators and other staff decide on the most appropriate cleaning strategy.

Recommended Methods for Cleaning Blood Spills

Spot (e.g. drop of blood less than the size of a 50-cent coin)

- Wear gloves;
- Wipe up blood immediately with a damp cloth, tissue or paper towel;
- Place the cloth, tissue or paper towel in a plastic bag or alternative, seal the bag and put it in the rubbish bin;
- Remove gloves and put them in the rubbish bin;

- Wash surface with detergent and warm water;
- Wash your hands with soap and water.

Small (up to the size of the palm of your hand)

- Wear gloves;
- Place paper towel over the spill and allow the blood to soak in;
- Carefully lift the paper towel and place it in a plastic bag or alternative, seal the bag and put it in the rubbish bin;
- Remove gloves and put them in the rubbish bin;
- Clean the area with warm water and detergent using a disposable cloth or sponge, place the cloth in the rubbish bin;
- Wipe the area with diluted bleach and allow to dry;
- Wash your hands with soap and water.

Large (more than the size of the palm of your hand)

- Wear gloves;
- Cover the area with an absorbent agent (e.g. kitty litter or sand) and allow the blood to soak in;
- Use a disposable scraper and pan to scoop up the absorbent material and any unabsorbed blood or body fluids;
- Place the absorbent agent, the scraper and the pan into a plastic bag or alternative, seal the bag and put in the rubbish bin;
- Remove gloves and put them in the rubbish bin;
- Mop the area with warm water and detergent, wash the mop after use;
- Wipe the area with diluted bleach and allow to dry;
- Wash your hands with soap and water.

Preparing Bleach Solution

Always prepare bleach solutions according to the manufacturer's instructions. Because bleach loses strength over time, always make up new dilutions of bleach every day. Any diluted bleach that is not used within 24 hours of preparation should be discarded.

Safe Use of Bleach

Always:

- Read and follow the safety and handling instructions on the label;
- Dilute bleach according to directions;
- Wear gloves when handling and preparing bleach;
- Check the use-by date before using bleach, because it can lose effectiveness during storage;
- Make up a new batch of bleach each time you disinfect—it loses its effectiveness quickly once it has been diluted.

Never:

- Use bleach in a spray bottle;
- Use hot water to dilute bleach;
- Mix bleach with any other chemicals;
- Use bleach on metals other than stainless steel—bleach is corrosive.

Bathrooms and toilets

Bathrooms and toilets should be cleaned at least once a day, and more often if they are visibly dirty. Ensure that the education and care service has bathrooms and toilets that are appropriate for staff and visitors as well as children; these should include appropriate disposal bins for sanitary products.

Linen

Wash linen in detergent and hot water. Do not carry used linen against your own clothing, take it to the laundry in a basket, plastic bag or alternative. Treat soiled linen as you would a soiled nappy, and wear gloves. If washed at the service, soiled linen should be:

- Soaked to remove the bulk of the contamination;
- Washed separately in warm to hot water with detergent;
- Dried in the sun or on a hot cycle in the clothes dryer.

All children must have individual sheets for rest time. If the educator provides sheets, each child must have their own set of sheets, and the sheets should be washed at least once a week.

Toys

Washing toys effectively is very important to reduce spread of disease. Toys need to be washed at the end of each day, especially those in rooms with younger children. Wash toys in warm water and detergent, and rinse them well—many toys can be cleaned in a dishwasher (but not at the same time as dishes). All toys, including cloth toys and books, can be dried by sunlight.

Remove toys for washing during the day. Start a 'Toys to wash' box and place toys in it during the day if you see a child sneeze on a toy or put a toy in their mouth, or if the toy has been used by a child who is unwell.

Key Resources

Workplace Health and Safety Act 1995

www.deir.qld.gov.au/workplace/index.htm

www.deir.qld.gov.au/workplace/documents/showDoc.html?WHS%20Fast%20Facts/healthcommunity%20-%20childcare%20worker

www.deir.qld.gov.au/workplace/subjects/hazardousmaterials/definition/msds/index.htm

Staying Healthy (2012) Preventing infectious diseases in early childhood education and care services
Fifth edition

Kid safe

www.kidsafeqld.com.au

Educational Resource Centre The Royal Children's Hospital

www.rch.org.au/poisons

Poisons Information Centre 13 11 26

www.health.qld.gov.au/poisonsinformationcentre/

www.health.qld.gov.au/ph/Documents/hpu/15448.pdf

University of New South Wales Medicine: *Health & Safety in Family Day Care Model Policies, 2003*

www.med.unsw.edu.au/

[www.med.unsw.edu.au/SPHCMWeb.nsf/resources/FDCModelPolicies.pdf/\\$file/FDCModelPolicies.pdf](http://www.med.unsw.edu.au/SPHCMWeb.nsf/resources/FDCModelPolicies.pdf/$file/FDCModelPolicies.pdf)

7.23 Routines Policy

Policy number: 7.23

Date last reviewed: April 2017

This policy relates to

Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	
HCS	

Purpose

Routines are vital parts of the child’s day. A regular routine will help children to settle, predict what is happening next, feel comfortable in the environment, and give children a sense of control.

Policy

Educators are required to display a current Daily Routine in their service. This routine should be flexible to the needs of children in care, and should ensure that the needs of all children can be met throughout the day. The routine should include regular opportunities for children to engage in social play and collaborative experiences.

Routine times should be positive experiences for both child and educator, and can be used as intentional teaching opportunities.

Routines need to be flexible to accommodate the needs of all children. Different ages, developmental stages, needs, temperaments and personalities are all factors which may influence changes to routine. Meal times should occur when children are hungry, not when the educator says it is meal time. Educators may wish to introduce *progressive meal times*, which allow children autonomy over when they eat.

Not all children need or want to sleep during the day, and arrangements need to be in place to accommodate this. While all children need to be provided with ‘rest time’, this may be quiet activities such as drawing or reading books. Regardless of whether a child has a sleep, a comfortable quiet place needs to be provided. Educators should ensure they have adequate bedding for each child.

School children should be involved in planning and establishing routines to meet their differing needs. Routines should reflect different ages and allow flexibility to meet each child’s needs where possible.

Relevant Legislation

Education and Care Services National Law Act 2010
Education and Care Services National Regulations 2011

Key Resources

Australian Government Department of Education and Training: *Child Care Service Handbook*
<https://www.education.gov.au/child-care-service-handbook-0>



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Appendix A: Legislation



Attachment 1: Family Day Care Services – Operational Guidance



Australian Government
Department of Education and Training

Family Day Care services

Operational guidance: How to comply with the 'child swapping' legislative changes

This operational guidance gives *general* information about the changes. For detailed information about the changes and the consequent changes to the obligations of approved FDC services, please read the legislative instruments referred to in the 'Family Day Care Legislation Changes' information sheet. This operational guidance does not constitute legal advice. You may wish to seek your own legal advice about your obligations under the changes.

The Australian Government has made changes to the family assistance law affecting Child Care Benefit (CCB) approved Family Day Care (FDC) services. These changes are intended to end the practice of 'child swapping' within FDC, unless specified circumstances apply. The changes will apply from 12 October 2015.

This document has been developed to assist your CCB approved FDC service ('your service') to comply with the new rules, including the submission of correct attendance information to the Child Care Management System (CCMS) for sessions of FDC involving the children of FDC educators and their partners.

What is 'child swapping'?

Child swapping is a practice where an FDC educator, or their partner, receives child care fee assistance for a session of FDC provided to their child on the same day that they themselves provide FDC.

Who is affected by the changes?

These changes may affect your service. They affect individuals entitled to child care fee assistance for a child enrolled for care at your service (the 'eligible individual') if they, or their partner, are an FDC educator and provide any session of care for an approved FDC service on that day.

Opportunity through learning

When will eligible individuals not be entitled to child care fee assistance?

Child care fee assistance will not be payable for sessions of care provided by your service to a child of an FDC educator (or their partner) if on the same day the FDC educator provides FDC to other children unless a specified circumstance applies. Further information on specified circumstances is provided in the next section.

When specified circumstances do not apply to sessions of care involving 'child swapping', the eligible individual is not entitled to child care fee assistance. Your service may provide care to the child and charge the family a fee, but must record the session of care in the CCMS using a 'zero-fee' session type. This means that no child care fee assistance will be payable to the eligible individual.

Specified circumstances when child care fee assistance may be payable

Child care fee assistance may be payable for sessions of care provided by your service to the child of an FDC educator (or their partner) on a day when the FDC educator provides care to other children if one of five specified circumstances applies and is supported by documentary evidence provided to your FDC service. The specified circumstances are:

- 1 **Eligible disability child:** The child enrolled at your service is the child of either an FDC educator or the partner of an FDC educator. The child has been diagnosed by a medical practitioner or registered psychologist as having a disability or medical condition of the kind listed at Schedule 1 and 2 of the *Child Care Benefit (Children in respect of whom no-one is eligible) Determination 2015*.
- 2 **Eligible Income Support Subsidy child:** The child enrolled at your service is the child of either an FDC educator or the partner of an FDC educator. If your service is receiving Inclusion Support Subsidy (ISS) because the child is undergoing continuous assessment of disability under the Inclusion & Professional Support Program Guidelines for 2013-2016. This does not apply if the service is receiving an amount of ISS because the child is from a refugee or humanitarian intervention background. Additional information about the Inclusion and Professional Support Programme is provided below.
- 3 **Remote area child:** The child enrolled at your service is the child of either an FDC educator or the partner of an FDC educator. The child lives in an area designated as remote or very remote Australia.
- 4 **Paid work not for an FDC service:** The child enrolled at your service is the child of either an FDC educator or the partner of an FDC educator and, on the day the child requires care, the FDC educator is required to work for at least two hours in paid work, which is not for an approved FDC service.
- 5 **Education and Training:** The child enrolled at your service is the child of either an FDC educator or the partner of an FDC educator and, on the day the child requires care, the FDC educator is engaged in activities for the purposes of education and training towards a recognised qualification at Certificate III or above. The education and training must be provided by a Registered Training Organisation (RTO).

Operational Guidance

The Inclusion and Professional Support Programme, which includes the ISS, is an existing programme to remove the barriers to access for children with additional needs through the delivery of inclusion support. A copy of the Inclusion and Professional Support Programme Guidelines for 2013-2016 is available at docs.education.gov.au/system/files/doc/other/ipsp_guidelines_20132016_0_0.pdf

What your service needs to do

The key steps your service must take to comply with the changes are:

- Step 1: Ask all eligible individuals whether they, or their partner, is an FDC educator
- Step 2: If the eligible individual or their partner is an FDC educator, ask if a specified circumstance applies – if the answer is yes, then follow steps 3 to 9.
- Step 3: Ask the eligible individual for information and documents
- Step 4: Ask the eligible individual for authorisation to provide information and documentary evidence to the department
- Step 5: Ask the individual to advise of change of circumstances within seven (7) days
- Step 6: Use the approved *Register* to record information obtained from the individual and record the date your service obtains documentary evidence
- Step 7: Keep the information and documentary evidence for 36 months
- Step 8: Report the sessions of care correctly to the CCMS
- Step 9: Report the Centrelink Customer Reference Number (CRN) of FDC educators on CCMS.

Step 1: Ask all eligible individuals whether they, or their partner, is an FDC educator

Your service must ask the eligible individual for each child who is enrolled at your service whether they, or their partner, are an FDC educator who is employed, contracted, or otherwise engaged by any FDC service.

This must be done:

- a) by 19 October 2015 for all children currently enrolled at your service; and
- b) within seven (7) days of a new enrolment of a child at your service.

Example questions:

“Are you currently providing care to children as an FDC educator?”

“Is your partner currently providing care to children as an FDC educator?”

Note: If the eligible individual or their partner tells your service that they are not currently working as an FDC educator, your service must ask that person to inform your service if they, or their partner, becomes an FDC educator in the future.

Step 2: If the eligible individual or their partner is an FDC educator (Step 1 answer is ‘Yes’) ask the individual if a specified circumstance applies

If your service becomes aware that the eligible individual or their partner is an FDC educator, your service may wish to ask the eligible individual if they may be eligible for child care fee assistance on the basis that (a) one of the five specified circumstances applies to their situation and (b) supporting documentary evidence is able to be provided to the service. If the answer to the question at Step 1 is ‘Yes’, ask the individual if a specified circumstance applies.

Example questions:

“Does your child have a disability?”

“Does your child live in a remote area of Australia?”

“Do you do any other paid work, apart from when you work as an FDC educator?”

“Are you currently enrolled in a course of education and training working towards a Certificate III level or above?”

If a specified circumstance applies, you should complete Steps 3 to 9, below.

Step 3: Request information and documents

If your service becomes aware that the eligible individual or their partner is an FDC educator and the eligible individual informs your service that a specified circumstance may apply, then your service must ask the eligible individual to provide the following information and documents:

- the names of the eligible individual and their partner (if any)
- the name of the FDC educator
- the Centrelink CRN (if any) of the FDC educator
- the Centrelink CRN (if any) of the eligible individual (if they are not the FDC educator);
- the Centrelink CRN of the child
- the name of the FDC service/s where the FDC educator works
- the days and start and end times of the sessions of care of when the FDC educator ordinarily works for an FDC service as an FDC educator.
- where relevant, documentary evidence that the child is an eligible disability child or a remote area child
- where relevant, documentary evidence of when the FDC educator is usually required to work at least two hours in paid work that is not for an FDC service
- where relevant, documentary evidence of when the FDC educator is usually engages towards a programme or course of education or training towards a recognised qualification at Certificate III or above with a RTO.

CCB is not payable unless there is documentary evidence of the specified circumstance.

If your service becomes aware that a specified circumstance may apply (other than the child is an eligible ISS child), your service must ask the eligible individual for written documentary evidence.

In the case of an eligible ISS child, the service will have the documentary evidence of receipt of ISS.

Your service may wish to advise the eligible individual that they may not be entitled to child care fee assistance for their enrolled child's sessions of care on the same day they provide care to other children, unless they give your service supporting documentation of that specified circumstance.

The '[Family Day Care Services Specified Circumstances Information Request](#)' on the departments website may be used to request information and supporting evidence of specified circumstances from eligible individuals. The form is designed to help your service comply with its obligations and assist eligible individuals to:

- gather the information and documentary evidence that your service has asked them to provide
- understand the specified circumstances and the documentary evidence they need to provide your service in order to demonstrate their eligibility for child care fee assistance.

Your service is not required to use this form. Your service may prefer to request the information and supporting evidence of specified circumstances by other means. Your service must keep all records created in making the information request.

Operational Guidance

Your service may wish to consider updating its enrolment forms to capture the additional information your service needs to gather to be compliant with the new rules.

Evidence for an eligible disability child

An eligible individual who is, or whose partner is, an FDC educator may be eligible to receive child care fee assistance for the FDC of their child on a day they work (or their partner works) as an FDC educator if the child is an eligible disability child. For this circumstance to apply:

- the child must have been diagnosed by a qualified medical practitioner as suffering from one or more of the conditions listed in **Attachment A** or
- the child must have been diagnosed by a registered psychologist as suffering from one or more of the conditions listed in **Attachment B**
and
- documentary evidence of the diagnosis has been provided to your service
and
- the diagnosis was made no more than 24 months before your service receives the documentary evidence.

Evidence for an eligible ISS child

An eligible individual who is, or whose partner is, an FDC educator may be eligible to receive child care fee assistance for the FDC of their child on a day they work (or their partner works) as an FDC educator if the child is an eligible ISS child. For this circumstance to apply:

- your service must be receiving a payment of ISS for the child
and
- the ISS is received because the child is undergoing continuous assessment of disability under the Inclusion & Professional Support Programme Guidelines for 2013-2016.

Evidence for this specified circumstance may include a copy of the written notification to your service of the approval of the fee assistance of an amount of ISS. Your service must be receiving the ISS in relation to the child for the eligible individual to be eligible for child care fee assistance.

Evidence for a remote area child

An eligible individual who is, or whose partner is, an FDC educator may be eligible to receive child care fee assistance for the FDC of their child if the child lives in a 'remote' or 'very remote' area of Australia.

The remoteness classifications are based on the Australian Statistical Geography Standard (ASGS): Volume 5 – Remoteness Structure, July 2011 (cat. no. 1270.0.55.005) which is published by the Australian Bureau of Statistics (ABS).

To determine if a child lives in a 'remote' or 'very remote' area, in the first instance your service should refer to the [ABS Remoteness Structure Maps](http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/1270.0.55.005July%202011?OpenDocument). These are available at www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/1270.0.55.005July%202011?OpenDocument.

If your service is unable to determine whether or not their child lives in a 'remote' or 'very remote' area using these maps, it may be helpful to use the [DoctorConnect](http://www.doctorconnect.gov.au/internet/otd/publishing.nsf/Content/MMM_locator) website at www.doctorconnect.gov.au/internet/otd/publishing.nsf/Content/MMM_locator. Areas that are classified as 'remote' are identified as 'MMM 6' and 'very remote' is identified as 'MMM 7.'

Note: if there is a discrepancy between the two tools, please use the Remoteness Structure Maps on the ABS website.

You must request documentary evidence of a child's residence from the eligible individual. This could be a copy of the current driver's licence of the eligible individual (if the child lives at the same

Operational Guidance

address), a recent utility bill sent to the address where the individual and child reside, or a statutory declaration.

Evidence for paid work not for an FDC service

An eligible individual who is, or whose partner is, an FDC educator may be entitled to receive child care fee assistance for the FDC of their child when they provide care for an FDC service on the same day if they are also required to:

- undertake paid work for at least two hours on the same day their child is in care with your service
and
- the work is **not** for an approved FDC service
and
- documentary evidence has been provided to your service, showing the FDC educator is usually required to work on the same day and time the session of care is provided by your service to the child.

Evidence for this specified circumstance may include a letter from an employer, a contract of employment, a payslip, or another type of document that clearly shows the person was working on the day that your service provided care to the child. This work must **not** be for an FDC service (this includes working as a FDC coordinator for an approved FDC service).

Evidence for education or training

An eligible individual who is, or whose partner is, an FDC educator may be entitled to receive child care fee assistance for the FDC of their child if the FDC educator:

- is enrolled in a programme or course of education or training towards a recognised qualification (at Certificate III level or above) provided by a RTO
and
- is engaged in activities for the purposes of the programme or course on the care day (e.g. attends the training institution for the purposes of the programme or course)
and
- has provided your service with documentary evidence that the FDC educator usually studies at the time the session of care is provided to the child by your service.

In respect of this specified circumstance, the FDC educator must be enrolled in a programme or course of education or training towards a recognised qualification (at Certificate III level or above) provided by an RTO and be engaged in activities for the purposes of the programme or course on the care day. Documentary evidence must have been provided to the FDC service that the person usually studies at the time the session of care is provided.

This is intended to provide FDC educators with the flexibility to have their child cared for in an FDC setting when the FDC educator is required to undertake education or training at a particular time and, on the same day, they also work as an FDC educator.

In order for this specified circumstance to apply, the person must be engaged with the RTO for the purposes of the programme or course, and the person must usually study at that time. This means that the person must be required to attend or have contact with the RTO for a formal and planned aspect of the course (e.g. for a lecture or workshop). In a distance education setting, this means that the person must be engaged with the RTO for a formal and planned aspect of the course such as a lecture that is presented live, or a live on-line study group. The specified circumstance is not intended to apply to aspects of the course or training where the timing is in the person's control, such as homework or viewing pre-recorded lectures.

Evidence for this specified circumstance could include a proof of enrolment letter from the RTO, copy of an enrolment form and programme/course participation records.

Step 4: Ask for authorisation to provide information and documentary evidence to the Department of Education and Training

Your service must ask every eligible individual who gives your service information and documentary evidence about the specified circumstance to authorise your service, in writing, to disclose the information and documents to the Secretary of the Department of Education and Training.

Step 5: Change of circumstances

If your service requests an eligible individual to provide information or documentary evidence, your service must also request the eligible individual let you know of any change that would result in them providing different information or documents.

Your service must request that the eligible individual provides the different documentation or information within seven (7) days of the change.

Step 6: Use the approved Register to record information

If any of the specified circumstances applies, your service must record the information in the official register as approved by the Department of Education and Training. Your service must use the approved form of the Register to record the information and documents provided about the specified circumstances of eligible individuals or their partners who are FDC educators.

Your service must only use the approved version of the Register and either save an electronic version or print out a copy for handwritten use. The Register is available online '[Family Day Care Legislation Changes – Register of Specified Circumstances](#)'.

The following information must be gathered and recorded in the Register:

- a) The information provided in response to a request made at Step 3 or Step 5
- b) The date your service enters the information in the approved Register
- c) The date your service is given documentary evidence that a specified circumstance applies
- d) If ISS is no longer being paid in respect of a child who was an eligible ISS child, relevant information.

Step 7: Keep the information and documentary evidence for 36 months

Your service must keep the information recorded in the Register and all supporting documentary evidence sighted or received by your service for 36 months. This period starts, for each child, at the end of the last year in which care was provided to which the information or evidence relates.

For example, if a child last receives care on 15 October 2016, then you must keep that child's records for the remainder of 2016 and then for a minimum period of 36 months, from 1 January 2017 to the end of 31 December 2019.

Step 8: Report the sessions of care correctly into the CCMS

When your service provides care to a child of an eligible individual and the individual or their partner works as an FDC educator on that day, your service can only claim child care fee assistance where specified circumstances apply.

Your service must not report sessions to the CCMS which attract child care fee assistance for a child's care on the days when the eligible individual (or their partner), provides FDC to other children, unless a specified circumstance applies.

Your CCMS registered software product allows your service to submit a 'zero-fee' session type which does not attract child care fee assistance. This allows your service to charge a fee to the family but

Operational Guidance

does not result in child care fee assistance being made. Your service should use the 'zero fee' session type for all sessions of care for any child if the eligible individual, or their partner, is an FDC educator who provides care on the same day as the child receives care from your service, unless a specified circumstance applies and the required evidence has been provided to your service.

Your service should contact your CCMS registered software provider if assistance is required to report 'zero-fee' sessions.

The following scenarios provide examples of when session types may or may not attract child care fee assistance, and how they should be reported in CCMS:

The eligible individual, or their partner, worked as an FDC educator on the day that your service provided care to the child and no specified circumstance applies

- the eligible individual is not entitled to child care fee assistance (for care provided by an approved FDC service) – report the sessions of care as 'zero-fee' sessions.

The eligible individual, or their partner, did not work as an FDC educator on the day that your service provided care to the child

- the eligible individual is entitled to child care fee assistance – report the sessions as normal with the fees your service has charged the eligible individual for the sessions.

The eligible individual, or their partner, worked as an FDC educator on the day that your service provided care to the child AND a specified circumstance applies AND documentary evidence has been provided to your service

- the eligible individual is entitled to child care fee assistance – report the sessions as normal with the fees your service has charged the eligible individual for the sessions.

Step 9: Report the Centrelink Customer Reference Number (CRN) of FDC educators

Your service must record in the CCMS the Centrelink CRN for each FDC educator working for your service as soon as your service's CCMS registered software allows. Your service should contact your CCMS registered software provider for assistance with this matter.

Consequences of non-compliance

Services that do not comply with the new rules may be in breach of the conditions for continued approval.

The Department of Education and Training may, by written notice, require services to provide information and documents to demonstrate their compliance with their conditions for continued approval. Authorised officers of the department may also enter the premises of an approved FDC service to monitor its compliance with a condition of continued approval.

Failure of services to comply with a condition continued approval may result in sanctions including:

- variation to the conditions of continued approval
- additional conditions of continued approval
- suspension or cancellation of approval.

Depending on the nature of the non-compliance, civil or criminal penalties may also apply.

Operational Guidance

Failing to keep the records that your service must keep under the new rules may result in civil or criminal penalties. Civil penalties may be pursued through either infringement notices or court proceedings, depending on the nature and severity of the actions of the service.

Further Information

Fact sheet: [Family Day Care Legislation Changes](#) at

- www.education.gov.au

FAQs: [Family Day Care Legislation Changes – Child Swapping FAQs](#) at

- www.education.gov.au

Associated Documents:


Family Day Care services:

- [Specified Circumstances Information Request](#)
- [Approval Register](#)
- [Inclusion and Professional Support Programme Guidelines for 2013-2016](#)

The new rules are contained in the following legislative instruments which are available via the [ComLaw website](#) at www.ComLaw.gov.au

- [Child Care Benefit \(Children in respect of whom no-one is eligible\) Determination 2015](#)
- [Child Care Benefit \(Eligibility of Child Care Services for Approval and Continued Approval\) Determination 2000](#)
- [A New Tax System \(Family Assistance\) \(Administration\) \(Child Care Benefit – Record Keeping\) Rules 2006](#)

Attachment 2: Records and documents to be kept at the service

Records and documents to be kept at the service (National Regulations 183) For Family Day Care Services 			
Type of record	Responsibility	Timeframe	Reference
Evidence of current public liability insurance Note: Does not apply if the insurance is provided by state or territory government	Approved provider Family day care educator	Available for inspection at service premises or family day care office	Regulations 29, 30, 180
Quality improvement plan	Approved provider	Current plan is to be kept	Regulations 31, 55
Child assessments	Approved provider Family day care educator	Until the end of 3 years after the child's last attendance	Regulations 74, 183
Incident, injury, trauma and illness record	Approved provider Family day care educator	Until the child is 25 years old	Regulations 87, 183
Medication record	Approved provider Family day care educator	Until the end of 3 years after the child's last attendance	Regulations 92, 183
Child attendance	Approved provider Family day care educator	Until the end of 3 years after the last date on which the child was educated and cared for by service	Regulations 158-159, 183
Child enrolment	Approved provider Family day care educator	Until the end of 3 years after the child's last attendance	Regulations 160, 183
Record of service's compliance history	Approved provider	Until the end of 3 years after the approved provider operated the service	Regulations 167
Record of responsible person in day-to-day charge including certified supervisors placed in day-to-day charge	Approved provider	Until the end of 3 years after the staff member works for the service	Section 162 Regulations 150, 177
Assessment of family day care residences and approved family day care venues	Approved provider	Until 3 years after the record was made	Regulation 116
Record of family day care staff (including educators, coordinators and assistants)	Approved provider	Until the end of 3 years after the staff member works for the service	Regulation 154
Record of visitors to family day care residence or approved family day care venue	Family day care educator	Until the end of 3 years after the record was made	Regulation 165

Information sourced from ACECQA

TWO - Guide to the Education and Care Services National Law and the Education and Care Services National Regulations

Appendix B: Governance and Management



PG.0004 Governance Role Policy

Policy number PG.0004		Authorised by: Board	
Date last reviewed: May 2017	Reviewed by: Board	Date of next review: May 2018	

This policy relates to Governance and Management	
Human Services Quality Framework	Standard 1,
National Quality Standards Early Childhood Education & Care	QA 7.1.1, 7.3.5, 7.3
HCS	1, 1.1

Purpose

To clarify the role of the Board in the governance of Beaucare

Scope of Policy

This policy is applicable to all members of the Board

Policy Principles

The Beaucare Board has elected to separate the complimentary but distinct roles of governance and management, and to delegate authority to the GM for all operational management issues. The Board has established through documented policy, delegations register and position descriptions the reporting accountabilities and responsibilities for operational management

Policy

The Beaucare Board acknowledges that in order to ensure effective and sustainable governance it is critical the governance role is clarified so that there is a shared understanding between the members of the Board

Roles & Responsibilities

Terms of Agreement have been developed for each Board Position, specifying their role and responsibilities. Board members are required to sign a Terms of Agreement on appointment. This will be reviewed annually.

Associated Beaucare policies and documents

PG.0005 Governance Responsibility
 PG. 0006 Board Induction
 Form FG001. Code of Conduct
 Form FG002. Conflict of Interest Declaration
 Form FG003. Declaration for Board Members
 PD – General Manager
 Beaucare Delegations Register

PG.0005 Governance Responsibility Policy

Policy number PG.0005		Authorised by: Board	
Date last reviewed: May 2017	Reviewed by: GM	Date of next review: May 2018	

This policy relates to Governance and Management	
Human Services Quality Framework	Standard 1,
National Quality Standards Early Childhood Education & Care	QA 7.1.1, 7.3.5, 7.3
HCS	Standard 1.1

Purpose

To clarify the legal and regulatory governance obligations of the Board

Scope of Policy

This policy is applicable to all Board members, those members with delegated powers and senior management employees to whom delegated authorities have been given.

Policy Principles

The Board, General Manager and program Managers have a governance obligation to meet all legal, fiduciary and ethical requirements of Beaucare in their capacity as either authorised representatives of the agency or as General Manager/program Managers

Policy

The Board accepts they have accountability to various legal bodies and have a legal obligation to ensure employees work in a safe environment. Legal responsibilities include ensuring that Beaucare operates within its constitutional rules; that appropriate insurance is held for management of risk; and that all legislative requirements for Occupational Health and Safety, Anti-discrimination and Equal Employment Opportunity are met.

Where Beaucare receives public funding, the Board accepts that as the auspice body, it is answerable to the funding bodies for compliance with all the terms specified in the Service Agreements. Whilst authority for any specific program management may be delegated to the relevant program manager, the Board accepts it cannot delegate the ultimate accountability for ensuring compliance with Service Agreement obligations.

Roles & Responsibilities

❖ President

The President has a responsibility to undertake all duties as listed in their declaration, including ensuring Board meetings occur in line with procedures.

❖ Secretary

The Secretary has a responsibility to undertake all duties as listed in their declaration, including maintaining the Register of Members and Board Members.

❖ **Board**

The Board is responsible for the overall governance of Beaucare.

❖ **General Manager (GM)**

The General Manager has a responsibility to implement the Board decisions and policies as endorsed.

Associated Beaucare Policies and Documents

PG.0005 Governance Responsibility
PG. 0006 Board Induction
Form FG001. Code of Conduct
Form FG002. Conflict of Interest Declaration
Form FG003. Declaration for Board Members
PD – General Manager
Beaucare Delegations Authority



WIG.0003 Governance Responsibility Instructions

Instruction number: WIG.0003		Authorised by: Board	
Date last reviewed: Feb 2015	Reviewed by: Board	Date of next review: Feb 2016	

This policy relates to Governance and Management	
Human Services Quality Framework	Standard 1,
National Quality Standards Early Childhood Education & Care	QA 7.1.1

Purpose

To clarify the role of the Board in the governance of Beaucare.

Scope of work instruction

Board and Management Team

Procedure

Register of Members

The Secretary will ensure that the Register of Member's as well as a Register of Board Members is maintained and is up to date. The Registers will be open for inspection at all reasonable times by any member who applies in writing to the Secretary.

Board Meetings

Board meetings will be held monthly on the fourth Wednesday of every month from 6.30pm at 44 Tina Street, Beaudesert. Other meetings may be arranged by the Board as required. Requirements for attendance and agenda setting are outlined in *3.2.1 Procedure – Board Meetings*.

Annual General Meeting

The Annual General Meeting (AGM) of Beaucare will be held within 6 months of the end of the financial year. See *3.2.2 Procedure – Annual General Meeting*

Policy Development and Endorsement

It is the responsibility of the General Manager reporting to the Board to ensure that appropriate policies are developed and implemented. All key stakeholders should be consulted on policy development. Key stakeholders include:

- Clients;
- Staff;
- Funding Body Representatives;
- Board Members;

- External service providers who may refer to Beaucare.

As policies are updated, and passed as motions through the minutes at Board Meetings, the updated copies of the policies will be distributed to staff and Board Members and should be incorporated into existing copies of the Manual and redundant / replaced pages should be destroyed.

Policy updates should occur on a planned basis. This is the responsibility of the General Manager and Managers with reference to the key stakeholders outlined above.

New policies and procedures will be presented through either training or supervision to all staff so that they understand and are able to implement them. New policies will be incorporated into induction training for new staff and students.

Performance & Review

The Board takes responsibility to ensure that:

- Beaucare has clear goals;
- Strategic planning is developed and evaluated on an annual basis;
- High quality and effective programs are delivered to clients;
- Objectives of the Service Agreements are reached.

Employment

As a legally constituted employment body, Beaucare is responsible for ensuring all employees have clear position descriptions and conditions of employment that meet relevant industrial laws and that policies and procedures for recruitment and staff management are followed. The Board has delegated responsibility for ensuring that this occurs to the staff of Beaucare, with the General Manager monitoring and/or participating in the process.

The Board is responsible for the recruitment and selection of the General Manager.

Accounting Records

It is the responsibility of the Board to ensure that the financial management practices of the organisation adhere to sound business principles and are in line with Australian Accounting standards, and that accurate, transparent and complete financial records are maintained.

Authorisation of Payment

It is the responsibility of the Board to ensure all payments out of organisational funds are correctly made and properly authorised. Responsibility has been delegated to the General Manager and Administration Manager to approve payment of all accounts within approved budget limits. All cheques are required to be signed by one Board Member (President, Secretary, Treasurer) and one authorised staff person, being an authorised Manager.



The Board will approve annual budgets that will be prepared by the program Managers and the General Manager, and will review variations monthly to ensure it is within the approved budget limits. Expenditure outside approved budgets will require approval from the Board.

Appointment of an Auditor

An approved external auditor will be appointed at the Annual General Meeting (refer to Financial Management Policy).

The Auditor will be invited to examine the books of account at the end of the financial year and to attest that they represent a true and accurate record of Beaucare's financial affairs and that all legal financial standards and requirements are being met.

The Auditor will provide a written report to the Board. The audited financial statement is to be lodged with the appropriate regulatory authority, and presented to funding bodies and available for members of Beaucare.

Annual Reports

The Board is responsible for ensuring the following annual reports are prepared:

- List of current members;
- Annual Financial Report and the Auditors Report;
- Presidents Report;
- General Manager's Report and Program Manager reports.

The Board delegates the responsibility of assembling the report for presentation to Beaucare members to the General Manager.

Associated Beaucare Policies and Documents

WIG.0002 Governance Role Instructions

Instruction number: WIG.0002		Authorised by: Board	
Date last reviewed: Feb 2015	Reviewed by: Board	Date of next review: Feb 2016	

This policy relates to Governance and Management	
Human Services Quality Framework	Standard 1,
National Quality Standards Early Childhood Education & Care	QA 7.1.1

Purpose

To clarify the role of the Board in the governance of Beaucare.

Scope of work instruction

This policy is applicable to Board and Management staff.

Definition

Corporate Governance is the process by which Beaucare is directed, controlled and held to account. It encompasses authority, accountability, stewardship, leadership, direction and control exercised in the organisation.

Procedure

Separation of Constitutional Power

The Board of Beaucare has determined that its role will be one of governance, establishing and endorsing the policy frameworks and strategic direction for the organisation, and monitoring legislative and regulatory compliance. The Board provides strategic rather than operational leadership, and has established a clear distinction between the roles of the Board and the General Manager and program managers.

Constitutional Responsibilities

The separation of powers notwithstanding, the Board accepts that the Constitution gives to the elected Board Members the legitimate authority and responsibilities for ensuring all legal, fiduciary and constitutional requirements are met. These responsibilities are specified in the Governance Responsibilities Policy, and cannot be delegated.

Unity of Control

Only decisions of the Board acting as a whole are binding on the General Manager and program managers. Therefore, decisions or instructions of individual Board Members are not binding on Managers unless the Board has specifically delegated such authority to that Board Member. In the case of Board Members requesting information or assistance from staff members without Board authorisation, the program manager may refuse such requests that require a significant amount of staff time, material or financial resources, or are disruptive to responsible operational management.

Limitations of Authority

The elected President has no authority to make decisions that conflict with Beaucare's corporate governance policies, and has no unilateral authority to personally supervise or direct the General Manager or program managers unless that power has been conferred upon that individual through a resolution at a Board meeting.

Delegation of Authority

The Board may delegate any of its powers to sub-committees, consisting of such Board representation as the Board Members see fit. Delegated sub-committees must conform to any regulations imposed by the Board in exercising their powers. Any such delegation to a sub-committee must be recorded in the Minutes of Meeting.

Ethical Conduct

As a demonstration of good faith and personal commitment, each Board Member will sign the appropriate *Member's Declaration*, which outlines the expectations and responsibilities of the role of Board member, as well as the '*Code of Behaviour for Board Members*', with the understanding that failure to abide by the agreements may lead to expulsion from the Board.

Training and Development

By providing members of the Board with ongoing opportunities for training and skill development, we enable them to further develop their capacity as Board members. This assists Board members to perform their duties well, to be an effective governor and to provide Beaucare with informed and modern governance.

Beaucare is committed to providing effective training and development for all members of the Board. Specifically, we will:

- Ensure appropriate Induction for all Board members including information on service delivery and funding streams;
- Identify personal training and development needs bi-annually;
- Allocate a budget to Board training and development;
- Advise Board members of training possibilities as they arise.

Associated Beaucare Policies and Documents

PG.0004 Governance Role
PG.0005 Governance Responsibility
PG.0006 Board Induction
Declaration for Board Members

Attachment 11: Student Handbook V1



Student Handbook



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Beaucare Student Handbook

Overview of Beaucare

Thank you for joining our team at Beaucare – You are now part of a professional and committed working group whose primary aim is to provide a high level of quality service to our clients, consumers, educators and the Scenic Rim community. We hope that your placement experience with us adds to your skillset and provides you with many experiences which further your education in the sector.

This handbook has been prepared to assist you in understanding Beaucare and our philosophy of client and community support. It provides an overview of some of our more important policies and procedures, standards of behaviour, benefits and other issues concerning your student experience with Beaucare. This handbook will serve as your guide.

We will aim to make your experience an enjoyable and satisfying one and I hope that you have a very satisfying relationship with Beaucare.

Thank you for choosing us for your learning experience.

Louise Dwyer
General Manager

Beaucare History

Beaucare has been serving the needs of the Scenic Rim area since 1986 when the Beaudesert Day Respite Centre was opened. A “think tank” of local community members came together to determine the needs of the local community and a committee was formed which resulted in the establishment of Beaucare.

Beaucare provides the following programs:

- Aged Services
- Disability Services
- Family Day Care
- In-Home Child Care
- Emergency Financial Relief
- Youth Support
- Family Support
- Community Centre

Board of Management

Beaucare is an Incorporated Not-For-Profit organisation managed by a Board of Directors comprising 9 volunteers. All Board members have voting rights.

A Director's primary role is to effectively translate the needs of the Beaucare members into a direction for the future. This is managed primarily through our Strategic Plan which will be provided to you at Induction.

Beaucare Directors are part of a team which the general membership trusts to:

- Make informed decisions
- Provide strong representation and sound governance

- Demonstrate high standards of conduct as befitting the principles of volunteering and volunteer management standards

About Beaucare

Mission

Beaucare exists to maximise opportunities for the quality of life of residents, and to strengthen the communities we serve.

Values

As an organisation, we are committed to the core values of:

- Respect
- Equity
- Collaboration
- Justice
- Self-determination
- Optimism

Our Goals

1. To focus the majority of our efforts toward providing direct assistance to those requiring relief from disadvantage
2. To research and identify needs within our communities, and develop the means to adequately meet those needs.
3. To be a service provider of excellence, fully accountable to the individuals, agencies and organisations with whom we work.
4. To invite and foster strong collaborative relationships with others who are adding value to the community
5. To be an organisation which values and supports the contributions of our staff and volunteers

Beaucare Planning

Each Beaucare program develops an annual Operational Plan which outlines core aims for the next 12 months. The Beaucare Strategic Plan is developed every 3 years and outlines what we are going to do and how we are going to do it.

Customer Service and Quality Standards

Our organisation is committed to these consumer rights:

- Dependable high-quality and professional services, and (where appropriate) at reasonable costs.
- Courteous, helpful and appropriate assistance for all those accessing our services.
- Full disclosure of information needed about our service options, including fees and payment options.
- Free and open choices of services. When dealing with us, our clients and consumers should have the opportunity to select from all available service options.
- Every individual's right to privacy is an essential aspect of our service.

Student/Beaucare Responsibilities

Both student and placement agency have expectations of each other in the workplace.

Beaucare expects students to:

- Be safe and careful.

- Be courteous, respectful and empathic to clients, volunteers, other students and staff
- Be committed to Beaucare and our client support philosophy. Raise any issues you may have with the organisation and do not denigrate the organisation to clients, staff, volunteers, ther students or the general community
- Follow Beaucare’s policies and work instructions
- Respect confidentiality.
- Carry out the specified tasks of your placement agreement and follow supervisor’s lawful instructions.
- Be prompt and regular in attendance and advise as soon as possible if unable to attend
- Be efficient and productive.
- Produce quality services.
- Undertake training as required
- Ask for support when you need it and value and support other team members
- Maintain an open communication with their supervisor.
- Be accountable for your actions.

You can expect to:

- Have a safe and healthy workplace.
- Be interviewed and engaged in placement in accordance with equal opportunity and anti- discrimination legislation
- To have a clear outline of duties and agreed hours of contribution
- To be provided with orientation to Beaucare and your role
- Receive training and instruction for the assigned tasks and be supervised and supported to undertake the tasks.
- Be included in relevant decision making processes
- Receive recognition for good work and be supported to correct any work issues
- Receive open, honest communication about Beaucare
- To be given access to all policies & procedures required to complete your placement tasks
- Be provided with clear lines of communication about complaints and conflict resolution processes
- To have your confidential and private information dealt with in accordance with legislation

Beaucare has the right to:

- Make decisions about the appropriate placement of students
- Review student performance in line with HR policies and work instructions
- Expect students to perform the given tasks to the best of their ability
- Set the parameters and guidelines of the student work experience
- Release a student who is not appropriate for our service

Equal Opportunity

Beaucare is an equal opportunity employer and will not discriminate unfairly in matters of recruitment, selection, training, development and experiences offered to students in relation to gender, marital status, dependents, disability, ethnic origins or religious beliefs. We will not discriminate unfairly in our approach to students and hope that through our actions, we are seen as a student support agency of choice in the Scenic Rim area.

Placement

In recruiting our students, Beaucare appoints individuals on suitability, taking into account factors such as the applicant's qualifications and experience appropriate to the student interest area; their skills, knowledge and abilities; their potential; and their overall suitability for Beaucare. Placement will also be dependent upon the availability of an appropriate supervisor and guarantee of suitable workplace experiences.

Orientation

Both the General Manager and your Program Manager want you to succeed in your student role. Only by working together as a team and with other students, volunteers and employees can we continue to be successful and at the same time satisfy our clients' needs

Your supervisor will give you full opportunity to observe as much of our work as possible. You will be given opportunities to engage in self managed tasks and when agreed to by clients you may engage in suitable client interactions. If you have any problems or difficulty in performing your tasks properly, or if you have any questions about any nominated tasks, please discuss this with your supervisor. He or she is willing to help you and is the best source of information.

Police Clearance and Working with Children Check

A National Police Clearance is required to enable students to carry out their duties in some of the Beaucare programs. In some areas you may also be required to have a Qld Working with Children Clearance.

Beaucare will advise students of the procedures required to apply for the identified clearance/s.

Hours of Duty

Beaucare values your contribution to the organisation and takes pride in offering a flexible placement environment for students. Our core business hours of operation are from 8am to 5pm Monday to Friday however students may be requested to work outside these hours.

Meal Breaks

Beaucare recognises the importance of students taking breaks and encourages a lunch break of 30 minutes and other breaks as agreed with your supervisor.

Personal Records

You are expected to keep Beaucare informed of any change in your personal records. Changes should be reported to Administration as soon as they occur. This includes:

- Change of address
- Change of telephone number
- Change of person to be notified in case of emergency
- Legal change of name
- Update of blue card or notifications of any offences

Commitment to Training & Development

Beaucare encourages your ongoing professional development whilst on placement through attendance and participation in approved meetings, seminars, etc. which are directly related to your placement activities and objectives. Opportunities for training are balanced with program budget constraints.

Insurance

Beaucare recognises that all students have the right to be protected from financial costs in the event of personal injury and liability.

All Beaucare students must be appropriately covered by your educational facility for personal accident/injury whilst on placement. If you are involved in an accident or are in some way injured while carrying out your Beaucare activities, you must complete an accident/incident report form.

Injury to a student or other persons caused through a road accident to and from Beaucare will be covered by the vehicle's registration and compulsory third party insurance.

Student Supervision Meetings

Beaucare believes that regular opportunities for students on placement to meet and discuss issues with their supervisor is essential to reinforce understanding and knowledge, contribute to team work, ensure quality service delivery, and provide opportunities for open and transparent communication.

Supervision meetings may be held weekly, fortnightly or monthly, depending upon the placement logistics and program structure. Students are encouraged to put forward issues they would like discussed at their supervision session.

Appearance and Grooming

We expect a high degree of cleanliness and tidiness regardless of the role or responsibility you undertake at Beaucare. As a Beaucare representative, you have a responsibility to be neat and clean and wear appropriate clothing for your role. The way you dress affects both your ability to do your work safely and the impressions of customers and visitors to the workplace. Please refer to our Staff Presentation Policy.

Sexual Harassment

Beaucare maintains a working environment free from all forms of sexual harassment or intimidation. Unwelcome sexual advances, request for sexual favours or the display of offensive material, which can create a hostile or offensive work environment and other verbal or physical conduct of a sexual nature are serious violations of our policy and will not be condoned or permitted.

Workplace Harassment & Discrimination

Workplace harassment is defined as:

- Any form of behavior (including comments, jokes, and innuendo) which is unwelcome.
- Unwanted or uninvited and/or repeated behaviour that makes a person feel humiliated, intimidated or offended.

- Harassment can take many forms and may include physical contact, verbal comments, inappropriate communication (including but not limited to email and text messages).

It is the responsibility of all Beaucare employees, volunteers, students and contractors to ensure they do not participate in discriminatory or harassing behaviour within the workplace. Managers are accountable for ensuring professional standards of conduct are observed at all times and are to take immediate preventative action in any situation that has the potential to be construed as harassment. Discriminatory or harassing behaviours are to be treated seriously and immediate action must be taken to deal with complaints.

If you feel that you are being harassed:

- Tell the other person in a direct and firm manner that their behaviour is offensive and unacceptable...tell them to stop. However, telling the person may not be enough to stop the unwelcome behaviour so be prepared to take further action.
- Keep diary notes of all incidents with details of the harassment, dates and times, name(s) of offending party(ies), and any response you made.
- Discuss the situation with your immediate Supervisor/Manager.

In the event that you are dissatisfied with the result of the process, or where the complaint involves your supervisor you have redress to the General Manager.

Beaucare's Confidential Information

During your student placement and after you cease placement at Beaucare you are not able to divulge, any information acquired during your time with Beaucare concerning any of the activities or affairs of Beaucare clients or concerning Beaucare transactions with its clients or any other individuals or bodies. You will be asked to sign a Confidentiality Agreement on your first day of placement at Beaucare.

Incident Reporting

In order to fulfill Beaucare's workplace health and safety objectives, we are committed to ensuring all injuries and incidents that occur are reported promptly and accurately.

Reporting injuries and incidents aids in the initiation of preventative actions to control or limit future incidents, which may endanger the health and safety of your team members and/or clients. It is only reporting every injury and incident that the proper treatment for injuries can be given and appropriate action taken to prevent further incidents occurring. These arrangements also apply to particular illnesses and diseases which may become apparent.

Occupational injuries that require medical treatment other than first aid or that result in loss of time, are required by state and federal laws to be reported by Beaucare. In either of these instances, the facts are to be reported to your Supervisor as soon as possible after the occurrence, and the appropriate report forms completed.

All students must report all work related injuries and incidents, no matter how small.

Personal Protective Equipment

Beaucare will provide personal protective equipment as required. Protective clothing must be worn at all times when the situation requires and/or when instructed by

management or their nominated representative. You must wear appropriate clothing and footwear.

Alcohol and Drug Abuse

The misuse of legitimate drugs, or the use, possession, distribution or sale of illicit or non-prescribed controlled drugs on Beaucare's premises or during working hours is strictly prohibited and will result in disciplinary action, up to and including dismissal. Except at approved functions, no student shall consume, have in their possession, distribute or sell alcoholic beverages or any other mind altering substance on Beaucare premises or during working hours.

Being unfit at work because of use of drugs or alcohol is grounds for instant cessation of placement.

Smoke Free Workplace

Beaucare has an obligation to provide a safe working environment and protect the health of clients, volunteers, students, staff and others and to maintain the highest possible health and safety conditions; it is against the law to smoke on the organisations premises at any time while at work.

Smoking is expressly forbidden in all buildings and vehicles.

Smoking is only permitted during normal designed meal breaks and rest pauses and must take place in an appropriate area away from the sight of others.

This procedure applies to all volunteers, staff, clients, contractors and visitors and within all areas of the workplace.

Housekeeping and Cleanliness

An indication of an efficient team is the condition and appearance of their work area. Orderliness in your work area reduces accidents, assists others who may need to access your work area, improves health conditions, reduces fire hazards, adds to the efficiency of our work and improves the quality of our service. As a student you are expected to help by placing rubbish in the containers provided and by applying a few simple rules of tidiness. It is the responsibility of all of us to help keep Beaucare clean and healthy.

Beaucare students operate under a strict Food Safety regime which is legislated by the Commonwealth for services supporting the frail and aged. Transfer of bacteria from any source is a major concern. Any cuts, abrasions or sores must be covered at all times, preferably with a brightly coloured waterproof plaster if you are preparing any food items.

Care and Maintenance of Beaucare's Assets

Your cooperation in the care and use of our equipment is necessary to maintain it in good operating condition. You should use items only for the purpose intended and as instructed by your Manager/Supervisor. If any of our equipment is defective or not in safe working order, please notify your supervisor so that a repair or replacement can be made. Defective equipment should not be used until it is properly repaired or replaced. Your safety is very important to us.

Use of Computers

Computers/electronics (IT) resources are provided for the purpose of conducting authorised business. Personal use of computers during break times is allowed but access of inappropriate material through any Beaucare IT medium is strictly prohibited.

You need to be aware that Beaucare's policies on sexual harassment and workplace harassment apply to the transmission of any offensive material through e-mail or other electronic means.

Telephone Usage and Courtesy

All telephones in the organisation have been installed for the purpose of carrying on and conducting our business. Private use is expected to be kept to emergency situations.

The use of mobile phones is strictly forbidden by drivers of any Beaucare vehicle, whilst the vehicle is in motion.

Personal Mobile Telephones

Personal calls and texts should be limited to break times unless it is an emergency situation.

The organisation discourages the use of personal mobile telephones during placement periods; however, it recognises that from time to time it may be necessary for students to be contacted while they are at Beaucare.

In the interests of our clients, other students, volunteers and staff before the commencement of duties, students should turn their phones to discreet mode and secure them.

Beaucare Vehicles

Students must have a valid and appropriate licence to drive a Beaucare vehicle. There may be other requirements according to your program guidelines.

Parking and traffic infringement fines are the responsibility of the driver, not the employer. Privately owned vehicles being used for Beaucare business must be roadworthy in respect to the relevant traffic act, and must carry comprehensive insurance.

Beaucare will not be held liable for any costs of repair to damage sustained to private motor vehicles.

Unacceptable Behaviour and Serious Misconduct

Any student whose behaviour is unsafe or does not respect other people and property within the Beaucare workplace will be subject to action, up to and including termination.

Such incidents may include but are not limited to:

- Using obscene, inappropriate or harsh language or gestures.

- Threatening, intimidating or coercing clients, volunteers, students or employees while on duty or, while off duty if the conduct bears a relationship to employment.
- Alcohol or drug intoxication while at Beaucare.
- Failure to obey a lawful instruction/s.
- Failure to observe safety rules.
- Inappropriate driving of motor vehicles.
- Inappropriate use of safety equipment.
- Repeated lateness or absenteeism without just cause.

Any incidents of theft, assault, fraud or other serious misconduct is in violation of your student placement terms and will be subject to disciplinary action up to and including termination.

Complaint Procedures

When you perceive things going wrong, or when you have a question or a problem, you can expect to receive fair and objective consideration and answers without reprisal in an attempt to resolve your specific concern. This includes questions or problems concerning safety, compensation, fair treatment, supervision, discipline, policies and practices or working conditions.

If you feel you have a justified grievance, you can formalise it in writing and forward it to your immediate Supervisor/Manager. It will be of assistance to us in investigating the complaint if you are able to outline specific instances, dates, what was said or done, and witness in the written complaint. If you are uncomfortable in approaching your immediate supervisor, you may pass your written complaint to the General Manager.

The preferred Beaucare procedure for seeking a solution to your issue is as follows:

- a) If you are comfortable, approach the person with whom you have the issue and discuss it in a calm and professional manner.
- b) If your concern cannot be resolved, take it to the next level of either your or their supervisor.
- c) If you are not satisfied with the response and decisions made by your or their supervisor, you should raise the issue with the General Manager.
- d) If you are not satisfied with the response of your General Manager, or the Board, you may take your complaint to an outside source.

Please remember that the purpose of this complaint procedure is to give you and Beaucare an opportunity to clear up problems or misunderstandings of any kind. It is a formal way of assuring you proper treatment.

The complaint procedure is not intended for use by a student after he/she has terminated placement.

Disciplinary Procedures

It is our belief that the highest type of discipline is that which originates within you, the individual student. Self-discipline in the employee group is the organisation's goal; however, for those occasional instances where self-discipline and mutual cooperation do not prevail, Supervisors/Management will take corrective actions, subject to the student's right of appeal.

Termination of Placement by Student

Should you wish to withdraw from your placement you are requested to give Beaucare as much notice as possible.

Termination by Beaucare: Misconduct

Misconduct will include breaches of Beaucare's policies and work instructions. Examples of misconduct can include:

- Theft of property or funds from Beaucare
- Willful damage to Beaucare property
- Intoxication whilst on Beaucare premises during work hours
- Verbal or physical harassment of others
- Disclosure of any confidential information regarding Beaucare clients, volunteers, employees, students or staff
- Falsification of any Beaucare records for personal gain
- Being convicted of a criminal offence
- Unwillingness and/or inability to support and further the mission of Beaucare and it's programs

Termination of a student placement arrangement will only take place in the most serious of circumstances

Presentations and Gifts

It can be expected that students will from time to time receive presentations and gifts in recognition of their service. When these gifts are provided by clients, the Program Manager must be advised and a decision will be made with regard to the appropriateness of the gift.

Any hand-made articles or garden produce are exempt from this expectation.

STUDENT INDUCTION CHECK LIST

Name of Student

Commencement date:

Volunteer Coordinator Induction**Forms**

- Organisation – Beaucare Programs and contact list
- Program area structure
- Code of Conduct (Accepted & Signed)
- Internal Procedures
- Declaration of Conflict of Interest
- Emergency contact details (this is on Student Details form)
- Copy of blue card or application submitted/...../.....
- Copy of qualifications –if relevant
- Certified copy of first aid/CPR certificate (optional)

Organisational Practice Guidelines

- Organisational policies and procedures including anti-discrimination and bullying and harassment, grievance policies
- Student Handbook
- Service Delivery Handbook
- Complaints and Feedback

Program Induction**Venue specific**

- Housekeeping - Coffee, kitchen etc
- Working Needs - Diary, Stationery items,

Workplace Health and Safety

- Workplace Health & Safety Handbook
- Instruction in safe work practice
- Correct lifting techniques
- Duty of care including incident and hazard reporting
- Leaving the workplace and signing out
- Fire Safety and emergency procedures
- Workplace Health and Safety Officer / Representatives
- Risk Management processes
- First Aid Kits
- Vehicle Accident Procedure

Daily Operations/ Practices

- Professional development/ Training
- Use of vehicles, internet, phones, office equipment (shredder and photocopier)
- Internal and external communication protocols

Service delivery

- Food Safety Manual (optional)
- Home & Community Care Service Delivery Guidelines

Induction Program – Confirmation

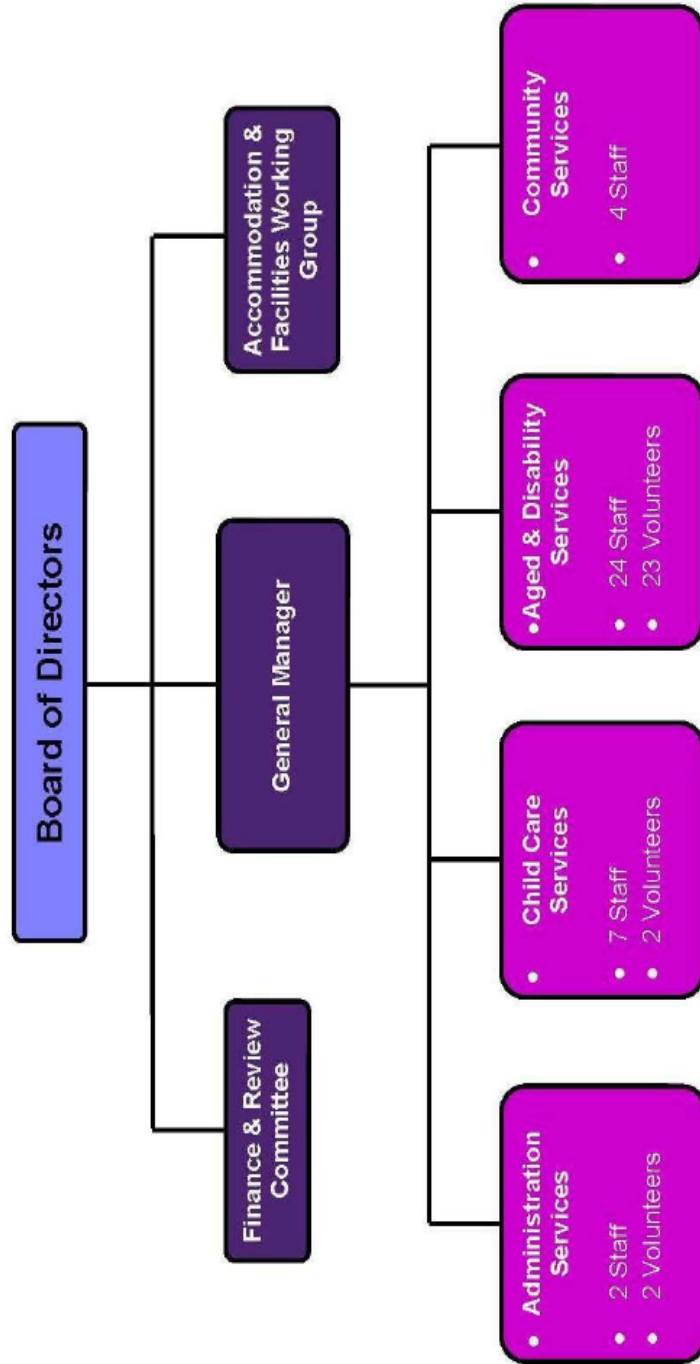
I,, confirm that I have completed formal induction process

and have understood the information provided to me.

I accept my personal responsibility to abide by the policies, procedures and practices of the organisation.

_____ Date ____/____/____

Organisational Chart



PHR.0005 Staff, Volunteer & Student Induction Policy

Policy Number: PHR.0005		Authorised by: GM	
Date last reviewed: Feb 2016	Reviewed by: GM	Date of next review: Feb 2017	

HSQS	6.1, 6.3, 6.4, 6.5
Home Care	1.7,
Early Childhood	7.1.2, 7.1.4, 7.1.5, 7.2.2, 7.2.3

Purpose

To define the Induction process for employees, volunteers and students of Beaucare.

Scope of policy

This policy is applicable to all employees, as well as volunteers and students on placement.

Policy Principles

Induction of new members of the service teams will enable them to understand the internal culture and operational priorities of Beaucare and to orient themselves to their new role.

Policy

This policy establishes a framework for ensuring all Beaucare employees, volunteers and students have clarification regarding their roles and responsibilities and are made aware of the key functions and strategic priorities of the agency, and of our internal quality control processes.

All new employees, volunteers and students of Beaucare will undertake an induction and complete an *Induction Checklist* as verification of completion.

Roles & Responsibilities

❖ General Manager

The General Manager has a responsibility to:

- Review and update this policy and associated procedures annually; and
- Ensure its distribution, use and understanding within the organisation.

❖ Managers

Managers have a responsibility to:

- Personally welcome all new staff members, volunteers and students to their team;
- Ensure completion of the Induction and Checklist;
- File the completed Induction Checklist in the employee, volunteer or student file.

Relevant Legislation

[Fair Work Act 2009](#)

[Industrial Relations Act 1999](#) and [Regulations 2011](#)

[Workplace Health and Safety Act 2011](#)

Human Services Standards

Standard 1 Governance and Management – Indicator 4 and 7

Standard 3 Responding to Individual Need – Indicator 1, 2 and 5

Standard 4 Safety, Wellbeing & Rights – Indicator 2, 4

Standard 5 Feedback, Complaints and Appeals – Indicator 1

Standard 6 Human Resources – Indicator 1, 3 and 5

Associated Policies

All Beaucare Policies

Staff Induction Checklist



PHR.0006 Staff & Volunteer Disputes & Grievances Policy

Policy Number: PHR.0006		Authorised by: GM
Date last reviewed: Feb 2016	Reviewed by: GM	Date of next review: Feb 2017

HSQS	6.1, 6.3, 6.4, 6.5,
Home Care	1.7, 3.1, 3.3
Early Childhood	7.3.4, 7.3.5

Purpose

In line with Beaucare’s mission and values, we aim to develop a supportive workplace where understanding, respect and tolerance of different opinions and views is respected. It is recognised however that situations may develop where staff and/or volunteers require support to assess, manage and resolve workplace tension and conflict.

Scope of policy

All staff, students and volunteers.

Policy Principles

- All staff, students and volunteers have the right to work in a safe working environment and to be treated with dignity and respect;
- All staff, students and volunteers have a right to use the Work Instructions aligned to this policy if they believe that they have a legitimate grievance that needs to be dealt with formally.

Policy

Beaucare fosters good relationships between staff, volunteers, students and management. Disputes and grievances should be addressed within Beaucare in a timely and confidential manner.

Roles & Responsibilities

❖ General Manager

The General Manager has a responsibility to ensure that all internal grievances and disputes are managed in a timely and confidential manner according to the work instructions.

❖ Managers

Managers have a responsibility to ensure that all staff, volunteers and students are aware of the appropriate course of action when formalising a dispute or grievance.

❖ Staff, Students and Volunteers

All have a responsibility to manage all disputes and grievances in a respectful and confidential manner by following the appropriate Work Instructions.

Relevant Legislation

[Fair Work Act 2009](#)

[Industrial Relations Act 1999](#) and [Regulations 2011](#)

[Workplace Health and Safety Act 2011](#)

Human Services Standards

Standard 1 Governance and Management – Indicator 4 and 7

Standard 3 Responding to Individual Need – Indicator 1, 2 and 5

Standard 4 Safety, Wellbeing & Rights – Indicator 2, 4

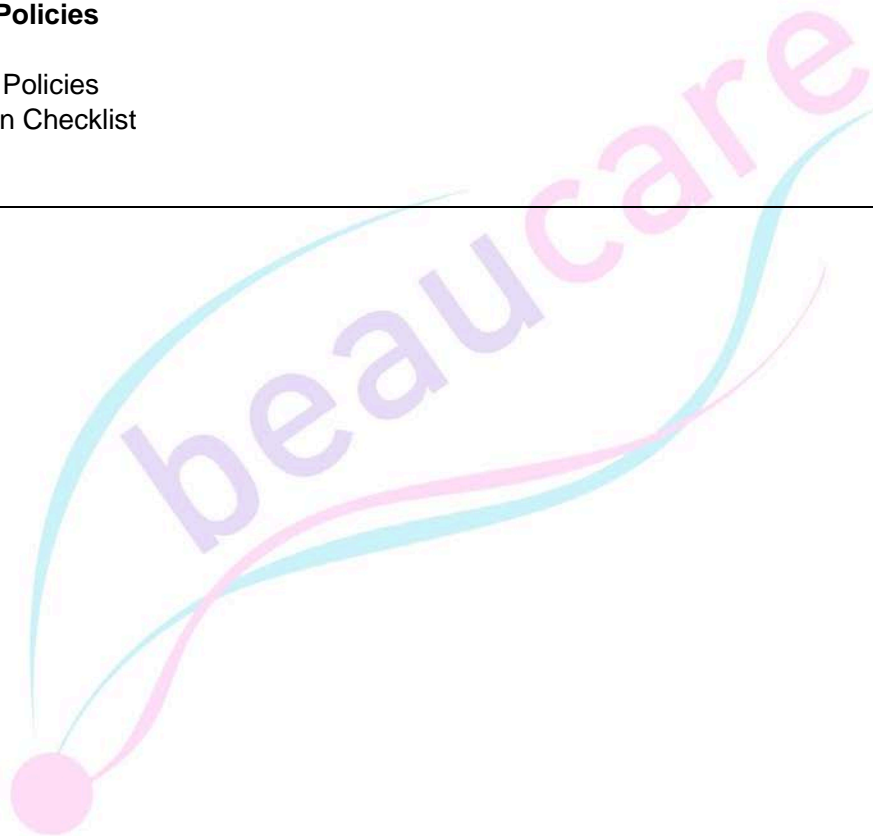
Standard 5 Feedback, Complaints and Appeals – Indicator 1

Standard 6 Human Resources – Indicator 1, 3 and 5

Associated Policies

All Beaucare Policies

Staff Induction Checklist



PHR.0007 Supervision Policy

Policy Number: PHR.0007		Authorised by: GM
Date last reviewed: Feb 2016	Reviewed by: GM	Date of next review: Feb 2017

HSQS	6.4 Human Resources
Home Care	1.7 Human Resource Management
Early Childhood	

Purpose

In line with Beaucare’s mission and values, we aim to develop a supportive workplace where understanding, respect and tolerance of different working frameworks is respected and promoted to ensure the best quality service provision for our clients.

Scope of Policy

All staff, students, volunteers and supervisors.

Policy Principles

All staff, students and volunteers have the right to work in a supported and supervised working environment and to be treated with dignity and respect.

Policy

Beaucare is committed to ensuring that all staff, students and volunteers receive appropriate line supervision to support them to maintain high levels of human service practice and to manage stress, workload, communication and relationship dynamics.

Roles & Responsibilities

❖ General Manager

The General Manager has a responsibility to ensure that all staff, volunteers and students are provided with appropriate and timely supervision.

❖ Managers

Managers have a responsibility to ensure that all staff, volunteers and students working in their program areas are supervised appropriately.

❖ Staff, Students and Volunteers

All have a commitment to attending supervision and contributing in a respectful and meaningful way.

Relevant Legislation

[Fair Work Act 2009](#)
[Industrial Relations Act 1999](#) and [Regulations 2011](#)
[Workplace Health and Safety Act 2011](#)



Appendix C: Conflict of Interest



PG.0003 Conflict of Interest Policy

Policy number PG.0003		Authorised by: Board	
Date last reviewed: Feb 2015	Reviewed by: Board	Date of next review: Feb 2016	

This policy relates to Governance and Management	
Human Services Quality Framework	Standard 3
National Quality Standards Early Childhood Education & Care	7.1.1, 7.3.5
HCS	1.1

Purpose

To identify and address potential conflicts of interest in decision making processes

Scope of Policy

This policy is applicable to staff, students and volunteers, clients and their family, contractors and the members of the Board

Definition

A conflict of interest is a situation that has the potential to undermine the impartiality of a person because of the possibility of a clash between the person's self-interest and professional interest or public interest, which would see them place this interest before the best interest of the organisation. This may include conflicts that could result in financial, professional, personal or commercial gains, or via relationships, in which the Beaucare member is too personally connected to the person to be part of a decision that affects them.

Policy Principles

Upon election to the Board or employment by Beaucare, we accept a position of trust and express a commitment to the mission and values of the organisation. Acceptance of nomination as a Board Member of Beaucare has behavioural obligations for Board Members, as does the acceptance of employment obliging us to serve the interests of Beaucare with clarity of intent and with transparency and openness in all transactions.

Policy

It is the policy of Beaucare to ensure all Board members and staff are made aware of their responsibility to declare any existing or potential conflict of interest between their role on the Board or employment by Beaucare, and their personal or professional interests

Roles & Responsibilities

❖ President

Ensure that any registered conflicts of interest are considered during Board meetings, and procedures are followed when a conflict of interest is disclosed.

❖ Secretary

The secretary will register any Board Conflict of Interests and maintain the 'Declared Conflict of Interest Register.

❖ **Board Members**

All board members have a responsibility to report and declare a conflict of interest and to excuse themselves from any discussion or decision that has the potential to be influenced by the conflict.

❖ **General Manager (GM)**

The General Manager will maintain the Conflict of Interest Register for staff and ensure training is provided to staff to identify and report Conflict of Interests.

❖ **Staff**

All staff have a responsibility to declare a Conflict of Interest as It arises and update this annually or as circumstances change.

Associated Beaucare Policies and Documents

PG.0004 Governance Role
PG.0005 Governance Responsibility
PG.0006 Board Induction
PG.0010 Fraud & Corruption Control
PG.0011 Whistleblower Protection Policy
Form FG001. Code of Conduct
Form FG002. Conflict of Interest Declaration

WIG.0001 Conflict of Interest Work Instructions

Instruction number: WIG.0001		Authorised by: Board	
Date last reviewed: Feb 2015	Reviewed by: Board	Date of next review: Feb 2016	

This policy relates to Governance and Management	
Human Services Quality Framework	Standard 1,
National Quality Standards Early Childhood Education & Care	QA 7.1.1

Purpose

To identify and address potential conflicts of interest in decision making processes.

Scope of work instruction

This policy is applicable to staff and volunteers, clients and their family, contractors and the members of the Board.

Definition

A conflict of interest is a situation that has the potential to undermine the impartiality of a person because of the possibility of a clash between the person's self-interest and professional interest or public interest, which would see them place this interest before the best interest of the organisation. This may include conflicts that could result in financial, professional, personal or commercial gains, or via relationships, in which the Beaucare member is too personally connected to the person to be part of a decision that affects them.

Conflicts of Interest occur regularly, and require proper management. Conflicts of Interest should be declared and steps taken to reduce the impact of the conflict.

Procedure

Board members and staff have a responsibility to declare their own conflicts of interest by completing the Conflict of Interest Declaration.

Board members and staff may indicate that another Board member or staff are in a potential conflict of interest situation.

Board Conflict of Interest

Board members and staff in a conflict of interest situation will:

- Disclose the general nature of the conflict or potential conflict prior to any discussion of the matter;
- Not participate in any discussion or questioning relating to the matter;
- Abstain from voting relating to the matter;

- Leave the room in which the meeting is being held until the discussion and voting on the matter are concluded.
- If the Board member/staff member arrives late to the discussion of which the Board member/staff member has a conflict of interest, they must immediately disclose the general nature of their interest in the matter and leave the room.

Following the declaration of a conflict of interest by a Board member/staff member, all debate and action shall cease until the Board member/staff member has left the room. The minutes of the meeting shall contain:

- The person's name;
- The person's declaration;
- The person's abstention from the debate and vote; and
- A statement that the Board member/staff member has left the room prior to debate and vote.
- Board members are not required to leave the room if funds have been previously committed or a decision has been made, unless the discussion is likely to have implications for confidentiality or bias.

Staff Conflict of Interest

Staff are to notify their line manager if a conflict of interest presents itself in the line of their work. A management plan for the conflict is to be developed and documented on the Conflict of Interest Declaration for inclusion on the Conflict of Interest Register.

Associated Beaucare policies and documents

PG.0003 Conflict of Interest Policy
PG.0004 Governance Role
PG.0005 Governance Responsibility
PG. 0006 Board Induction
PG. 0007Fraud & Corruption Control
PG. 0008 Whistleblower Protection Policy
Form FG001. Code of Conduct
Form FG002. Conflict of Interest Declaration



Appendix D: Privacy and Communication



PIS.0001 Privacy Policy

Policy number: PIS.0001		Authorised by: GM
Date last reviewed: Jan 2016	Reviewed by: GM	Date of next review: Jan 2017

Home Care	3.2,
HSQS	1.3, 1.7
Early Childhood	7.1.1, 7.3.1,

Purpose

Beaucare is committed to protecting and upholding the right to privacy of clients, staff, volunteers, students and members of the Board and representatives of agencies we deal with. In particular, Beaucare is committed to protecting and upholding the rights of our clients to privacy in the way we collect, store and use information about them, their needs and the services we provide to them.

Scope of Policy

This policy will apply to all records, whether hard copy or electronic, containing personal information about individuals, and to interviews or discussions of a sensitive personal nature.

Policy Principles

Beaucare requires staff, volunteers, students and members of the Beaucare Board to be consistent and careful in the way they manage what is written and said about individuals and how they decide who can see or hear this information.

Beaucare will ensure that it meets its legal and ethical obligations as an employer and service provider in protecting the privacy of clients, staff, volunteers, students and Beaucare Board members. Beaucare will comply with all applicable privacy laws and regulations. Beaucare will ensure that clients are provided with information about their rights regarding privacy.

Beaucare will ensure that clients and organisational personnel are provided with privacy when they are being interviewed or discussing matters of a personal or sensitive nature. All staff, volunteers, students and members of the Beaucare Board understand what is required in meeting these obligations.

Policy

Beaucare shall collect, hold and use personal data about an individual only as permitted or required by applicable laws and in accordance with the following:

- Beaucare will provide timely and appropriate notice to individuals about our data processing practice;
- Beaucare will collect, hold and use personal data only with the individual's consent;
- Beaucare will collect, hold and use personal data only for specific, legitimate business purposes and in a manner consistent with the purposes for which it was collected;

- Beaucare will not disclose or use personal data with third parties unless permission has been gained from the client or to withhold the information would create a risk or harm to the client or others;
- A request for information will be refused if the request is not made by the client or an authorised representative;
- A request for information may be refused if the request will breach the privacy of a third party or the information is part of an ongoing legal case.

Roles & Responsibilities

All staff are responsible for the management of personal information to which they have access, and in the conduct of research, consultation or advocacy work.

The Beaucare General Manager is responsible for the content in any Beaucare newsletters, publications, communications, Facebook and website and must ensure the following prior to publication:

- Appropriate consent is obtained for the inclusion of any personal information about any individual including Beaucare staff, volunteers, students and Board members;
- Information being provided by other agencies or external individuals conforms to privacy principles.

Human Services Standards

Standard 1 Governance and Management – Indicator 3 Access & Equity
Standard 1 Governance and Management – Indicator 4 Continuous Improvement

PIS.0002 Communication Protocol Policy

Policy number: PIS.0002		Authorised by: GM
Date last reviewed: Jan 2016	Reviewed by: GM	Date of next review: Jan 2017

HSQS	1.7, 2.2,
Home Care	1.3
Early Childhood	7.3, 7.3.2

Purpose

Solid communication systems assist Beaucare to enable the exchange of effective, efficient and timely information.

Scope of Policy

This policy will apply to all external and internal communication processes at Beaucare.

Policy Principles

Beaucare requires staff, volunteers, students and members of the Beaucare Board to be respectful, consistent, timely and careful in the way they manage what is written and said about individuals and agencies.

Every organisation has its own cultural communication protocols which are built historically and through managed processes.

All staff, volunteers, students and members of the Beaucare Board understand what is required in meeting these obligations.

Policy

Beaucare shall communicate with clients, community members, funding bodies, other agencies and educational facilities using the following protocols:

Internal Communication

Use the following methods for formal communication:

- Email (whenever possible to save time and to provide a written record of the exchange);
- Telephone calls;
- Meetings – to inform and discuss issues and make decisions. All program and management meetings require an Agenda and Minutes.

External Communication

Use the following communication methods:

- Email (from the supplied Beaucare email facility);

- Telephone calls (any formal decisions made should be followed up in a written format);
- Fax (where time is an issue and email is not appropriate);
- Letters (to formally communicate information when time is not an issue).

Responding to Communication

Generally, it is expected that the communication response will be in the same format as the original communication.

Timeframes

Responses in the following time frame when possible:

- Email – within 8 working hours (same day whenever possible);
- Telephone calls – within 8 working hours (same day whenever possible);
- Fax – within 8 hours (unless providing detailed information or client files);
- Letters – within 3 working days of receipt or as requested.

Communication Formats

Use the Beaucare Style Guide and templates for specific presentation guidelines.

Inclusive Language

- Comply with cultural protocols by using correct titles;
- Use non-sexist and non-racist language by:
 - Avoiding male-dominated terms;
 - Eliminate the unnecessary use of the person's gender;
 - Avoid using pronouns such as 'he' or 'she'

All formal correspondence whether via email, fax or written letter requires sign off by a Manager or General Manager.

Human Services Standards

Standard 1 Governance and Management – Indicator 3 Access & Equity
Standard 1 Governance and Management – Indicator 4 Continuous Improvement

PIS.0003 Information Management Policy

Policy number: PIS.0003		Authorised by: GM	
Date last reviewed: Jan 2016	Reviewed by: GM	Date of next review: Jan 2017	

Home Care	3.2,
HSQS	1.3, 1.7
Early Childhood	7.1.1, 7.3.1,

Purpose

To provide an effective and high-quality service and to maintain appropriate accountability, we rely on documentation which demonstrates regulatory compliance, guides our service delivery and management practices, and records the work we do with service users. Some documentation is generated by us, others such as contracts, come from others. This policy guides our management of information, both paper based and electronic, to meet our accountability and compliance requirements, and ensure efficiency and business continuity.

Scope of Policy

This policy will apply to all records, whether hard copy or electronic.

Policy

Beaucare is committed to maintaining clear and accountable information systems to support and record our management processes and service delivery to clients, and which protect rights of staff and clients with regard to privacy and confidentiality.

All staff, volunteers, students and members of the Beaucare Board understand what is required in meeting these obligations.

Roles & Responsibilities

All staff are responsible for the management of information to which they have access, and in the conduct of research, consultation or advocacy work.

The Beaucare General Manager is responsible for the content in any Beaucare newsletters, publications, communications, Facebook and website and must ensure the following prior to publication:

- Appropriate consent is obtained for the inclusion of any personal information about any individual including Beaucare staff, volunteers, students and Board members;
- Information being provided by other agencies or external individuals conforms to privacy principles.

PIS.0004 Archiving Policy

Policy number: PIS.0004		Authorised by: GM	
Date last reviewed: Mar 2016	Reviewed by: GM	Date of next review: Mar 2017	

HSQS	
Home Care	
Early Childhood	

Purpose

The purpose of this policy is to establish the framework needed for effective records management within Beaucare. This policy provides advice and sets standards for classifying, managing and storing records.

This policy seeks to ensure that Beaucare’s business is adequately documented through the creation of records that are then managed in accordance with best practice.

Scope of Policy

This policy is applicable to all areas of the Beaucare. Staff should be aware that electronic documents have the same status as paper documents. Both electronic and paper documents are bound by the same legislative requirements and are subject to the same degree of confidentiality and care.

Policy

Records should be stored in conditions that are clean and secure, with low risk of damage from fire, water, dampness, mould, insects and rodents. They should also be kept away from direct sunlight and other sources of light and heat. The storage area should be well ventilated. Records in non-paper formats such as photographs, maps or computer disks require specialised storage conditions and handling process that take account of their specific physical and chemical properties.

Privacy is to be maintained by storing all archives in the lockable Archive Room at 44 Tina Street which can only be accessed by authorised staff.

All archiving for the previous financial year July – June is to be completed no later than 30th September of each year.

Records are to be kept for the following periods of time:

Record Type	Period of Retention
Financial Records	7 years from end of financial year
General Administrative Documents	5 years from end of financial year
Business Registers	5 years from date of last entry
Formal company documents (e.g. Statutory Books; Board Minutes; Resolutions)	Indefinitely

Client Records (ADS)	100 years from date of cessation of service
Client Records (Community Services)	10 years from end of financial year with the exception of files pertaining to young people. These files are to be kept until such time as that young person reaches 25 years of age.
Client Records (CCS)	Refer to table below

Document Retention Timeframes for Child Care Services:

Record Type	Period of Retention
Evidence of Current Public Liability Insurance	Available for inspection at service premises or family day care office
Quality Improvement Plan	Current plan to be kept
Child Assessments	Until the end of 3 years after the child’s last attendance
Incident, injury, trauma and illness record	Until the child is 25 years old
Medication Record	Until the end of 3 years after the child’s last attendance
Child Attendance	Until the end of 3 years after the child’s last attendance
Child Enrolment	Until the end of 3 years after the child’s last attendance
Death of a child while being educated and cared for by the service	Until the end of 7 years after the death
Record of service’s compliance history	Until the end of 3 years after the Approved Provider operated the service
Record of responsible person in day-to-day charge including Certified Supervisors placed in day-to-day charge	Until the end of 3 years after the staff member works for the service
Assessment of family day care residences and approved family day care venues	Until the end of 3 years after the record was made
Record of family day care staff (including educators, coordinators and assistants)	Until the end of 3 years after the staff member works for the service
Record of visitors to family day care residence or approved family day care venue	Until the end of 3 years after the record was made

Destruction of records is to be completed under authorisation of the Administration Manager using the following methods:

- Confidential paper records must be sorted and removed from all cardboard/plastic folders and all sticky notes removed. Confidential records must then be placed in the document destruction bins located at the 44 Tina Street office;
- Non-confidential material can be disposed of in the recycling wheelie bin – If staff are uncertain of the status of a record it should be treated as confidential and destroyed as such;

- Files saved on the computer network are to be reviewed annually and any superseded or unused files sorted into a folder for deletion upon approval of the Administration Manager/General Manager;
- Destruction of magnetic media – Records held on media such as rewritable disks must be destroyed by cutting, crushing or other physical means.

Roles & Responsibilities

Archiving is overseen and managed by the Administration Manager. Maintenance of the archives is completed by the Administration Team under the direction of the manager.



WIIS.0001 Privacy Work Instructions

Instruction number: WIIS.0001		Authorised by: GM	
Date last reviewed: Dec 2015	Reviewed by: GM	Date of next review: Dec 2016	

This policy relates to Information Systems	
Human Services Quality Framework	3.2
Home Care	1.3, 1.7
National Quality Standards Early Childhood Education & Care	7.1.1, 7.3.1

Purpose

Beaucare is committed to protecting and upholding the right to privacy of clients, staff, volunteers, students and members of the Board and representatives of agencies we deal with. In particular, Beaucare is committed to protecting and upholding the rights of our clients to privacy in the way we collect, store and use information about them, their needs and the services we provide to them.

Scope of Work Instruction

These instructions will apply to all records, whether hard copy or electronic, containing personal information about individuals, and to interviews or discussions of a sensitive personal nature.

These instructions apply to staff, volunteers, students, members of the Board, researchers and contractors working with Beaucare.

Work Instructions

In dealing with personal information Beaucare staff will:

- Ensure privacy for clients, staff, volunteers, students or members of the Beaucare Board when they are being interviewed or discussing matters of a personal or sensitive nature;
- Only collect and store personal information that is necessary for the functioning of the organisation and its activities;
- Use fair and lawful ways to collect personal information;
- Collect personal information only by consent of the individual;
- Ensure that people know what sort of personal information is held, what purposes it is held for and how it is collected, used, disclosed and who will have access to it;
- Ensure that personal information collected or disclosed is accurate, complete and up-to-date, and provide access to any individual to review information or correct wrong information about themselves;
- Take reasonable steps to protect all personal information from misuse and loss and from unauthorised access, modification or disclosure;

- Destroy or permanently de-identify personal information no longer needed and/or after legal requirements for retaining documents has expired.

Roles & Responsibilities

❖ General Manager

- The Beaucare General Manager is ultimately responsible for ensuring that the personal information of individual clients across all Beaucare services and programs is safeguarded appropriately and that all client records are maintained in accordance with all relevant standards, principles and legislation;
- The Beaucare General Manager and Administration Manager are responsible for safeguarding personal information relating to Beaucare staff, volunteers, students and members of the Beaucare Board;
- The Beaucare General Manager or their delegate will be responsible for:
 - Ensuring that all staff are familiar with the Privacy Policy and administrative procedures for handling personal information;
 - Ensuring that clients and other relevant individuals are provided with information about their privacy rights;
 - Handling any queries or complaint about a privacy issue.

❖ Administration Manager

The Beaucare General Manager and Administration Manager are responsible for safeguarding personal information relating to Beaucare staff, volunteers, students and members of the Beaucare Board.

❖ Beaucare ADS and CCS Managers

Beaucare “Aged and Disability Services” (ADS) and “Child Care Services” (CCS) Managers are responsible for safeguarding any personal information held regarding their individual service clients, service volunteers and where relevant and appropriate service contractors.

❖ Staff

All staff are responsible for the management of personal information to which they have access, and in the conduct of their work.

Associated Beaucare policies and documents

PG.0003 Conflict of Interest Policy
PG.0004 Governance Role
PG.0005 Governance Responsibility
PG.0006 Board Induction
PG.0007 Fraud & Corruption Control
PG.0008 Whistleblower Protection Policy
Form FG001. Code of Conduct
Form FG002. Conflict of Interest Declaration



WIIS.0022 Data Collection & Analysis Work Instructions

Instruction number: WIIS.0022		Authorised by: GM
Date last reviewed: Dec 2015	Reviewed by: GM	Date of next review: Dec 2015

This policy relates to Information Systems	
Human Services Quality Framework	Human Services Standards <ul style="list-style-type: none"> ▪ Standard 1 Governance and Management – Indicator 3, 5, 6 ▪ Standard 3 Responding to Individual Need – Indicator 4, 5 ▪ Standard 4 Safety, Wellbeing and Rights – Indicator 2 ▪ Standard 5 Feedback Complaints and Appeals – Indicator 2, 3, 4
National Quality Standards Early Childhood Education & Care	

Purpose

Dual principles drive our data collection, collation and analysis processes:

- Firstly, to identify “what works well?” and to thereby strengthen our evidence-based practices with demonstrable results; and
- Secondly, to identify “what doesn’t work?” and to seek opportunities for improvement in our systems and processes.

Scope of Work Instruction

This policy is applicable to all operations and at all levels within Beaucare, including staff and volunteers, contractors, management and Board members.

Work Instructions

The purpose of this policy is to establish a framework for the targeted collection and analysis of a range of information sources that enable demonstration of results, in order to contribute to a continuously strengthening evidence-base both internally and externally across the community services industry.

The Strategic Focus

Data collection is a time-consuming process for staff which historically has been, in some instances, of limited value. It is the policy of Beaucare that only meaningful, purposive data will be collected, and it will be collated and analysed to inform decision-making and ongoing planning. Through data collection and analysis, we aim to build a strong evidence base to support better practice approaches.

We accept as a fundamental quality management principle the need to have integrated systems for quality planning, quality control and quality improvement that operate in a continuing cycle. Our

data collection and analysis processes are designed to feed into these systems to drive practice improvement.

Data Collection and Collation

Data collection and collation activities are focused on gathering relevant information from our internal and external environments. Our targets are the following four primary information sources.

Statistical Data of Service Users

Each Program Manager is responsible for maintaining statistical data collections of service user characteristics, occasions of service and categories of service types delivered. The data is to be collected and collated on a monthly basis, and reported quarterly to relevant funding bodies in accordance with their respective Service Agreements.

Statistical data collections from service delivery activities also include epidemiological, population health data from clinical services, and community health promotion activities and outcome data from primary health care practitioners. The statistics provide aggregated data only, with no identifying information.

Website Monitoring Data

The Network Administrator, in close collaboration with the CEO, is responsible for collecting and collating data from log files, which record details of all website transactions.

This data enables quantification of the numbers and frequency of visitors to each section of the website, and the regional area from which access is gained. It is to be collected and collated monthly, and reported to the Committee of Management through the CEO's monthly reports.

The information collated from log files of website transactions provides aggregated data only, and contains no identifying information.

Industry Data

All employees of Beaucare are encouraged to use the internet to keep up-to-date with relevant research studies and findings that inform practice improvements across the community services industry. Each employee is responsible for reporting any identified industry changes of significance, or industry issues and concerns, to their team meetings.

The Administration Officer is responsible for collecting, collating and distributing other external industry data, including professional journals, research reports and newsletters from industry peak bodies, and drawing the attention of the CEO to issues of particular relevance.

All approved training and conference requests come with an obligation to share their learning across the organisation, through a planned strategy agreed with their supervisor.
(Refer to the Beaucare *Training/Conference and Travel Request*).

In addition to sharing the knowledge gained from Keynote Speakers and other conference presenters, Beaucare-sponsored delegates to national and state industry conferences have a responsibility to collect conference papers whenever possible, and deposit them in the Beaucare resource library to be accessed by all employees.

Quality Monitoring Data

The Beaucare internal auditing and quality monitoring processes are designed to control our quality management system to ensure that planned results for all divisions and functions are consistently achieved. The annual internal auditing schedule is documented in the Quality Monitoring and Auditing Schedule, and identifies the frequency of each audit; the system/process being audited; the tool/record to be used; the person/group responsible; and the form in which findings/results are to be reported.

Our quality management system registers have been configured to flag any due dates for compliance monitoring, the month prior to the required activity. The CEO is responsible for monitoring and reporting compliance requirements identified through the registers.

The Quality Committee under the leadership of the CEO is responsible for delegating internal auditing tasks to team members. The delegated team member is responsible for gathering the data from the audit, collating the results, and documenting the findings in an Audit Report, which is presented to the Quality Committee for analysis and decision-making.

Quality monitoring processes include results of surveys and feedback from clients, stakeholders and staff, to inform continuous improvement plans.

Data Analysis

Statistical Data of Service Users

Service user statistics are to be analysed by Program Managers to identify patterns relating to changes in population demographics within our client base, and to assess the proportionate representation of special needs groups within our client population against the broader community demographics. From this data Program Managers can identify potential barriers to ensure non-discriminatory access for all.

The analysis will also enable monitoring of changing incidence of disease and health status, and local priorities for health. From service user statistics, Program Managers are able to track changes in service demand over time, for example, increased numbers of referrals for people with dementia.

Analysis of statistical data of service users provides the information needed for ongoing planning, to ensure our services remain responsive to changing demands and accessible to all those with special needs.

Website Monitoring Data

Analysis of the log files of website transactions by the Network Administrator will determine the extent to which site user's access different parts of the website. This ongoing monitoring of user demand and preferences will provide a clear indication of community needs and information priorities, and is a valuable tool for analysing changing community need.

The analysis of information from log files is also an essential part of our quality control system, enabling the Network Administrator to investigate suspected breaches of the Beaucare "Standard Conditions of Use". For example, where the website has been vandalised or material posted under another person's name without their consent, log files can be accessed to investigate the source and take corrective action. Log file data will also be used to investigate technical issues related to the performance of the website, such as a poorly behaving web spider that places excessive load on the website.

From evaluation and analysis of website log files, Beaucare can work to constantly improve the website and its content relevance for users.

Industry Data

The analysis of changing industry trends and “better practice” approaches is the joint responsibility of the CEO and all members of the management team. Issues of major significance will be discussed and analysed at the Quality Committee meetings, with any planned response strategies being reported to the monthly Committee of Management meetings for endorsement.

Where a planned practice improvement is to be implemented or trialled, it is to be recorded in the *Quality Improvement Register* and its effectiveness evaluated prior to granting final approval for the new practice method.

The analysis of industry data is aimed at strengthening evidence-based practice approaches.

Quality Monitoring Data

All completed internal audits, checklists, surveys, and competency assessments are to be reported to the Quality Committee using a structured Audit Report format which details any identified issues or systemic weaknesses, as well as recommended corrective or preventive actions or planned improvements.

Feedback from clients, staff and stakeholders through survey responses, feedback forms and continuous improvement requests will be analysed to assess satisfaction levels for all customer groups. Analysis of quality monitoring data provides the information needed to guide continuous process improvement.

Plans to correct non-conforming practices or compliance issues (e.g. through provision of staff training) are to be documented in the Continuous Improvement Register, and recorded in the minutes of the Quality Committee meeting. All quality control records are traceable through the Records Register.

The analysis of quality monitoring data will include that arising from external sources, such as reports from third party auditors, and equipment and/or workplace safety inspections by regulatory authorities. External report findings and recommendations will be examined, analysed and acted upon through the Quality Committee, with decisions recorded in the minutes of meeting.

Communication of Results

Beaucare’s data collection and analysis records will be accessible by all authorised staff. Information on where each record type is stored, and the title of the person responsible for its maintenance and distribution, is held in the *Records Register*.

Records of Statistical Data of Services Users will be reported to relevant funding bodies in accordance with timelines specified in *Service Agreements*. Results from analysis reports may be made available to relevant planning authorities or networks, such as regional Public Health Units or regional service provider planning forums.

Reports from analysis of Website Monitoring Data, Industry Data, and Quality Monitoring Data will be presented to the Committee of Management in the CEO’s monthly reports. The Quality



Committee is responsible for ensuring the results of all data collection and analysis processes are disseminated through staff meetings.

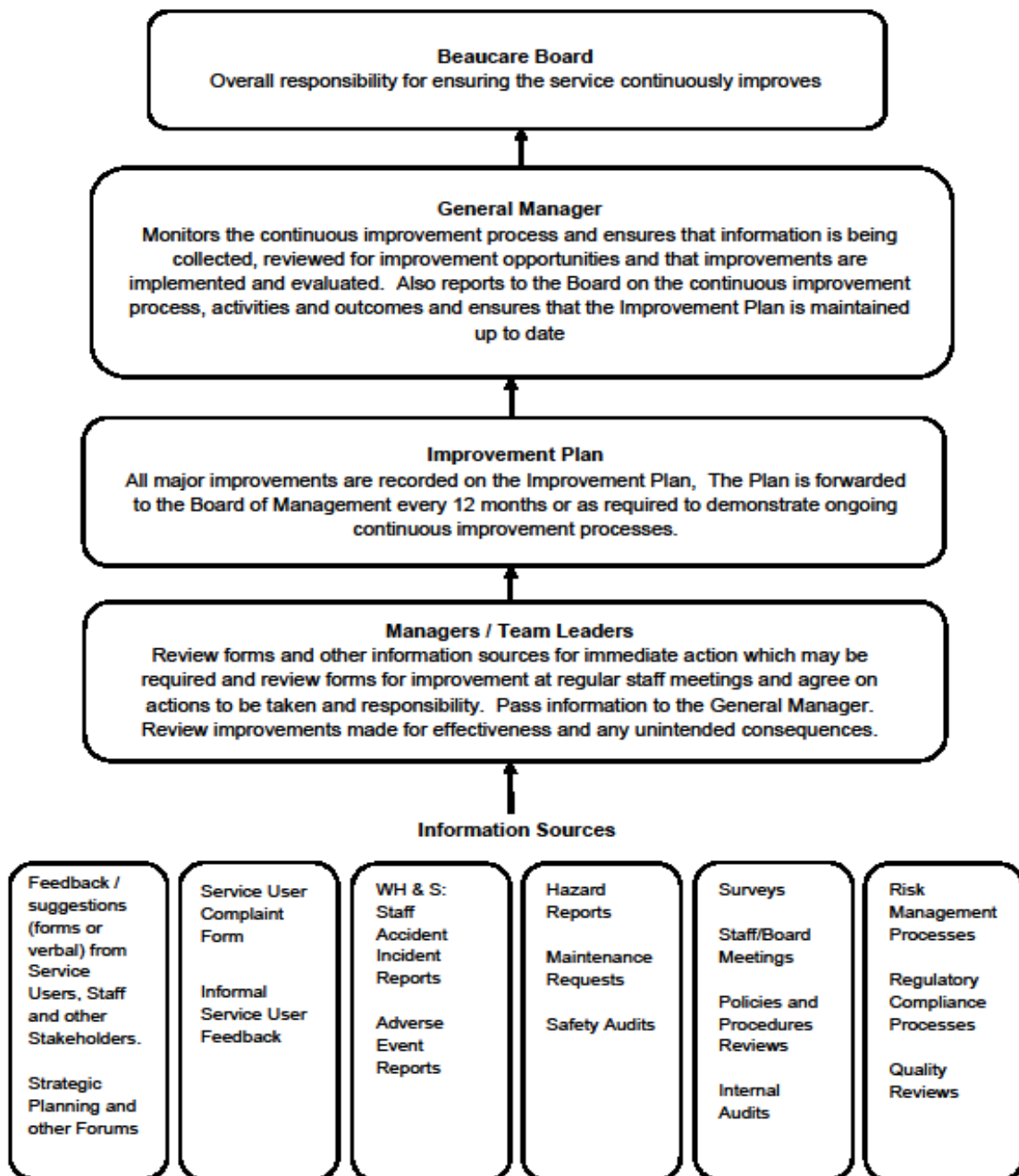
Clients and stakeholders are kept informed of relevant issues arising from our data analysis findings, and of planned service improvements resulting from these investigations, through e-mail group communications, client forums, the Beaucare website updates, and distribution of Beaucare newsletters.



Attachment 3: Continuous Improvement Information Management Process



Continuous Improvement Information Management Process





Appendix E: Marketing, Electronic and Social Media



PIS.0006 Electronic Media Use Policy

Policy number: PIS.0006		Authorised by: GM
Date last reviewed: Mar 2016	Reviewed by: GM	Date of next review: Mar 2017

HSQS	
Home Care	
Early Childhood	

Purpose

To guide the use of electronic media in the day to day operations of Beaucare.

Scope of Policy

This policy is applicable to staff and volunteers, clients and their family, contractors, the Board and members of the public that access Beaucare computers and electronic communication systems.

Definitions

TERM	DEFINITION
Email	Refers to electronic mail conveyed both internally across the organisation and externally with external parties.
Illegal Activities	Are any activities which violate Australian State and Federal laws.
Internet	Is a network of networks, designed to provide universal electronic connection of computers through a world wide web of networks, enabling access to multiple data sources.
Network Administrator	Is the contractor that administers and maintains Beaucare's computer network.
Obscene Activities	Are any violation of generally accepted social standards for use of a publically owned communication carrier.
Spamming	Refers to the sending of large amounts of unsolicited emails.
Virus	Refers to a destructive line of code of computer program which 'infects' computers and causes loss of electronic data or a computer malfunction.

Policy Principles

Whilst we acknowledge that access to electronic information systems is a critical resource for all organisations, it is not without risk. We are committed to ensuring that our electronic media

communications are protected and secure, and that all Beaucare's users are provided with operational guidelines for safe and responsible practices.

Policy

Beaucare supports the implementation of modern communication methods and information resources in all areas of its business and services. Information has a critical role to play in improving the effectiveness of any organisation. It must be arranged in such a way that staff have easy access to the information that they need to efficiently undertake their respective roles.

Information Technology is a crucial tool for coordinating and disseminating information to staff.

Associated Documents

The use of electronic forms of communication are becoming increasingly prevalent and Beaucare has implemented procedures to ensure that communication standards and information sharing protocols are implemented and governed appropriately. The following procedures detail these steps:

6.2.1 Access and Use of Email

Access to computer, internet and email will be provided to office based and senior employees, as their role dictates. Protocols for effective use are outlined.

6.2.2 Electronic Media Use

Electronic resources are useful tools to improve practice and promote services, however strict usage guidelines are required to ensure Beaucare's reputation is damaged.

6.2.3 Central Information Storage

Centralised storage of information allows for access and distribution of Beaucare documents and information.

6.2.4 Electronic Security

Security measures are required to ensure the safety of Beaucare infrastructure.

WIIS.0020 Marketing & Promotions Work Instructions

Instruction number: WIIS.0020		Authorised by: GM	
Date last reviewed: Dec 2015	Reviewed by: GM	Date of next review: Dec 2016	

This policy relates to Information Systems	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	

Purpose

Scope of Work Instruction

Applicable to all staff, volunteers and students.

Work Instructions

Media and Promotions

No employee is permitted to give statements to the press. All media requests for interviews are to be referred to the General Manager and/or the Board.

All advertising materials, for distribution through any public media sources, are to be presented to the General Manager in draft, and approved prior to their distribution.

All media releases for promotion of activities, programs or special events are to be presented to the General Manager for approval, and have the endorsement of the Board, prior to their release. All promotional materials released are to be consistent with, and support our corporate reputation and credibility, and reflect our Code of Conduct.

The factors to be considered in choosing strategies for promotion of special events or activities are to include the target market, the likely reach of the preferred strategy, timing and cost. Expenses, including those for printing or publications, must fall within the allocated project budget in order to gain approval.

Promotional strategies that have minimal impact on our carbon footprint such as e-mail group communications, use of the Beaucare website or social networking sites, and promotion through community announcements in the electronic media (radio and television), are to be given primary consideration in promotion planning.

Promotional materials (flyers, news-sheets or blogs about special events or activities) which are approved for distribution through the Beaucare website may only be uploaded by the Website Administrator.

Where special events or activities are being conducted in partnership with other service providers or community groups, all promotional materials are to acknowledge each party's involvement.

Marketing and Public Relations

The strategic goal of all corporate marketing and public relations activities is to promote the Beaucare brand and image, inform our communities of interest about the services provided, and develop networks and collaborative partnerships that build community capacity for wellbeing. We are committed to exploring all available marketing channels that support the distribution of information to the groups falling within our customer base, in order to effectively meet their needs and achieve high levels of customer satisfaction.

All employees are to give priority to participation in local and regional service provider networks that focus on information sharing, collaborative planning and community action, relative to their role. Program managers are to establish e-mail group lists to facilitate effective communication across networks and special-interest stakeholder groups.

Our standard marketing products strive to create a visual identity that is immediately recognisable by the public. They include our stationery, business cards, publications, reports, folders, newsletters and organisational brochures, all of which must clearly display the Beaucare name, corporate logo, and contact details. This protocol is also to be followed for all individual or group e-mails sent from any Beaucare computer, using a standard signoff format.

The General Manager is responsible for the planning, design and production of any corporate marketing materials, which must fall within the allocated budget. Final designs are to be presented to the Committee of Management for endorsement.

Public relations strategies are designed to build goodwill towards Beaucare from the public. The Board is responsible for determining the relative costs/benefits of awareness-raising strategies (for example, media article releases or free distribution of any marketing and public relations resources such as corporate pens and magnets), prior to authorising their release.

Use of Social Networking Sites

Social media is a rapidly growing industry with increasing numbers of internet users now interacting with companies online via social networking sites. It is considered an essential part of Beaucare's wider online strategy for engaging and interacting with our stakeholders, industry colleagues and members of the public.

A detailed procedure for the use of Social Media is attached 6.8.1 Procedure – Social Networking Use

WIIS.0021 Social Networking Work Instructions

Instruction number: WIIS.0021		Authorised by: GM
Date last reviewed: Dec 2015	Reviewed by: GM	Date of next review: Dec 2015

This policy relates to Information Systems	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	

Purpose

Social media is a rapidly growing industry with increasing numbers of internet users now interacting with companies online via social networking sites. It is considered an essential part of Beaucare's wider online strategy for engaging and interacting with our stakeholders, industry colleagues and members of the public.

Scope of Work Instruction

Applicable to all staff, volunteers and students.

Work Instructions

Website

The Beaucare website is primarily an electronic marketing tool for direct-relationship marketing to all stakeholders. It provides the opportunity to promote our services and programs and to engage our public in communication with us regarding our services, events and information resources. Effective web services (including blogs and online forums) enable us to build continuing and enriching relationships with satisfied site users.

In compliance with our *Website Standard Conditions of Use*, site users are made aware that all content they contribute remains the property of Beaucare. (Refer to Information Policy # 006.7 *Copyright and Intellectual Property*). The Website Administrator is responsible for maintaining the relevance and currency of content on the website, and for monitoring the credibility, accuracy and ethical standard of all web contributions through analysis of log files of website transactions. The Website Administrator has the delegated authority to make alterations to published content or to remove it from the site if it is deemed to contravene the *Website Standard Conditions of Use*.

Beaucare website users' information priorities are tracked through log files, as an integral component of our community needs analysis activities. (For more information refer to Information Systems Policy # 006.9 *Data Collection, Collation and Analysis*).

Social Media

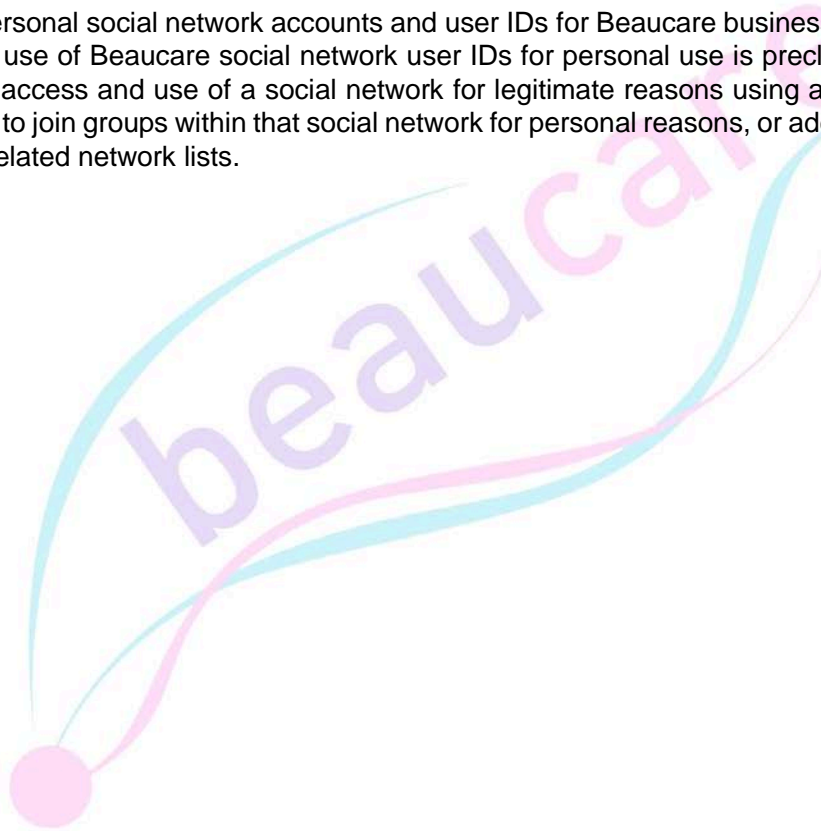
External social networking sites (e.g. Facebook, Twitter, LinkedIn) may be used for any legitimate business that supports the Beaucare mission and strategic goals. Within the marketing and public relations context, this includes the use of social networks:



- to create and participate in industry special interest groups, professional networks, and focus groups;
- to outreach to community members and families to promote the services available;
- to monitor public policy priorities and public opinion about our industry and the quality of services offered.

Requests by employees for any of the above-mentioned legitimate business uses of external social networks are to be submitted to the Network Administrator, once approval has been gained from the General Manager. The Website Administrator is responsible for establishing access and creating a corporate user ID for the employee on the particular social network, using the employee's Beaucare e-mail address. The Network Administrator will then communicate the initial account password to the employee. It is the responsibility of the employee to monitor and report on results from his/her activities on the social network to the relevant line supervisor.

The use of personal social network accounts and user IDs for Beaucare business is not permitted. Similarly, the use of Beaucare social network user IDs for personal use is precluded. Employees approved for access and use of a social network for legitimate reasons using a Beaucare ID are not permitted to join groups within that social network for personal reasons, or add personal friends to business-related network lists.



WIIS.0007 Electronic Media Use Work Instructions

Instruction number: WIIS.0007		Authorised by: GM	
Date last reviewed: Dec 2015	Reviewed by: GM	Date of next review: Dec 2016	

This policy relates to Information Systems	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	

Purpose

Electronic media is a useful tool to allow dissemination of information as well as access to resources to improve practice or inform service delivery, however steps are needed to prevent the misuse of resources

Scope of Work Instruction

This procedure is applicable to staff and volunteers and students.

Work Instructions

Information disseminated internally and externally should be consistent with our core values and expected code of behaviour, and respect the confidentiality of staff and clients.

The internet and Beaucare Social Media is to only be used for legitimate purposes and not for fraudulent, defamatory or mischievous purposes. It is not permissible to access, download or transmit illegal or indecent material using Beaucare’s electronic communications systems.

All personnel are to abide by copyright laws when downloading, uploading, copying or otherwise dealing with any manner of software or applications or other material from the Internet.

Personnel authorised to use our electronic media resources are not to use the network to intimidate, harass or annoy another person. Staff are required to abide by State and Commonwealth Government laws and regulations in their internet usage, particularly legislation related to discrimination, sexual harassment, privacy and electronic access, but not limited to these issues.

Chain letters are not to be disseminated. Personnel should not indulge in spamming, as it generates only ill feeling within the online community and does not enhance our public image. Personnel engaging in these restricted practices will be subject to disciplinary action.

Non work-related use of the Internet is not permitted. Personnel accessing sites for personal purposes which incur an organisational cost will be required to reimburse Beaucare for the costs they incur.

For guidance on permissible and restricted use of social networking sites, please refer to Information Policy 6.8 *Marketing and Promotion* and Procedure.



Associated Beaucare Policies and Documents

Feedback Form
Shared Information Checklist
Annual Planning Calendar





Appendix F: QIP and Compliance



PQ.0004 Performance Monitoring Policy

Policy number: PQ.0004		Authorised by: GM	
Date last reviewed: Mar 2016	Reviewed by: GM	Date of next review: Mar 2017	

HSQS	Standard 1 Indicators 1, 5 & 7
Home Care Standards	
Early Childhood	

Purpose

Monitoring and reporting on how our services have performed provides Beaucare with the information necessary for us to identify required changes and plan improvements in the way we apply our resources and deliver our services. This information also enables us to be accountable to our stakeholders and clients and to meet our reporting obligations under our service agreements.

Scope of Policy

This policy is applicable to all activities and operations of Beaucare, and will involve all levels of the organisation including employees, volunteers, contractors, senior management and Board members of Beaucare.

Policy

Beaucare is committed to monitoring organisation performance, maintaining accountability for service delivery, and responding to reports on the progress towards strategic and service goals. Specifically, we will:

- Undertake client feedback by program annually;
- Respond and act on feedback received;
- Undertake a review of the actions in relation to the Strategic Plan annually;
- Develop a new Strategic Plan every three years;
- Monitor service delivery outcomes quarterly and report to Board;
- Monitor and report on service outcomes in accordance with all funded programs;
- Conduct annual staff satisfaction and feedback surveys;
- Ensure each service delivery area has an annual Operational Plan and reports against this plan.

Roles & Responsibilities

❖ Beaucare Board

Over-riding responsibility and accountability for the monitoring of performance rests with the Beaucare Board. The Board delegates its authority to the General Manager.

❖ **General Manager**

The General Manager has a responsibility to review and evaluate all service delivery outcomes and correlate against Operational Plans and Strategic Plan.

❖ **Managers**

The Managers have a responsibility to review and evaluate their service area and maintain appropriate data collection tools to ensure robust and reliable feedback data.

Relevant Legislation

[Associations Incorporation Act 1981](#)
[Australian Human Rights Commission Act 1986](#)
[Disability Discrimination Act 1992](#)
[Sex Discrimination Act 1984](#)
[Racial Discrimination Act 1975](#)
[Fair Work Act 2009](#)
[Industrial Relations Act 1999](#)
[Regulations 2011](#)



PQ.0002 Continuous Improvement Policy

Policy number: PQ.0002		Authorised by: GM	
Date last reviewed: Mar 2016	Reviewed by: GM	Date of next review: Mar 2017	

HSQS	Standard 1 Indicators 4 & 5
Home Care Standards	
Early Childhood	

Purpose

This policy guides how we continually assess Beaucare and our services to ensure that we are providing the best quality services and use the most efficient and accountable management practices.

Scope of Policy

This policy, is applicable to all activities and operations of Beaucare, and will involve all levels of the organisation including employees, volunteers, contractors, senior management and Board members of Beaucare.

Policy

The management of Beaucare is committed to the provision of high quality services which consistently satisfy the needs and expectations of our customers.

Beaucare is committed to continuously improving all aspects of its operations with the aim of delivering the best possible services to service users.

We will continuously improve the effectiveness of the QMS through the use of the quality policy, quality objectives, audit results, analysis of data, corrective and preventive actions, and management review.

Roles & Responsibilities

❖ Beaucare Board

Over-riding responsibility and accountability for the Continuous Improvement processes rests with the Beaucare Board. The Board is responsible for the planning, review and improvement of the QMS to ensure its continuing suitability, adequacy and effectiveness.

❖ General Manager

The General Manager has a responsibility to develop, review and progress the Continuous Improvement Plan and quality objectives and to ensure its distribution, understanding and use within the organisation.

❖ Managers

The Managers have a responsibility to explain the continuous improvement expectations to all staff and to ensure they work to implement the continuous improvement process.

Relevant Legislation

[Associations Incorporation Act 1981](#)
[Australian Human Rights Commission Act 1986](#)
[Disability Discrimination Act 1992](#)
[Sex Discrimination Act 1984](#)
[Racial Discrimination Act 1975](#)
[Fair Work Act 2009](#)
[Industrial Relations Act 1999](#)
[Regulations 2011](#)



PQ.0003 Regulatory Compliance Policy

Policy number: PQ.0003		Authorised by: GM	
Date last reviewed: Mar 2016	Reviewed by: GM	Date of next review: Mar 2017	

HSQS	1.1
Home Care Standards	
Early Childhood	

Purpose

As a funded service and employer, Beaucare has a range of legislative, regulatory and contractual requirements with which we must comply. These requirements also change over time, so it is important that we have processes to keep abreast of these changes and regularly review, check and update policies and practice to maintain compliance. This policy guides those processes and assists us to demonstrate compliance when required, and to ensure that relevant stakeholders are kept informed of any changes.

Scope of Policy

This policy is applicable to all activities and operations of Beaucare, and will involve all levels of the organisation including employees, volunteers, contractors, senior management and Board members of Beaucare.

Policy

The management of Beaucare is committed to maintaining compliance with all regulatory, legislative and contractual agreements.

All legislative requirements are tracked through the Acquittals Register. This Register is updated and maintained regularly by the Business and/or Admin managers.

Roles & Responsibilities

❖ Beaucare Board

Over-riding responsibility and accountability for the acquittal processes rests with the Beaucare Board. The Board delegates its authority to the General Manager.

❖ General Manager

The General Manager has a responsibility to develop, review and progress the Acquittals framework and to ensure that all reporting and compliance obligations are met.

❖ Managers

The Managers have a responsibility to feed in data to the acquittal reports, maintain appropriate data collection tools and ensure all changes to contracted regulatory requirements are communicated to the Business and General Managers.

Relevant Legislation

[Associations Incorporation Act 1981](#)

[Australian Human Rights Commission Act 1986](#)

[Disability Discrimination Act 1992](#)

[Sex Discrimination Act 1984](#)

[Racial Discrimination Act 1975](#)

[Fair Work Act 2009](#)

[Industrial Relations Act 1999](#)

[Regulations 2011](#)



WIQ.0001 Continuous Improvement Work Instructions

Instruction number: WIQ.0001		Authorised by: GM	
Date last reviewed: Dec 2016	Reviewed by: GM	Date of next review: Dec 2016	

This policy relates to Quality Systems	
Human Services Quality Framework	Standard 1, Indicators 4 & 5
National Quality Standards Early Childhood Education & Care	

Purpose

A Continuous Improvement process guides how we constantly assess Beaucare and our services to ensure that we are providing the best quality of service to our clients and the most efficient and accountable management processes.

Services are provided in a constantly changing environment and Beaucare recognises the need to ensure that we maintain necessary compliance with these changes. We also need to manage risks to our organisation, services, clients and staff.

Scope of Work Instruction

Documentation

The Beaucare Continuous Improvement Register is maintained by the General Manager and stored in the Register electronic folder on Manager Drive. The information included on the plan is:

- Date the issue is identified;
- Detail of the area requiring improvement;
- Plan or steps to reach the goal;
- Success measures;
- Date improvements required by;
- Progress notes.

Identification of Improvements

Improvements can be identified in many ways and by anyone accessing Beaucare and our services. Identification may occur through:

- Incident and hazard reports;
- Team meetings;
- Management meetings;
- Annual client feedback;

- Staff meetings;
- Complaints;
- Strategic Planning.

Implementing Improvements

Actions taken to ensure improvement may include:

- Staff training;
- Provision of information;
- Changes to procedures;
- Seeking support from external consultant.

The General Manager will determine the urgency and timeframes around implementing improvements.

Associated Beaucare Policies and Documents

Risk Management
WH & S, Service User feedback
Complaints
Staff feedback and complaints
Performance monitoring
Continuous Improvement Plan
Risk Management Plan
WH & S Register

Appendix G: Sustainability and Environment



Attachment 4: Beaucare Childcare Services Environmental Strategy

BEAUCARE CHILDCARE SERVICES ENVIRONMENTAL STRATEGY

Introduction

Beaucare Childcare Service has a commitment to environmental sustainability and limiting the unnecessary use of natural resources. As an education and care community, we can encourage and increase awareness of environmental responsibilities and the human impact on the environment.

The service is encouraging the embedding of sustainable practices into our service delivery and for the principles of sustainability to become a focus within our community.

Goals:

Our goal is to the development of a shared understanding and respect for the natural world, the relationships between people, animals, plants and the land with children and their families. Understanding of sustainability is encouraged by providing meaningful learning experiences between families, children and educators where their diverse knowledge and experiences are respected and different family values and practices provide avenues for exploration, discussion and possible actions.



Service Strategies

- Governance that supports the development and implementation of sustainability policies, procedures and programs
- Curriculum that is developed and delivered on the principles of environmental education for sustainability
- Actively encouraging the use of recycled resources
- Encouraging parent and community participation
- Protecting flora and fauna through familiarisation and engagement
- Including all peoples and perspectives
- Avoiding, re-using, recycling and reprocessing
- Considering aspects of environmental sustainability before making purchasing decisions.

Educator Strategies

- Reducing paper and printing resource usage by emailing statements to educators and parents instead of hard copies
- Recycling playgroup resources
- Using recycled and donated materials for craft
- Using environmentally friendly products
- Sorting and recycling waste before disposal
- Composting food scraps or using for pets
- Conserving water through mulching gardens and use of water tanks
- Caring for animals and learning about life cycles
- Converting to energy saving lights and turning off lights when natural light is sufficient

Child Strategies

- Encouraging children to sort recyclable and compostable materials, and to re-use where possible.
- Planned experiences that allow children to engage in sustainable practice.
- Providing and sharing information about the environment and the impact of human activities (e.g. stories, songs, videos).
- Promoting water conservation through discussion, displayed materials, resources, role modelling and practice (e.g. turning off the tap, use of water tanks, recycling water on the garden)
- Taking part in days and events dedicated to promoting sustainability and protecting the environment (e.g. Clean Up Australia day, National Tree day)
- Encouraging children to care for and take pride in their environment, both natural and man-made.
- Developing children's life skills such as growing and preparing food, waste reduction and recycling.

Evaluation

The education and care environment reflects sustainable practices, 'Green Cleaning' and eco-friendly choices. Educators, children, families and the wider community will learn together and embrace environmentally friendly practices. Strategies will be evaluated and reviewed every year to ensure best outcomes.

Statutory Legislation & Considerations

- Education and Care Services National Regulations
- Guide to the National Quality Standard (3) ACECQA (2013)
- Early Years Learning Framework
- Environment Protection & Biodiversity Conservation Act 1999

Links to National Quality Standards

QA 3.3- The service takes an active role in caring for the environment and contributes to a sustainable future

3.3.1- Sustainable practices are embedded in service operations

3.3.2- Children are supported to become environmentally responsible and show respect for the environment

PG.0012 Social & Environmental Responsibility

Policy number PG.0012		Authorised by: Board
Date last reviewed: Aug 2015	Reviewed by: GM	Date of next review: Aug 2016

This policy relates to Governance and Management	
HSQF	1, 1.4
HCS	3, 1.2
Child Care Standards	6.1.3, 6.2.2, 7.2.1, 7.3.5

Purpose

To establish the integration of social and environmental responsibilities within Beaucare programs

Scope of Policy

This policy is applicable to staff and volunteers, clients and their family, contractors, the Board and members of the public

Policy Principles

Beaucare recognises and supports the Universal Declaration of Human Rights, and in pursuance of our visions and values, we will advocate for a fair society based on social justice principles of access, equity and natural justice. Beaucare is committed to minimising its carbon footprint through promoting and practicing environmentally sustainable practices

Policy

It is the policy of Beaucare to establish and maintain a corporate culture of social and environmental responsibility that is consistent with our mission, values, and commitment to good corporate citizenship.

Beaucare is committed to operating within a policy framework of social and environmental responsibility. To this end, this policy establishes a framework for the integration of a self-regulatory approach to social and environmental responsibilities and concerns. within Beaucare and each of the organisation’s programs.

Roles & Responsibilities

❖ Board

The Board members are responsible for ensuring the commitment to social and environmental responsibility is reflected in our core values and principles of operation.

❖ Management Team

The General Manager and program Managers have a responsibility to ensure the stakeholder are engaged in the strategic decision making and planning process to ensure the Board have an awareness of all relevant social and environmental issues and concerns.

It is also expected that they undertake collaborative sector action on issues of common concern and engage in practices that allow access and inclusion of disadvantaged social groups and address environmental sustainability.

Human Services Standards

Standard 1 Governance and Management – Indicator 3 Access & Equity
Standard 1 Governance and Management – Indicator 4 Continuous Improvement



WIG.0014 Environmentally Sustainable Work Practices

Instruction number: WIG.0014		Authorised by: Board
Date last reviewed: Feb 2016	Reviewed by: GM	Date of next review: Feb 2017

This policy relates to Governance and Management	
Human Services Quality Framework	Standard 1,
National Quality Standards Early Childhood Education & Care	QA 7.1.1

Purpose

To recognise our responsibility to the environment through the use of environmentally sustainable work practices which minimise our carbon footprint.

Principle

Beaucare recognises the importance of protecting the environment and will minimise the environmental impact of work practices carried out by the organisation.

Scope of Work Instruction

This procedure is applicable to the Beaucare Board, Management Team, staff and volunteers.

Definition

Environmentally sustainable work practices are those which reduce harm of the environment and reduce wastage of resources.

Work Instructions

- Whenever possible use goods which stop waste being generated;
- Re-use containers, packaging or waste products, wherever possible;
- Recycle waste material into usable products, whenever possible;
- Consider sustainability issues when making planning and managing decisions;
- Promote and encourage environmental awareness to ensure all Beaucare staff and volunteers are aware of their environmental responsibilities;
- Aim to continually improve our environmental performance by identifying and addressing environmental risk;
- Make resources available to implement environmental risk management procedures;
- Become informed about the environmental impacts of products purchased. Search for environmentally friendly products;
- Choose products with less packaging;

- Buy and recycle waste paper where possible;
- Make double-sided copies when printing and photocopying, wherever possible;
- Re-use envelopes for internal mail;
- Maintain air conditioner at a constant temperature 23-24 degrees C;
- Maintain only security lighting after business hours;
- Switch off equipment overnight whenever possible;
- Repair malfunctioning utilities (e.g. leaking taps) as soon as possible.

Relevant Legislation

Associations Incorporated Act 1981

Human Services Standards

Human Service Quality Standards

WIG.0012 Identification of Social & Environmental Issues Instructions

Instruction number: WIG.0012		Authorised by: Board
Date last reviewed: Feb 2016	Reviewed by: GM	Date of next review: Feb 2017

This policy relates to Governance and Management	
Human Services Quality Framework	Standard 1,
National Quality Standards Early Childhood Education & Care	QA 7.1.1

Purpose

To establish the integration of social and environmental responsibilities within Beaucare programs.

Principle

The identification of social and environmental issues within Beaucare and its surrounding community can assist the organisation to remain relevant and responsible.

Scope of Work Instruction

This procedure is applicable to the Beaucare Board and all staff members.

Work Instructions

The General Manager and the management team are responsible for the systematic identification, monitoring and management of social and environmental issues and concerns.

Such issues include, but are not limited to:

- Ethics and codes of practice;
- Control of fraud and corruption;
- Discrimination and/or workplace bullying or harassment;
- Supplier issues;
- Client and community engagement;
- Workplace health and safety;
- Environmental impact assessments;
- Regulatory compliance systems;
- Community sector changes;
- Political influence and changes;

- Community Infrastructure.

The senior management team will ensure issues identified are reported back to Management meetings and discussed for potential implications for the community and Beaucare as an organisation. Anything deemed to have a potential impact is to be reported to the Board for further discussion and response.

Beaucare will ensure that:

- Managers have access to sector bulletins and email distributions and are given time to read them;
- Local and regional papers are available;
- Access to databases and resources are provided;
- Networking opportunities are embraced.

Relevant Legislation

Associations Incorporated Act 1981

Human Services Standards

Human Service Quality Standards



Appendix H: Safe Work Practice



PWHS.0001 Duty of Care & Safe Work Practices Policy

Policy number PWHS.0001		Authorised by: GM	
Date last reviewed: Jan 2016	Reviewed by: GM	Date of next review: Jan 2017	

Child Care Standards	3.1, 3.1.1, 3.1.2
HCS	1, 1.2, 1.6
Human Services Quality Standards	1.1, 4,

Purpose

Beaucare is committed to providing a workplace which is safe and free of risk to its staff, volunteers, students, clients and visitors. Beaucare understands the obligations imposed on Management and staff to keep the workplace safe and comply with all Workplace Health & Safety regulations.

Scope of Policy

This policy applies to all environments in which our staff, volunteers, students or contractors work, and recognises that all staff, volunteers, students, clients and contractors, their family members and members of the public have a legal Duty of Care to each other.

Definitions

TERM	DEFINITION
The Workplace	Is defined as any place where work is, is to be, or is likely to be performed by a worker, self-employed person or employer. A place may be a 'workplace' even though it does not have to be registered or notified as a workplace under a regulation, e.g. in the community, travelling in workplace vehicles etc.
Negligence	Negligence of the Duty of Care exists where an act or omission of a worker may affect the care or safety of another person. A breach of Duty of Care requires that some harm was reasonably foreseeable; that the worker did not take reasonable steps to minimise or avoid the accident or incident; and that harm has consequently been suffered as the result of the breach of Duty of Care.
Assault and Battery and/or Wrongful Imprisonment	May legally exist as a result of force or physical restraint. In terms of Duty of Care, the legal interpretation allows a worker to use reasonable force if they have consent for care, and a necessity to act or restrain a person to prevent them from imminently endangering/harming themselves.

Policy Principles

We accept as an operating principle that employers and/or those employed in a supervisory or management role have an obligation to ensure that staff working under their direction employ safe practices, and that the workplace environment is physically safe to minimise the risk of illness or injury.

The establishment, maintenance and monitoring of safe work practices are both an ethical and a legal obligation of Beaucare, and we are committed to compliance with all relevant work health and safety legislation to ensure that staff, clients and community members' exposure to risk of an adverse incident, accident or injury is minimised.

Policy

Beaucare aims to provide a workplace that is safe and free of risk to its staff, volunteers, students, clients and visitors at the workplace by implementing processes that comply with legislation and support a healthy and safe work environment. We also actively promote the importance of effective WH&S practices for everyone who works at our organisation.

As an employer Beaucare has a legal liability and a Duty of Care to protect all staff, clients, volunteers, students and visitors to the workplace. Beaucare will ensure that all staff employ safe practices and that the workplace is physically safe. Staff working in the private homes of clients will be made aware of their legal Duty of Care and will be provided with adequate training for their service provision role. Beaucare will maintain insurance cover to provide for negligence and professional liability.

Beaucare will ensure specific practices are in place to protect employees who work in the community and in clients' homes, as well as in Beaucare premises, and provide equipment and training to ensure employees are able to remain protected while undertaking work. We also ensure the reporting and review of incidents and hazards within a wider risk management framework to prevent and mitigate WH&S risks and accidents.

Roles & Responsibilities

❖ General Manager

Has a responsibility to monitor compliance with practices and procedures and adherence to legislation and ensure organisational responses to risks.

❖ Managers

Have a responsibility to:

- Ensure staff are trained and aware of all workplace health & safety requirements;
- Ensure staff complete documentation according to procedures;
- Monitor compliance of staff to ensure they employ safe practices.

❖ **Workplace Health & Safety Committee**

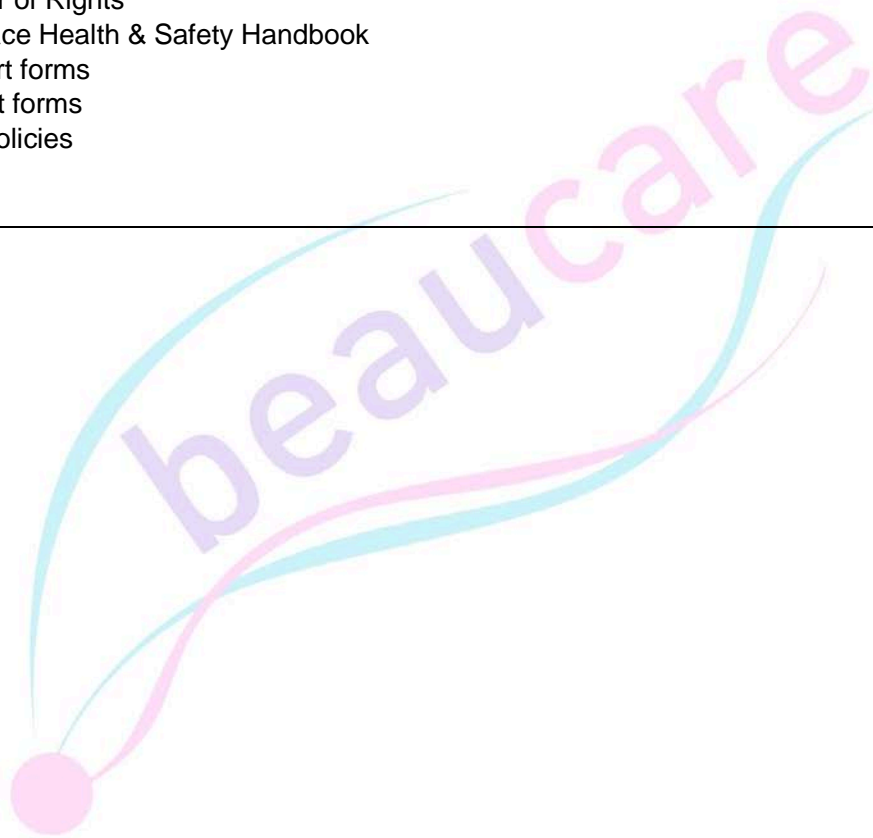
Have a responsibility to conduct safety assessments of the workplace, review incident trends and research and advise improvements in Workplace Health & Safety as delegated.

❖ **Staff, Subcontractors, Volunteers, Students, Visitors and Board**

Every person attending a Beaucare workplace has a responsibility to contribute to a safe environment and understand the legal duty of care owed to all.

Associated Beaucare Policies and Documents

WIWHS.0003 Reporting of hazards, incidents and near misses
Client Charter of Rights
Staff Workplace Health & Safety Handbook
Incident report forms
Hazard report forms
All WH & S policies



PWHS.0002 Working from Other Venues Policy

Policy number PWHS.0002		Authorised by: GM
Date last reviewed: Oct 2016	Reviewed by: Tracy Kvassay-Bell	Date of next review: Oct 2017

This policy relates to Workplace Health & Safety	
Human Services Quality Framework	1 4
National Quality Standards Early Childhood Education & Care	3.1, 3.1.1, 3.1.2
HCS	1, 1.2, 1.6

Purpose

Beaucare is committed to ensuring we support the right of staff to a healthy and safe working environment where risks are minimised or managed. This policy is to protect personal safety when staff members are required to work in isolation, from other venues or in client's homes.

Scope

This policy is applicable to all staff, students and volunteers

Policy

All staff members involved in outreach services or field work will be encouraged to complete a First Aid Course and to maintain a current First Aid Certificate and will be provided with adequate training in observing and recognising situations of potential harm or risk to enable them to take evasive action when required to protect the safety of themselves and others.

In pursuit of our Duty of Care obligations, Beaucare will conduct a Home Safety assessment for all clients where home-based services are provided. Recommended Risk Management Plans to address any identified risks in the home will be implemented only with the signed consent of the client.

Beaucare reserves the right to refuse access to services for clients whose home environments present an unacceptable risk to the safety of our staff.

Roles & Responsibilities

❖ General Manager

The General Manager has a responsibility to review incidences and ensure adequate training is provided to all staff. They also have a responsibility to review and update this policy and associated procedures annually, and to ensure its distribution, use and understanding within the organisation.

❖ Managers

Managers have a responsibility to ensure staff have training in procedures and monitor any outreach staff to ensure they are comfortable and employing safe work practices.

❖ **Staff**

Staff have a responsibility to follow procedures and alert management if any concerns or unsafe situations occur







Associated Beaucare Policies and Documents

PWHS.0001 Duty of Care
WIWHS.0006 Manual Handling
WIWHS.0005 Infection Control & Hygiene
WIWHS 0004 Working From Other Venues Work Instruction



Attachment 5: Fire Extinguishers

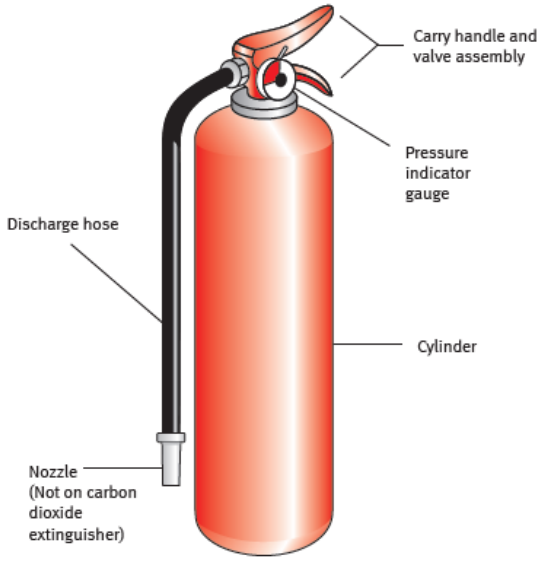
INFORMATION SHEET

FIRE EXTINGUISHERS

The purpose of this document is to provide information relating to fire extinguishers as a domestic fire safety measure.

Parts of a fire extinguisher



Types

Fire extinguishers have a **coloured band** to denote their contents. They are:

- Red (water) (No band, all red)
- Blue (foam)
- White (powder)
- Black (carbon dioxide)
- Yellow (vaporising liquids)
- Oatmeal (wet chemical)



Use a fire extinguisher **ONLY** if:

- you know that the extinguisher is suitable for use on the flammable materials involved in the fire;
- you have considered whether electricity is possibly involved and, if so, that the available extinguishing agent is non-conducting;
- you can extinguish the fire quickly;
- you are not putting your safety at risk by staying in the vicinity of the fire; and
- all other persons have been evacuated from the area.

Type of Extinguisher	Colour of band	Suitable for (class of fire)	Comments
Water	All Red	A	Not safe on other classes of fire.
Foam	Blue	BA	Not safe on other classes of fire.
Powder	White	B, (E)	'AB(E)' type powder is also suitable on Class A fires.
Carbon dioxide	Black	(E), B	Beware of discharge pressure. Has a noisy and cold discharge.
Vaporising liquid	Yellow	(E), A, B	Older types (BCF) have been withdrawn from general use.
Wet chemical	Oatmeal	F, (A)	Older types (BCF) have been withdrawn from general use.

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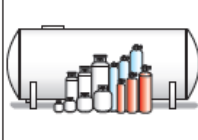

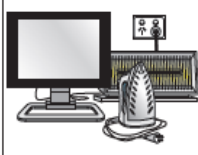

Great state. Great opportunity.

INFORMATION SHEET

Classes of fire

Fuels are divided into six classes. This method of categorising fuels into classes can help you with identification of the type of extinguishing medium required to extinguish a particular class of fire.

	<p>Class A fires – are those which involve carbonaceous solids. A carbonaceous solid is one which contains the chemical element carbon as the basic fuel. This is probably the most common type of fire encountered by firefighters.</p> <p>Examples: Wood, paper, cloth, rubber, plastics, grass, coal.</p>
	<p>Class B fires – involve flammable and combustible liquids.</p> <p>Examples: Petrol, kerosene, oil, tar, paint, wax.</p>
	<p>Class C fires – involve combustible gases.</p> <p>Examples: LPG – liquefied petroleum gas, butane, propane; LNG – liquefied natural gas, acetylene.</p>
	<p>Class D fires – involve combustible metals.</p> <p>Examples: Sodium, potassium, magnesium and aluminium shavings.</p>
	<p>Electrical Fires – there is no 'official' Class E fire. Electricity is not a fuel; it does not burn like a fuel. However, it is a dangerous complication at a fire, because it is a source of heat and potential electric shock.</p>
	<p>Class F fires – involve cooking oils and fats.</p> <p>Examples: Lard, vegetable oils</p>

Which one should I buy for my home?

Dry Chemical Powder (AB(E))

This type of extinguisher is suitable for most household fires due to its effectiveness against most types of fires.

A one kilogram Dry Chemical Fire Extinguisher will last approximately 10 to 12 seconds.

Positioning





Fire extinguishers in the home should be stored so they are easy to get to but are away from areas likely to catch fire. For example, locate the fire extinguisher at the entrance to the kitchen, not inside the kitchen.

Recommended Maintenance

- Choose a fire extinguisher approved by Australian Standards.
- Monitor the pressure gauge to ensure correct pressure.
- Shake it occasionally to prevent the powder from settling.
- Ensure you read and follow the manufacturer's instructions.

How do I use a fire extinguisher?

The easiest way to remember how to use a fire extinguisher is PASS.

<p>Pull the pin at the top of the extinguisher.</p> <p>Note: Hold the extinguisher by the bottom handle to allow easy removal of the pin.</p>	
<p>Aim the nozzle towards the base of the fire.</p>	
<p>Squeeze the handle to discharge the extinguisher.</p>	
<p>Sweep the nozzle from side to side aiming at the base of the fire</p>	

Australian Standards

AS/NZS 1841.1:2007 - Portable fire extinguishers - General requirements



Attachment 6: Fire Blankets



FIRE BLANKETS

The purpose of this document is to provide information relating to domestic fire blankets as a fire safety measure.

What is a fire blanket?

A fire blanket consists of a piece of fire-resistant fabric (usually woven glass fibre) that can be used to smother a small fire or wrap around a person whose clothing is alight.



Where to store a fire blanket

To be useful, a fire blanket should be easily and quickly available. Fire blankets are often installed in kitchen areas where small cooking fires may occur. Do not place them near the stove as a stove top fire may stop you getting to it. Instead, place the fire blanket near the door way to the kitchen. This will mean you can still leave if the fire escalates.



When to use a fire blanket

A fire blanket is ideal for extinguishing cooking fat fires and can be used to wrap around people if their clothes catch on fire.

How to use a fire blanket

Pull down sharply on the tabs hanging from the bottom of the package to release the fire blanket.



Hold it in front of you, with the fabric rolled back at the edges to protect your hands.



Place (not throw) fire blankets over cooking fat fires, keeping hands and face protected behind it.



Lay the blanket gently over the fire. Do not throw the bottom of the blanket onto the far side of the fire as flames can then run up the blanket to your hands.



Turn off the heat source and leave the blanket over the burnt area for at least 15 minutes or until the heat has dissipated.



Dial 000 to call the fire service.



To put out a clothing fire, wrap the blanket around the flames and person. Get them to drop to the ground and roll until the fire is out. Seek medical assistance.



Australian Standards

Your fire blankets should be Australian Standards approved – AS/NZS 3504:2006 - Fire blankets. It must measure no less than 1 metre by 1 metre.



WISD.0009 Care Coordination & Delivery Work Instruction

Instruction number: WISD.0009		Authorised by: GM
Date last reviewed: Oct 2015	Reviewed by: GM	Date of next review: Oct 2016

This work instruction relates to Service Delivery	
Human Services Quality Framework	<input type="checkbox"/> 3.4
National Quality Standards Early Childhood Education & Care	<input type="checkbox"/> 6.2.2 6.3 <input type="checkbox"/>

Purpose

This policy directs staff and Management in their service delivery decision making.

Scope of Work Instruction

This policy is applicable to all programs and services of Beaucare.

Principle

These work instructions establish operation guidelines to ensure that each client of Beaucare receives coordinated and reliable services that respect their individual rights, are responsive to the client's specific needs and preferences, and are delivered in a way that promotes and encourages maximum independence, participation and community integration. Services and programs both within and external to the organisation are coordinated to facilitate a seamless delivery of cross-disciplinary services and community supports.

Work Instructions

Interagency Cooperation and Collaboration

Beaucare recognises that collaborative practice amongst all care providers involve with the client will lead to the most effective responses. Clients with complex care needs may require coordination in arranging suitable accommodation, financial support, safety plans, mental health supports, mobility equipment/aids, supplies of personal aids, home modifications to maintain safety and/or independence, home delivered meals, or personal emergency alarms. Staff are expected to utilise the resources and range of services available across the region to plan, coordinate and implement case plans that articulate and achieve positive client outcomes.

Where applicable and with the client's consent, staff are to cooperate with external agencies in joint assessment activities for example, Department of Child safety, occupational therapists conducting home modification assessments, translating and interpreting services. Sharing of referral data sheets and assessment records between other agencies involved in the client's care, and participation in case management meetings may be used with the client's permission.

Beaucare staff are expected to establish and nurture close collegiate relationships with other providers across our region to contribute to a more effective use of resources and to avoid unnecessary and inefficient duplication of services. We acknowledge these relationships are consolidated through participation in interagency group meetings, special interest groups, and regional planning forums. It is expected staff will give priority to attendance at these networks to share information and develop collaborative working relationships.

Brokerage and Outsourcing

Where Beaucare's Program Managers believe it to be in the best interests of an individual client to enlist the support of another service provider to address a client's special needs, we assert our right to establish brokerage arrangements with that provider to deliver services on our behalf (for example, for provision of a bi-lingual, bi-cultural care worker). This strategy is designed to strengthen our service delivery capacity in provision of individually responsive and flexible services. Similarly, where a particular qualification, competency and skills set exists within our own staff team, these services may be brokered to other providers to enhance their service options in delivering an optimum client outcome.

Formal agreements are to be entered into for all brokerage situations to provide confidence in the delivery of continuous, sustainable, high quality services. Brokerage agreements are to clearly state the expected deliverables in relation to the type and frequency of service and anticipated quality of output, agreed payment arrangements, responsibilities of each party, review mechanisms, and processes for dispute resolution. All brokerage arrangements require sign off by the General Manager.

Where a service or part of a service is outsourced to a third party (for example, provision of catering for a community education program), it is the responsibility of the respective Program Manager to ensure that the product or service provided by the third party is monitored and evaluated against specified quality criteria.

Principles of Service Delivery

Beaucare is committed to the ongoing professional development and training of staff to ensure an appropriate range and level of skills and competencies in delivering planned services. Wherever possible, staff rosters and allocation of care workers will consider the best possible match of skills against individual client needs. Program Managers are responsible for ensuring relevant staff are kept informed of case plan changes or modifications in response to progression in goal attainment or changing health status. Case workers are responsible for immediately notifying Program Managers of any client concerns or changes.

In addition to the range of agreed support services to assist a client in maintaining their independence and health status, the social and emotional needs of clients are also taken into account in care planning and delivery. Within the capacity of Beaucare to deliver support, clients are to be encouraged and assisted to maintain their preferred community involvements and personal social networks, to enable an optimal level of independence, community participation and integration. We acknowledge each client as an individual, and care planning and delivery processes are to be as flexible and responsive as possible to individual needs and circumstances. The coordination of service delivery activities is directed towards achieving this goal.

Client Assistance in Exercising Their Rights

All staff of Beaucare are expected to acknowledge the rights of each individual client and to support him/her in exercising those rights. Staff will be provided with information on client rights and responsibilities during their induction program. This is a mandatory training requirement. The induction program includes familiarisation with all operational policies, and each member's responsibility to understand and comply with documented procedures. All staff are required to sign an *Induction Checklist* on completion of their three-month probationary period, to verify completion of the induction program and their acceptance and understanding of the information provided. Clients of Beaucare programs and services will be assisted by staff in exercising their right to:

- Decline an offer of service without penalty;
- Appeal decisions about service changes;
- Be treated with dignity and respect;
- Have their individual customs, culture and religious beliefs respected without discrimination or prejudice;
- Have a support person or advocate of their choice present during any care-related discussions;
- Have their personal information, and/or their personal images or photographs protected in accordance with our legal obligations to them, and only released with their written consent;
- Request access to any personal information we hold about them;
- Make a complaint without fear of retribution.

We acknowledge that with rights come reciprocal obligations which may impact on the rights of others. Staff will ensure clients are informed of their responsibility to:

- Treat staff and other clients of Beaucare with respect and courtesy;
- Provide a safe work environment for care workers coming into the client's home;
- Accept responsibility for the results of any decisions or choices they make in relation to the care and support they receive.

Client Records

The worker conducting the initial intake is responsible for ensuring that a new client's details and initial case plan are established within five working days of the initial visit. The standard data collection is to include a complete record of referrals, assessed priority rating scale if required, completed assessment tools, safety checklists and risk management plans, signed case plan and agreement, signed consent form, client profile and entry data, emergency contacts and next of kin details, and signed information checklist.

Associated Beaucare Policies and Documents

Privacy Procedure
Code of Conduct
Program Handbooks
Client Agreement and Assessment forms
Client Care Plan
PSD.0007 Volunteer Recruitment Policy
Volunteer Application Form

WISD.0015 Home Visits Work Instruction

Instruction number: WISD.0015		Authorised by: GM
Date last reviewed: Oct 2015	Reviewed by: GM	Date of next review: Oct 2016

This policy relates to Service Delivery, and Management	
Human Services Quality Framework	<input type="checkbox"/>
National Quality Standards Early Childhood Education & Care	<input type="checkbox"/>

Purpose

Beaucare encourages a workplace culture and work practices that prioritise staff safety at all times. To ensure staff and clients are kept safe and privacy maintained when work is conducted in the client/educator’s home or the home of another person.

Scope of Work Instruction

This policy is applicable to all staff, students and volunteers and those accessing a Beaucare service, program or activity, including clients, carers, advocates and families.

Work Instruction Principle

Beaucare is committed to protecting and upholding the safety and right to privacy of clients and staff during home visits.

Work Instructions

Risk Assessment

A risk assessment must be conducted prior to a staff member accessing a client/educator in their home. Each program is responsible for ensuring this occurs in an appropriate way:

- Beaucare staff are encouraged to use past experience and consultation with other staff if appropriate;
- Beaucare will not provide a service in the client’s home if formal assessments identify an unacceptable level of risk indicating it is not safe for the staff providing this service;
- Beaucare will assist staff through training, education and support to prevent and minimise safety risks with expectations clearly documented;
- Program Managers must make adequate provision to address possible safety concerns involved in home visits which may extend outside normal working hours or in isolated areas;
- Any identified risks must be detailed in the client’s case plan, care plan or educator file;
- Two Beaucare representatives should conduct the initial home visit/assessment;
- Beaucare workers who are uncertain as to the level of risk involved in a home visit must discuss the situation with their Manager before going to the client/educator’s home;

- Managers should consider the risk to staff concerning allegations of sexual misconduct when making decisions about which worker is most suited to conduct visits in the privacy of the client/educator's home;
- When a mental health issue has been identified, if appropriate, advice should be sought and taken from local mental health services that may have relevant history about the consumer.

Determine Risk Level

Upon completion of the risk assessment, Managers should consider the following recommendations:

- *High/Extreme Risk* – do not visit the client in their home. Consider alternative arrangements.
- *Medium/Significant Risk* – two Beaucare personnel to visit the client until further assessments demonstrate otherwise.
- *Low Risk* – visit the client but always conduct a mini risk assessment immediately prior to entry.

A mini-risk assessment should consider whether the client or anyone else in the home is:

- Agitated or distressed;
- Displaying threatening or aggressive behaviour;
- Being verbally aggressive or abusive;
- Mentally unwell;
- Displaying behaviours that are out of character;
- Has other people visiting the house.

Determine Risk Management Strategy

Once a risk assessment has been carried out, the level of risk determined and the risks prioritised, a decision needs to be made about risk management options which may include:

- The level of risk is acceptable to the program and can be managed using existing protocols;
- The level of risk is acceptable but requires adjustments to staffing (e.g. must be visited by 2 people) and the development of a risk management plan;
- The level of risk is too high and cannot be mitigated through rearrangement of resources or a risk management plan:
 - Explain and document the reasons;

- Work with the client to identify more appropriate options;
- With the client's consent, refer appropriately.

Always Have the Necessary Equipment

- Carry a mobile phone that is appropriately charged and in good working order;
- Have 000 and the relevant office numbers programmed into the speed dial function;
- Ensure the area being visited is covered by your mobile phone;
- Make sure you have a first aid kit and emergency information folders.

When Not to Visit

Staff should not visit a client/educator at home if:

- The assessed risk is high or extreme;
- Violence is known to have recently occurred and the perpetrator is at the address or is likely to return to the address;
- The client or other people present are exhibiting signs of aggression and/or intoxicated by alcohol or other drugs.

Client Home Visits on the Way to or from Work

Home or community visits on the way to or from work should only occur with prior approval of a Manager and with a safety plan in place.

On Arrival at a Client/Educator Home Visit

- Ideally park on the street where you can't be parked in or obstructed;
- Do not enter the home if you can hear people arguing at the premises, if you see people using alcohol or drugs at the premises or you feel threatened;
- If you become concerned for your safety or are threatened in any way you should:
 - Leave immediately;
 - Drive to a safe location and then contact the Beaucare office, or if urgent, the police and then your Manager;
 - If necessary, proceed to the nearest police station.

If a Staff Member Receives a Call from a Worker at Risk

- Check the address, ask the nature of the crisis and ask what is needed;

- If you hear the organisational Code Words, call '000'.

During a Home Visit

- Be cautious when entering a client/educator's home;
- If an unfamiliar person opens the door, make sure the client/educator is home and that you feel safe before entering (it may be necessary to abandon the visit if you have concerns);
- Ask whether there are other people at home. Be aware of the presence of others;
- Be aware of house layout and exit routes;
- Keep your keys and mobile phone with you;
- NEVER attempt to physically stop violent behaviour between others or get involved in arguments;
- If there is an identified safety risk due to aggression leave immediately;
- Take note of any new possible hazards and add them to the risk assessment on your return to the office;
- If a medical emergency arises while you are on a home visit or working within the client's home, call '000' and wait for help.

After a Home Visit

- Report any incident or significant observations to your manager;
- Document any incidents, concerns or significant observations in your case notes/care plan/educator file;
- Speak to your manager if you need debriefing, counselling or support services.

Roles & Responsibilities

❖ Manager

- Ensure program guidelines and policies are in place for safe home visiting, with clearly defined roles and responsibilities for employees;
- Ensure there are clearly documented safe work practices and procedures in place and that staff are aware of these;
- Provide WH & S orientation to new staff which includes these instructions;
- Maintain systems to ensure that hazards are identified, risk assessments occur and staff are consulted on issues;

- Ensure that effective systems are in place to monitor staff movements and respond as necessary;
- Ensure that violence and aggression in the work environment at Beaucare is managed appropriately;
- Ensure systems are implemented for ongoing review of effectiveness of procedures and staff compliance such as management and care plans, team meetings and staff appraisals.

Associated Beaucare Policies and Documents



WIWHS.0001 Workplace Health & Safety Training Work Instructions

Instruction number WIWHS 0001		Authorised by: GM
Date last reviewed: Dec 2015	Reviewed by: GM	Date of next review: Dec 2016

This policy relates to Workplace Health & Safety	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	

Purpose

Beaucare recognises its obligation to ensure that workplace health and safety information, training and instruction provided to workers, volunteers and students is suitable and adequate having regard to:

- The nature of the work carried out by the worker;
- The nature of the risks associated with the work at the time the information, training or instruction is given;
- The control measures implemented to manage these risks.

Scope of Work Instruction

Managers, staff, volunteers and students

Work Instructions

To ensure staff are aware of their Duty of Care and Workplace Safety responsibilities, annual mandatory training will occur with all staff. This training will acquaint staff to the safety policies and procedures practised by Beaucare and of their responsibilities in promoting and maintaining a safe and healthy work environment. All mandatory training completed is documented in the *Staff Training Register*.

During induction, all new employees will be made aware of their legal Duty of Care to the clients of Beaucare, and to each other.

Mandatory Training Topics

- Duty of Care;
- Safe Work Practices;
- Manual Handling;
- Infection Control & Hygiene;
- First Aid;

- Fire Training.

Training Delivery

Each training module can be delivered individually or together. Team Managers are responsible for ensuring staff undertake this training.

Recording Training Attendance

All mandatory training attendance is to be documented in the *Staff Training Register*. Managers are to forward the Induction Checklist to the Administration Manager for recording, along with any competency evidence.

For Aged & Disability Staff, a copy of the Attendance Record is also to be given to the Manager for input against staff competencies in TRACCS.

Monitoring Training Requirements

Managers will be responsible for identifying and providing staff with training specific to their program needs and safety requirements.

To ensure staff maintain their training requirements, random sampling of staff for Competencies will be conducted on a regular basis.

For Aged and Disability staff, a report will be run on expired training competencies every 3 months.

Associated Beaucare Policies and Documents

Training Module – Duty of Care
Training Module – Safe Work Practices
Training Module – Manual Handling
Training Module – Infection Control & Hygiene
Staff Training Register
TRACCS Procedure – Staff Competencies

WIWHS.0003 Staff Safety and Security Work Instructions

Instruction number WIWHS 0003		Authorised by: GM
Date last reviewed: Dec 2015	Reviewed by: GM	Date of next review: Dec 2016

This policy relates to Workplace Health & Safety	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	

Purpose

To set out safety procedures to be followed to ensure safety.

Scope of Work Instruction

Staff, students and volunteers.

Work Instructions

Signing In / Out

A Staff Sign In Book and Visitor Register is available at each Beaucare office reception area.

All staff are to record their time of arrival in the Staff Attendance Book in reception. When staff members leave the office, they are to note the time they have left the office, and record an estimated time of return.

Visitors are to sign in and out using the Visitor Register. They are required to register their name, the purpose of their visit or who they are visiting, and note the time of their arrival.

Working in the Field

Staff members working in the community or visiting clients in private homes or otherwise involved in outreach services or field work are to have a mobile phone or two-way radio with them at all times.

When working with clients who may pose a risk or are unknown to the service, staff are to follow the procedures as outlined in *WISD 0014 Interviewing Clients*, *WISD 0015 Home Visits* and *WIWHS 004 Working from Other Venues procedures*.

Outside Work Hours

Persons other than those with pre-arranged work responsibilities have no necessity to enter the workplace from the time of finishing work one day to commencing work the next. Employees who wish to enter the premises outside normal business hours must have prior approval from their Manager, a plan around TOIL and a safety plan.

Both Beaucare buildings are monitored by Australian Security who must be phoned on (07) 5532 6644 in the following circumstances:

- Staff entering 44 Tina Street before 8am;
- Staff leaving 44 Tina Street after 6pm;
- Staff entering 64 Tina Street before 6am;
- Staff leaving 64 Tina Street after 6pm.

Staff entering a Beaucare premises after ordinary work hours are still required to sign in and out using the Staff Sign In process.

Working outside normal hours to complete tasks is not encouraged as a good balance between work and personal time is encouraged at Beaucare. If staff are required to work regularly outside Beaucare business hours in order to complete their normal work Managers must review the PD or manage performance.

Working Alone in Beaucare Venues

It is preferred that staff do not work in either Beaucare building or an approved venue on their own. If staff do remain on their own in Beaucare buildings outside working hours they must have a safety plan which has been approved by their line Manager.

Staff also work on their own when travelling, in client's homes and even working out of the visual or auditory range of others. Staff working on their own are to be aware of the increased risk of threat or assault, or of having no-one to assist if they are injured or fall ill, or if an emergency response is required.

All staff working in the field are required to carry a mobile phone with them at all times.

Staff should adhere to the following safety precautions:

- All security hazards/incidents/breaches must be reported, recorded and monitored;
- No staff should leave the building to investigate disturbances on their own;
- On no account are agitated or aggressive clients/visitors to be confronted by a staff member alone;
- Ensure that the premises are secured.

Associated Beaucare Policies and Documents

Training Module – Duty of Care
Training Module – Safe Work Practices
Training Module – Manual Handling
Training Module – Infection Control & Hygiene
Staff Training Register
TRACCS Procedure – Staff Competencies

WIWHS.0004 Working from Other Venues Work Instruction

Instruction number WIWHS 0004		Authorised by: GM
Date last reviewed: Dec 2015	Reviewed by: GM	Date of next review: Dec 2016

This policy relates to Workplace Health & Safety	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	

Purpose

Beaucare is committed to ensuring we support the right of staff to a healthy and safe working environment where risks are minimised or managed. This policy is to protect personal safety when staff members are required to work in other venues.

Scope of Work Instruction

This policy is applicable to all staff, students and volunteers.

Work Instructions

Due to the importance of having safe work practices for all staff, detailed procedures are in place for:

- *Risk Assessments and Plans*

Establishes the procedure for conducting home visit risk assessments and the implementation of risk management plans;

- *Home Visits*

Outlines the protocols for staff when engaged in a home visit;

- *Working in Isolation*

Outlines the safety precautions staff are to take when working alone or in isolated venues;

- *Working out of Hours*

Sets out procedures to be followed when staff are working out of ordinary hours.

Roles & Responsibilities

- ❖ **General Manager**

The General Manager has a responsibility to review incidences and ensure adequate training is provided to all staff. They also have a responsibility to review and update this policy and associated procedures annually, and to ensure its distribution, use and understanding within the organisation.

❖ **Managers**

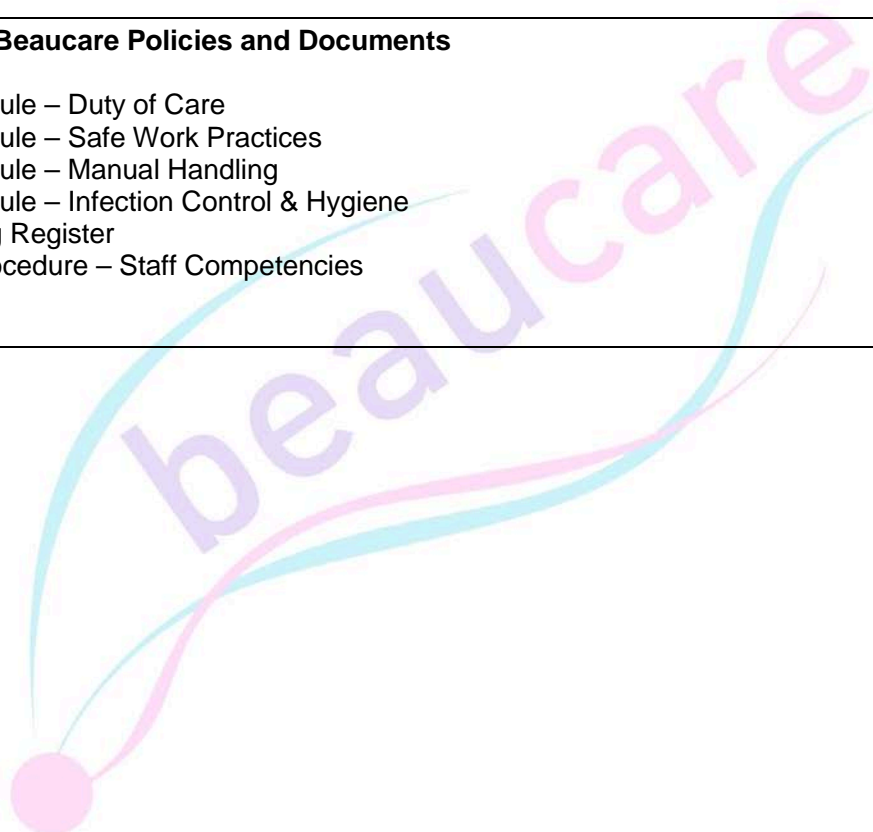
Managers have a responsibility to ensure staff have training in procedures and monitor any outreach staff to ensure they are comfortable and employing safe work practices.

❖ **Staff**

Staff have a responsibility to follow procedures and alert management if any concerns or unsafe situations occur.

Associated Beaucare Policies and Documents

Training Module – Duty of Care
Training Module – Safe Work Practices
Training Module – Manual Handling
Training Module – Infection Control & Hygiene
Staff Training Register
TRACCS Procedure – Staff Competencies



WIWHS.0005 Infection Control & Hygiene Work Instructions

Instruction number WIWHS 0005		Authorised by: GM
Date last reviewed: Jan 2016	Reviewed by: GM	Date of next review: Jan 2017

This policy relates to Information Systems	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	

Purpose

To reduce the risk of transmission of infection or illness in the Beaucare workplace including client's homes and external venues.

Scope of Work Instruction

Managers, staff, volunteers and students

Work Instructions

Hand Hygiene

Hand hygiene instruction guides are installed over every hand-washing basin, and the instructions observed. Liquid soap or anti-bacterial hand-wash solutions and disposable paper towel dispensers will be provided. Used paper towels are to be discarded into appropriate receptacles. Hand hygiene will be addressed in annual training, and staff may be asked to demonstrate the appropriate hand washing technique during the year to demonstrate competency.

Staff Illnesses

Staff are encouraged not to attend work if they are suffering from illnesses in the infectious stages. If staff are diagnosed with a contagious condition (e.g. influenza, chicken pox, whooping cough) they are encouraged to notify Beaucare management as soon as possible.

On notification of a contagious condition, management will:

- Seek clarification on the condition from medical staff, including contagious periods and advice for clients who may have been exposed to the condition;
- Review the staff member's contact with clients and other staff within the contagion period identified above;
- Contact each client / staff member that may have been exposed to the sick staff member and provide information about the condition, symptoms and any advised treatment;
- Make a record on client files of the information and advice.

Any medical costs that are incurred by clients as a result of exposure to a contagious medical by Beaucare staff may be eligible to have some costs reimbursed. These will be assessed by the GM on a case by case basis.

The contagious staff member will be required to present a medical certificate of fitness in order to return to work.

Contaminated Waste

Where laundry services are provided at a work site, the physical design of the laundry is to comply with requirements for a clearly demarked separation of flow of linen from dirty to clean. Infection control and sanitisation work instructions are displayed in the laundry.

Disposal of contained waste must be done so in an appropriate disposal container, which will display the biohazard symbol.

Sharps Disposal

A sharps disposal container will be available at all Beaucare sites. Managers will be responsible for ensuring portable containers available for external venues where Beaucare staff will be working. Disposal of a used Sharps container can be arranged by phoning the Beaudesert Hospital.

Food Services and Kitchens

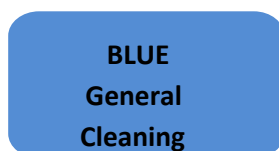
Where food services are provided at a work site, the kitchen design, equipment and staff practices are to comply with the national Food Hygiene Standards and principles of Hazard Analysis of Critical Control Points (HACCP). Only authorised personnel are to enter the kitchen area. All catering staff are required to wear disposable gloves and caps whilst preparing and/or serving food.

Documented food safety procedures are to be followed for ordering, delivery, storage, preparation and serving of food to minimise the risk of food contamination.

All staff are responsible for washing and drying their own crockery and cutlery. All staff are responsible for ensuring the kitchen remains in a clean and hygienic condition.

Cleaning

All cleaning staff and/or contracted cleaners at Beaucare premises and facilities are to ensure their work practices adhere to the HACCP colour-coding system for infection control.



Associated Beaucare Policies and Documents

Training Module – Duty of Care
Training Module – Safe Work Practices
Training Module – Manual Handling
Training Module – Infection Control & Hygiene
Beaucare Food Safety Program
Staff Training Register
TRACCS Procedure – Staff Competencies



WIWHS.0006 Manual Handling Work Instructions

Instruction number WIWHS 0006		Authorised by: GM
Date last reviewed: Jan 2016	Reviewed by: GM	Date of next review: Jan 2017

This policy relates to Information Systems	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	

Purpose

Most manual handling injuries are preventable. Our objective is to reduce the incidence of manual handling injuries through early identification and effective management of potential problems to ensure manual handling risks are eliminated or controlled.

Manual handling tasks can contribute to injuries affecting all parts of the body, particularly the back, shoulder and wrist. Repetitive strain injury can develop through frequent lifting with the back bent or twisted; pushing or pulling loads, including wheelchairs; working in a fixed position such as continuous sitting or driving for long periods; repetitive work with the hand or arm such as having to grip tools or loads tightly; using vibrating equipment or tools; or working with the neck, shoulders and arms in a fixed position such as at computer workstations.

Scope of Work Instruction

Managers, staff, volunteers and students

Work Instructions

Identification of Manual Handling Problems

Each client’s functional assessment includes mobility and transfer manual handling assistance requirements, which are indicated as “Identified Special Needs” on the *Client Care Plan*. The care plan includes a risk assessment, and a plan for managing that risk.

Manual handling problems experienced by staff may also be identified through *Workplace Incident and Accident Reports*, and through observation of work practices.

Staff who identify a potential manual handling task problem are to complete and submit a *Hazard Notification* to the designated Health and Safety Representative.

Assessment of Manual Handling Problems

Once a manual handling problem has been identified, a Manual Handling Risk Assessment Checklist is to be completed by the designated Health and Safety Representative. The risk factors to be considered in assessing manual handling problems include the following ten elements:

- Forceful exertions that place high loads on muscles and other tissues, including factors such as pushing, pulling, speed of movement, handling heavy or bulky weights;

- Working postures, including awkward, fixed or static positions which cause muscle fatigue;
- Repetitive work tasks requiring static positions, such as constant repetition of the same movement, or the duration of a task when it requires holding a position for a long time;
- Vibration hazards including damage and effects from use of tools or equipment;
- Work area design and layout including fixtures and fittings, furniture and equipment, height of workstations requiring continual reaching or bending;
- Excessive use and/or poor design of tools and equipment;
- Weights and forces and the nature of loads and handling controls, including how loads are packaged for manual handling (e.g. whether there are handles), distances moved;
- Staffing levels, skills mix, and individual factors, including matching people to tasks by skill and fitness levels;
- Task organisation and procedural guidelines, including equipment maintenance, inadequate rest breaks, task deadlines requiring having to work too fast for too long;
- Workplace environment including floors, temperature, lighting, hazards, and access to the right protective equipment.

Control of Manual Handling Problems

Once the risks have been assessed and a manual handling problem has been confirmed, the problem is to be eliminated or controlled.

The designated Health and Safety Representative, in consultation with relevant staff, is to complete the *Manual Handling Risk Control Plan*, which is to be submitted to the Health and Safety Committee meeting for urgent discussion and risk resolution.

There are two types of solutions Beaucare will adopt to control manual handling risks. They are design controls and administrative controls.

Design Controls

Design controls are the preferred solution because they can eliminate the risk, or reduce the risk factor to a minimal level. Design controls include:

- Job re-design, which may involve modifying the workplace layout, or changing tools or equipment, or rearranging the flow of materials, or changing the way a task is done;
- Provision of mechanical handling aids or equipment to eliminate the need for manual handling or reduce the risk of repetitive strain.

If the identified manual handling risk involves a client's assessed assistance requirements, an Occupational Therapist will be consulted to ensure the design control is suitable for both staff and client.

Administrative Controls

Administrative controls involve reducing the time staff are exposed to a risk factor. Administrative controls include:

- Work organisation such as staff rotations, task sharing, introduction of regular breaks, avoiding peaks in workflow;
- Task-specific training for employees in relation to the use of tools or mechanical aids and equipment, or lifting techniques and manual handling skills;
- Adjusting equipment servicing and maintenance schedules;
- Provision of additional personal protective equipment (PPE) such as knee pads, boots, gloves.

Review of Effectiveness of the Control Solution

All approved improvement plans, including those for manual handling design or administrative controls, are recorded in the Beaucare *Continuous Improvement Register*. The register entry includes the planned timeframe for review of the effectiveness of the chosen strategy. This evaluation will be undertaken by the General Manager and senior management, and reported to the Board.

Prevention and Training

All staff will be provided with manual handling training when starting with Beaucare and annually as part of the mandatory training requirements. Refer *5.1.1 Procedure – Mandatory Training* for further details.

Associated Beaucare Policies and Documents

- Training Module – Duty of Care
- Training Module – Safe Work Practices
- Training Module – Manual Handling
- Training Module – Infection Control & Hygiene
- Beaucare Food Safety Program
- Staff Training Register
- TRACCS Procedure – Staff Competencies

WIWHS.0016 Hazardous Substances Instruction

Instruction number WIWHS 00016		Authorised by: GM
Date last reviewed: Jan 2016	Reviewed by: GM	Date of next review: Jan 2017

This policy relates to Workplace Health & Safety & Service delivery	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	

Purpose

This work instruction provides guidelines to minimise the risk of harm and enhance personal safety for staff when using hazardous substances.

Scope of Work Instruction

Applies to all staff members, volunteers and students of Beaucare.

Principle

All chemical substances held on site (including cleaning and domestic products) that may be hazardous if used incorrectly, are to be monitored and controlled.

Work Instructions

Safety Data Sheets

SDS are required for all chemicals or substances that may have the potential to be toxic or dangerous in the workplace. These are developed upon purchase and updated as required. Responsibility for these rests with the Administration Team.

Safety Data Sheets (SDS) are to be easily accessible in the chemical storage area, to guide staff action in the event of a spill or an adverse event.

SDS sheets are to be checked through internal audits (quarterly) and through a full audit bi-annually.

Spill Kits

Spills kits will be provided in each chemical storage area, to minimise environmental damage in the event of a chemical spill. Each spill kit will contain:

- Face mask (nose & mouth);
- Eye shield;
- Apron;

- Disposable gloves;
- Paper towel;
- Detergent;
- Bags for sealing contaminated materials/waste;
- Spill absorbent or clumping agent;
- Scoop or scraper;
- Sealable bucket or container for all items.

Spills kits will be stored in the following locations:

- *44 Tina Street* – in staff room cupboard;
- *64 Tina Street* – in kitchen;
- Home Maintenance trailer.

Storage Area

Storage areas for all flammable or poisonous substances are required to be well ventilated and clearly and appropriately signed. Outdoor garden maintenance facilities used to store petrol lawn mowers or gas barbecue cylinders are required to be clearly signed *Flammable Materials*.

Storage areas for all hazardous substances are to be kept locked to prevent inadvertent access or incident involving clients, visitors or children. Only staff members responsible for those areas are to hold the keys, and records are to be maintained of key distribution.

Beaucare accepts its regulatory obligation to maintain a *Hazardous Substances Register* to record all flammable or poisonous substances held on the work premises. The Beaucare *Hazardous Substances Register* will be maintained by the Administration Team.

The *Hazardous Substances Register* documents the following characteristics for each flammable/poisonous substance:

- The product name;
- The quantity of the product held;
- The storage location;
- The risk associated with the substance;
- Whether MSDS are held for the product.

Hazardous Substances Safety Training

Relevant staff members whose role involves using hazardous substances (chemicals or flammable substances) are to be provided with training about the specific risks entailed, and the PPE they are to use whilst undertaking their role, relevant to the risk. Specific risks associated with the storage and use of chemical products or flammable substances may include (but are not limited to):

- Storage and control of S4 drugs;
- Fire or explosion from flammable substances;
- Danger from inhaled fumes;
- Chemical burns to skin;
- Environmental damage;
- Poisonous if swallowed;
- Damage to sight if splashed in eyes.

Responding to a Hazardous Substance Incident

Beaucare does not use or store highly hazardous substances. In the event that a spill occurs, the following procedure is to be used:

- Evacuate the area;
- If possible, contain the spill using the spill kit;
- Call '000' if the spill is too large/hazardous to contain or injury/illness is likely as a result of the spill;
- Notify the General Manager of the incident and complete an *Incident Report*.

Associated Beaucare Policies and Documents

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WIWHS.0019 Post Incident De-Briefing and Support Work Instruction

Instruction number WIWHS 00019		Authorised by: GM
Date last reviewed: Jan 2016	Reviewed by: GM	Date of next review: Jan 2017

This policy relates to Workplace Health & Safety & Service delivery	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	

Purpose

To provide guidance when a stressful event has occurred to minimise post and vicarious trauma responses in those involved.

Principle

Beaucare is committed to providing the maximum protection for staff through clear practice guidelines and instructions to minimise consequences arising critical incidents

Scope of Work Instruction

This procedure is applicable to staff, students and volunteers

Work Instructions

Debriefing

At the conclusion of any emergency, confrontation, critical incident or personal threat, an informal debriefing session will be offered for all staff affected. This may be in a group setting or individually.

No notes are to be taken during the debriefing session. While trained Community Services staff are preferable in this situation, Managers (who were not directly involved in the emergency) may conduct this debriefing session using the following guide:

- *What happened.* Ask the person to describe their experiences.
- *Why was this important.* What about the situation was the most difficult for you? What are you struggling the most with? What emotion are you feeling the most? How has it affected you?
- *How can I use this experience.* What now? What will you do differently in the future? How will it affect what you do? What do you need from Beaucare going forward?

Some important tips:

- The most important part of a debrief session is that the person is able to speak openly and honestly about their experiences;

- Do not correct their perceptions (e.g. that's not what happened) but feel free to offer a different one – have you thought that maybe it was
- Try to normalise the feelings of the person. Things like 'It's totally normal to be feeling _____'"

This will be followed up by a professional debriefing session/s, to be arranged by the GM and facilitated by an appropriately trained professional.

If any staff find they are still experiencing stress, anxiety or concern relating to emergency, threatening, abusive or violent incidents after any period of time, which is having a detrimental effect on them in their personal or professional lives, they should inform their Manager. Our staff support mechanisms include provision of appropriate, confidential follow-up and independent counselling services for staff, at Beaucare's expense.

Stress Leave

If appropriate, stress leave to enable rest, recuperation and recovery can be arranged in consultation with the relevant Manager and GM.

Incident Review

Given sufficient time for all staff involved to recover from in the emergency situation, a thorough review of the incident and response is to be undertaken.

Depending on the incident or emergency, a facilitated group review session may be undertaken, or for situations that were particularly traumatic or had serious implications, an investigation may be undertaken by the GM, or their delegate, and a report compiled for the Board to review.

Any actions recommended from the review process are to be added to the Continuous Improvement Register.

Associated Beaucare Policies and Documents

WIWHS.0024 Safe Facilities & Equipment Work Instruction

Instruction number WIWHS 00024	Authorised by: GM	
Date last reviewed: Jan 2016	Reviewed by: GM	Date of next review: Jan 2017

This policy relates to Workplace Health & Safety & Service delivery	
Human Services Quality Framework	
National Quality Standards Early Childhood Education & Care	

Purpose

To ensure all Beaucare sites, facilities and equipment are safe.

Principle

To keep all staff, volunteers, students, contractors, clients and visitors safe.

Scope of Work Instruction

Applies to all Beaucare sites and facilities.

Work Instructions

Risk Management

Beaucare's integrated risk management strategy provides a structured framework for the identification, analysis and treatment of all situations of risk.

Our facility design and equipment purchase choices are cognisant of this approach and involve not only a risk analysis, but planned preventive actions to minimise exposure to risk, corrective action reporting and improvement planning through our Quality Committee.

For more information on how our Workplace Safety policies dovetail into our risk management strategy, please refer to Governance Policy *Integrated Risk Management*.

First Aid Equipment

First aid equipment is to be available at all sites, in all vehicles and at any external site where staff and or clients are working from or participating in an activity. The Health and Safety Representative will delegate responsibility to a member of staff for checking first aid supplies monthly, and replenishing as required.

Facilities and Work Environment

Workplace facilities of Beaucare will be designed with a focus on safety and security. Non-slip floor coverings will be used, and immediate corrective action will be taken to address any lifted or torn floor coverings that present a tripping hazard.

Our premises will provide adequate ventilation, with appropriate heating and cooling systems installed to maintain a safe and comfortable work environment temperature. Lighting in all facilities will be adequate and relevant for purpose.

Appropriate work spaces will be provided, with a room for staff meetings, staff kitchen/lunch room facilities, and an adequate number of washrooms/toilet facilities. Workstations will be screened from public view.

Client interview rooms will have sight and sound privacy. Designated spaces that comply with privacy requirements will be made available for storage of client and personnel records. A lockable, ventilated space will be allocated for archived record storage.

A suitable entry/loading dock will be provided for moving equipment and supplies. Outdoor areas will be well maintained, with access ways kept clear.

Any flammable materials (e.g. gas canisters) or hazardous substances stored on site will be held in a well-ventilated, lockable storage area which is appropriately signed.

Ergonomic Design

Beaucare is mindful of the risk of repetitive strain injury and/or injury resulting from awkward or static working postures.

To control these potential hazards, advice will be sought on ergonomic design in our purchase choices of work station desks and chairs, computer screen glare protectors, wrist supports, and other relevant work station furniture, equipment and accessories.

Accessibility

Beaucare is committed to the social justice principle of equity of access, and acknowledges that this entails a responsibility to address barriers to access for people with disabilities, and to provide for their safety and security.

Designated “disability parking” bays will be provided at all Beaucare premises. Ramps will be installed as required to ensure the front entrance of the premises is accessible for people in wheelchairs. Wherever feasible, automatic entry doors will be installed, except where exemptions apply under the Disability Discrimination Act. All Beaucare premises will provide accessible reception and public areas, and wheelchair accessible washroom/toilet facilities.

Auditing

Designated members of the Health and Safety Committee, including the Health and Safety Representative, are responsible for conducting regular audits of the work environment in accordance with the *Quality Monitoring and Auditing Schedule*, to ensure the workplace remains physically safe, accessible, and free of hazards.

Equipment Maintenance, Inspections and Records

Where *Work Environment Audits* identify improvement action is required in terms of repair or replacement of equipment, or staff compliance with required procedures, an *Audit Report* is to be

submitted to the Health and Safety Committee for discussion and decision-making. Approved improvement plans are recorded in the *Continuous Improvement Register*. Approved equipment purchases are recorded in the *Assets Register*. Approved repairs are recorded in the *Repairs Register*. Staff training to improve process compliance is recorded in the *Staff Training Register*. Standard schedules have been established for preventive maintenance of facilities and equipment, which are recorded in the *Maintenance Register*. Record logs of routine servicing and repairs, and all inspection, audit and test reports can be traced through the *Records Register*.

Air conditioning units are to be cleaned in accordance with the preventive maintenance schedule to minimise the risk of spread of air-borne infections, and recorded in the *Maintenance Register*.

All relevant clinical equipment or gauged instruments will be calibrated annually to ensure accuracy. Calibration requirements are recorded in the *Compliance Register*.

All equipment and aids supplied by Beaucare to clients of the service, to promote independent living, will be regularly checked and maintained in a safe, secure and well-functioning state, and will be recorded in the *Maintenance Register*.

Pest Control

To minimise the risk of pest infestations, pest control spraying of facilities will be undertaken in accordance with the preventive maintenance schedule.

Pest control spraying is to be conducted at a time that presents the least inconvenience and risk to staff, clients, and visitors to the premises, and the least disruption to services.

Electrical Safety

Beaucare will ensure that throughout our facilities, an adequate supply of power points are installed, to negate the need for power-boards or electrical extension cords.

All Beaucare buildings will be fitted with an earth leakage unit (safety switch). Where Beaucare is operating from leased premises where the landlord's consent for installation of an earth leakage unit cannot be obtained, all electrical equipment will be tested annually by a qualified electrician, and dated inspection tags attached to each electrical appliance.

The contact details of our contracted electrician will be recorded in the *Preferred Suppliers Register*. The safety requirements and frequency for maintenance and inspection of electrical appliances will be recorded in the *Maintenance Register*.

Premises Security

A security alarm system has been installed at all Beaucare premises. Should an alarm be triggered, response code instructions provided by our contracted security provider are to be followed by the delegated officer, as documented in the *Delegations Register*.

Automatic external security lights have been installed at all premises to protect the safety of staff leaving the premises after night-fall, and to minimise the risk of break-ins whilst the premises is unattended.



The last person leaving the work premises must check all rooms before leaving and ensure that all lights, air conditioners and computers are switched off. The last person to leave the premises must ensure all exit doors are locked and that the security alarm system is armed.

All staff leaving the premises after hours are to be alert and aware of their surroundings.

Associated Beaucare Policies and Documents



Attachment 7: Recommended Cleaning Schedule

BEAUCARE FAMILY DAY CARE RECOMMENDED CLEANING SCHEDULE

Areas	Cleaned after each use	Cleaned Daily plus when visibly dirty	Cleaned Weekly plus when visibly dirty	As Required or when visibly dirty
Infants / Toddlers				
Infant Mouthed toys	✓			
Nappy change mats	✓			
Nappy change table	✓			
High Chair Table Tops	✓			
Infant Bottles	✓			
Pacifiers / Dummies	✓			
Plush toys – (shared) - launder	✓			
Plush toys – (individual) - launder			✓	
Play / Sleep Areas				
Table & chairs	✓			
Toys			✓	
Dress ups - launder			✓	
Cots			✓	
Linen / bedding – if children are using the same linen each day			✓	
Vinyl mattress			✓	
Carpets - vacuum		✓		
Floors beneath rugs			✓	
Floors		✓		
Refrigerator				✓
Door knobs		✓		
Garbage containers		✓		
Low Shelves			✓	
Other surfaces not often touched by children			✓	

Areas	Cleaned after each use	Cleaned Daily plus when visibly dirty	Cleaned Weekly plus when visibly dirty	As Required or when visibly dirty
Bathrooms				
Toilets		✓		
Toilet accessories		✓		
Handwashing sinks / taps		✓		
Floors		✓		
Surfaces that children have had frequent contact with (e.g. bench tops, door knobs, handles)		✓		
Reusable towels - launder	✓			
Shared combs and brushes	✓			
Toothbrushes	✓			
Toothbrush cases				✓ Forthnightly
Outside Areas				
Outdoor toys			✓	
Outdoor furniture			✓	
Sandpit		✓		
Pest Control (inside and out)				✓



Attachment 8: InfaSecure Convertible Car Seat Manual

(Models CS7110 series and CS7210 series)

CS7110 SERIES CS7210 SERIES MODELS

Convertible Car Seat

CHILD SEAT TO BOOSTER SEAT

CHILD SEAT
(Forward Facing)
Suitable for children from approximately 6 months to 4 years* of age



↓

BOOSTER SEAT
Suitable for children approximately 4 to 8 years* of age





Certified Product

Australian Standard
AS/NZS: 1754-2010
Licence No. 25324
SA Global

*All references to age are to an average proportioned child. Children vary in shapes and sizes. The ages outlined above is an approximation only.

The photo displayed is indicative of the type of restraint and may vary slightly depending on the model.



IMPORTANT

KEEP THIS BOOKLET IN THE PROVIDED ON THE CHILD RESTRAINT



infasecure
caring for the wellbeing of infants

*All references to age are to an average proportioned child to age.

CS7110 SERIES CS7210 SERIES MODELS

SUITABILITY OF THE CHILD RESTRAINT TO GROUPS OF CHILDREN

The CS7110/CS7210 Convertible Car Seat is suitable for toddlers and older children as a convertible booster seat.

CONVERTIBLE SEAT (Type B and Type E)

Child Seat to Booster Seat

To be used in forward-facing position with built-in harness by children whose shoulders are above the lower shoulder height marker (approximately 6 months of age) until their shoulders reach the middle shoulder height marker (approximately 4 years of age). Then to be used with a lap-sash seat belt until their shoulders reach the upper shoulder height marker (approximately 6 to 8 years of age).

Continue to use this child restraint until the child reaches this limit.

Children are safest in a booster seat until their shoulders reach the upper shoulder height marker of the booster seat.

Do not use this child restraint until child's shoulders are above the lower shoulder height marker.

Just using a seat belt is not recommended for children that have outgrown this seat. Use a larger booster seat.

IMPORTANT

PLEASE READ AND FOLLOW THESE INSTRUCTIONS EXACTLY BEFORE INSTALLATION PLEASE READ CAREFULLY THE WHOLE OF THE INSTRUCTIONS FOR INSTALLATION AND IF IN THE EVENT OF DOUBT ABOUT THE METHOD OF INSTALLATION TO CONSULT INFASECURE OR A CHILD RESTRAINT FITTING STATION AUTHORISED BY THE RELEVANT TRANSPORT AUTHORITY. IN NEW ZEALAND, CONSULT THE AGENT FOR THE VEHICLE.

WARNING

DO NOT LEAVE CHILDREN UNATTENDED IN THE CAR.



INFASECURE PTY LTD
P.O. Box 487, Emu Plains
NSW 2750
Customer Service
Phone No: 02 4728 8090

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ANCHORAGE FITTINGS

Some vehicles may have an anchor fitting already fitted by the vehicle manufacturer.

If no anchorage points can be found refer to the vehicle manufacturer, or an authorised child restraint fitting station for the best location of an anchorage point.

Refer to the vehicle owners handbook or child restraint fitting station for the possible use of spacers.

Some vehicles may require the use of additional extension straps (not supplied with this child restraint)

If so ring InfaSecure on (Aust) (02) 4728 8080 for nearest supply location.

ADDITIONAL EXTENSION STRAPS AVAILABLE:
 CS111 300mm Extension strap
 CS112 600mm Extension strap
 CS113 200 - 900mm Adjustable Extension strap



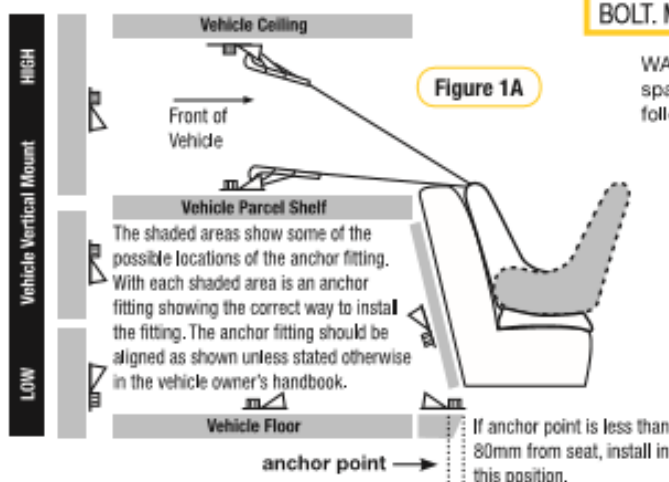
WARNING

- Upper anchorage strap and attachment clip must always be used
- Upper Anchorage strap and attachment clip must only be attached to the correct anchor fitting
- Always ensure that the upper attachment clip is correctly engaged to the anchor fitting
- This restraint is not suitable for use in a hatchback or wagon where the anchorage strap may fall into a split in the seat back
- Straps may be damaged by unsecured cargo in a collision. Secure or remove hazardous cargo before using this restraint. Hatch-back or wagon: Do not use the child restraint where this strap may fall into a split in the seat back. Always attach hook and remove slack.

FOR CARS FITTED WITH A CHILD RESTRAINT ANCHORAGE POINT

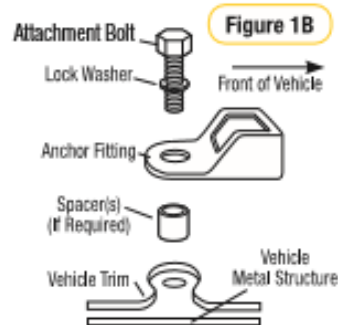
THIS RESTRAINT MUST BE ATTACHED TO A CHILD RESTRAINT ANCHORAGE POINT IN THE CAR. LOCATE THE ANCHORAGE POINT BEHIND THE REAR SEATING POSITION. CONSULT THE CAR OWNER'S HANDBOOK FOR LOCATION OF ANCHORAGE POINTS. REMOVE THE THREAD PLUG FROM THE PARCEL SHELF/FLOOR/ROOF AND INSTALL THE ATTACHMENT BOLT AS SHOWN IN FIGURE 1A & 1B.

CAUTION: DO NOT OVERTIGHTEN ATTACHMENT BOLT. MAXIMUM TORQUE IS 20NM.



WARNING: If A.D.R. anchorage point is recessed, spacer(s) may be required. Spacer Part No's are as follows: 10mm - CCS001; 5mm - CCS002

UPPER ANCHORAGE FITTINGS



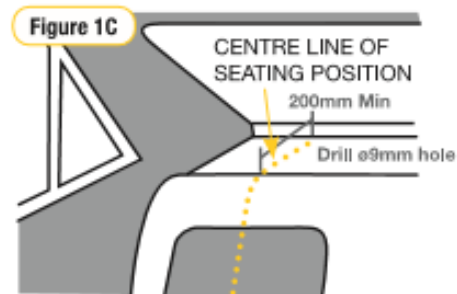
ANCHORAGE FITTINGS

FOR CARS NOT FITTED WITH A CHILD RESTRAINT ANCHORAGE POINT

FOR SEDANS ONLY

Drill a 9mm diameter hole in the parcel shelf on the centre line of the seating position as shown in Figure 1C. Hole must be no closer than 200mm from the front of the back seat. Install the anchor bolt as shown in Figure 1D.

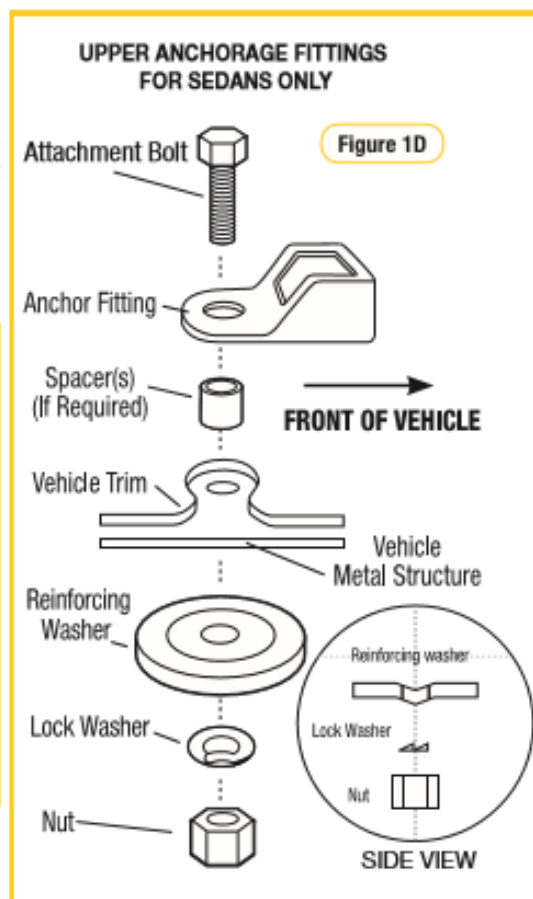
Note to Queensland purchasers: The installation of anchorage points must be approved by authorised officers appointed by Queensland Transport. Authorised officers can be sourced from all Queensland Transport Customer Service and Queensland Ambulance Service Centres.



FOR VEHICLES OTHER THAN SEDANS

In Australia, consult your nearest child restraint fitting station or traffic authority for vehicle inspection to find the best, correct position for the placement of the anchorage point, and for the correct attachment bolt length and use of spacers.

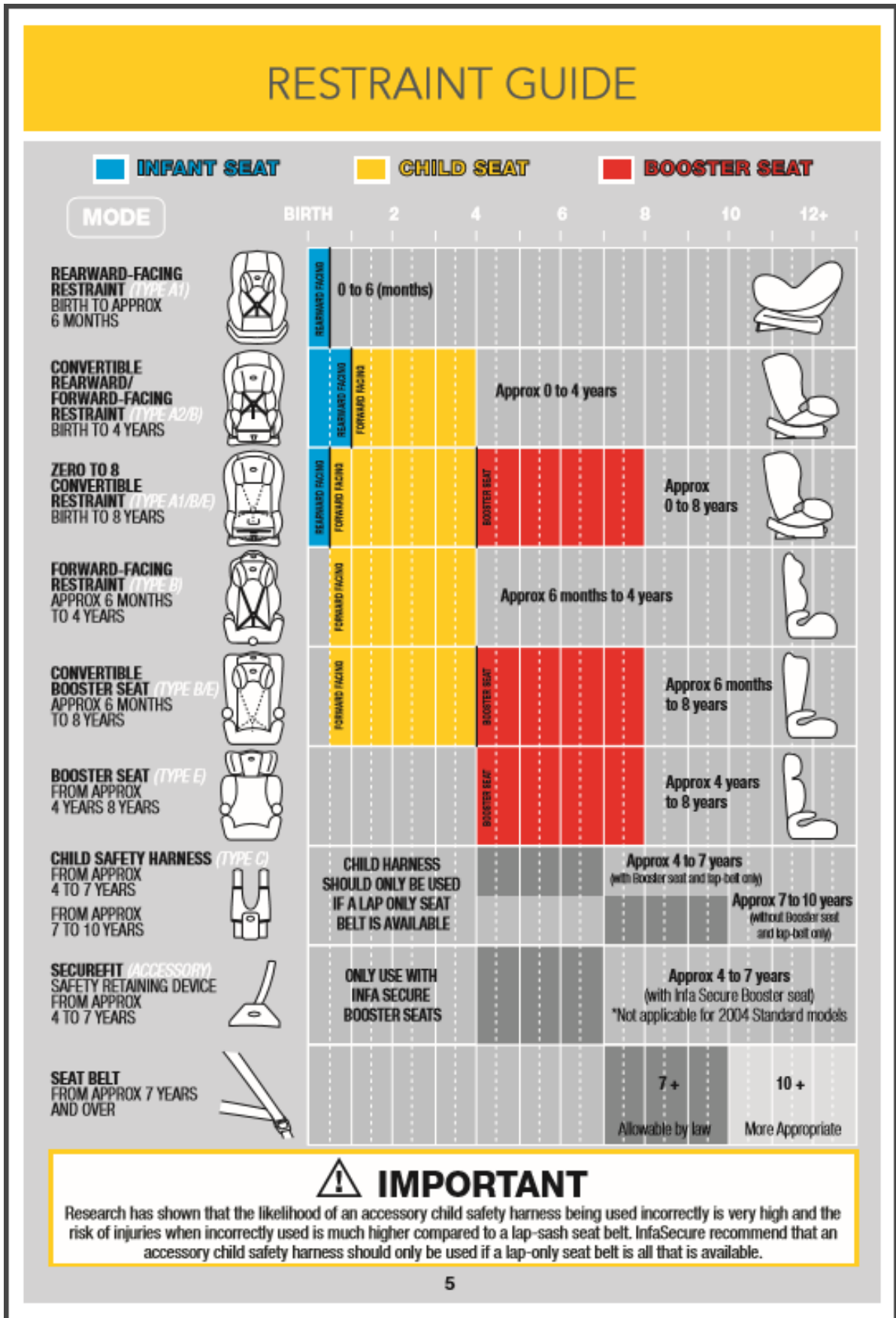
In New Zealand consult the agent of the vehicle.



WARNING



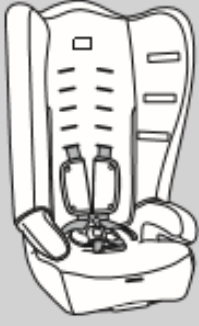



CHILD RESTRAINTS MUST NOT BE ATTACHED TO UNSOUND METAL OR WOOD OR SYNTHETIC STRUCTURES. WHEN DRILLING THE 9MM HOLE DO NOT DRILL THROUGH FUEL LINES, FUEL TANKS, ELECTRICAL WIRING OR RADIO SPEAKERS. WEBBING STRAPS MUST BE PROTECTED FROM SHARP CORNERS AND EDGES.

THE ANCHOR FITTING MUST BE USED ONLY AS DESCRIBED ABOVE. IT MUST NOT BE HOOKED ONTO ANY OTHER OBJECT.



PADDING/INSERTS

COMBINATION GUIDE

STANDARD (Shoulder pads & buckle pads)	DELUXE	MODE
		<p>CHILD SEAT (Small Child) FORWARD FACING</p> <p>→</p>
		<p>CHILD SEAT (Large Child) FORWARD FACING</p> <p>→</p>
		<p>BOOSTER SEAT FORWARD FACING</p> <p>→</p>

The Padded Insert/s (if fitted) are designed to provide extra support and comfort for small babies. Discontinue use when the insert is a tight fit or creates discomfort for larger children.

- *Diagrams are indicative of type of paddings and inserts and may not resemble the actual product.
- *Padded inserts can vary according to model (if supplied).
- We reserve the right to alter this product without notice.

*For detailed description and method of attachment for padded accessories refer to Accessories on page 31.

6

CHILD SEAT

(Forward Facing - using inbuilt harness)

CHILD
WITH INBUILT HARNESS

INFORMATION & WARNINGS

To be used only in a forward-facing position with built-in harness by children whose shoulders are above the lower shoulder height marker (approximately 6 months of age) until their shoulders reach the middle shoulder height marker (approximately 4 years of age).

TO BE USED WITH A LAP-SASH/LAP-ONLY SEAT BELT THE FRONT/BACK OF MOST CARS WITH FORWARD FACING SEATS.

Continue to use this child restraint until the child reaches this limit.

Do not use this restraint until child's shoulders are above the lower shoulder height marker.

Children are at risk of serious injury if they move to a booster seat too early. Children that have outgrown this restraint are safest in a booster seat until their shoulders reach the upper shoulder height marker of the booster seat.

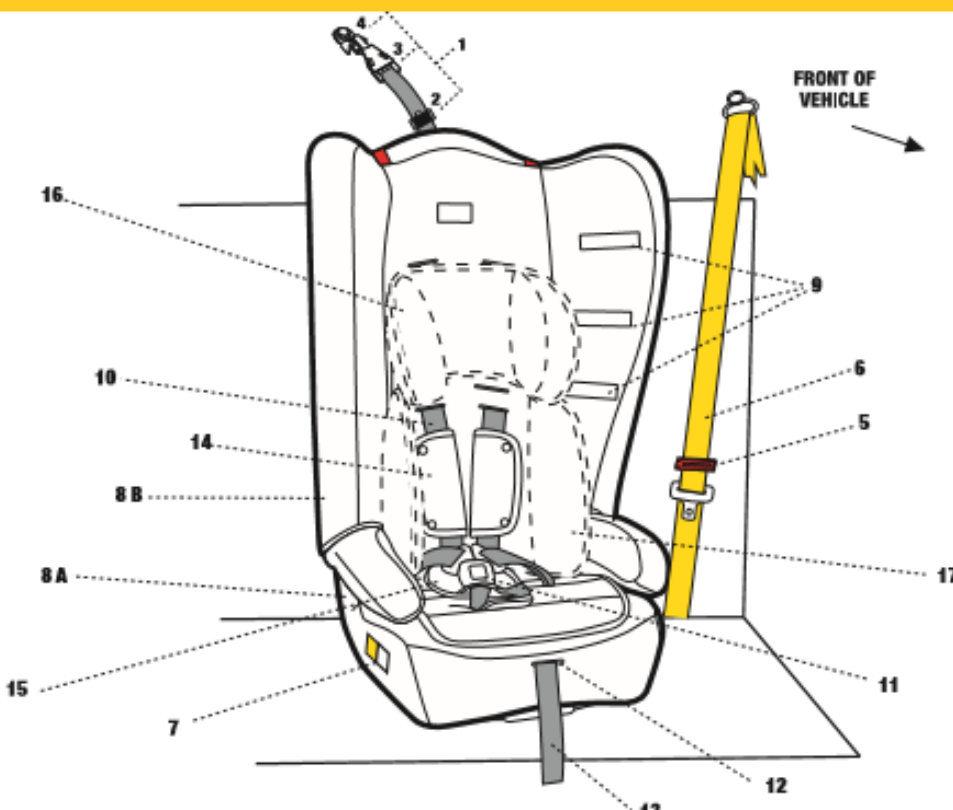


WARNING


- Use the restraint exactly as shown in the instructions.
- Supervision of children is needed because they may be able to undo buckles.
- DO NOT LEAVE CHILDREN UNATTENDED IN THE CAR.
- Do not alter or modify this restraint.
- Repairs must only be done by the manufacturer or agent.
- Do not allow the restraint to come into contact with polishes, oils, bleach and other chemicals.
- Destroy the restraint if it has been in a severe crash, even if no damage is visible.
- Fit the restraint firmly to the car seat.
- Fit the harness firmly to the child.
- A loose restraint or harness is dangerous.
- THIS RESTRAINT IS NOT SUITABLE FOR USE WHERE THE ANCHORAGE STRAP MAY FALL INTO A SPLIT IN THE SEAT BACK. (EG HATCHBACK OR WAGON)
- THIS RESTRAINT MUST BE ATTACHED TO A CHILD RESTRAINT ANCHORAGE POINT IN THE CAR. REFER TO CAR OWNER'S HANDBOOK FOR LOCATION OF ANCHORAGE POINTS. REFER TO A CHILD RESTRAINT FITTING STATION IF NO CAR ANCHORAGE POINTS ARE IN THE MOTOR CAR.
- Straps may be damaged by unsecured cargo in a collision. Secure or remove hazardous cargo before using this restraint. Hatch-back or wagon: do not use the child restraint where this strap may fall into a split in the seat back. Always attach hook and remove slack.
- IF AN AIRBAG IS FITTED IN THE SEATING POSITION WHERE THE CHILD RESTRAINT IS TO BE FITTED, FOLLOW THE VEHICLE MANUFACTURER'S WARNINGS AND INSTRUCTIONS.
- When used in this mode the restraint must be used in conjunction with a lap or lap-sash seat belt.

MODEL CS7110/CS7210

CHILD
 WITH INBUILT HARNESS



1. UPPER ANCHORAGE STRAP ASSEMBLY	9. SHOULDER HEIGHT MARKER
2. UPPER ANCHORAGE STRAP ADJUSTER	10. HARNESS SHOULDER STRAPS
3. ATTACHMENT CLIP	11. BUCKLE ASSEMBLY
4. ANCHOR FITTING + ATTACHMENT HARDWARE	12. HARNESS ADJUSTER
5. SAFE GRIP RED BELT CLAMP (supplied in pocket)	13. HARNESS ADJUSTMENT STRAP
6. VEHICLE SEAT BELT	14. SHOULDER PADS
7. "FORWARD-FACING SEAT BELT PATH" MARKER (EACH SIDE OF RESTRAINT - COLOURED YELLOW)	15. BUCKLE PAD
8. COMFORT COVER A - SEAT BASE B - BACKREST	16. PILLOW (if applicable)
	17. PADDED INSERT (if applicable)



IMPORTANT

For a vehicle without a fixed parcel shelf an extension strap(s) may be needed.
 If so ring (02) 4728 8080 for nearest supply location. (Refer page 13)
 Seat belt extenders should not be used if the seat belt is not long enough to secure the child restraint.

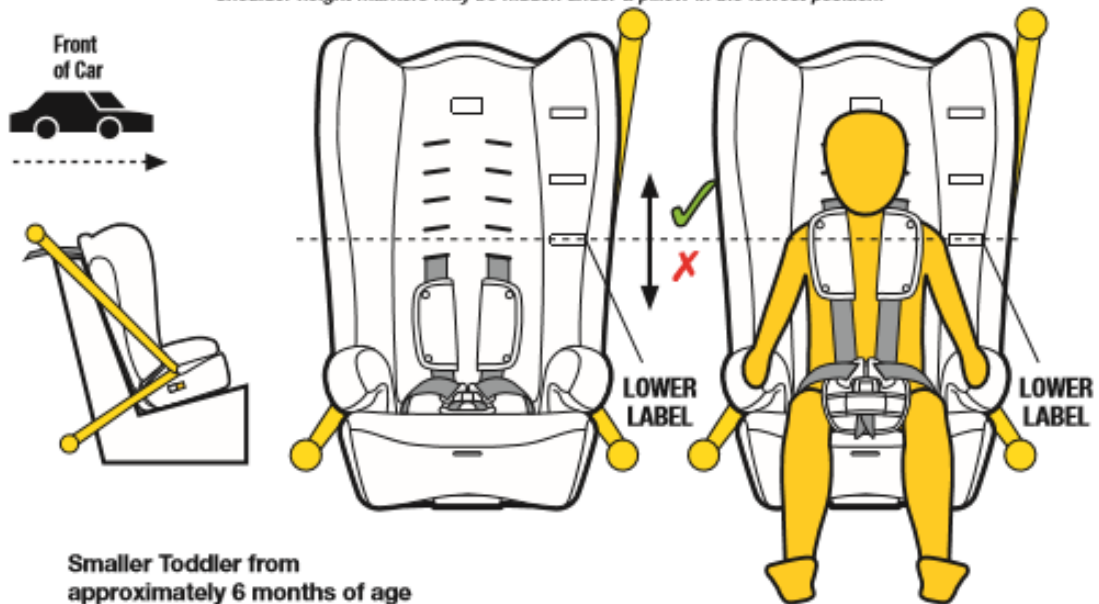
8

SHOULDER HEIGHT MARKER

CHILD
WITH INBUILT HARNESS

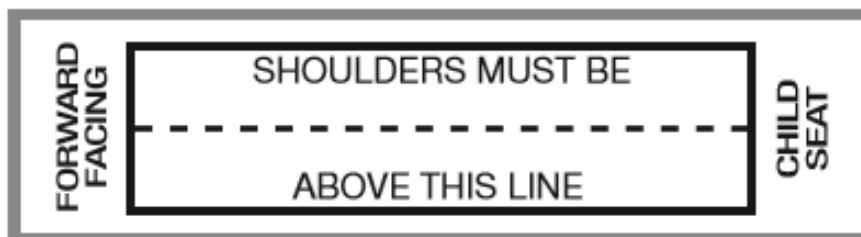
SMALLER TODDLER (Using Inbuilt Harness)

Shoulder height markers are provided on this restraint for a visual indication that the child is safe to travel in this restraint.
Shoulder height markers may be hidden under a pillow in the lowest position.



Do not use as a forward-facing child restraint until the child's shoulders are above the lower shoulder height marker (lower label).

LOWER LABEL (Forward Facing)



IMPORTANT

When using the inbuilt harness the child's shoulders must be in-line or above this marker

If moving a child from rearward-facing child restraint, to forward facing child restraint the child's shoulders will need to be in-line or above the lower label. If the child's shoulders are below the lower label or if the baby's neck muscles are unable to support their head, then the child should remain rearward-facing.


SHOULDER HEIGHT MARKER

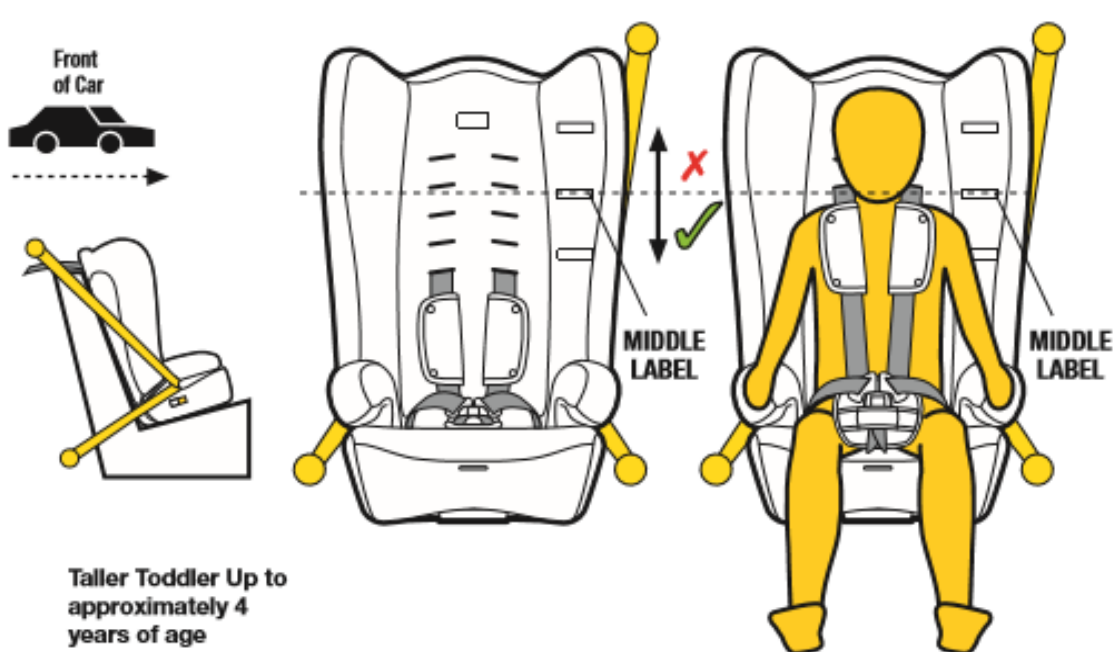
CHILD
WITH INBUILT HARNESS

TALLER TODDLER (Using Inbuilt Harness)

Shoulder height markers may be hidden under a pillow in the lowest position

Front of Car





Taller Toddler Up to approximately 4 years of age

Continue to use this forward-facing child restraint until the child's shoulders reach the middle shoulder height marker, (Middle Label)

MIDDLE LABEL (Forward Facing)

FORWARD FACING

CHANGE TO BOOSTER MODE WHEN

SHOULDERS REACH THIS LINE

BOOSTER SEAT

⚠ IMPORTANT

When the child's shoulders reach the shoulder height marker (Middle Label), convert the child restraint to booster seat mode and use with a lap sash seat belt.

Children are at risk of serious injury if they move to booster seats too early.

Children that have outgrown the forward-facing child restraint are safest in a booster seat until their shoulders reach the upper shoulder height marker of the booster seat.

10

SET UP

CHILD
WITH INFANT HARNESS

SELECTION OF APPROPRIATE PADDING COMBINATIONS

Step 1: Determine whether your child requires the additional padding provided with this restraint, to ensure a safe and snug fit in the restraint. Refer to page 6 for suggested padding combinations.

ADJUSTING RECLINE ANGLE

Determine which seat angle is preferred for the comfort of your child.

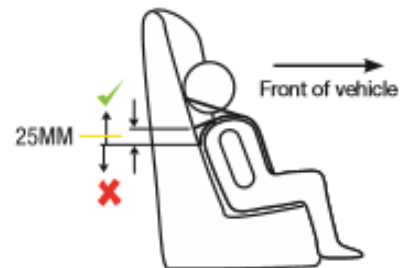
TO RECLINE

Pull down the recline base and ensure the support is forward (in position).



CORRECT SHOULDER HEIGHT

The correct height for the shoulder straps is very important for the optimum performance of the restraint. The shoulder straps must be in the slots which are nearest to the child's shoulders, but not more than 25mm below the child's shoulders (see figure 13). The shoulder strap slots used in forward facing position are the upper and middle positions.



IMPORTANT

The shoulder straps must be in the slots which are nearest to the child's shoulders, but not more than 25mm below the child's shoulders.

SHOULDER SLOT HEIGHT

With the child correctly sitting in the restraint, check which set of slots (in the plastic shell of the restraint) are the level with but not more than 25mm below the child's shoulders.

Step 1: From the rear of the restraint, remove each shoulder harness through the gates in the "G" connecting plates (see Figures 1, 2 & 3).

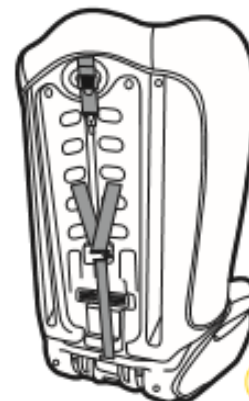


Figure 1

SET UP

CHILD
WITH ADULT HARNESS

SHOULDER SLOT HEIGHT

Step 2: Pull the shoulder harness straps through the shoulder slot holes in the seat body and cover. They are now loose in the front of the seat (see Figure 4).

Step 3: Push the ends of the shoulder harness straps through the appropriate shoulder slot holes in the cover and seat body for the child's shoulder height. (see above for correct shoulder height for forward facing).

Step 4: Thread each shoulder harness strap back onto the "G" connecting plate through the gate (see Figure 3). The shoulder harness straps are connected to the "G" connecting plates (see Figure 1).



Figure 2



Figure 3

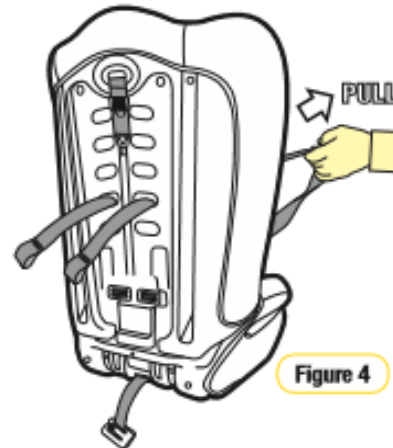


Figure 4

! IMPORTANT

- Do not use the restraint with harness shoulder straps set at different heights.
- Ensure that all straps have been secured correctly by pulling on each strap.
- Ensure that the harness straps are not twisted.

INSTALLATION

CHILD
WITH ADULT HARNESS

INSTALLING IN VEHICLE (Using Lap-sash Seat Belt)

Step 1: Place the child restraint in desired upright or reclined position, with the back against the back of the vehicle seat, directly in line with the anchorage point (see Figure 1).

! IMPORTANT

Ensure that you use the **FORWARD-FACING BELT PATH** indicators, marked in "yellow".

Step 2: Install the upper anchorage fitting as shown on page 3 & 4 of these instructions

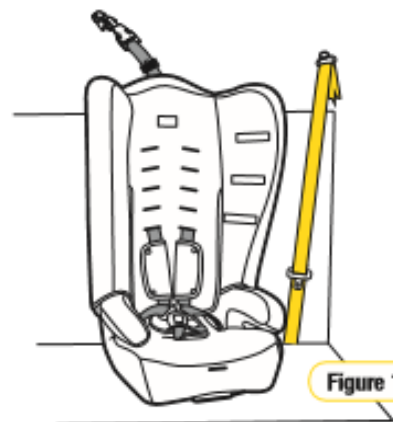


Figure 1

INSTALLATION

CHILD
WITH INFANT HARNESS

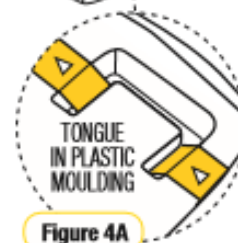
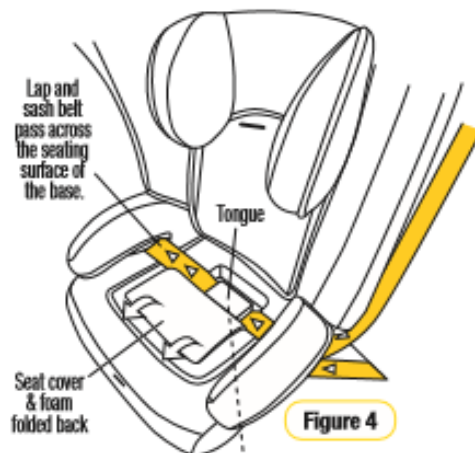
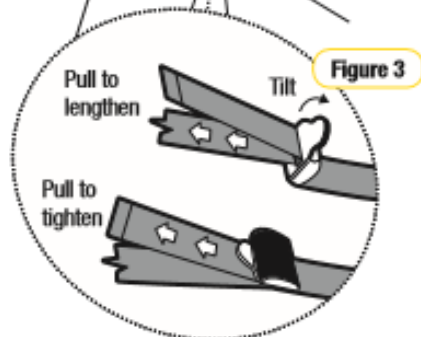
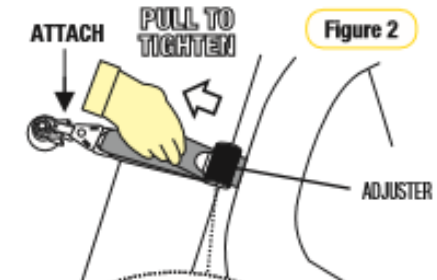
INSTALLING IN VEHICLE (Using Lap-sash Seat Belt)

Step 3: Hook the attachment clip to the anchor fitting. Ensure there are no twists in the upper anchorage strap (Refer to Figure 2).

Step 4: Pull to tighten to remove all the slack, from the upper anchorage strap. Do not overtighten as this could cause the restraint to lift off the vehicle seat (Refer to Figure 3)

Step 5: Fold the rear of seat base cover and foam forward to expose the seating surface of the base. Fully extend the seat belt and pass the lap and sash sections of the vehicle belt under the first armrest, across the seat base ensuring you pass the seat belt beneath the tongue in the plastic moulding (refer Figure 4A) then under the second armrest, “click” the buckle tongue into the buckle (Refer to Figure 4).

Important notes: The vehicle belt is now located across the seat base. The belt path is shown by the arrows in Figure 4 & 4A.



WARNING

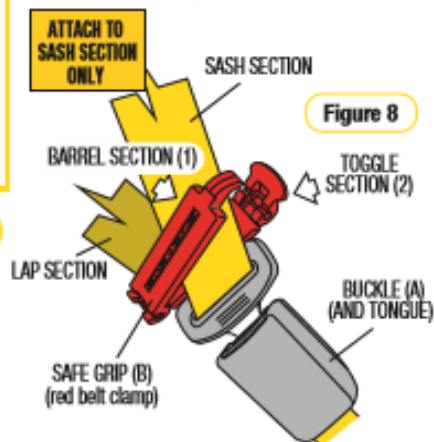
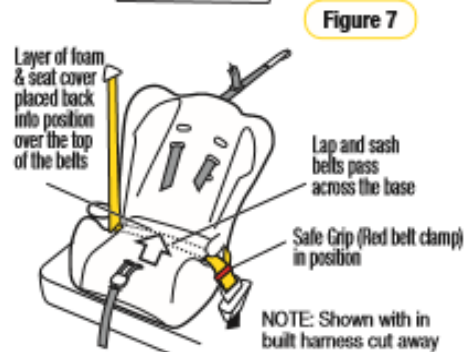
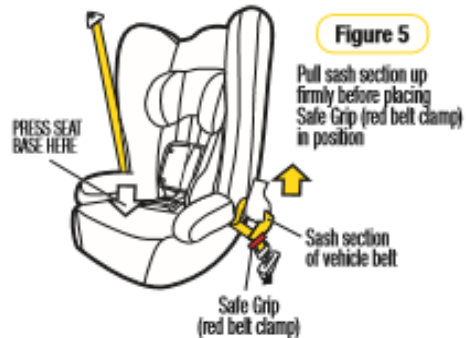
- Always use a lap or lap-sash seat belt and upper anchorage strap to attach the child restraint to the vehicle.
- Do not use the restraint without the upper anchorage strap correctly attached and adjusted.
- Do not use on any vehicle seat which faces sideways or rearwards.
- IF AN AIRBAG IS FITTED IN THE SEATING POSITION WHERE THE CHILD RESTRAINT IS TO BE FITTED, FOLLOW THE VEHICLE MANUFACTURER'S WARNINGS AND INSTRUCTIONS.
- Fit the restraint firmly to the car seat.

INSTALLATION

CHILD
WITH BUILT-IN HARNESS

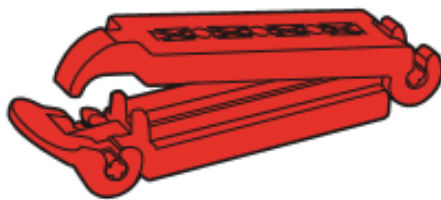
INSTALLING IN VEHICLE (Using Lap-sash Seat Belt)

Step 6: Push down on the base of the restraint (with knee or hand) whilst pulling the sash section of the vehicle belt firmly up in direction of the yellow arrow in figure 5. This will make the lap belt very tight across the seat base. Whilst continuing to pull the sash section up (i.e. maintaining tightness of the lap section) attach the **Safe Grip** (red belt clamp) on the sash section as close as possible above the buckle tongue. (Refer to Figure 8 and instruction for installing the **Safe Grip** red belt clamp below) Tighten sash section of belt across the base. Place layer of foam and seat cover back into position over the top of the vehicle belt.



SAFE GRIP BELT CLAMP

The **Safe Grip** (red belt clamp) locks the lap belt to ensure a firm installation, and avoids slack in the lap belt.



To install the **Safe Grip** (red belt clamp), open it and clamp the "sash section" of the vehicle seat belt by closing the barrel section of the red belt clamp in the direction of arrow 1 in figure 8 and then locking with the toggle section by pushing in the direction of arrow 2 in figure 8 when the **Safe Grip** (red belt clamp) is secured in place, the lap section is now tightly holding your child restraint in place, independent of the sash section. The **Safe Grip** (red belt clamp) must be removed when the child restraint is not installed to allow other users to use the seat belt as a lap/sash seat belt. Always keep the **Safe Grip** (red belt clamp) in pocket provided when not in use.

(Using Lap Seat Belt)

Step 1: Follow the instructions covered by "Installing in Vehicle (Using lap sash seat belt)" Steps 1 to 6 (refer pages 11 & 12).

Note: Do not use the **Safe Grip** (Red belt clamp) as there is no sash section of the seat belt.

USE

CHILD
WITH BUILT-IN HARNESS

USING IN-BUILT HARNESS

- Step 1:** Ensure the restraint has been installed and set up as per "Set Up" and "Installation" (Refer page 10 - 13)
- Step 2:** "LIFT" the harness adjuster (A) to lengthen the harness (see figure 1) whilst grasping both shoulder harness straps and pulling. Ensure shoulder straps are pulled equally on each side.
- Step 3:** Place child in car seat with legs either side of the crotch strap, place harness over the shoulders and hips and engage the two buckle tongues "CLICK" into buckle. Check it is properly engaged. Ensure child is placed centrally in the seat.
- Step 4:** Pull harness adjuster strap (B) to take the slack out of the shoulder straps (see figure 2), until it is a firm but comfortable fit. Ensure buckle is adjusted centrally in relation to the child. Adjust if necessary.



Figure 1

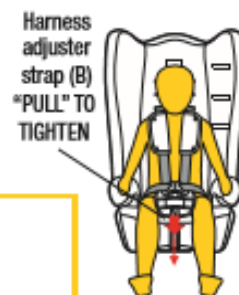


Figure 2



WARNING

- DO NOT LEAVE CHILDREN UNATTENDED IN THE CAR.
- Fit the harness firmly to the child.
- A LOOSE RESTRAINT OR HARNESS IS DANGEROUS.

TO RELEASE CHILD

- Step 1:** To release your child from the restraint simply press the belt buckle and lift the shoulder straps from the child's shoulders and carefully remove your child from the seat. It is not necessary to release the **Safe Grip** (red belt clamp), to remove your child.

Note: When the restraint is not in use, the seat belt should be fastened around it and engaged.



WARNING

- Always use a lap or lap-sash seat belt and upper anchorage strap to attach the child restraint to the vehicle.
- Do not use the restraint without the upper anchorage strap correctly attached and adjusted.
- Do not use on any vehicle seat which faces sideways or rearwards.
- IF AN AIRBAG IS FITTED IN THE SEATING POSITION WHERE THE CHILD RESTRAINT IS TO BE FITTED, FOLLOW THE VEHICLE MANUFACTURER'S WARNINGS AND INSTRUCTIONS.

BOOSTER SEAT

(Forward Facing - using lap-sash seat belt)

BOOSTER
WITH LAP-SASH SEAT BELT

INFORMATION & WARNINGS

To be used with a lap-sash seat belt until the child's shoulders reach the upper shoulder height marker (approximately 6 to 8 years of age)

Continue to use this child restraint until the child reaches this limit. Children are safest in a booster seat until their shoulders reach the upper shoulder height marker of the booster seat. Do not use this restraint until child's shoulders are above the lower shoulder height marker. Just using a seat belt is not recommended for children that have outgrown this seat. Use a larger booster seat.

THIS RESTRAINT MUST BE USED IN CARS WITH FORWARD-FACING SEATS WITH A LAP-SASH SEAT BELT. THIS BOOSTER SEAT IS NOT SUITABLE FOR USE WITH A CHILD HARNESS. THIS RESTRAINT IS SUITABLE FOR USE WITH THE 'SECUREFIT' SAFETY RETAINING DEVICE.



WARNING

- Use the restraint exactly as shown in the instructions.
- Supervision of children is needed because they may be able to undo buckles.
- DO NOT LEAVE CHILDREN UNATTENDED IN THE CAR.
- Do not alter or modify this restraint.
- Repairs must only be done by the manufacturer or agent.
- Do not allow the restraint to come into contact with polishes, oils, bleach and other chemicals.
- Destroy the restraint if it has been in a severe crash, even if no damage is visible.
- THIS RESTRAINT IS NOT SUITABLE FOR USE WHERE THE ANCHORAGE STRAP MAY FALL INTO A SPLIT IN THE SEAT BACK. (EG HATCHBACK OR WAGON)
- THIS RESTRAINT MUST BE ATTACHED TO A CHILD RESTRAINT ANCHORAGE POINT IN THE CAR. REFER TO CAR OWNER'S HANDBOOK FOR LOCATION OF ANCHORAGE POINTS. REFER TO A CHILD RESTRAINT FITTING STATION IF NO CAR ANCHORAGE POINTS ARE IN THE MOTOR CAR.
- DO NOT USE WITH JUST A LAP BELT. You must use with a lap-sash seatbelt.
- The lap part of the seatbelt must be firmly across the thighs and the sash strap fitted diagonally across the chest and on the shoulder.
- DO NOT USE THIS RESTRAINT WITHOUT THE COVER.
- Straps may be damaged by unsecured cargo in a collision. Secure or remove hazardous cargo before using this restraint. Hatch-back or wagon: do not use the child restraint where this strap may fall into a split in the seat back. Always attach hook and remove slack.
- IF AN AIRBAG IS FITTED IN THE SEATING POSITION WHERE THE CHILD RESTRAINT IS TO BE FITTED, FOLLOW THE VEHICLE MANUFACTURER'S WARNINGS AND INSTRUCTIONS.
- When used in this mode the restraint must be used in conjunction with a lap-sash seat belt.


SHOULDER HEIGHT MARKER

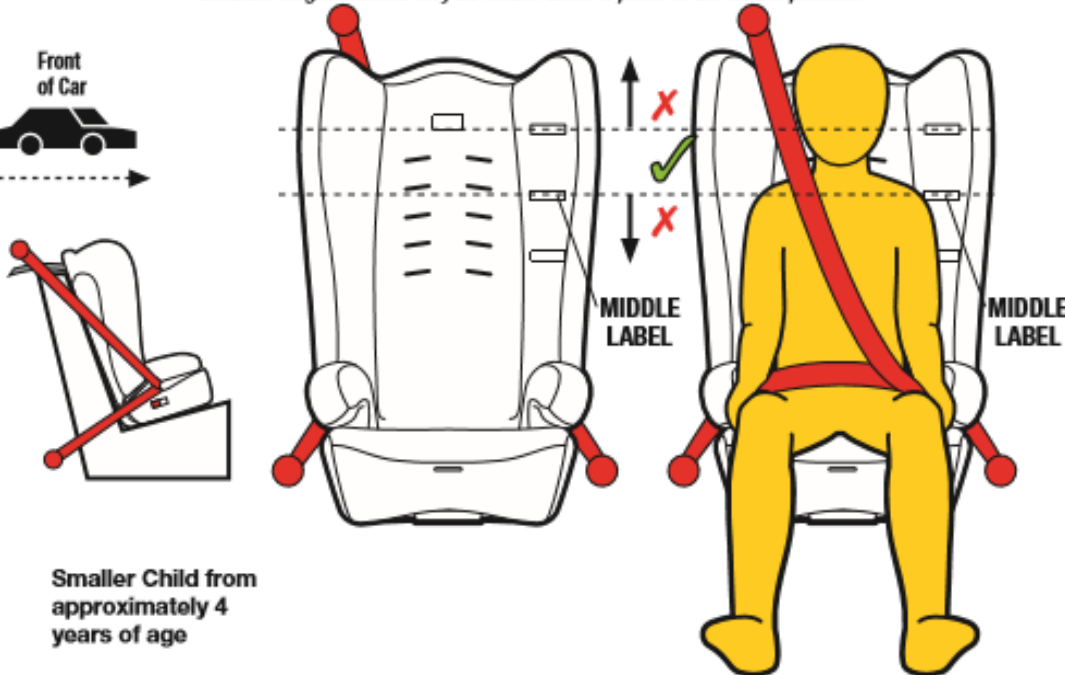
BOOSTER
 WITH LAP-SASH SEAT BELT

SMALLER CHILD (Using Lap-Sash Seat Belt)

Shoulder height markers are provided on this restraint for a visual indication that the child is safe to travel in this restraint. *Shoulder height markers may be hidden under a pillow in the lowest position.*

Front of Car





Smaller Child from approximately 4 years of age

Do not use as a booster seat until the child's shoulders are above the middle shoulder height marker (middle label).

MIDDLE LABEL (Forward Facing)

FORWARD FACING

CHANGE TO BOOSTER MODE WHEN

SHOULDERS REACH THIS LINE

BOOSTER SEAT

⚠ IMPORTANT

When the child's shoulders reach the shoulder height marker (Middle Label), convert the child restraint to booster seat mode and use with a lap sash seat belt.

If moving a child from forward-facing child restraint, to a booster child restraint the child's shoulders will need to be in-line or above the middle label. If the child's shoulders are below the middle label, then the child should remain forward-facing.

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SHOULDER HEIGHT MARKER


BOOSTER
WITH LAP-SASH SEAT BELT

TALLER CHILD (Using Lap-Sash Seat Belt)

Shoulder height markers may be hidden under a pillow in the lowest position

Front of Car





Taller Child up to approximated 6 to 8 years of age

Continue to use this booster child restraint until the child's shoulders reach the upper shoulder height marker, (Upper Label)

UPPER LABEL (Forward Facing)

FORWARD FACING

SHOULDERS MUST BE

BELOW THIS LINE

BOOSTER SEAT

Children are safest in a booster seat until their shoulders reach the upper shoulder height marker of the booster seat.

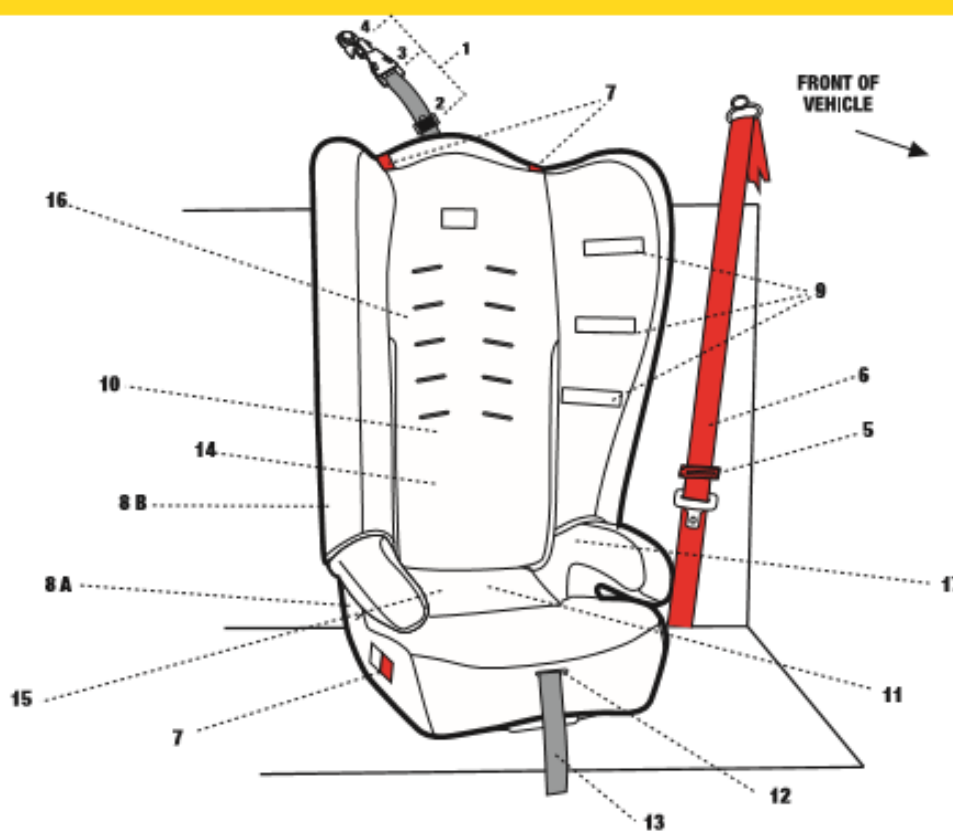
If the child's shoulders reach the upper shoulder height marker (Upper Label), the child should move to the next type of restraint (see page 5).

Just using a seat belt is not recommended for children that have outgrown this seat, use a larger booster seat.

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CS7110/CS7210

BOOSTER
WITH LAP-SASH SEAT BELT



<ol style="list-style-type: none"> 1. UPPER ANCHORAGE STRAP ASSEMBLY 2. UPPER ANCHORAGE STRAP ADJUSTER 3. ATTACHMENT CLIP 4. ANCHOR FITTING + ATTACHMENT HARDWARE 5. SAFE GRIP RED BELT CLAMP (SUPPLIED IN POCKET) 6. VEHICLE SEAT BELT 7. "BOOSTER SEAT BELT PATH" MARKER (EACH SIDE OF RESTRAINT - COLOURED RED) 	<ol style="list-style-type: none"> 8. COMFORT COVER A - SEAT BASE B - BACKREST 9. SHOULDER HEIGHT MARKER
---	--

⚠ IMPORTANT

For a vehicle without a fixed parcel shelf an extension strap(s) may be needed. If so ring (02) 4728 8080 for nearest supply location. (Refer page 13)
 Seat belt extenders should not be used if the seat belt is not long enough to secure the child restraint.

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SET UP

BOOSTER
WITH LAP-SASH SEAT BELT

SELECTION OF APPROPRIATE PADDING COMBINATIONS

Step 1: Determine whether your child requires the additional padding provided with this restraint, to ensure a safe and snug fit in the restraint. Refer to page 10 for suggested padding combinations.

CONVERTING TO A CHILD BOOSTER



IMPORTANT

FOR USE OF THIS RESTRAINT AS A BOOSTER SEAT THE HARNESS MUST BE STORED BEHIND THE COVER. FOLLOWING STEPS EXPLAIN HOW THIS IS TO BE DONE.

Step 1: Disengage the buckle, undo the cover flap located between the leg straps, remove buckle pad and place the buckle in the recessed section of the plastic base. Close the flap in the cover (refer to in Figure 1 & 2).

Step 2: Disengage shoulder straps from "G" connecting plates as shown on page 12 (refer to section "Shoulder Slot Height" - Step 1 & 2). Remove and store Shoulder Pads & Buckle Pad. Lift the front flap of the seat cover (see Figure 3).

Step 3: UNDER FLAP

Thread the harness strap back through the top shoulder slots and reconnect the "G" plates as per page 12 (refer to section "Shoulder Slot Height" - Step 3 & 4).

Tightening the harness with harness adjuster strap located at the front of the seat.

Place the two buckle tongues in the recess in the plastic base at point (A) in Figure 3.

Resecure front flap of seat cover.

Step 4: Select the appropriate shoulder slots that are above the child's shoulder (refer page 17 & 18). Attach the sash guide through the shoulder slots, pass the sash guide through the slots so that it is positioned at the front of the restraint.

The restraint is now ready as a booster seat.

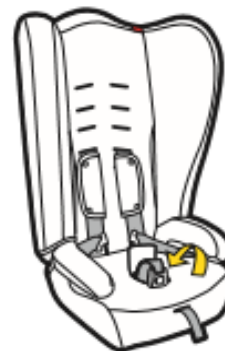


Figure 1



Figure 2

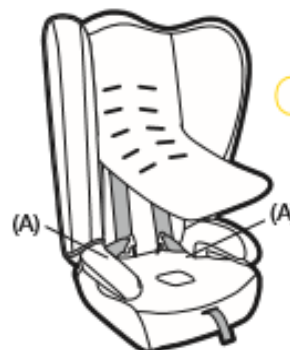


Figure 3



Figure 4

REAR VIEW SHOWN WITHOUT HARNESS AND OR UPPER ANCHORAGE

INSTALLATION

BOOSTER
WITH LAP-SASH SEAT BELT

ADJUSTING RECLINE ANGLE

Determine which angle is preferred for the comfort of your child.

TO RECLINE

Pull down the recline base and ensure the support is forward (in position).



INSTALLING IN VEHICLE

- Step 1: Place the child restraint in the car, in a forward facing seating position (Refer to Figure 1)
- Step 2: Install the upper anchorage fitting as shown on page 3 & 4 of these instructions
- Step 3: Hook the attachment clip to the anchor fitting. Ensure there are no twists in the upper anchorage strap (Refer to Figure 2)
- Step 4: Pull to tighten to remove all the slack, from the upper anchorage strap. (Refer to Figure 2) Do not overtighten as this could cause the restraint to lift off the vehicle seat.

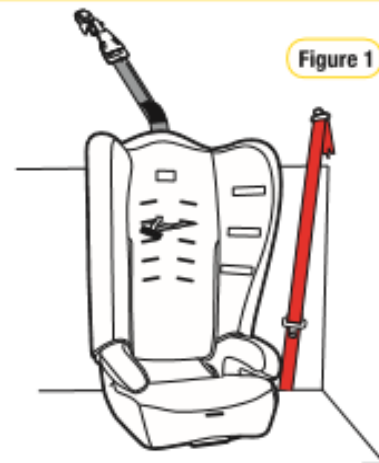


Figure 1

WARNING

- Always use upper anchorage strap to attach the child restraint to the vehicle.
- Do not use the restraint without the upper anchorage strap correctly attached and adjusted.
- Do not use on any vehicle seat which faces sideways or rearwards.
- IF AN AIRBAG IS FITTED IN THE SEATING POSITION WHERE THE CHILD RESTRAINT IS TO BE FITTED, FOLLOW THE VEHICLE MANUFACTURER'S WARNINGS AND INSTRUCTIONS.
- Fit the restraint firmly to the car seat.

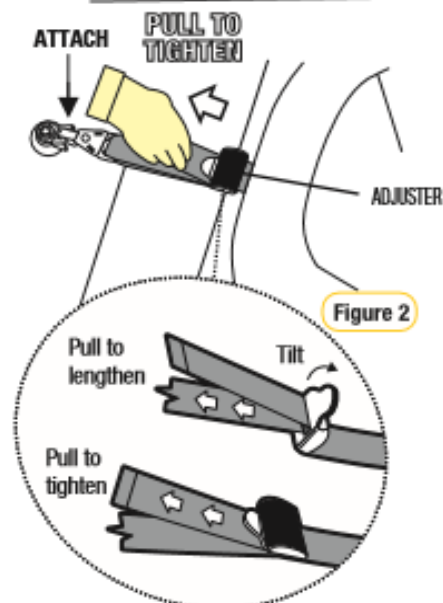


Figure 2

USE

BOOSTER
WITH LAP-SASH SEAT BELT

USING LAP-SASH SEAT BELT

WARNING

- **DO NOT USE WITH JUST A LAP BELT.**
You must use a lap-sash seat belt.

- Step 1:** Ensure the restraint has been installed as per "INSTALLING IN VEHICLE" (refer page 20).
- Step 2:** Sit your child in the restraint with their back against the backrest.
- Step 3:** Position the lap section of the vehicle seat across the child's lap then insert the buckle tongue in the belt buckle (A). Ensuring the lap portion is positioned under the armrests and over the child's thighs.

IMPORTANT

Ensure that you use the **FORWARD-FACING BELT PATH** indicators, marked in "red".

The red "Booster Seat belt Path" labels are located each side of the Booster seat and at the head of the Booster seat (as shown on page 19).

- Step 4:** Pull the lap belt tight by first pulling on the lap belt in the direction of arrow 1 (refer Figure 1). Pull the sash belt tight in the direction of arrow 2 while holding the belts tight, place the Safe Grip (red belt clamp) (B) on the sash section as close as possible to the buckle tongue (A). (Refer to Figure 2 and instruction for installing the **Safe Grip** red belt clamp below).



Figure 1

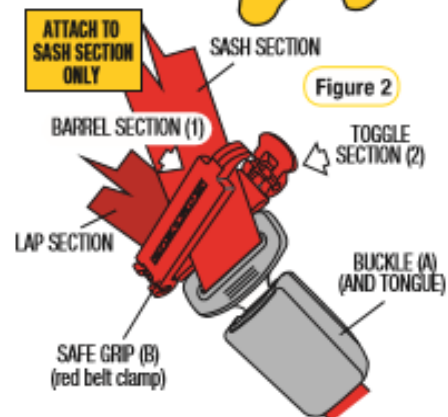
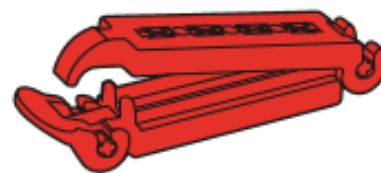


Figure 2

SAFE GRIP BELT CLAMP

It is important that the lap belt must be **firmly across the thighs**. The **Safe Grip** locks the lap belt to ensure a firm fit across the thighs, and avoids slack in the lap belt. This fit ensures that the lap belt **does not ride up** into the soft abdominal region of the child, which may cause internal injury.



To install the **Safe Grip** (red belt clamp), open it and clamp the "sash section" of the vehicle seat belt by closing the barrel section of the red belt clamp in the direction of arrow 1 in Figure 2 and then locking with the toggle section by pushing in the direction of arrow 2 in Figure 2 when the **Safe Grip** (red belt clamp) is secured in place, the lap section is now tightly holding your child in place, independent of the sash section. The **Safe Grip** (red belt clamp) must be removed when the child restraint is not installed to allow other users to use the seat belt as a lap/sash seat belt. Always keep the **Safe Grip** (red belt clamp) in pocket provided when not in use.

USE

BOOSTER
WITH LAP-SASH SEAT BELT

USING LAP-SASH SEAT BELT

WARNING

- DO NOT LEAVE CHILDREN UNATTENDED IN THE CAR.
- Fit the seat belt firmly to the child.
- A LOOSE RESTRAINT OR HARNESS IS DANGEROUS.

Step 6: Pass the shoulder belt through the belt sash guide (refer Figure 3) which is fastened to the restraint by a webbing strap. Adjust the position so that the shoulder belt lies comfortably over the child's shoulder (Refer Figure 4). Adjust to the required length.

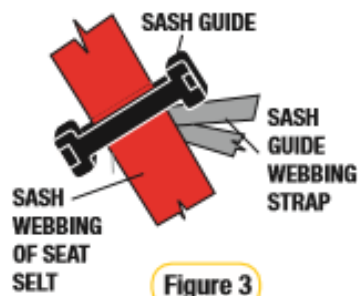


Figure 3



IMPORTANT

Always use this sash guide

SAFETY WARNING



WARNING

A sash belt under the arm or behind the back is dangerous

USE

BOOSTER
WITH LAP-SASH SEAT BELT

TO RELEASE CHILD

Step 1: To release your child from the restraint simply press the belt buckle carefully remove your child from the seat. It is not necessary to release the red belt clamp, to remove your child

Note: When the restraint is not in use, the seat belt should be fastened around it and engaged.



⚠ **WARNING**

- Always use lap-sash seat belt and upper anchorage strap to attach the child restraint to the vehicle.
- Do not use the restraint without the upper anchorage strap correctly attached and adjusted.
- Do not use on any vehicle seat which faces sideways or rearwards.
- IF AN AIRBAG IS FITTED IN THE SEATING POSITION WHERE THE CHILD RESTRAINT IS TO BE FITTED, FOLLOW THE VEHICLE MANUFACTURER'S WARNINGS AND INSTRUCTIONS.
- DO NOT USE WITH JUST A LAP BELT. You must use with a lap-sash seat belt
- Ensure the lap belt is correctly positioned on the child's thighs and hips.
- Do not place the seat belt sash under the arm or behind the back of the child.

CARE OF RESTRAINT

The child restraint cover has been manufactured to meet the Australian Standards requirements for flammability and toxicity to ensure your child's safety. The cover has also been designed to provide your child with comfort and support.



⚠ **VERY IMPORTANT** Only use this child restraint with the cover supplied or a manufacturer-Authorised replacement cover with identical shoulder height markers

CARE OF RESTRAINT

TO REMOVE HARNESS

- Step 1:** Disengage shoulder straps from "G" connecting plates as shown on page 12 (refer to section "Shoulder Slot Height" - Step 1 & 2).
- Step 2:** Disengage buckle tongues from the buckle.
- Step 3:** Pass the three bar slide located below the thigh harness slots on the end of each body/shoulder straps through the thigh harness slots. Each side of harness is now removed. (see Figure 2).
- Step 4:** To release the buckle / crotch strap pass the three bar slides attached through the crotch slot holes in seat section (see Figure 3).

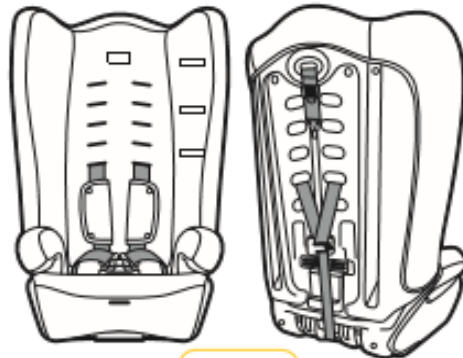


Figure 1

TO REPLACE HARNESS

- Step 1:** Connect the buckle/crotch strap by feeding the three bar slides on the crotch strap through the holes in seat section (see Figure 3).
- Step 2:** Reconnect shoulder straps to "G" connecting plates as shown on page 12 (refer to section "Shoulder Slot Height" - Step 3 & 4).
- Step 3:** Engage the buckle tongues in the buckle.
- Step 4:** Feed the lap end of the harness and the three bar slide through the thigh slots (see Figure 1 & 2).

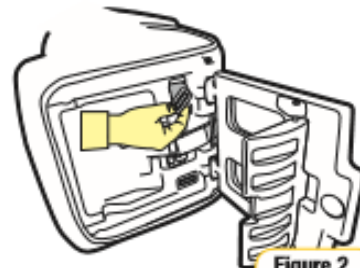


Figure 2



Figure 3

TO REMOVE & REPLACE COVERS

BASE COVER:

- Step 1:** Disengage buckle and tongues.
- Step 2:** Push the buckle through the crotch slot in the cover.
- Step 3:** Unclip the four press studs and remove Base Cover.

BACKREST COVER:

- Step 1:** Do Step 1 from "To Remove Harness".
- Step 2:** Unclip the four press studs at the bottom of the cover and disconnect the two elastic loops located at the top of cover (rear).
- Step 3:** Remove Backrest Cover.

TO REPLACE COVERS REVERSE THE ABOVE PROCEDURE.

CARE OF RESTRAINT

CLEANING

IMPORTANT

Use only mild soap and water to clean all parts of the CS7110/CS7210 Booster Seat.
 Do not use chemicals or cleaning agents
 Cold water only to be used and to be rinsed well
 Do not dry clean or tumble dry
 Do not bleach.

COVERS

Only machine wash on gentle cycle (hand washing is recommended)

When washing the covers, ensure the hook and loop attachment strips are connected to eliminate other materials or garments being caught. Ensure that the hook and loop attachment strips are free of lint, this will ensure a positive engagement

HARNES BUCKLE

- Remove the buckle from the restraint.
- Place the buckle under warm running water and let the water run through.
- After drying refit the buckle to the restraint.

CARE AND MAINTENANCE

Regular care of the restraint will ensure safety of your child.

- Check the webbing for fraying.
- Check the upper anchorage attachment clip to ensure plastic retainer clip is still present.
- Ensure there are no cracks in moulding or the plastic moulding.
- Check the buckles “click” when you engage tongues and is not sluggish or sticky in operation.
- Check the harness adjuster is operating.

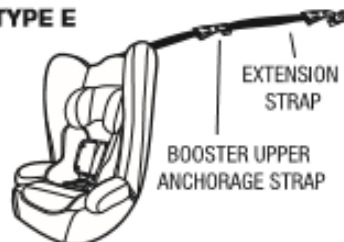
EXTENSION STRAPS

If required contact InfaSecure for nearest supply location

Extension straps, not included in this package, may be required for vehicles without a fixed parcel shelf.

TYPE B & TYPE E

CHILD SEAT AND BOOSTER SEAT



Re order Line Numbers

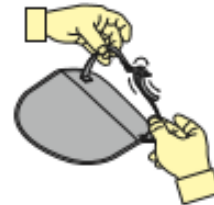
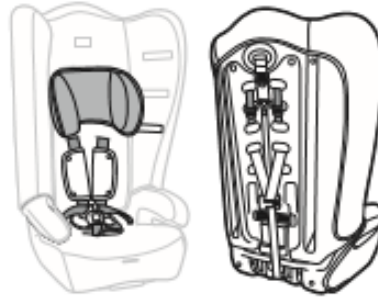
CS111	300mm Length
CS112	600mm Length
CS113	200mm - 900mm Adjustable Length

ACCESSORIES

HEAD PILLOW / INFANT PILLOW (if fitted)

The head pillow/infant pillow (if fitted) is designed to provide extra comfort.

- Step 1:** Position the bottom of the pillow's side wings at the top of the child's shoulders.
- Step 2:** Feed the upper and lower pillow straps through the nearest slots.
- Step 3:** Thread the strap through the plastic buckle and adjust for a firm fit.



PADDED INSERTS (if fitted)

The padded inserts are designed to add extra comfort for your child.

- Step 1:** Disengage shoulder straps from "G" connecting plates as shown on page 12 (refer to section "Shoulder Slot Height" - Step 1 & 2).
- Step 2:** Position the padded insert firmly back into the seating region of the seat.
- Step 3:** Thread the shoulder straps through the appropriate slot in the padded insert, then pass the straps through the shoulder slots in the seat.
- Step 4:** Reconnect shoulder straps to "G" connecting plates as shown on page 12 (refer to section "Shoulder Slot Height" - Step 3 & 4).
- Step 5:** Pull the buckle & leg straps through the slot or opening on the insert.

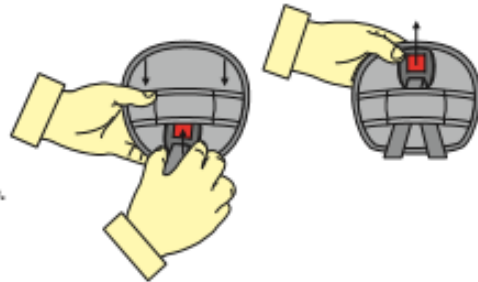


ACCESSORIES

BUCKLE PAD (if fitted)

The buckle pad is designed to add extra comfort for baby or child.

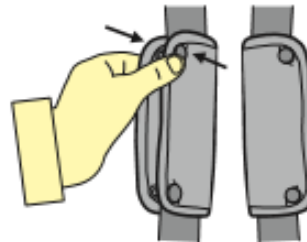
- Step 1:** Feed the buckle through the loop in the buckle pad and behind the elastic strap. The release button should be clearly visible.



SHOULDER PADS (if fitted)

The shoulder pad is designed to add extra comfort for baby or child.

- Step 1:** Separate press-studs and remove the shoulder pads from harness
- Step 2:** To attach shoulder pads, ensure press studs face away from and re-attach.



CUP HOLDER (if fitted)

Holds all standard cups/bottles.



ACCESSORIES

SEAT PROTECTOR (if fitted)

The seat protector is designed to protect your car's seat.

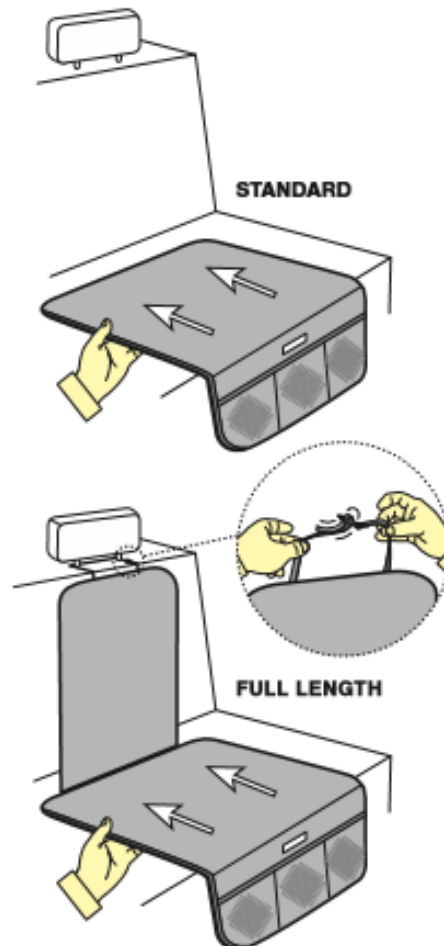
STANDARD

Step 1: Position the front flap with pockets, at the front of the rear seat and position the mat rearwards to obtain a flat fit.

FULL LENGTH

Step 1: Position the front flap with pockets, at the front of the rear seat and position the mat rearwards to obtain a flat fit. (If required an additional flap has been provided to tuck in between the seat back & cushion)

Step 2: Position the back section up the seat back and use the plastic buckle & webbing strap to attach around the vehicle seat headrest (if the rear vehicle seat does not have a headrest then the strap could be used to attach around the child seats top tether after you have installed the child seat).





NOTES

Infasecure Warranty Details

Infasecure Pty Ltd warrants this product for twelve months from the date of purchase against failure due to manufacturing faults or faulty materials. Misuse, accidental damages, normal wear and tear are not covered by this warranty. When used for commercial use the period is limited to six months.

“Our goods come with guarantees that cannot be excluded under the Australian Consumer Law. You are entitled to a replacement or refund for a major failure and for compensation for any other reasonably foreseeable loss or damage. You are also entitled to have the goods repaired or replaced if the goods fail to be of acceptable quality and the failure does not amount to a major failure.”

Refer to website for details
www.infasecure.com.au

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ISSUE: B_1



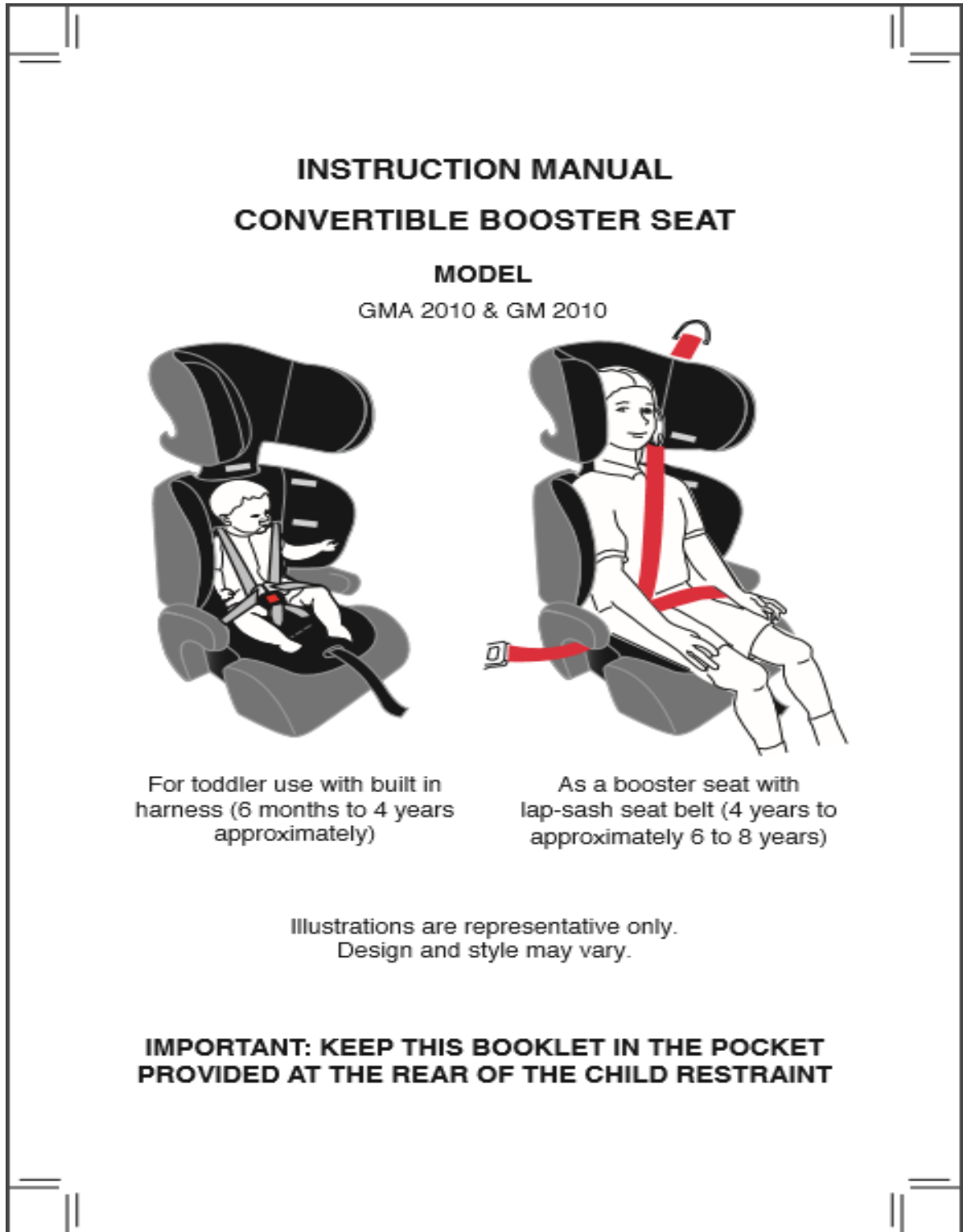
infasecure

caring for the wellbeing of infants

We reserve the right to alter this product without notice.

Attachment 9: Mothers Choice Convertible Booster Seat Manual

(Models GMA 2010 and GM 2010)



Before You Start

Thank you for purchasing this child seat. This product is suitable for toddlers and older children. We welcome you as a valued customer, and trust that your child will enjoy many years of comfort and safety.

No child restraint can guarantee absolute protection from a crash. However proper use of this restraint may reduce the risk of injury or death!

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Page	3 - 5	Warnings
Page	6	Warnings To Parents And Other Users
Page	7 - 10	Anchorage Fitting Installation
Page	11	Correct Vehicle Position
Page	12	Tether Strap / Headrest Adjustments
Page	13	Reclining Backrest
Page	14 - 15	Features For Toddler Mode
Page	16 - 20	Preparation For Use Toddler
Page	21	Correct Shoulder Height Marker
Page	22 - 23	Features For Booster Mode
Page	24	Remove Harness System
Page	25 - 26	Installation For Booster Mode
Page	27	The next seat for your child
Page	28 - 31	Care And Maintenance

**IMPORTANT: RETAIN FOR FUTURE REFERENCE**

THESE INSTRUCTIONS DETAIL THE SAFE USE, FITMENT AND MAINTENANCE OF THE SEAT.

PLEASE READ THESE INSTRUCTIONS CAREFULLY AND ENSURE THAT THEY ARE FOLLOWED AT ALL TIMES. NO SAFETY SEAT CAN GUARANTEE PROTECTION FROM INJURY HOWEVER, PROPER USE OF THIS SEAT REDUCES THE RISK OF SERIOUS INJURY OR DEATH TO YOUR CHILD.

THIS RESTRAINT MUST BE ATTACHED TO A CHILD RESTRAINT ANCHORAGE POINT IN THE CAR. REFER TO CAR OWNER'S HANDBOOK FOR LOCATION OF ANCHORAGE POINTS. REFER TO A CHILD RESTRAINT FITTING STATION IF NO ANCHORAGE POINTS ARE IN THE MOTOR CAR.

Follow the manufacturer's instructions at all times.

Use the restraint exactly as shown in the instructions.

To be used in forward-facing position by children whose shoulders are above the lower shoulder height marker (approximately 6 months of age) until their shoulders reach the middle shoulder height marker (approximately 4 years of age). Then to be used with a lap-sash seatbelt until their shoulders reach the upper shoulder height marker (approximately 6 to 8 years of age).

Continue to use this child restraint until the child reaches this limit. Children are safest in a booster seat until their shoulders reach the upper shoulder height marker of the booster seat.

Do not use this restraint until child's shoulders are above the lower shoulder height marker. Just using a seatbelt is not recommended for children that have outgrown this seat. Use a larger booster seat.

 **WARNING****GENERAL**

- Supervision of children is needed because they may be able to undo buckles.
- Use the restraint exactly as shown in the instructions.
- Do not alter or modify this restraint.
- Repairs must only be done by the manufacturer or agent.
- Do not allow the restraint to come into contact with polishes, oils, bleach and other chemicals.
- Destroy the restraint if it has been in a severe crash, even if no damage is visible.
- Straps may be damaged by unsecured cargo in a collision. Secure or remove hazardous cargo before using this restraint.
Hatch-back or Wagon: Do not use the child restraint where this strap may fall into a split in the seat back.
Always attach hook and remove slack.
- **FAILURE TO PROPERLY USE THIS SAFETY SEAT INCREASES THE RISK OF SERIOUS INJURY OR DEATH IN A SHARP TURN, SUDDEN STOP OR CRASH.**
- **THIS RESTRAINT MUST BE USED IN CAR WITH FORWARD FACING SEATS WITH A LAP-SASH SEATBELT.**
- **THIS RESTRAINT IS NOT SUITABLE FOR USE WHERE THE ANCHORAGE STRAP MAY FALL INTO A SPLIT IN THE SEAT BACK (E.G. HATCHBACK OR WAGON).**
- **DO NOT USE THIS RESTRAINT WITHOUT THE COVER.**
Contact IGC Dorel (Australia) for genuine replacement part on 1300 809 526
- Seat belt extenders should not be used if the seatbelt is not long enough to secure the child restraint.
- **TO BE USED WITH A LAP-SASH/LAP-ONLY SEATBELT IN THE FRONT/BACK OF MOST CARS WITH FORWARD FACING SEATS**

 **WARNING****WHEN USED AS A CHILD RESTRAINT
(6 MONTHS TO 4 YEARS APPROXIMATELY)**

- Fit the restraint firmly to the car seat.
- Fit the harness firmly to the child.
- A loose restraint or harness is dangerous.
- Ensure the belt webbing is not twisted.

**WHEN USED AS A BOOSTER SEAT
(4 YEARS TO APPROXIMATELY 6 TO 8 YEARS)**

- DO NOT USE WITH JUST A LAP BELT. You must use with a lap-sash belt or with a seat belt.
- The lap part of the seatbelt must be firmly across the thighs and the sash straps fitted diagonally across the chest and on the shoulder.
- THIS BOOSTER SEAT IS NOT SUITABLE FOR USE WITH A CHILD HARNESS.

 **WARNING**

- DO NOT LEAVE CHILDREN UNATTENDED IN THE CAR.

 **WARNING**

TO PARENTS AND OTHER USERS

- DO NOT MODIFY YOUR CONVERTIBLE BOOSTER SEAT or use any accessories or parts supplied by other manufacturer's.
- NEVER USE CONVERTIBLE BOOSTER SEAT IF IT HAS DAMAGED OR MISSING PARTS.
- DO NOT use a cut, frayed or damaged vehicle seat belt.
- THE CONVERTIBLE BOOSTER SEAT CAN BECOME VERY HOT IF LEFT IN THE SUN.
- Always lightly touch the surface of any metal or plastic parts to check their temperature BEFORE putting your child in the Booster Seat. Contact with these parts can burn your child's skin.
- The restraint should not be purchased or sold as a second hand item. It is recommended not to use child restraints older than 10 years as the protection in an accident may be reduced
- ALWAYS ENSURE THAT BOOSTER SEAT HAS TETHER STRAP ATTACHED, AND THE VEHICLE'S SEAT BELTS ARE USED TO SECURE THE BOOSTER SEAT TO THE VEHICLE EVEN WHEN NO CHILD IS IN THE SEAT.

 **WARNING****ANCHORAGE FITTING INSTALLATION**

Read and follow all of the installation instructions for maximum protection. If you have any questions regarding the installation or use of this restraint, please contact IGC Dorel or agent, or a child restraint fitting station authorised by the relevant transport authority, or in New Zealand, to consult the agent for the vehicle.

Do not modify or alter this restraint in any way. Use only IGC Dorel recommended parts and accessories.

Protect all webbing from possible damage by sharp edges and corners.

Check your vehicle owner's handbook for the location of correct anchorage points and possible need for spacers. If a suitable anchorage point cannot be found, contact a child restraint fitting station for recommendations about your vehicle.

Some vehicles may have anchor points which are recessed below the vehicle trim, spacers are supplied to raise the anchor point if required.

An extension strap may be needed for vehicles without a fixed parcel shelf. Extension straps and extra fittings are available from various stores.

Note : Extension straps 300mm ref no. 921, 600mm ref no. 922 and an anchor bolt kit, ref no.525

Seat belt extenders should not be used if the seat belt is not long enough to secure the child.

IMPORTANT

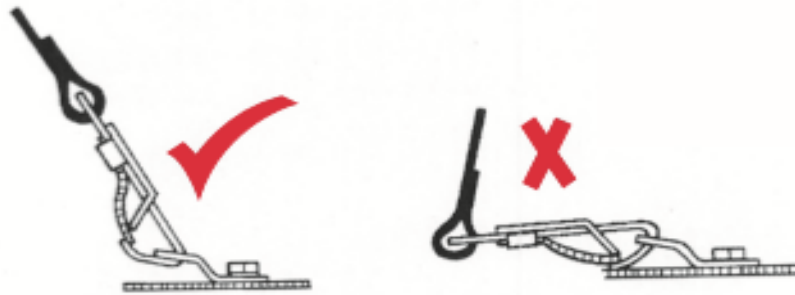
Child restraints must be used correctly to provide proper protection for your child. The new type of clip anchorage system on child restraint must be used in the correct way. Be especially careful to use the clip in the following way.

RIGHT

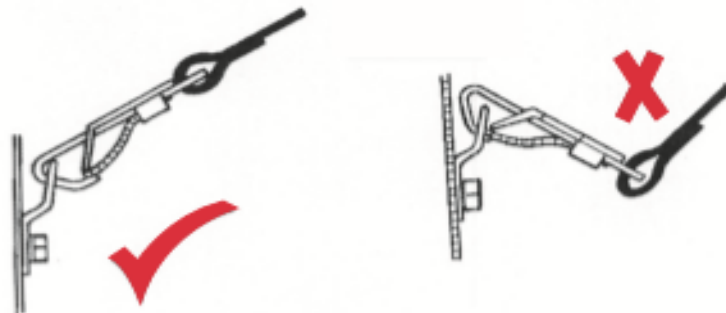
Make sure there is no slack in the top strap and the attachment clip is upright in the anchorage fitting.

WRONG

The clip must not lie flat on the anchorage fitting.



FLOOR MOUNTED ANCHORAGES



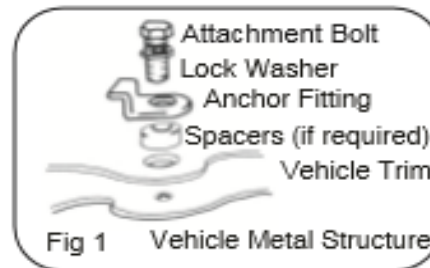
ANCHORAGES IN VERTICAL PANEL AT REAR OF VEHICLE

ANCHORAGE FITTING INSTALLATION (continue)

If the car is fitted with a child restraint anchorage point. Locate the anchorage points behind the rear seating position (consult the car owner’s handbook for the location of the anchorage point). Remove the thread plug from the parcel shelf / floor/ roof and install the attachment bolt as shown in Fig 1.



CAUTION: DO NOT OVERTIGHTEN THE ATTACHMENT BOLT. MAXIMUM TORQUE 20 Newton Metre.



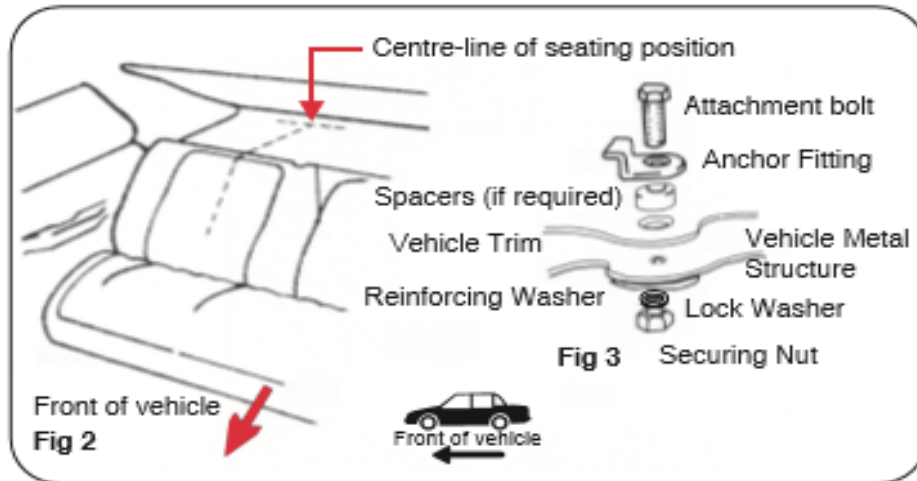
If the car is not fitted with a child restraint anchorage point.
 For sedans only – Drill a 9mm diameter hole in the parcel shelf on the centre – line of the seating position as shown in Fig 2 (page 10). Install the anchor bolt as shown in Fig 3 (page 10).

For vehicles other than sedans – In Australia, consult your nearest child restraint fitting station or traffic authority for vehicle inspection to find the best, correct position for the placement of anchorage point, and for the correct attachment bolt length and use of spacers. In New Zealand, consult the agent for the vehicle.



CHILD RESTRAINTS MUST NOT BE ATTACHED TO UNSOUND METAL OR TO WOOD OR SYNTHETIC STRUCTURES. WHEN DRILLING THE 9MM HOLE DO NOT DRILL THROUGH FUEL LINES, FUEL TANKS, ELECTRICAL WIRING, OR RADIO SPEAKERS. WEBBING STRAPS MUST BE PROTECTED FROM SHARP CORNERS AND EDGES.

THE ANCHOR FITTINGS MUST BE USED ONLY AS DESCRIBED ABOVE. IT MUST NOT BE HOOKED ONTO ANY OTHER OBJECT.

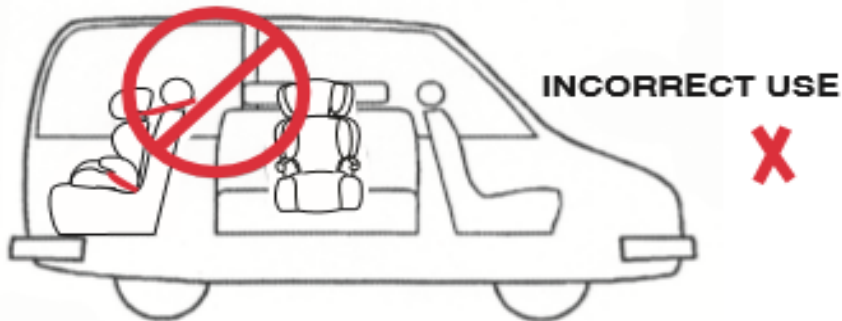
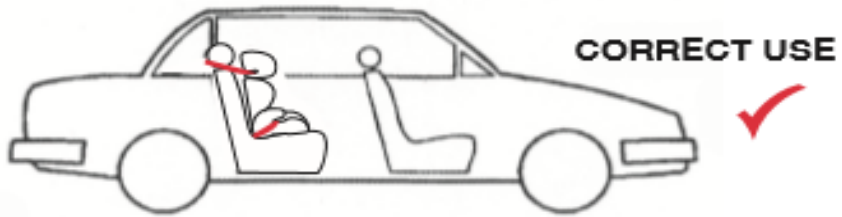
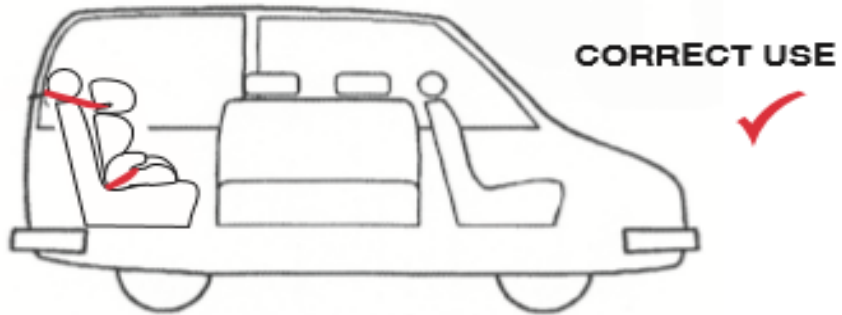


VEHICLE SEAT LOCATION

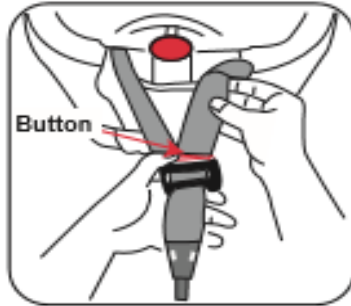
IMPROPER PLACEMENT OF THE SAFETY SEAT INCREASES THE RISK OF SERIOUS INJURY OR DEATH.

Some seating positions in your vehicle may NOT be safe for this safety seat. Some vehicles do not have any seating positions that can be used safely with the seat. If you are not sure where to place the Booster Seat in your vehicle, consult your vehicle's owner's handbook.

CORRECT VEHICLE POSITION



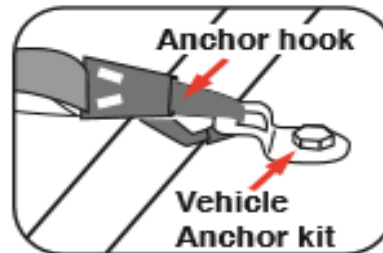
TETHER STRAP AND HEADREST ADJUSTMENT



Adjust anchorage strap and remove slack. Pull loose end of strap to tighten. Press on the adjuster button with thumb and pull strap back through to loosen anchorage strap using strap which is attached to the seat.

TOP ANCHORAGE STRAP

To attach the anchorage strap, Place one knee in the child seat and push down firmly then attach hook to anchor in vehicle.



ADJUSTING THE HEADREST HEIGHT

The Seat is fitted with headrest Height Adjustment Lock which is **RED** in colour. Pushing it in unlocks the headrest to move it up or down into the desired height position. 5 Height positions are available.

RECLINING BACKREST



TO RECLINE BACKREST
Push the backrest of the seat to recline it backward for greater comfort if needed.



FOR UPRIGHT POSITION
Pull the backrest of the seat forward in the upright position .

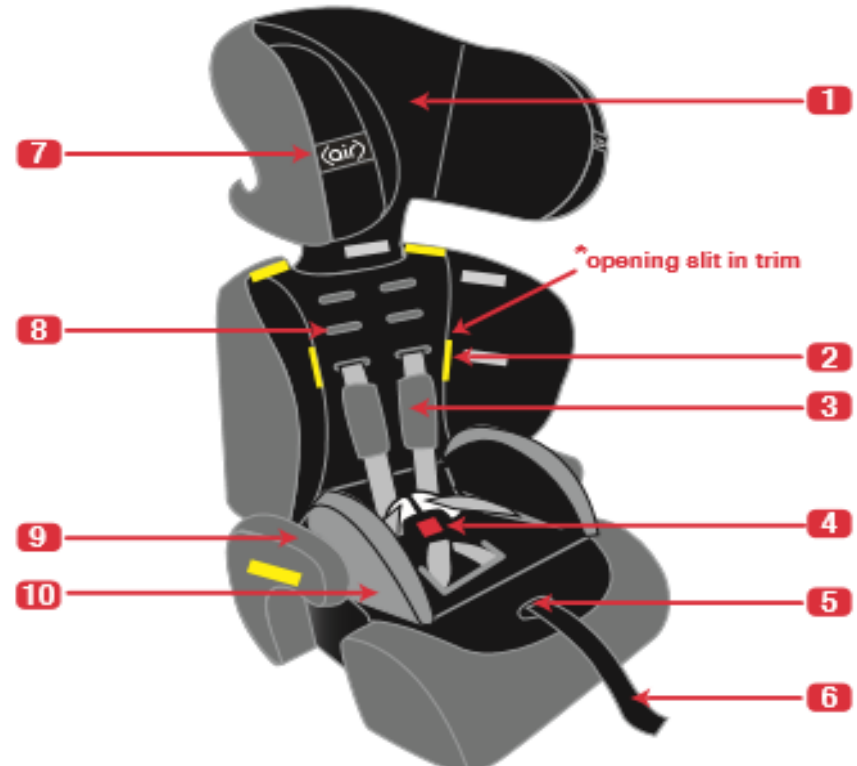
GENERAL INSTRUCTIONS

13

TODDLER RESTRAINT WITH BUILT IN HARNESS

FEATURES - TODDLER RESTRAINT WITH 6 POINT HARNESS

FRONT VIEW

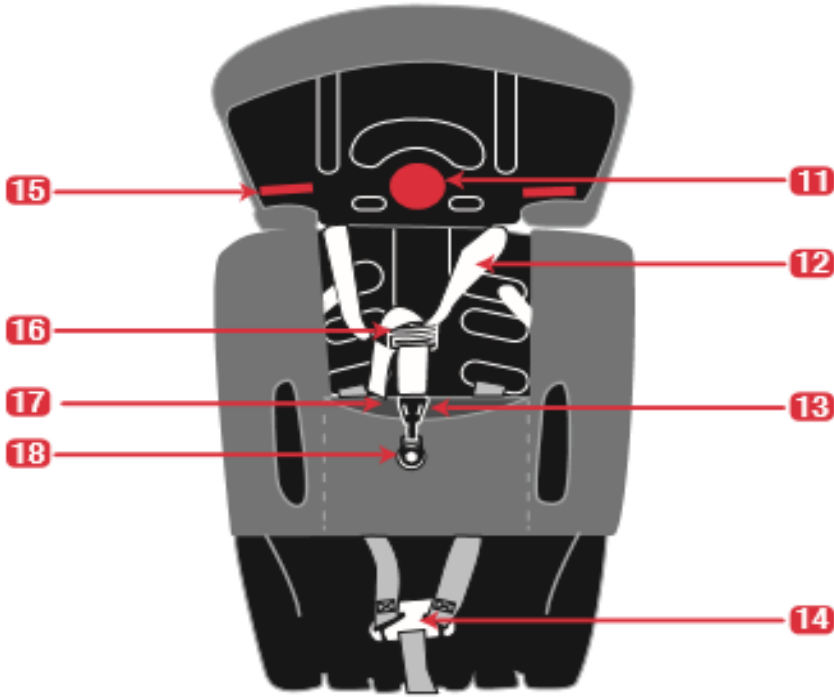


<ol style="list-style-type: none"> 1. Headrest/Trim 2. Forward Facing Belt Path Indicators (yellow) 3. Belt Mates (If fitted) 4. Quick Release Buckle 5. Centre Front Adjuster Lever 	<ol style="list-style-type: none"> 6. Harness Adjuster Strap 7. Air Protect (If fitted) 8. Harness Slot 9. Armrest/Cover (If fitted) 10. Insert (If fitted) <p style="margin-top: 10px;">To be used from 6 months to approximately 1 year)</p>
---	---

14

FEATURES - TODDLER RESTRAINT WITH 6 POINT HARNESS

BACK VIEW



Trim style and design may vary.

11. Adjustable Headrest Button (5 positions)

12. Tether Strap

13. Hook

14. Splitter Plate

15. Booster SeatBelt Path Indicators (red)

16. Adjuster (Tether Strap)

17. Pocket (Instruction manual)

18. Adjuster (Tether Strap)

TODDLER RESTRAINT WITH BUILT IN HARNESS

15

TODDLER SHOULDER HEIGHT MARKER

TODDLER RESTRAINT WITH BUILT IN HARNESS



SHOULDERS MUST BE

ABOVE THIS LINE **LABEL 1**

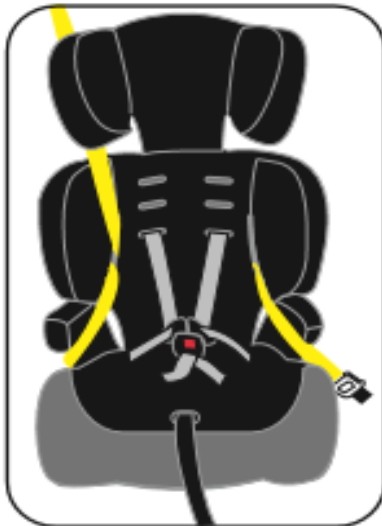
CHANGE TO BOOSTER MODE WHEN

SHOULDERS REACH THIS LINE **LABEL 2**

To be used in forward-facing position by children whose shoulders are above the lower shoulder height marker **LABEL 1** (approximately 6 months of age) until their shoulders reach the middle shoulder height marker **LABEL 2** (approximately 4 years of age). Then convert the child restraint to booster mode and use a lap sash belt only. See page 22 to 26.

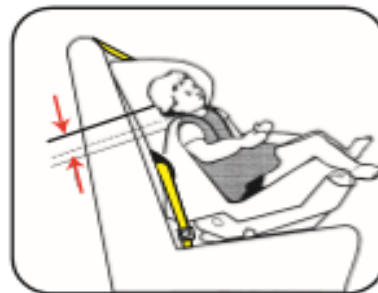
16

TODDLER RESTRAINT INSTALLATION USING LAP-SASH ONLY



To be used with a lap sash belt only.

The shoulder straps must be in the slots which are nearest to the child's shoulders, but not more than 25 mm below the child's shoulders.



NOTE:

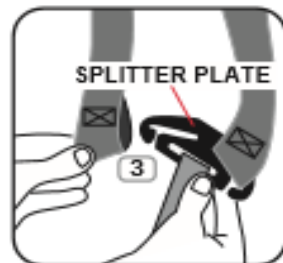
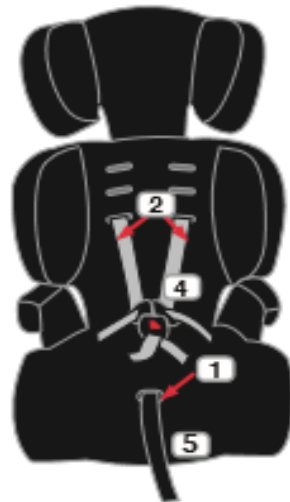
If the baby's neck muscles are unable to support their head, then the child should remain in a rear facing seat.

TODDLER RESTRAINT WITH BUILT IN HARNESS

TODDLER RESTRAINT WITH BUILT IN HARNESS

PREPARING SEAT TO FIT YOUR CHILD

You **MUST** make these adjustments with your child before you install the child restraint in the vehicle. Please adjust harness according to the infants shoulder height prior to installation.



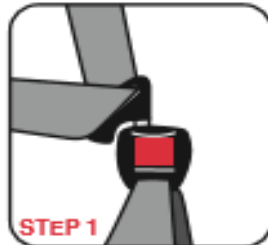
TO ADJUST SHOULDER STRAP HEIGHT:

1. Press the harness release lever at the front of seat.
2. Pull both shoulder straps simultaneously to loosen.
3. Undo the straps from the splitter plate on the back of the child restraint. Re-thread the shoulder straps through the desired slots. Reconnect the straps to the splitter plate.
4. Press red button to release buckle assembly for ease of child fitment. Place child in seat.

To tighten:

5. Fasten buckle assembly (See Page 19). Pull the adjuster belt at the front of the seat until the harness belt lies firmly against the child.

PREPARING SEAT TO FIT YOUR CHILD



STEP 1



STEP 2



STEP 3

Step 1 : Insert one buckle tongue as shown above.

Step 2 : Insert the second buckle tongue as illustrated above. Listen for a **‘CLICK’**.

Step 3 : Remember to always pull up on the harness straps to make sure buckle is locked properly.



WARNING

DO NOT USE SHOULDER STRAPS OF UNEQUAL HEIGHTS.



CORRECT USE



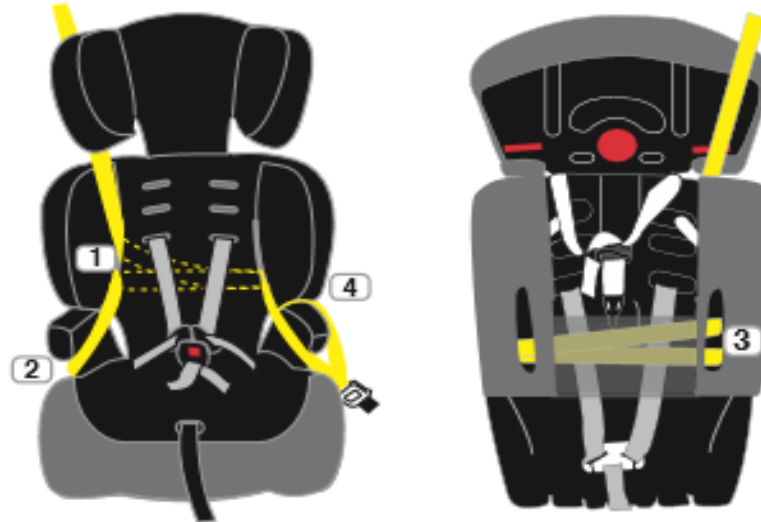
INCORRECT USE

Ensure the harness is attached to the splitter plate. Ensure the harness is pulled through the plastic mould & trim all the way and correctly tensioned. Ensure harness straps and adjuster strap is not twisted.

TODDLER RESTRAINT WITH BUILT IN HARNESS

TODDLER RESTRAINT WITH BUILT IN HARNESS

TODDLER USE INSTALLATION



FORWARD FACING SEAT INSTALLATION:


1. Thread the vehicle lap-sash belt through the yellow belt path indicators.
2. Position the lap part around the armrest as illustrated.
3. Thread the lap-sash belt between the seat back and trim. Thread the lap sash belt through the opening. Refer to illustration.
4. Position the lap sash belt around the armrest and lock the car buckle. Listen for '**CLICK**' and gently pull to ensure buckle is locked.

NOTE: Ensure that the tether strap is attached at all times. Refer to page 12 for fitment.

Place one knee on the child restraint and push down firmly while pulling up on belt to tighten. Ensure all slack is taken out.

With weakest hand, tilt and push the child restraint forward and back, and from side to side. If the seat belt does not loosen, your child seat should be secure. If not : Change seat position.

CHILD SHOULDER HEIGHT MARKER



CHANGE TO BOOSTER MODE WHEN

SHOULDERS REACH THIS LINE

LABEL 2

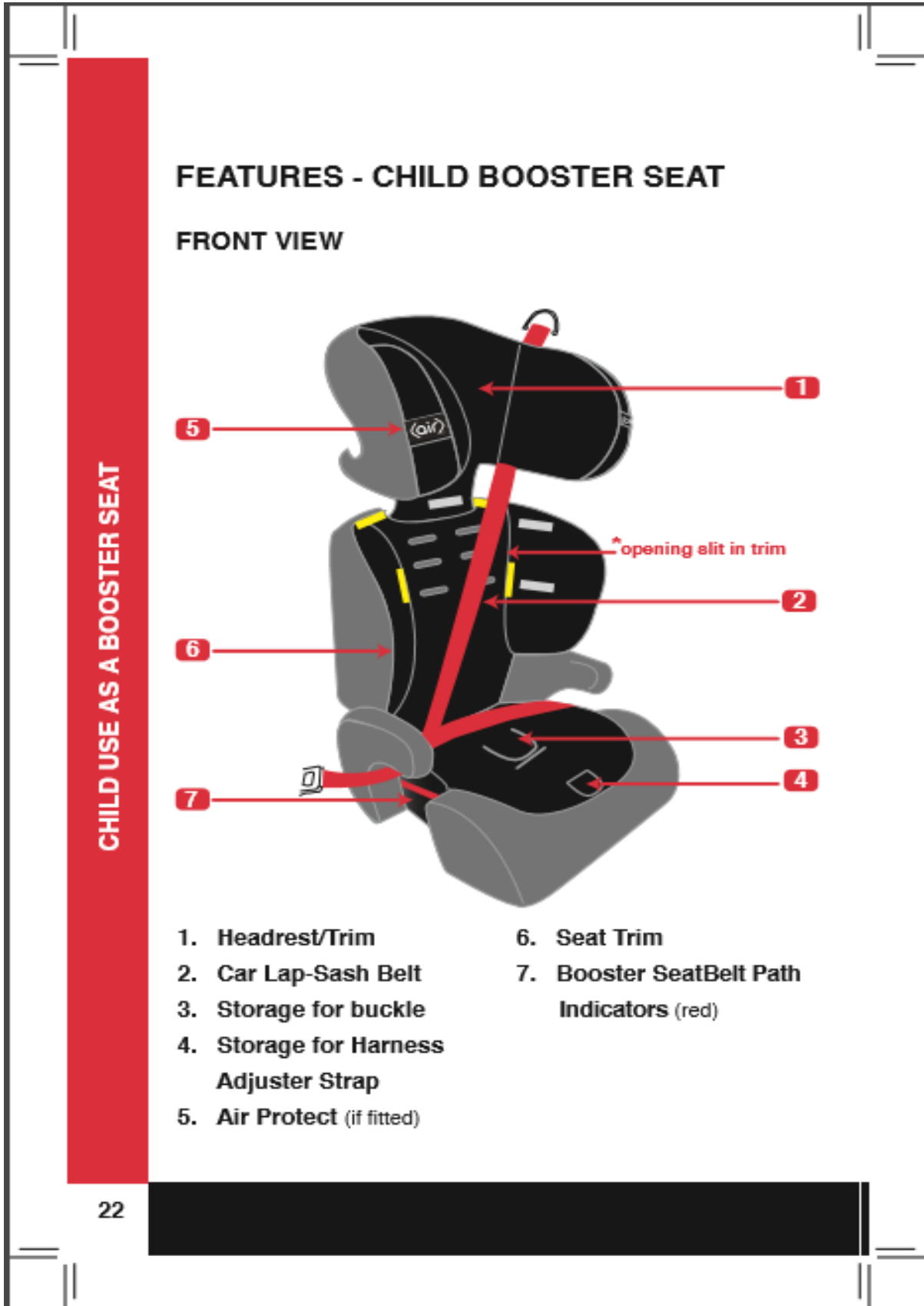
SHOULDERS MUST BE

BELOW THIS LINE

LABEL 3

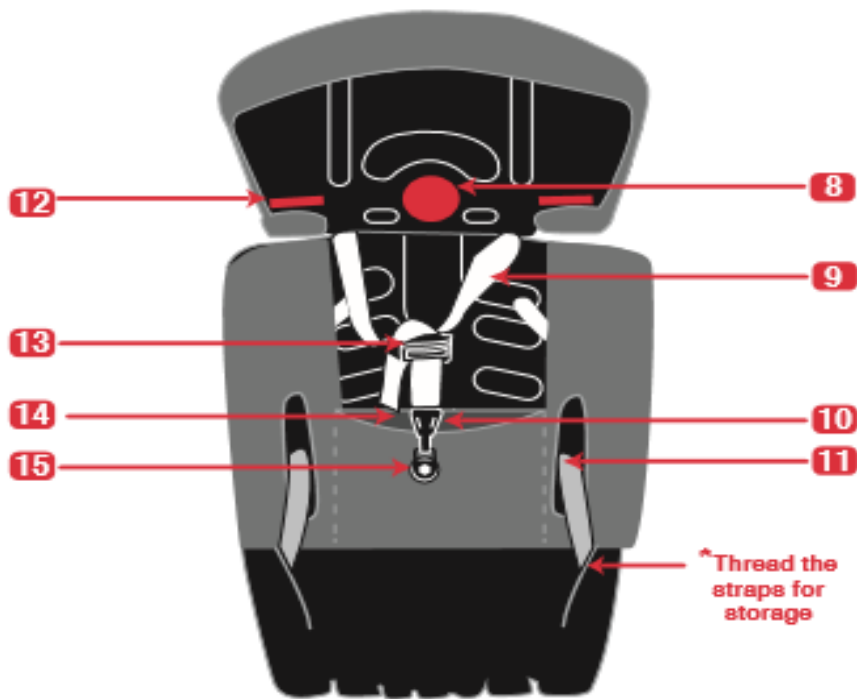
To be used as a booster mode when the child shoulders are above the middle height marker **LABEL 2** until their shoulders reach the upper height marker **LABEL 3** (approximately 6 to 8 years). Then the child needs to be moved into the next form of restraint when they reach the top shoulder height marker. [See page 27](#)

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FEATURES - CHILD BOOSTER SEAT

BACK VIEW



Trim style and design may vary.

- | | |
|--|--|
| 8. Adjustable Headrest Button (5 position) | 13. Adjuster (Tether Strap) |
| 9. Tether Strap | 14. Pocket (Storage for Instruction manual) |
| 10. Hook | 15. Anchorage Fitting |
| 11. Shoulder Straps Storage | |
| 12. Booster Seat Belt Path Indicators (red) | |

CHILD USE AS A BOOSTER SEAT

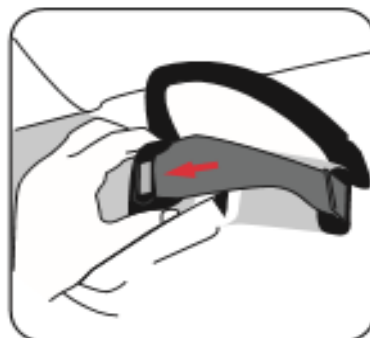
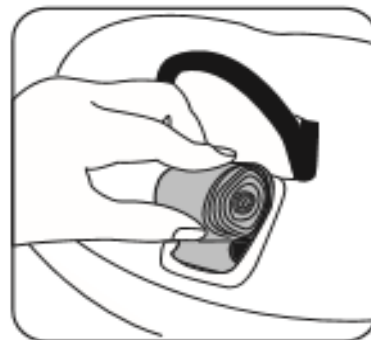
CHILD USE AS A BOOSTER SEAT

REMOVE HARNESS SYSTEM



Undo the straps from the splitter plate on the back of the child restraint. Pull harness adjuster strap forward to the maximum. See feature (6) on page 14.

Roll the harness adjuster strap and store in the opening area under trim. See feature (4) on page 22.



Press red button to release buckle assembly. Insert buckle in the opening area on the seat covered under the flap. See feature (3) on page 22.

Remove both shoulder straps from the harness slots, See feature (8) on page 14. Thread the shoulder straps through the opening between the armrest and side of the seat, refer to illustration on page 23. Store the straps and (belt mates if fitted) in the opening area at the back on the seat, refer to feature (11) on page 23.

BOOSTER SEAT INSTALLATION USING LAP-SASH ONLY

Securing Your Child In Vehicle

Place the Booster Seat firmly against the back of a forward facing vehicle seat equipped with lap-sash belt.

DO NOT place the Booster Seat in a vehicle without the tether strap attached to the vehicle's anchor fitting. Refer to page 12.

Have your child sit in the safety seat with their back flat against its back.

Position the sash belt through the shoulder belt guide in the headrest. The lap belt portion **MUST** be positioned low on the hips, Fasten buckle and pull up on shoulder belt to tighten.

The vehicle's seat belts MUST NOT be twisted.



CORRECT



INCORRECT



INCORRECT


CHILD USE AS A BOOSTER SEAT

WARNING

A sash belt under the arm or behind the back is dangerous

CHILD USE AS A BOOSTER SEAT

BOOSTER SEAT INSTALLATION USING LAP-SASH ONLY



Correct Shoulder Position

To ensure the correct head support is obtained, the bottom of the headrest **MUST** be even or slightly higher with the top of child's shoulders as illustrated.

NOTE : If the vehicle seat belt lays across child's neck or face, then readjust the headrest height.

CAUTION!
In the event of a crash, a seat belt across the child's throat could cause a strangulation hazard.

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THE NEXT SEAT FOR YOUR CHILD

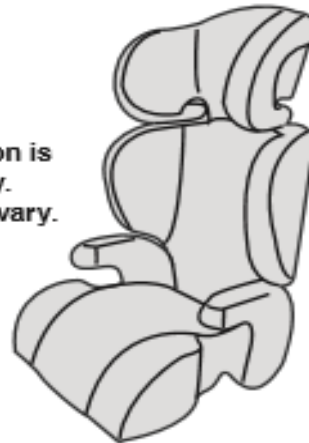


The booster seat is unsuitable for the occupant when the shoulders are above the upper marker (**LABEL 3**). The child needs to be moved into the next form of child restraint (a bigger booster seat or a child harness) when they reach the top shoulder height marker.



CHILD HARNESS
From 7 to 10 years of age

NOTE: This illustration is representative only. Design and style may vary.



BOOSTER SEAT
Approx 4 to 10 years of age

GENERAL INSTRUCTIONS

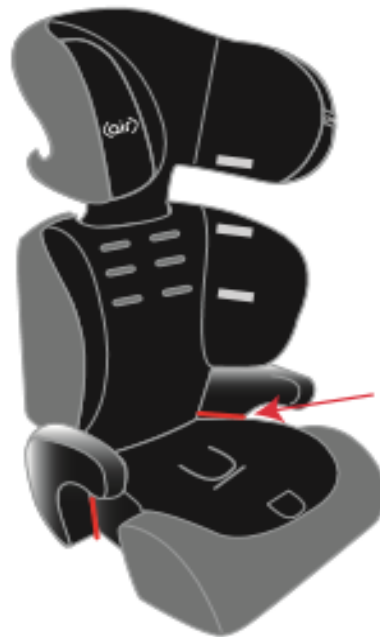
CARE AND MAINTENANCE

NOTE: Remove harness as described on page 24.

Headrest cover: Adjust the booster seat headrest to its highest position. Separate velcro at the back of the headrest and remove cover.

Main body cover: Separate velcro at the back of the seat. Pull off the elastics around the armrest and remove cover off the seat.

- The seat covers can be machine washed in lukewarm water on the 'Delicate' cycle.
- Tumble dry for 10 - 15 minutes on low heat.
- **DO NOT BLEACH**
- **DO NOT DRY CLEAN**
- **DO NOT IRON**



Style and design may vary for the trim.

Elastic Strap

CARE AND MAINTENANCE



The insert is to be used from 6 months to approximately 1 year)

To Remove insert (If fitted)
To remove the insert, separate the velcro 2 places. Refer to illustration above. Undo the buckle and pull the insert out.

To replace insert (If fitted)
Feed the crotch part of the buckle through the opening slot in the insert. Place the shoulder straps as illustrated and attach velcro 2 places. Fasten buckle assembly.

Fitting the headrest cover

Extend the booster seat headrest to its highest position then fit the headrest cover (pull on cover) by stretching it over the headrest.

Fitting the main body cover

Starting at the shoulders, place the trim on and fasten the velcro at the back. Next, on each side of the trim you will see elastics, these elastics need to be threaded around the armrest and attached. Last step, pull cover over base.

GENERAL INSTRUCTIONS

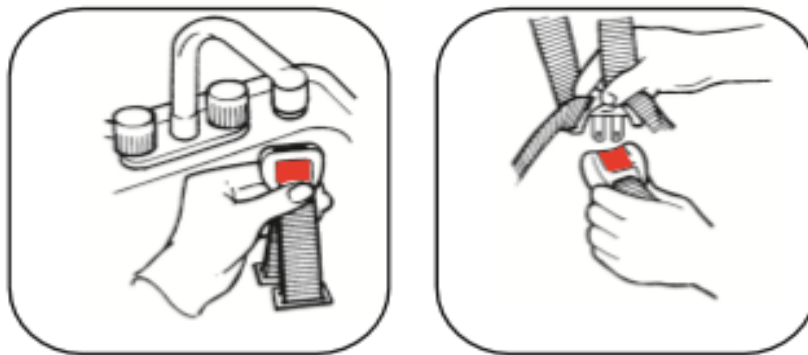
GENERAL INSTRUCTIONS	VERY IMPORTANT: Only use this child restraint with the cover supplied or a manufacturer-authorized replacement cover with identical shoulder height markers.
	CARE AND MAINTENANCE <ul style="list-style-type: none">• CLEANING METAL AND PLASTIC PARTS - Sponge clean with mild soap and cool water. NEVER clean with ammonia or bleach based, or spirit-type cleaners.• DO NOT USE THIS SAFETY SEAT WITHOUT ITS COVER• FROM TIME TO TIME CHECK THE SEAT for worn parts, torn material and stitching. If damage is found, DO NOT try to modify the safety seat. Replace the safety seat.• IMPORTANT - Only genuine replacement parts supplied by IGC Dorel Pty Ltd can be used on the Convertible Booster Seat.

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Follow the manufacturer’s instructions at all times. Before removal, ensure you have carefully noted the way which the various parts are attached to the seat so as to facilitate reassembly.

Your child car seat is equipped with a buckle designed to give your child maximum protection during proper use. When working properly, your buckle should always fasten with an audible “click”.

If sticky liquids such as baby food, fruit juice, etc, get into the buckle it may become sluggish and you will not hear a “click”. The buckle should be cleaned by following the steps below.



Place the buckle unit under running water (40 degrees Celsius) Let the water flow through the mouth of the buckle for one minute. Simultaneously latch and unlatch the tongues into the buckle several times until a strong audible “click” is heard. If you still cannot hear a strong audible “click” after latching the buckle several times, then repeat the process again. DO NOT oil any part of the buckle and allow buckle to dry.

IMPORTANT - Only genuine replacement parts supplied by IGC Dorel Pty Ltd can be used on the Convertible Booster Seat.

GENERAL INSTRUCTIONS

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WARRANTY

IGC DOREL PTY LTD WARRANTS YOUR NEW PRODUCT TO BE FREE FROM DEFECTS IN MATERIALS AND WORKMANSHIP FOR 6 YEARS ON THE SEAT & 2 YEARS ON THE TRIM, FROM THE DATE OF PURCHASE, PROVIDED THAT THE PRODUCT IS USED IN ACCORDANCE WITH ACCOMPANYING RECOMMENDATIONS OR INSTRUCTIONS WHERE PROVIDED. THE BENEFIT OF THIS WARRANTY IS IN ADDITION TO YOUR RIGHTS UNDER THE AUSTRALIAN CONSUMER LAW AND TO OTHER RIGHTS AND REMEDIES OF THE CONSUMER UNDER A LAW IN RELATION TO THE GOODS OR SERVICES TO WHICH THE WARRANTY RELATES.

IGC DOREL PTY LTD WILL PROVIDE YOU WITH YOUR CHOICE OF A REFUND, REPAIR OR EXCHANGE (WHERE POSSIBLE) FOR THIS PRODUCT IF IT BECOMES DEFECTIVE WITHIN THE WARRANTY PERIOD. IGC DOREL PTY LTD WILL BEAR THE REASONABLE EXPENSE OF CLAIMING THE WARRANTY. THIS WARRANTY WILL NO LONGER APPLY WHERE THE DEFECT IS A RESULT OF ALTERATION, ACCIDENT, MISUSE, ABUSE OR NEGLIGENCE.

PLEASE RETAIN YOUR RECEIPT AS PROOF OF PURCHASE AND CONTACT OUR CUSTOMER SERVICE CENTRE ON PH: 1300 809 526 OR ALTERNATIVELY, VIA OUR WEBSITE AT WWW.IGCDOREL.COM.AU FOR ANY DIFFICULTIES WITH YOUR PRODUCT. WARRANTY CLAIMS AND CLAIMS FOR EXPENSE INCURRED IN RETURNING THIS PRODUCT CAN BE ADDRESSED TO OUR CUSTOMER SERVICE CENTRE AT 655-685 SOMERVILLE ROAD, WEST SUNSHINE VIC 3020.

FOR NEW ZEALAND PLEASE CONTACT CUSTOMER SERVICE CENTRE, 14 SIR WILLIAM AVENUE, EAST TAMAKI, AUCKLAND, 2013. AUCKLAND: (09) 274 1040 NZ WIDE: 0800 628 000 (TOLL FREE). HOURS: 8:00 AM - 4:00 PM, MONDAY TO FRIDAY.

OUR GOODS COME WITH GUARANTEES THAT CANNOT BE EXCLUDED UNDER THE AUSTRALIAN CONSUMER LAW. YOU ARE ENTITLED TO A REPLACEMENT OR REFUND FOR A MAJOR FAILURE AND COMPENSATION FOR ANY OTHER REASONABLY FORESEEABLE LOSS OR DAMAGE. YOU ARE ALSO ENTITLED TO HAVE THE GOODS REPAIRED OR REPLACED IF THE GOODS FAIL TO BE OF ACCEPTABLE QUALITY AND THE FAILURE DOES NOT AMOUNT TO A MAJOR FAILURE.



IMPORTANT: KEEP THIS BOOKLET IN THE POCKET PROVIDED AT THE REAR OF THE CHILD RESTRAINT

REF # 012210 A

11/12

Attachment 10: Beaucare Disaster Management Plan

BEAUCARE DISASTER MANAGEMENT PLAN

Responding to the impacts of natural or man-made disasters is one of the risks every organisation must face.

Incidents that affect *only* our facility or services (such as fire, bomb threat, etc) are covered in **Work Health & Safety – Emergencies Policy and Procedures**.

This Plan relates to disasters or crises that affect the whole, or a large part, of our community, such as floods or storm surges, or disease epidemics.

A disaster is a serious disruption in a community, caused by the impact of an event that requires a significant coordinated response by the State and other entities to help the community recover from the disruption.

Beaucare recognizes that we are an important contact for our clients and we may be able to assist them to access emergency help in the event of a disaster. We do not have the resources to provide full direct emergency assistance during the impact phase or immediately after. The Scenic Rim Council identifies facilities that may require priority assistance in disaster events as being Kindergartens/Child Care Facilities, Aged Care and Respite facilities and Community Centres.

We are in a good position to help our clients prepare themselves in the event of a disaster, and aim to do this as part of ongoing client support.

Our main concern is the welfare of our clients and safety of staff and the wellbeing of the community. We can assist in this by the restoration of our services as quickly as possible after a disaster.

Our Disaster Plan is designed around the following process:



POSSIBLE EVENTS AND IMPACTS

Beaucare is located in Beaudesert and services clients living in Scenic Rim and Southern Logan Council and Gold Coast areas. There are two sites in Beaudesert from which services are conducted; these are 44 Tina Street and 64 Tina Street.

Natural disasters which are most probable have been identified in Disaster Management Plan as flood, flash flood, cyclone, major transport accident, fire, emergency animal or plant disease, hazardous material accident, epidemic/pandemic, earthquake, landslip and terrorism.

Possible impacts (based on floods/cyclones) include:

- Damage to the buildings and contents.
- Inability for staff to safely access the office due to flooded roads and other hazards;
- Damage to staff members' homes;
- Inability to access clients' homes due to hazards on roads; possible damage to their homes.
- Temporary loss of phone and internet services.
- Damage to computers and other electrical appliances due to power fluctuations.
- Evacuation of clients or staff.

Child Care specific risks include:

- Damage to educator's home while children are in care – roof leaks, falling trees, floods.
- Educator services not accessible by office or families
- Children being dropped off for care and parents not being able to collect them.
- Emergency services not being able to access the educators home or time delay in a disaster situation.
- Unknown factors if phones and electricity will be disrupted and water for services that rely on pumps for water.
- Increased dangers for travelling for educators and families.

Management plan:

- All efforts will be made for educators and families to be contacted, in a severe disaster this may not always be possible. Educators and families should also try to contact the office or after hours contact number.
- Educators need to make an overall assessment to their service and decide what they will communicate to families if they have not been able to communicate with the office.
- Decisions may need to occur to close the individual service or possibly all services depending on the level of possible risks.
- In some situations, absences can be claimed when the service has closed due to a **declared local emergency**. This is not a guarantee however and services not declared in the emergency zone may not be able to claim fees if closed (this may not be known for days after the event). This might mean that the office has to make a decision to minimize risk and close services that may not be able to charge fees as a result. The decision will be based on the best practice to minimize risk to children, families and educators. Educators will be expected to follow this.

The other form of disaster which could impact on Beaucare is a pandemic. Likely impacts would be:

- Staff being sick and unable to attend work.
- Clients being sick and contagious and not safe to visit, or hospitalized.
- Services may be advised to be suspended to prevent cross- infection.
- Alternatively, the service may continue, but be required to take additional precautionary measures.

While this form of disaster would not impact on all aspects of our business, such as buildings and facilities, face to face service suspension could continue for an extended period.


This Plan covers the actions we will take to support clients and staff and minimize the disruption to services in the event of a disaster. Each disaster has potentially different impacts, so not all actions may apply.

For example, in the event of a pandemic, those actions around maintaining contact with clients by phone, and getting information to them, may be the main actions necessary.

OTHER KEY DOCUMENTS WHICH MAY FORM PART OF THIS PLAN:

1. GO PACK and evacuation Check List.
2. Emergency Services and Contact List.
3. Client Register with Emergency Contacts.
4. Event Log.
5. Client Information Sheet on preparing for Disasters.

BEAUCARE DISASTER READINESS PLAN

Service Aspects:	Buildings & assets	Administration – Records, Insurance, Contracts	Communication – phones, internet	Staff	Clients
 PREVENTION to reduce or eliminate the likelihood and effects of an incident	<p>Both Beaucare buildings are protected through a back to base alarm system which records movement and smoke.</p> <p>Vehicles are stored at 64 Tina Street where there is security provided by the Hospital. If the hospital site was not secure, vehicles would be stored at 44 Tina Street, another business location or home garaged.</p>	<p>All records are stored electronically on the server.</p> <p>All files are backed up on an off-site server.</p> <p>If the office computers are not available or accessible, data will be accessed from laptops, iPads or home computers so that essential data e.g. payroll data, educator timesheets, client information will still be able to be entered, processed and paid. Passwords for senior staff to access external records are in place.</p> <p>Contracts and records will be backed up and accessible from the off-site server.</p>	<p>If phone and internet services are unavailable, or limited, staff will make use of available mobile phones; email with iPads; Facebook or local radio station to contact staff and clients.</p> <p>An up to date list of key emergency contacts is maintained and stored electronically, on Manager iPads and phones and on hard copy in the office and in GO PACK.</p>	<p>Arrangements to be able to contact staff.</p> <p>Training for staff about the disaster plan, and staying safe during disasters.</p> <p>Expectations of staff in the event of a disaster/service closure.</p> <p>For example, staff would generally not be required to attend the office during service closure, but those who are available would be expected to be contactable during business hours to receive notification of return to work.</p> <p>Staff who evacuate their homes or are affected by the disaster are requested to advise Beaucare of alternative contact details.</p>	<p>Client contact in emergencies will be maintained through telephone contact with client or support persons. All clients of ADS and Child Care Services have a listed next of kin and emergency contact provided. This is on TRACCS and Hubworks data bases which can be accessed remotely.</p> <p>A list of more vulnerable ADS clients will be maintained to ensure that contact is prioritized.</p> <p>Beaucare ADS provides information pamphlets on emergency preparation for clients and have guests from emergency services attend programs on a yearly basis. Educators in Child Care Services have a written emergency action plan for disasters.</p>

BEAUCARE DISASTER READINESS PLAN

BEAUCARE DISASTER READINESS PLAN					
Service Aspects:	Buildings & assets	Administration – Records, Insurance, Contracts	Communication – phones, internet	Staff	Clients
<p style="color: #5cb85c; font-weight: bold; font-size: 24px;">→</p> <p style="color: #5cb85c; font-weight: bold; transform: rotate(-90deg); transform-origin: left top;">PREPAREDNESS to ensure an effective response and recovery</p>	<p>The following steps will be taken to protect or minimise damage if a disaster is imminent or warnings include: Bringing in all loose items outside buildings, ensure sheds are secured, take down shade-cloth and store inside. Move computers to high storage area or if flash flooding is imminent remove from building and secure in an area unaffected.</p> <p>Vehicles to be loaded with computers and any sensitive information and driven outside of the imminent disaster area to an unaffected area. To be coordinated by GM (Admin Manager).</p> <p>If neither Beaucare Building is able to be safely accessed some services may be temporarily suspended.</p> <p>A copy of Beaucare insurance policy is included in our "Go Pack"</p>	<p>How you access essential data and records if the office is closed or unable to access computers:</p> <p>External log ins are available for staff to access the server, and TRACCS and Hubworks databases from computers outside of the organisation.</p> <p>Procedures are available on how to access the server and these programs.</p>	<p>In the event of a disaster clients are advised by phone if available, if not then through Beaucare Facebook page or messages on the local radio station.</p> <p>A current list of key emergency contacts is maintained both electronically and in hard copy</p>	<p>All staff emergency contact details are updated when new staff commence and when changes occur with current staff. This contact list is retained at reception and is also accessible through our server both internally and externally.</p> <p>Emergency contact arrangements for staff to service include:</p> <ul style="list-style-type: none"> ▪ Updating our Facebook page. ▪ Announcements over the local radio station. ▪ Signs on the front of the building. <p>Arrangements if staff are stranded at the office include:</p> <ul style="list-style-type: none"> ▪ Access to emergency contact numbers either in hard copy at reception or online. <p>(cont)</p>	<p>Any actions you take to prepare clients, such as emergency contact numbers. If your clients are likely to need assistance, how you gain consent to pass on their details to emergency services; procedures for this.</p> <p>Clients and carers are informed of closure or changes to service provision by telephone and emails. If clients oar carers are not contactable nominated emergency contacts will be used. External access to data bases allows this information to be accessed.</p> <p>Back-up arrangements to enable continuation of services would be between 44 and 64 Tina Street. Should both venues be affected, services would be sought local partners.</p> <p>Beaucare would offer its transport and kitchen services to the community if required.</p> <p>(cont)</p>



BEAUCARE DISASTER READINESS PLAN

BEAUCARE DISASTER READINESS PLAN					
Service Aspects:	Buildings & assets	Administration – Records, Insurance, Contracts	Communication – phones, internet	Staff	Clients
 <div style="background-color: #d2b48c; padding: 5px; text-align: center; writing-mode: vertical-rl; transform: rotate(180deg);"> PREPAREDNESS to ensure an effective response and recovery </div>				<p>(cont)</p> <ul style="list-style-type: none"> ▪ Torches. ▪ Battery operated radio with spare batteries. ▪ Mobile phone and charger. ▪ Sturdy gloves. ▪ Waterproof bags. ▪ Blankets from emergency supplies ▪ Shops across the road for emergency supplies ▪ Food available at ADS (gas cooker) ▪ Water available (rain water tanks at ADS) <p>Staff training about disasters and this plan to be included in yearly training.</p>	<p>(cont)</p> <p>Community services staff would provide programs which could include Emergency Financial Relief and/or counselling at evacuation centres (under direction from Dept of Communities in their disaster management role) in specific locations that meet their safety</p> <p>Child Care services could provide staff and resources for children at evacuation sites.</p> <p>When a disaster is imminent preparation will be done including gathering materials, determining rosters, contacting suppliers for emergency items.</p> <p>Immediately prior to a disaster, clients will be phoned to check on well-being and emergency supply needs (medication etc).</p>

BEAUCARE DISASTER READINESS PLAN

BEAUCARE DISASTER READINESS PLAN					
Service Aspects:	Buildings & assets	Administration – Records, Insurance, Contracts	Communication – phones, internet	Staff	Clients
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">RESPONSE an incidence response plan To control and minimise impacts</p>	<p>Determining safety of premises. Documenting damage or loss. Securing premises.</p> <p>In the case of damage to the building or property, the insurance broker is contacted immediately and informed of the situation. The broker then co-ordinates the claim to the insurance company.</p> <p>Effecting emergency repairs (e.g. tarping the roof, removal of dangerous trees).</p>	<p>Offsite backup service is contacted to advise of the situation.</p> <p>Regular contractors and suppliers are also advised of service closure/suspension of services</p> <p>Funding bodies will be contacted regularly to inform them of the impacts to services and to check any support available to assist recovery.</p>	<p>Any back-up communication/internet arrangements.</p> <p>Advice to phone company and ISP regarding any disruptions to services and obtain advice as to when repair is likely to occur.</p> <p>Portable modems are available for use while internet is unavailable.</p>	<p>Arrangements for staff to inform if possible, of their circumstances, likely period of unavailability for work and assistance they may need. Staff are able to email Managers directly and contact mobile numbers of managers.</p> <p>Staff will provide inputs into the plan and a training session will be organised for each program.</p> <p>Staff will be encouraged to maintain contact with their manager to receive and provide updates, allocate tasks, alert to need for debriefing/counselling/support.</p> <p>Arrangements would be made for staff who need time off to attend to family and personal needs through contact with their manager.</p>	<p>Beaucare would aim to maintain regular contact with clients by phone to provide update information on the disaster and check in on their well-being. This would be done by allocating a number of clients to each available staff members to ring at a regular frequency.</p> <p>Any special role you play during a disaster and how this is done.</p> <p>Beaucare would offer its transport and kitchen services to the community if required.</p> <p>Staff who live in close proximity to clients can be allocated vulnerable clients to check on wellbeing (if safe to do so).</p>

BEAUCARE DISASTER READINESS PLAN

BEAUCARE DISASTER READINESS PLAN					
Service Aspects:	Buildings & assets	Administration – Records, Insurance, Contracts	Communication – phones, internet	Staff	Clients
<p style="color: red; font-weight: bold; writing-mode: vertical-rl; transform: rotate(180deg);">RECOVERY plan to minimise disruption and recovery time</p>	<p>Continuing the process listed under RESPONSE</p> <p>Major repairs to Beaucare premises will be undertaken with the approval of the insurance company. Major repair will not be undertaken without insurance approval.</p> <p>Temporary relocation arrangements will be made to/from either Beaucare building if necessary.</p>	<p>Replacement/repairs of equipment – procedures/authority.</p> <p>Off-site server will be contacted and advised the details of data to be recovered.</p> <p>Liaison will occur with each of the funding bodies to keep them abreast of recovery plans and progress.</p>	<p>Any back-up communication/internet arrangements.</p> <p>Advice to phone company and ISP regarding any disruptions to services and obtain advice as to when repair is likely to occur.</p> <p>Portable modems are available for use while internet is unavailable.</p>	<p>Flexible rostering will occur if staff are affected/unavailable for work. This will include Managers and supervisors who are not required for essential tasks to undertake service delivery work as needed. Affected staff will be offered leave at the discretion of management. Staff will be assisted to access Government funded special disaster relief if available. Affected staff who are unable to return to full hours will be offered flexibility to return on part-time hours.</p> <p>Staff well-being will be carefully monitored during this time, Debriefing/access to additional support will be offered.</p> <p>Beaucare staff who have skills and desire to support general community recovery will be encouraged to do so. However, priority will be given to re-establishing Beaucare services.</p>	<p>Role in General Community Recovery</p> <p>Clients who are able to assist in general community recovery will be supported and encouraged to do so within a risk management framework.</p> <p>A. Recovery for Beaucare clients.</p> <p>Clients will be contacted by telephone and email when services resume.</p> <p>Clients at ADS will have usual services provided (i.e. collection at usual time) in an effort to re-establish routines as quickly as possible.</p> <p>Clients who have been impacted by a disaster will have their needs re-assessed and support adapted.</p>

MONITORING & REVIEW

There are 2 components:

1. Full **debriefing** as soon as is practicable after a disaster event, usually once the service is up and fully running again, to determine how well the Plan worked, and if any changes need to be made.
2. **Regular Annual Review** of the Plan to accommodate changing technology, local disaster arrangements or changes in the service itself.
3. Staff training will be provided on an annual basis.



Appendix I: Child Protection



PWHS.0004 Client Protection & Harm Prevention Policy

Policy number PWHS.0004		Authorised by: GM
Date last reviewed: Jan 2016	Reviewed by: GM	Date of next review: Jan 2017

This policy relates to Workplace Health & Safety & Service delivery	
Human Services Quality Framework	<ul style="list-style-type: none"> • Standard 1 • Standard 4 • Standard 6 Human Resources – Indicator 1, 2 and 3
National Quality Standards Early Childhood Education & Care	2.3, 2.3.1, 2.3.2, 2.3.3, 2.3.4, 7.3.3, 7.3.5
HCS	Standard 1, 1.2, 1.6

Purpose

To provide guidance to staff, volunteers and Management when an allegation or belief is held that abuse and/or neglect of a client is occurring.

Principle

Beaucare is committed to providing the maximum protection for staff and clients through clear practice guidelines and instructions to minimise consequences arising from abuse and neglect.

The provision of a safe workplace is both an ethical and a legal obligation of Beaucare, and we accept that our “workplace” includes any place where work may be performed by our employees, including working in client’s private homes.

Within this working environment, we acknowledge a responsibility to ensure our employment practices afford clients confidence that their security and protection are of paramount importance in the delivery of our services.

Beaucare is committed to upholding the legal and human rights of each individual, through taking a proactive Duty of Care approach to the prevention of harm, abuse and neglect, and empowering and supporting our clients to exercise their human rights.

It is our belief that all people have a right to live safely in their own homes, free from violence, abuse, neglect and exploitation.

Each individual client has the right to:

- Be free of any form of sexual, financial, physical, mental and verbal abuse or neglect;
- Be treated at all times with dignity and respect;
- Be informed of various support options, advisory and advocacy services available to them;
- Continue to participate, to the extent of their capacity, in the social fabric of community life;
- Be encouraged and supported to exercise their human rights.

Scope of Policy

This policy is applicable to all staff, students, volunteers and contractors, clients and their family, and members of the Board.

Definitions

TERM	DEFINITION
Abuse	Is defined as any act which results in physical, sexual, financial, psychological or social harm and/or neglect. Perpetrators of abuse may be other clients, family members, staff or volunteers, other known people, or strangers.
Elder Abuse	Is when an aged person experiences harmful physical, psychological, sexual, material or social effects caused by the behaviour of another person with whom they have a relationship implying trust.
Physical Abuse	Is the infliction of physical pain, injury or force. This may include sexually abusive and exploitive behaviour involving threats or force, or the inability of the person to give informed consent.
Financial Abuse	Is the illegal or improper exploitation and/or use of funds or other resources/property. This includes intimidation for financial gain.
Psychological Abuse	Is behaviour which causes mental or emotional anguish or fear. This may include verbal abuse.
Active Neglect	Is the conscious and intentional deprivation of basic necessities, resulting in harmful physical, psychological, material and/or social outcomes.
Passive Neglect	Is the refusal or failure (because of inadequate knowledge, infirmity or disputing the value of prescribed services) to provide basic necessities, resulting in harmful, physical, psychological, material and/or social outcomes.
Harm	Is any detrimental effect of a significant nature to a person's physical, psychological or emotional well-being.
Risk of Harm	Means harm that is likely to occur in the future if no preventive action is taken.
Competent	Means the person is capable of making decisions and understands what has happened, or is happening.

Not Competent	Means the person has demonstrated an impaired understanding of what has happened, or is happening, or has been assessed by a relevant medical practitioner as being cognitively impaired.
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Policy

Beaucare recognises our legal and moral obligation to consistently employ processes that acknowledge and support the right of all people to live free from harm, abuse or exploitation.

It is our policy to provide an environment where the safety and wellbeing of our clients and their families is protected. Incidents of actual or suspected harm to people who use our services will be identified, recorded, and appropriately dealt with. It is imperative that planned responses are deployed in a manner consistent with principles of natural justice, and that all parties are provided with appropriate support. In implementing this policy, we acknowledge the principles of autonomy, freedom of choice, and the dynamics of the relationships involved. Protection of safety is considered paramount, and we will comply with mandatory reporting obligations for Notifiable Disclosures.

Roles & Responsibilities

❖ **General Manager**

The General Manager has a responsibility to ensure this policy and all associated procedures are reviewed and updated annually, and to ensure its distribution, use and understanding by all staff, volunteers and students within the organisation.

❖ **Managers**

Managers have a responsibility to ensure staff under their management are aware of the procedures involved in reporting and responding to harm and hold appropriate criminal history screening advice on commencement of employment.

❖ **Staff, Subcontractors, Volunteers, Visitors and Board**

All staff at Beaucare have a responsibility to engage in Criminal History screening processes, and to follow procedures when concerned a client might be at risk of harm or abuse, particularly where mandatory reporting may be required.

When appropriate it is important to advise clients of limits to confidentiality when abuse and/or neglect is identified.

Associated Beaucare Policies and Documents

In order to ensure that clients are protected the following detailed procedures are in place

- PHR.0004 Police and Blue Card Checks
- PSD.0003 Individual Assessment and Review
- Program Handbooks
- WIWHS.0008 Mandatory Reporting of Notifiable Incidents
- WIWHS 0010 Responding to Allegations of Abuse or Neglect Work Instruction
- PWS.0005 Responding to Allegations of Harm



PWHS.0005 Responding to Allegations of Harm Policy

Policy number PWHS.0005		Authorised by: GM
Date last reviewed: Jan 2016	Reviewed by: GM	Date of next review: Jan 2017

This policy relates to Workplace Health & Safety & Service delivery	
Human Services Quality Framework	<ul style="list-style-type: none"> • Standard 1 • 4
National Quality Standards Early Childhood Education & Care	2.3.2, 2.3.3, 2.3.4, 7.3.3, 7.3.5
HCS	1 1.2, 1.6

Purpose

To provide guidance to staff and Management when an allegation or belief is held that abuse and/or neglect of a client is occurring. All allegations of harm are important and must be acted upon, regardless of whether the alleged harm has been caused by a person within or outside Beaucare, or whether the person disclosing the harm is from within or outside Beaucare.

Principle

Beaucare is committed to providing the maximum protection for staff and clients through clear practice guidelines and instructions to minimise consequences arising from abuse and neglect.

Scope of Policy

This policy is applicable to all staff, students, volunteers and contractors, clients and their family, and members of the Board.

Policy

Harm is a Result of Beaucare Services

Allegations of harm to clients arising from services received from Beaucare are to be reported as formal complaints, using the procedure outlined in *PSD.0001 Complaint Handling Policy*. The allegation will then be fully documented and either passed onto an external agency or the General Manager to be fully investigated.

Harm is not a Result of Beaucare Services

Where a disclosure of actual or potential harm to a client is made, where the harm does not arise from services delivered by Beaucare, a full investigation is to be initiated by the relevant program manager, acting as the client's advocate. A written report is to be provided to the GM, detailing the circumstances and actions taken as a result of the disclosure:

- All disclosures are to be taken seriously and staff are to proceed as if the client is telling the truth;

- Document as much of the client's disclosure as possible, including your responses and questions;
- Do not put words in the client's mouth or seek to minimise what they are telling you.

Reporting Incidents of Harm to Clients

All incidents or accidents involving harm to a client (e.g. a fall), or incidents of aggressive behaviour or physical threats or abuse that involve a client, are to be recorded on a *Workplace Incident and Accident Report*, and reported to the designated Health and Safety Representative or relevant program manager, who will determine the immediate action to be taken.

Subsequent preventive or improvement strategies for response will be determined by the Quality Committee, documented in action minutes of meeting, and recorded in the *Continuous Improvement Register*

Associated Beaucare Policies and Documents

In order to ensure that clients are protected the following detailed procedures are in place

- PHR.0004 Police and Blue Card Checks
- PSD.0003 Assessment and Review
- PSD.0016 Reporting Risk of Harm
- PWHS .0005 Responding to Allegations of Harm
- WIWSH.0023 Responding to Unexplained Absences
- WISD.0013 Communication with Department of Child Safety

WISD.0013 Communicating with the Department of Child Safety Work Instruction

Instruction number: WISD.0013		Authorised by: GM	
Date last reviewed: Nov 2015	Reviewed by: GM	Date of next review: Nov 2016	

This work instruction relates to Service Delivery			
Human Services Quality Framework	<input type="checkbox"/>	3.5	
	<input type="checkbox"/>	4.1	
	<input type="checkbox"/>	4.4	
National Quality Standards Early Childhood Education & Care	<input type="checkbox"/>	6.3.3	

Purpose

Beaucare recognises the importance of clear communication in all its interactions with clients and recognises that any information sharing with the Department of Child Safety needs to be professional and legitimate.

Principle

To ensure Beaucare acts in accord with privacy laws and the Child Protection Act 1999 staff are required to communicate with the Department of Child Safety in a particular way.

Work Instructions

All conversations/communications with Department of Child Safety staff are considered to be on-the-record

- Case notes must record all contacts and conversations with the Department of Child Safety;
- Reports to the Department are submitted using their online Child Protection Guide (CPG) <https://secure.communities.qld.gov.au/cbir/home/ChildSafety#> ;
- If the Department of Child Safety request follow up information within 30 days of our report, information can be provided without an ATA or Form 159. Any follow up information must be recorded in case notes;
- It is always best practice to include the family in notifications unless:
 - This may identify/cause harm to the person who reported the abuse to us;
 - This may create a risk of harm to a Beaucare staff member or other worker;
 - This may create a flight risk for the family/people concerned.

Associated Beaucare Policies and Documents

- Privacy Procedure
- Code of Conduct
- Program Handbooks
- Client Agreement and Assessment forms
- PSD.0012 Interpreter & Translation Policy



Attachment 11: Definitions for Child Protection Policy

TERM	DEFINITION
Child	An individual under 18 years. Once a person turns 18, they are regarded as an adult.
Child in Care	A child placed in the care of an entity conducting a departmental care service, or a licensee.
Child in need of Protection	A child who has suffered significant harm, is suffering significant harm, or is at an unacceptable risk of suffering significant harm, and does not have a parent able and willing to protect them from harm.
Child Protection Guide	An online tool to support professionals in making decisions about where to refer or report their concerns.
Child Safety	The Queensland Government agency responsible for child protection and adoption services. It is dedicated to protecting Queensland children and young people who have been subject to harm or are at risk of significant harm, and whose parents cannot adequately care or protect them. It is part of the department that administers the <i>Child Protection Act 1999</i> .
Domestic and Family Violence	Violent or abusive behaviour by a person towards their partner, ex-partner, co-parent, family member, carer or person for whom they are providing care. Domestic and family violence includes physical and sexual abuse, emotional and psychological abuse, economic abuse, threats, coercive behaviour, or any other behaviour that controls, dominates or causes fear for the safety and wellbeing of the direct victim or any other person, including a child.
Family and Child Connect	A non-government community-based intake and referral service to refer child protection concerns, so that vulnerable children and their families can access relevant support services based on their assessed needs.
Intensive Family Support Services	Family support delivered under a lead case management model to address multiple and/or complex needs and assist families to build their capacity to care for and protect their children. General and specialist interventions, including practical in-home support, are delivered by the service as part of a single family case plan. Families are linked to appropriate external specialist responses in order to address identified needs. Intensive family support is delivered over an extended period until case plan goals are met, resulting in measurable improvements in the wellbeing of children and their families.
Local-level Alliance	An alliance of government and non-government services within the catchment area to ensure collaborative planning

	and integrated and timely responses to vulnerable children and their families. Family and Child Connect leads local alliances.
Mandatory Reporters	Teachers, doctors, registered nurses, police officers with child protection responsibilities, and persons performing a child advocate function under the <i>Public Guardian Act 2014</i> . Doctors and registered nurses are mandatory reporters whether they are employed in the private or public health sector. Child Safety employees and employees of licensed care services are mandated to report a reasonable suspicion that a child in care has suffered, is suffering, or is at an unacceptable risk of suffering significant harm caused by physical or sexual abuse.
Multiple and/or Complex Needs	'Multiple needs' refers to situations where the family may be facing several different issues, for example, domestic and family violence, substance misuse, and mental health. 'Complex needs' refers to the impact on many aspects of the family's functioning caused by a single chronic or significant issue.
Parent	A child's mother, father, or someone else having or exercising parental responsibility for the child. A person temporarily standing in the place of a parent is not a parent of the child. A parent of an Aboriginal child includes a person who, under Aboriginal tradition, is regarded as a parent of the child. A parent of a Torres Strait Islander child includes a person who, under Islander custom, is regarded as a parent of the child.
Prescribed Entity	Certain professionals from particular entities prescribed under section 159M of the <i>Child Protection Act 1999</i> , including the chief executive of the department responsible for administering the Act; delegated officers of government community, corrective, disability, education, housing, and health services; the police commissioner; the chief executive of the Mater Misericordiae Health Services Brisbane; and principals of non-state schools.
Reasonable Timeframe	A period of time that, in your professional opinion, is appropriate to the severity and urgency of the situation.
Reportable Suspicion	Where a child has suffered, is suffering, or is at an unacceptable risk of suffering significant harm caused by physical or sexual abuse, and may not have a parent able and willing to protect the child from harm.
Reporter	A person who informs Child Safety about alleged significant harm or alleged risk of significant harm to a child and reasonably suspects the child may be in need of protection,

	irrespective of how the information is recorded or responded to by Child Safety.
Service Provider	Any person providing a service to children or families, including Recognised Entities and prescribed entities.
Significant Harm	<p>Any detrimental effect of a significant nature on the child’s physical, psychological or emotional wellbeing. Harm can be caused by physical, psychological or emotional abuse or neglect, or sexual abuse or exploitation, and it is immaterial how the harm is caused.</p> <p>The <i>Child Protection Act 1999</i> provides guidance on what can be considered in identifying ‘significant harm’, including detrimental effects on a child’s body or psychological state that are evident or may become evident, their nature and severity, and the child’s age. A professional may use their knowledge, training and expertise in identifying significant harm, which recognises that professionals may detect an impact of harm that non-professional people may not.</p>
Support Services	A broad range of services provided by government or non-government organisations to assist and support members of the community. These services may include case management, Intensive Family Support services, or specific services such as counselling, parenting courses, health, domestic and family violence support, or emergency housing.
Teacher	An approved teacher under the <i>Education (Queensland College of Teachers) Act 2005</i> , employed at a school.