tern	POLICY		ADOPTED C/M 16.12.09 Minute No. 304/09
Mid-Western Mid-REGIONAL COUNCIL	FAMILY DAY CARE SCH	EME	REF: FDCS REV: FILE No. A0060070

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FAMILY DAY CARE SCHEME

OUTCOMES:	Lifestyle
MAJOR PROGRAMME:	Family Day Care
PROGRAMME MANAGER:	Coordinator
LEGISLATION:	
	2004 Children's Services Regulations
	Public Liability Guidelines
	Children and Young Person's (Care and Protection) Act 1998
	Child Protection (Prohibited Employment) Act 1998
	Commission for Children and Young People Act 1998
	The Ombudsman's Act (1974)
	NSW Ombudsman Amendment (Child Protection and Community
	Services) 1999
	Occupational Health & Safety Act 2000 and Regulations 2001
	Anti-Discrimination Act 1997
	Public Health Act 1991
	Local Government Act & retention of Records for Community
	Services
	Swimming Pools Act 1992

SOURCES:

Managing the Risks in Children's Services. Caton, S. Roche, D 1999 NCAC Family Day Care Quality Assurance Quality Practices Guide 2004 Staying Healthy in Childcare NHMRC 2006 Family Day Care Quality Assurance, Quality Practices Guide, NCAC, 2004, www.ncac.gov.au Guide to safe arrivals and departures at your Children's Service. Kids and Traffic. Macquarie University. NSW www.kidsandtraffic.mq.edu.au Childwise 'Choosing With Care' A Universal Information and Training Program. 2004 Managing the Risks in Children's Services. Caton, S. Roche, D 1999 Roads and Traffic Authority of NSW www.rta.nsw.gov.au Family and Community Services & Indigenous Affairs Child Care Service Handbook "Staying Healthy in Child Care -Preventing Infectious Disease in Child Care" -National Health and Medical Research Council (Edition 4 - 2005) www.health.gov.au/nhmrc/ Caring for Children. NSW Health 2005 Nutrition Australia www.nutritionaustralia.org Australian Breastfeeding Association www.breastfeeding.asn.au NSW Multicultural Communications Service www.mhcs.health.nsw.gov.au Victorian Government Health Information www.health.vic.gov.au Department of Health Guidelines The Toxic Playground: A Guide to Reducing the Chemical Loading in Schools and Child Care Centres, Immig, J TEC, 2000; Managing the Risks in Children's Services, LGC, 1999; Handling Pesticide Wastes - EPA - www.epa.nsw.gov.au NSW Cancer Council (1999) Keeping our Children Safe; Sunsmart Policy and Support Information for Child Care Services; Shade for Child care Services. www.cancercouncil.com.au Children's Hospital Westmead www.chw.edu.au Kidsafe www.kidsafe.com.au National Childcare Accreditation Council (2004). Family Day Care Quality Assurance and Practices Guide, Second Edition NSW Commission for Children and Young People (2004).

"Working with Children Check Employment Screening Consent".

ACCESS AND CUSTODY OF CHILDREN

POLICY:

1.● To allow the parent of a child access to their child at any time during the hours the child is in care.	Formatted: Bulleted + Level: 1 + Aligned at: 0.63 cm + Tab after: 1.27 cm + Indent at: 1.27 cm
2. To allow access of children of separated parents according to court orders and ensure there is no disruption to the service.	Formatted: Bulleted + Level: 1 + Aligned at: 0.63 cm + Tab after: 1.27 cm + Indent at: 1.27 cm
3. To ensure children enrolled with the Scheme may only be collected from the service by an authorised person.	Formatted: Bulleted + Level: 1 + Aligned at: 0.63 cm + Tab after: 1.27 cm + Indent at: 1.27 cm
PROCEDURE:	
ACCESS	
4. Parents should be allowed access to their child at any time while the child is in care. If the Family Day Carer intends to be away from their home they need to inform the parents through their initial routine excursion form, through non-routine excursion forms and general written and/ excursion forms.	Formatted: Bulleted + Level: 1 + Aligned at: 0.63 cm + Tab after: 1.27 cm + Indent at: 1.27 cm
written and/ or verbal communication.	
5. Carers are strongly encouraged to carry a mobile phone with them (of which parents have the number) when they are out of their home, in case a parent needs to contact them/ access their child.	Formatted: Bulleted + Level: 1 + Aligned at: 0.63 cm + Tab after: 1.27 cm + Indent at: 1.27 cm
COURT ORDERS	
6. On enrolment of a child with the Scheme the parent / guardian needs to provide a copy of the Family Court Order or Injunctive Orders related to the Custody of that child. A copy of the custody papers will be given to the Carer.	Formatted: Bulleted + Level: 1 + Aligned at: 0.63 cm + Tab after: 1.27 cm + Indent at: 1.27 cm
7.● A Carer can refuse a parent access to a child once the above documentation has been received.	Formatted: Bulleted + Level: 1 + Aligned at: 0.63 cm + Tab after: 1.27 cm + Indent at: 1.27 cm
8.● However in the case of custody disputes, where there are no Court Orders, Carers can not refuse a parent access to a child.	Formatted: Bulleted + Level: 1 + Aligned at: 0.63 cm + Tab after: 1.27 cm + Indent at: 1.27 cm
9If an Unauthorised Parent arrives to take a child away the following strategies are suggested:	Formatted: Bulleted + Level: 1 + Aligned at: 0.63 cm + Tab after: 1.27 cm + Indent at: 1.27 cm
10.> The Carer is to try and dissuade the parent (who is subject of the Order) to leave the premises, without the child if possible. Advise the parent that you do not have authority to relinquish child; ask him / her to contact the other parent for access outside of Family Day Care.	Formatted: Bulleted + Level: 2 + Aligned at: 1.9 cm + Tab after: 2.54 cm + Indent at: 2.54 cm
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11.>If the parent refuses to leave, excuse yourself if possible, and contact the other parent (who has custody of child), or the Coordination Unit Office, or the police (if the parent's manner is offensive and / or threatening).	Formatted: Bulleted + Level: 2 + Aligned at: 1.9 cm + Tab after: 2.54 cm + Indent at: 2.54 cm
12.> The Carer's main responsibility at all times is to keep themselves and the children in care safe. For example: if the parent demands the child and the Carer feels in any way "at risk", the Carer should allow the child to go with the parent, whereupon the Carer should immediately contact the other parent, the office and if appropriate, the Police.	Formatted: Bulleted + Level: 2 + Aligned at: 1.9 cm + Tab after: 2.54 cm + Indent at: 2.54 cm

AUTHORISED PERSONS COLLECTING A CHILD 13.• Parents / guardian enrolling a child with the Scheme will complete all necessary Formatted: Bulleted + Level: 1 + Aligned at: 0.63 cm + Tab after: 1.27 forms and provide the name and contact details of persons who can collect the child and cm + Indent at: 1.27 cm those to be called in an emergency. If the authorised persons who are able to collect the child change, the parent /-Formatted: Bulleted + Level: 1 + 14.• Aligned at: 0.63 cm + Tab after: 1.27 guardian must inform the Carer and the Scheme. cm + Indent at: 1.27 cm Parents who wish for additional persons (other than those named on the enrolment Formatted: Bulleted + Level: 1 + 15.• Aligned at: 0.63 cm + Tab after: 1.27 form) to collect their child in an exceptional circumstance, will need to inform their Carer in cm + Indent at: 1.27 cm writing if possible, otherwise verbally. If a person arrives to collect a child from the service without prior written or verbal 16.• Formatted: Bulleted + Level: 1 + Aligned at: 0.63 cm + Tab after: 1.27 permission from the parent / guardian, the Carer should contact a parent / guardian to cm + Indent at: 1.27 cm confirm that they agree with this arrangement. If neither parent / guardian can be reached, the Carer should call the Emergency Formatted: Bulleted + Level: 1 + 17.• Aligned at: 0.63 cm + Tab after: 1.27 Contact from the list of people able to collect the child, for clarification and advice. cm + Indent at: 1.27 cm 18.• Enrolment information should be updated regularly. Formatted: Bulleted + Level: 1 + Aligned at: 0.63 cm + Tab after: 1.27 cm + Indent at: 1.27 cm

EMERGENCIES AND ACCIDENTS INVOLVING CHILDREN

POLICY:

- •2. To ensure each child receives efficient and appropriate care and / or medical follow-up after experiencing an accident or in the event of an emergency.

PROCEDURE:

In the event of an accident to a child where third party medical attention is required or whereby the child has sustained bruising to the head or face.

- •1. The Carer is to contact the child's parents and Coordination Unit (as soon as practicable).
- •2. Should the Carer feel the need, the child should be taken to his/her doctor, dentist, hospital or medical centre by either the parent, the Carer or if necessary a Coordination Unit Staff member.
- •3. The Carer is to advise the Co-ordination Unit after the child has been treated.
- •4. The Carer is to complete a 'Public Liability Incident Report Form' and forward the original to the Public Liability Company and a copy to the Coordination Unit within 3 working days of the accident.
- ▲5. The Coordination Unit is to ensure that such records as the 'Public Liability Incident Report Form' are to be retained by the Scheme until the child attains the age of 24 years.
- •6. Child Accident Report Family Notification should be completed by the Coordinator and forwarded to Family id deemed necessary.

PROCEDURE FOR EMERGENCIES

It is recommended that Carers:

ASSESS:

- Stay calm and assess the extent of the injury.
- Are they safe from further injury?
- · Move the child out of a dangerous environment.
- Are the other children in care safe?
- Is an Ambulance needed?

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ACTIONS TO TAKE:

- Take the appropriate First Aid action and make the child comfortable, give reassurance.
- If necessary call the Ambulance and the parents. It is the parent's responsibility to accompany the child to hospital. If this is not possible then either the Carer or a member of the Coordination Unit should go with the child.
- Seek outside assistance if necessary eg: a neighbour
- Reassure and calm the other children in care while monitoring the injured child.
- Withhold all food and drink until the child has seen a doctor, in case an anaesthetic* needs to be given.

IF THE CARER NEEDS TO TAKE CHILD TO HOSPITAL OR DOCTOR:

- Contact Co-ordination Unit Staff and arrange emergency care for the other children in
 care.
- Take the child's personal information sheets including Parent's Authorisation to the hospital / doctors / dentist.
- · Wait at the hospital / surgery until a parent arrives.
- Record the accident as soon as is practicable, with the following details:
 - 4-oùtime and date
 2-oùdetails of accident
 3-oùplace
 4-oùwitnesses
 5-oùparents contacted
 6-oùactions taken / not taken
 7-oùoutcome
- Complete 'Public Liability Incident Report Form' and forward the original to the Public* Liability Company and a copy to Co-ordination Unit within 3 working days of the accident.

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ARRIVAL AND DEPARTURE OF CHILDREN

POLICY:

Carers will ensure the safety and protection of children at all times whilst they are in their care.

PRACTICES:

When a child arrives at the Family Day Carer's home, *only* the Registered Carer will receive the child into care.

The person who arrives with the child must record the *actual time* of arrival and initial the Attendance Record section of the timesheet.

The person who collects the child must record the *actual time* of departure and initial the Attendance Record section of the timesheet.

If a Carer takes children to or from school or preschool, the Carer will record the actual time and initial the Attendance Record, and note the reason for him/her eg. "Carer collected child from school".

If a school child is to travel to school by bus, the Carer should wait at the school bus stop with the child until the bus arrives to take the child. The Carer shall make the entry on the Attendance Record.

If a school child is to arrive or leave unaccompanied, eg, riding a bike, or walking from the bus stop after school, the arrangements must be recorded in writing and signed by the parent (Before/After School care form to be completed each term).

Only people who have been authorised by the parent in writing may collect the child from the Carer (see Access and Custody of Children Policy).

Ensure that all parents follow the safe arrival and departure procedures you have outlined for your home. See Arrival and Departure Procedure examples.

ARRIVAL AND DEPARTURE PROCEDURES IN FAMILY DAY CARE

The following information has been devised to assist you develop your own handover procedure. It is not intended to cover every Family Day Care environment but will hopefully be a trigger in helping Carers to assess the risks to their Family Day Care children, help them develop strategies and seek out information to assist them in minimizing any risk factors at this distracting time of day.

As a Carer, you need to stress to parents their responsibility in this process. When handover occurs both morning and afternoon, you need to have clear guidelines in place as to your expectations. This should be explained to any new clients at the time of interview prior to the child starting care. Make your procedure practical, safe, easy to follow and be consistent with it.

Inform parents that it is their responsibility to closely supervise their children:

- 1. On arrival to the Carers premises until physical handover takes place, and
- 2. On departure after handover from the Carer to the parent occurs.

To prepare your handover procedure document it can be as simple as devising a visual aid such as a poster which relates to your individual home. Place it in a prominent position (near your Record of Attendance sheets) so that it can be constant reminder to parents of what your house Formatted: Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 1 + Alignment: Left + Aligned at: 0.63 cm + Tab after: 1.27 cm + Indent at: 1.27 cm

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4.• Prickly bushes; 2.• Ponds; 3.• Pebbles; 4.• Stairs; 5.• Statues or 6.• Steep driveways If you choose to design a poster you could take photos of existing families following your guidelines	 Formatted: Bulleted + Level: 1 + Aligned at: 0.63 cm + Tab after: 1.27 cm + Indent at: 1.27 cm
as role models – it seems to have more impact if the people in the photographs are recognisable. When preparing your handover procedure, give some consideration to the following;	
when preparing your handover procedure, give some consideration to the following,	
4. Where the handover is going to take place. This needs to occur at a designated place which is safe and secure.	 Formatted: Bulleted + Level: 1 + Aligned at: 0.63 cm + Tab after: 1.27 cm + Indent at: 1.27 cm
2.• Clearly define that the parent is responsible for implementing safety and behaviour management of their child when they are inside your home.	 Formatted: Bulleted + Level: 1 + Aligned at: 0.63 cm + Tab after: 1.27 cm + Indent at: 1.27 cm
3. Ensure your entry and exit door is always locked.	 Formatted: Bulleted + Level: 1 + Aligned at: 0.63 cm + Tab after: 1.27 cm + Indent at: 1.27 cm
4. Attendance Records must be located in an area which is easily accessible for the parent/guardian to sign.	 Formatted: Bulleted + Level: 1 + Aligned at: 0.63 cm + Tab after: 1.27 cm + Indent at: 1.27 cm
 5. Confirm verbally after handover has taken place that the child has been transferred either to you or the parent by stating something like: "He's all yours now." "There you go MumHe/she is ready to go." "See you tomorrow." 	 Formatted: Bulleted + Level: 1 + Aligned at: 0.63 cm + Tab after: 1.27 cm + Indent at: 1.27 cm
For school aged children, the procedure is quite different. The parents must complete a Before/After School care form before the school child starts care and all details confirmed (as in what time they leave school, should arrive at your place etc). The parent should initial the form at the beginning of each school term to confirm the details have/ have not changed.	
Always ensure you have a 'back-up plan' in the event that a school aged child does not arrive at your home at the designated time without prior notice.	 Formatted: Bulleted + Level: 1 + Aligned at: 1.27 cm + Tab after: 1.9 cm + Indent at: 1.9 cm, Tab stops: Not at 1.27 cm
2. If you, the Carer, are collecting the children from school you must also have procedures in place if you are late in collecting the child from school. The child/ren must know what to do if this event was ever to occur.	 Formatted: Bulleted + Level: 1 + Aligned at: 1.27 cm + Tab after: 1.9 cm + Indent at: 1.9 cm, Tab stops: Not at 1.27 cm

CHILD PROTECTION

BACKGROUND: Children have a right to be kept safe from harm. Children's Services Providers have a duty of care to act in the best interests of the child and take reasonable steps to ensure the child's safety.

POLICY:

- 1. To follow the guidelines as set down by the Department of Community Services and inconjunction with the Ombudsman Amendment (Child Protection & Community Services) Act.
- 2. To recognise and fulfil our responsibility with regard to Mandatory Reporting Requirements.
- 3. To fulfil requirements of NSW Interagency Guidelines for Child Protection Intervention.
- 4. To provide support to Carers in their role when faced with challenging circumstances and / or during the assessment of reports.
- 5. To offer support and guidance to parents during the assessment of reports.
- 6. Maintain confidentiality and a professional approach at all times.

PROCEDURE:

- 1. All staff, Carers and Carers Household Members over 14 years are to have a 'Working with Children Check' and sign a 'Prohibited Employment Declaration'.
- 2. Carers and staff are mandated to report suspected cases of abuse to children less than 16years. Procedures for reporting suspected cases of child protection should be followed in accordance with Children's & Young Persons (Care & Protection) Act 1998 (Part 2 – Reports) and Investigation and assessment (Part 3). Together with Interagency Guidelines.
 - 1.a) A Family Day Carer/ Coordination Unit staff member may report directly to the Department of Community Services via the Docs Helpline or via fax (see Child Protection Kit. Administration Folder).
 - 2.b) Carers should maintain a diary of concerns re: child-bruising, disclosures, comments from parents/guardians etc.
 - 3.c) If a Carer has concerns they would like to clarify, they may speak with the Coordinator of the Scheme.
 - 4.d) The Coordination Unit staff should keep written notes on interviews, discussions, phone calls in relation to the Carer/ family/ matter involved.
 - 5.e) Should the Department of Community Services request to interview a child whilst in Family Day Care, the consent of the Coordination Unit, the Carer and child should be given prior to the interview. (The consent of the parent will be sought depending on context of the report). However, interviewing between a Departmental Officer and a Child/ren shall be carried out away from the Carers home if possible.
 - 6.f) The Coordinator of the Scheme should liaise directly with the Licensee, Department of Community Services personnel and CSA when / if appropriate and act in accordance with Interagency Guidelines.

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- 3. Staff and Carers will undertake initial Child Protection Training on responding to and recognising the signs of child abuse at Orientation, and undergo a full day course within 18 months of starting.
- 4. Parents are informed that Carers and Coordination Unit staff are mandatory reporters at enrolment (Parent Handbook).

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CHILDREN IN CARE	Formatted : Centered
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POLICY:	Formatted: Font: Bold
Regulations state that Educators are to have no more than 7 children under the age of 12 years in care at one time (including their own children under 12 years). All children in care need to be fully registered with the Scheme.	
PROCEDURE:	Formatted: Font: Bold
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EXTENDED FAMILY MEMBERS / VISITING FRIENDS	Formatted: Font: Bold, Underline
If there are other children (who are not registered with the Scheme and are not included in the numbers) present at an Educators home when an Educator is providing her Family Day Care Service, an accompanying adult (person over 18 years who does not normally reside in your home) must be physically present with the child at all times. This includes grandchildren, nieces / newphes, visiting step-children and friends.	
CHILDREN OVER 12 YEARS	Formatted: Font: Bold, Underline
Although there is no limit stated in the Regulations as to how many children can be in care if they are over 12 years (in addition to the 7 children under 12 years), all things need to be considered in relation to the Educators ability to provide effective Duty of Care. That includes the physical environment, available facilities, supervision, ages of all children in care and whether any of the children have additional needs. For an exceptional circumstance, if an Educator is to provide care for more than 7 children (of all ages, including their own children under 12 years), the Coordination Unit must be consulted (in writing) beforehand, a risk assessment completed and Scheme approval must be given in writing.	
Note that the Educator's own children who are over 12 years of age are not included in the number of children in care.	
CHILDREN FROM OTHER AGENCIES	Formatted: Font: Bold, Underline
As Regulations state (Clause 66) an Educator cannot be "performing other duties" while providing a Family Day Care Service.	
An Educator is not to provide care to any other child/adult of any age (paid or voluntary) while they are providing their Family Day Care Service.	
If an Educator wishes to provide Foster Care to children, the Scheme needs to be consulted before hand and written approval given. The Coordination Unit will need to contact the agency the Educagtor is registered with, as each agency has its own policies that may be in conflict with our Mid-Western Regional Family Day Care Scheme Policies. For the purpose of counting the children	
in care, foster children are viewed in the same way as an Educator's own children.	Formatted: Font: Not Bold, No underline
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EMERGENCY EVACUATION PROCEDURES

POLICY:

- 1. To ensure that the Carer and all of the children in her care are quickly and safely evacuated and protected from any danger.
- 2. To ensure that an evacuation procedure is devised with each Carer and followed in accordance with the 2004 Children's Services Regulation.
- 3. To ensure that the Coordination Unit staff conduct office evacuation drills and quarterly playsession evacuation drills.

PROCEDURE:

- 1. In the event of a fire or other emergency, the following evacuation plan is suggested:
 - 4.● At an agreed signal (eg. bell or whistle), the older children must learn to come quickly to the Carer.
 - **1.** The Carer is to assemble the younger children and lead them all to an arranged meeting place outside.
 - 2.• If possible and safe, the Carer is to also grab the sign-in timesheets so she can check off the children that are present once outside.
 - 3. The Children are to be evacuated through whichever door is safest that is furthest away from the fire/ danger. For this reason it is important that the Carer have *at least* 2 exits on your evacuation plan.
 - 4. If possible the Carer is to close doors behind them as they leave the home.
 - 5.• Once the Carer and children have assembled at the agreed place eg letterbox or clothes line, the Carer must make sure all children are present.
 - 6.• The Carer is to take the children to a safe area and raise the alarm, contact the Fire Brigade/ Police 000, informing them of the nearest cross streets.
 - 7.• The Carer shall meet the fire brigade/ Police and inform them of any missing children, the location of the fire and any other relevant information.
 - 8... No one shall re enter the building until advised by the emergency service official.
 - 9. After an emergency drill, the Carer is to evaluate and amend the procedure if necessary.
 - 10. Carers are to regularly check the batteries in smoke alarms and have their fire extinguishers and blankets checked annually.
- 4.2. As per the 2004 Children's Services Regulation, Carers must conduct Emergency Evacuation Drills every 3 months and ensure that all of the children in their care complete a drill each quarter.

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ETHICAL CONDUCT

POLICY

To provide guidelines for the appropriate ethical conduct of all stakeholders in the Scheme – Carers, Parents and Coordination Unit Staff.

PROCEDURE

- 4. Coordination Unit members and Carers will adhere to the Mid Western Regional Family Day Care Schemes Code of Conduct, including reference to the Early Childhood Australia Code of Ethics.
- 2.• Parents will be made aware of the Mid Western Regional Family Day Care Schemes Code of Conduct, including reference to the Early Childhood Australia Code of Ethics at enrolment. They will be provided with a copy in the Parent Handbook.

Appendix 1 - Mid Western Regional Family Day Care Schemes Code of Conduct,

Appendix 2 - Early Childhood Australia Code of Ethics.

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Appendix 1 - Mid-Western Regional Family Day Care Scheme CODE OF CONDUCT

Mid-Western Regional Family Day Care Scheme is responsible for the quality management of services provided under the license to operate a child care service held by Mid-Western Regional Council.

A Registered Carer is an approved person for the provision of child care services under the Mid-Western Regional Family Day Care Scheme license. Mid-Western Regional Family Day Care may refer families requiring care to Carers registered with the Scheme.

This Code of Conduct aims to outline the key responsibilities of Carers, Coordination Unit staff, management and parents.

Carers, staff and management will:

- 1. Respect that the Family Day Care service operates within a legal framework and systems of government.
- 2. At all times be courteous to any parties involved in the provision of care, treating them with dignity and respect.
- 3. Avoid conduct that is discriminatory or harassing to others, such as offensive, belittling or threatening behaviour, regardless of whether directed at an individual or group.
- 4...Employ grievance resolution procedures as set down in the Scheme's Policy
- 5. Ensure the dignity and rights of each child are maintained at all times, and treat children with courtesy, kindness, respect and equity.
- 6. Not require a child to perform duties that are inappropriate, having regard to each child's family and cultural value, age, physical and intellectual development.
- **7.** Report any current concerns that a child may be at risk of harm to the Department of Community Services.
- 8.• Maintain confidentiality of any information relating to the children in care and their families, Carers and their families, and staff of the Scheme.
- 9. Ensure that all children:
 - **4.** are treated without bias regardless of ability, gender, religion, culture, family structure, or economic status, and
 - 2. if they have disabilities, or come from different cultural and linguistic backgrounds, are encouraged to participate fully (with any necessary help and support) in programs at the service, and
 - 3. if they have disabilities, are given access to:
 - buildings, areas and facilities
 - appropriate support services and specialised equipment and resources

Carers will, in relation to premises, facilities and equipment:

- 1. Ensure that the grounds and buildings of his or her home and any equipment or amenities used at the home in providing the service, comply with the 2004 Children's Services Regulations and Schemes Policies.
- 2.• Ensure that their home is kept clean of any garbage and endeavour to ensure that buildings and the grounds of their home are kept free of vermin and pests.
- 3. Ensure that appropriate laundry, food preparation, toilet and washing, nappy change, sleeping and storage facilities are available, and are maintained at all times hygienically and in good repair.
- 4.• Ensure that adequate and sufficient play and other equipment suitable to the children's development and capabilities that is representative of a diverse range of cultures is readily available, does not constitute a hazard to children, and is maintained safely in good repair at all times.
- **5.** Ensure that appropriate telephone, first aid kits, CPR charts and fire safety equipment are available, in operating order and maintained safely.

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- 6. Ensure that ventilation, light, heating, hot water, glass, electrical outlets and wiring, any stairways, ramps, corridors, hallways or external balconies do not constitute a hazard or risk to children.
- Ensure that fencing and gates prevent children from scaling or crawling under or through it, inhibit or impede intruders from entering the premises, and prevent children from entering or leaving their home unsupervised.
- 8. Maintain the premises of their home, and all equipment and furnishing used in providing the children's service, in a safe, clean and hygienic condition and in good repair at all times.
- 9.• Maintain fencing of any swimming pool at the premises in accordance with the standard required under the Swimming Pool Act 1992 at all times.
- **10.** Endeavour to carry out any required repairs or maintenance of their home, facilities or equipment within the timeframe specified by the Authorised Supervisor.
- **41.** Complete quarterly safety checks / risk assessments of their home.

Carers will, in relation to the care of children:

- 1. Ensure that the number of children cared for at any one time does not exceed 7 children under the age of 12 years, including no more than 5 who do not ordinarily attend school (including the Carers own children, or children who normally reside at the Carers home).
- 2. Pay close attention to and provide diligent supervision to the children, and not perform any other duties while supervising children.
- 3. Conscientiously provide care in the best interest of each child and provide a variety of activities and experiences which are chosen to enhance the development of the child.
- 4.• Obtain written consent of parents before allowing a child to participate in any non routine outings or excursions away fro their home. Routine outings that are part of your daily / weekly routine (walks, play sessions etc) will be thoroughly explained and a permission form signed off by parents at the initial Parent Carer interview.
- 5.• Attend regular Play Session opportunities with children in care Family Day Care play sessions
- 6. Conduct all excursions in a safe manner
- 7. Not allow a child to travel in a private or public transport vehicle without:
 - 4. written consent of parents
 - 2. utilising an appropriate safety restraint suitable for the age and size of the child that complies with Australian Standards AS 1754.
 - 3.o having provided details of his/ her drivers' license, vehicle registration and annual white slip verifying compliance of the installation of child safety restraints.
- 4. Never leave a child unattended in a vehicle.
- 2. Use hygienic practices at all times.
- 3. Use infection control procedures to avoid cross infection when a child is sick
- 4... Not administer medication to a child without written consent and instruction of the parent.
- 5. Administer appropriate first aid as required.
- 6.• Take immediate steps to secure any required urgent medical or dental treatment if a child has an accident or becomes ill while being provided with care.
- **7.** Not require or deny a child to sleep or rest against the child's wishes or needs.
- 8. Not subject any child in care to any form of corporal punishment or discipline (physical, verbal or otherwise) that could frighten, threaten or humiliate the child.

Carers will, in relation to records:

9. Create and maintain all records required by the 2004 Children's Services Regulations and Scheme Policies, in relation to the child's personal information, health matters, attendance, excursions, developmental records and visitors to the service; ensuring these remain confidential at all times and are kept in a safe and secure area of the home and make them available on request to Family Day Care and Department of Community Services representatives.

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Have a current Parent Carer Agreement for all families using their service.

Carers will, in relation to their conduct:

- **12.** Become familiar with the Early Childhood Australia Code of Ethics
- 13. Develop an understanding of their commitments under the Early Childhood Australia Code of Ethics for professional behaviour.
- **14.** Not be under the influence of alcohol or any illicit drug while providing care.
- 15. Provide a smoke free environment while providing care.
- **16.** Ensure than any parent of a child:
 - 4.o can contact the child at any time during the hours the child is in care, and
 2.o can exchange information about the health, welfare and conduct of the child at mutually convenient times on an ongoing basis
- 17. endeavour to ensure that a person who has been forbidden by a court order from having contact with a child attending the service;
 - 1.o is not given any information concerning the child,
 - 2.0 is not allowed to enter their home while the child is attending care, and
 - 3. is not permitted to collect the child from their home.
- **18.** Notify parents of a child as soon as is practicable of any accident, illness or other matter concerning the child's health while in care.
- 19. Follow all reasonable requests & directions of parents in the provision of care, to the best of their ability.
- 20. Attend regular training opportunities run by the Scheme or other sources.
- 21. Notify parents and the Scheme as soon as possible if they are sick, with at least 2 weeks notice before taking leave and at least 4 weeks notice if leaving the Scheme.
- 22. Ensure that a copy of the 2004 Children's Services Regulations and Schemes Policies are available for inspection by the parents for whom the service is provided.
- 23. Ensure behaviour and performance is appropriate when representing Mid Western Regional Family Day Care Scheme.
- 24. Avoid negligent conduct by giving sufficient attention to their actions and decisions, and obtaining advice from the Coordination Unit or other appropriate Department Officers (DoCS) if unsure how to proceed.

Parents will;

- 25. Respect that Family Day care service operates within a legal framework and systems of government.
- 26. At all times be courteous to any parties involved in the provision of care, treating them with dignity and respect.
- 27. Avoid conduct that is discriminatory or harassing to others, such as offensive, belittling, or threatening behaviour, regardless of whether directed at an individual or a group.
- 28. Provide all information, which is reasonably requested by the Mid Western Regional Family Day Care Scheme and their Carer, relevant to the provision of care for their child.
- 29. Actively exchange information with their Carer about their child.
- **30.** Comply with the terms and conditions of his / her contract with their Carer.
- 31. Recognise that Carers and staff are prohibited by law from using any form of corporal punishment or discipline (whether physical, verbal or otherwise) that could frighten, threaten or humiliate a child
- 32. Recognise that Carers and staff are prohibited by law from requiring a child to sleep or rest against the child's wishes or needs.

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33. Recognise that access to a child by a natural parent cannot be denied unless an order has been made through the courts, and a copy received by both the Scheme and the Carer.

Coordination Unit Staff will:

- 34. Become familiar with the Early Childhood Australia Code of Ethics
- 35. Develop an understanding of their commitments under the Early Childhood Australia Code of Ethics for professional behaviour.
- 36. Ensure behaviour and performance is appropriate when representing the Mid Western Regional Family Day Care Scheme.
- 37. Comply with the requirements of the 2004 Children's Services Regulations.
- 38. Comply with the requirements of Tax and Family Assistance law as specified in the Australian Government Child Care Service Handbook.
- **39.** Comply with the requirements of the National Privacy Principles under the Privacy Act 1998 in handling information.
- 40. Comply with the Occupational Health and Safety Act 2000, and the Occupational Health and Safety Regulation 2001.
- 41. <u>Actively participate in the National Childcare Accreditation Council Quality</u> Assurance process.
- 42. Observe merit and equity in recruitment of Carers.
- 43. Make provision for the orientation and ongoing training and development of Carers
- 44. Carry out employment screening of any person who is, or is proposed to be, engaged in the operation of the children's service, under the Commission for Children and Young people Act 1998.
- 45. Investigate any allegation made against a staff member or a Carer (including Carers household members) applying procedural fairness.
- 46. Conduct such checks as necessary to ensure that the Carers home used in providing the children's service comply with the 2004 Children's Services Regulations and Scheme's Policies.
- 47. Conduct monthly Home Safety checks to each registered Carer
- 48. Review each Carers registration annually ensuring they are abiding by 2004 Children's Services Regulations and Scheme's Policies.
- 49. Be reasonably accessible to Carers and families, and provide ongoing support and guidance.
- 50. Provide Carers with all available child information prior to the child being placed with a Carer.
- 51. Provide information as necessary to help parents make informed decisions about their child care needs
- 52. Support the rights of Carers, parents and staff to pursue grievances and complaints using internal and external processes.
- 53. Be responsive to parent feedback and provide opportunities for parents to share their ideas or concerns
- 54. Endeavour to include parents in the service's programs and operations.
- 55. Endeavour to build links with the community through networking and engaging in joint initiatives with other community services.

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Appendix 2- Early Childhood Australia Inc. CODE OF ETHICS

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:

- 1. Act in the best interest of all children.
- 2. 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.
- 3. Recognise children as active citizens participating in different communities such as family, children's services and schools.
- 4. Work with children to help them understand that they are global citizens with shared responsibilities to the environment and humanity.
- 5. Respect the special relationship between children and their families and incorporate this perspective in all my interactions with children.
- 6. 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.
- 7. Work to ensure children and families with additional needs can exercise their rights.
- 8. Acknowledge the uniqueness and potential of all children, in recognition that enjoying their childhood without undue pressure is important.
- 9. Acknowledge the holistic nature of children's learning and the significance of children's cultural and linguistic identities.
- 10. 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.
- 11. Acknowledge children as competent learners, and build active communities of engagement and inquiry.
- 12. Honour children's right to play, as both a process and context of learning.

II. 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.
 - 2. 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.
- 5. Acknowledge the rights of families to make decisions about their children.
- 6. Respect the uniqueness of each family and strive to learn about their culture, structure, lifestyle, customs, language, beliefs and kinship systems.
- 7. Develop shared planning, monitoring and assessment practices for children's learning and communicate this in ways that families understand.
- 8. Acknowledge that each family is affected by the community context in which they engage.
- 9. Be sensitive to the vulnerabilities of children and families and respond in ways that empower and maintain the dignity of all children and families.
- 10. Maintain confidentiality and respect the right of the family to privacy.

III. In relation to colleagues, I will:

- 1. Encourage my colleagues to adopt and act in accordance with this Code, and take action in the presence of unethical behaviours.
- 2. Build collaborative relationships based on trust, respect and honesty.
- 3. Acknowledge and support the personal strengths, professional experience and diversity which my colleagues bring to their work.

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- Make every effort to use constructive methods to manage differences of opinion in the sprit of collegiality.
 - 5. Share and build knowledge, experiences and resources with my colleagues.
 - 6. Collaborate with my colleagues to generate a culture of continual reflection and renewal of high-quality practices in early childhood.

IV. 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.
- 2. Connect with people, services and agencies within the communities to support children and families.
- 3. Promote share aspirations amongst communities in order to enhance children's health and wellbeing.
- 4. Advocate for the develop and implementation of laws and policies that promote child friendly communities and work to change those that work against child and family wellbeing.
- 5. Utilise knowledge and research to advocate for universal access to a range of highquality early childhood programs for all children.
- 6. Work to promote community understanding of how children learn, in order that appropriate systems of assessment and reporting are used to benefit children.

V. In relation to students, I will:

- 1. Afford professional opportunities and resources for students to demonstrate their competencies.
- 2. Acknowledge and support the personal strengths, professional knowledge, diversity and experience which students bring to the learning environment.
- 3. Model high-quality professional practices.
- 4. Know the requirements of the students' individual institutional and communicate openly with the representatives of that institution.
- 5. Provide ongoing constructive feedback and assessment that is fair and equitable.
- 6. Implement strategies that will empower students to make positive contributions to the workplace.
- 7. Maintain confidentiality in relation to students.

VI. In relation to my employer, I will:

- 1. Support workplace policies, standards and practices that are fair, non-discriminatory and are in the best interest of children and families.
- 2. Promote and support ongoing professional development within my work team.
 - 3. 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.

VII. In relation to myself as a professional, I will:

- 1. Base my work on contemporary perspectives on research, theory, content knowledge, high- quality early childhood practices and understandings of the children and families with whom I work.
- 2. Regard myself as a learner who understands reflection, critical self-study, continuing professional development and engages with contemporary theory and practice.
- 3. Seek and build collaborative professional relationships.
- 4. Acknowledge the power dimensions within professional relationships.
- 5. Act in ways that advance the interest and standing of my profession.
- 6. Work within the limits of my professional role and avoid misrepresentation of my professional competence and qualifications.
- 7. Mentor other early childhood professionals and students.

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- Advocate in relation to issues that impact on my profession and on young children and their families.
- 9. Encourage qualities and practices of leadership within the early childhood profession.

VIII. 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 any by external bodies.
- 2. Be responsive to children's participation in research, negotiating their involvement taking account of matter such as safety, fatigue, privacy and their interest.
- 3. Support research to strengthen and expand the knowledge base of early childhood, and where possible, initiate, contribute to, facilitate and disseminate such research.
- 4. 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.
- 5. Ensure research in which I am involved meets standard ethical procedures including informed consent, opportunity to withdraw and confidentiality.
- 6. 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.
- 7. Respect the findings of all research accurately.

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EXCURSION

POLICY:

Carers will minimise risk of accidents and injuries on excursions, respond effectively to emergencies and promote awareness in children and their families of road safety.

PROCEDURE:

Carers will notify families of all routine outings / excursions they have during the week, eg. play sessions, walks to the park, visits to other Carers. Carers will document their outings on the Routine Excursion Form and parents will sign their consent on enrolment with the Carer. Carers will inform parents at the end of each day if and what routine excursion they participated in that day.

1. For any non-routine excursions Carers must obtain written permission from the parents before the excursion. The following details must be documented:

- 1. Date of excursion
- 2. Destination of excursion
- 3. Method of transport (car, bus, walking etc)
- 4. Activities to be carried out during excursion
- 5. Number of adults to accompany and supervise the children
- 6. Proposed period of time during which the excursion is to take place
- 7. All authorizations for excursions are to be kept in family files.
- 2. Parents are to be supplied with the Carers mobile phone number.
- 3. Carers must take a First Aid kit, a mobile phone, children's emergency contact details, hats and water with them on excursion.
- 4. Make a risk assessment of the excursion including planning the safest routes to and from the destination. Check the location for safety hazards in advance or on arrival. Plan excursion travel, routes and locations that are safest. Check the location for safety hazards in advance or on arrival.

Choose a safe place for children to play when on excursions. Playgrounds should be fenced, away from water and traffic hazards, and the play equipment must be safe and age appropriate. There should be appropriate shading. Prevent children from playing with or going near dogs and other animals.

5. Travel in cars – see Car Safety Policy.

6.• Excursion near water – see Water Safety Policy.

BUS SAFETY

- 4. Carers will exercise extreme caution when entering and exiting a bus with children.
- 2. Carers should be the last onto the bus and the first to exit.
- **3.** Children should be seated at all times when the bus is in motion, and seated in seats in close proximity to the Carer.

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PEDESTRIAN SAFETY

- 4.• The NSW Roads and Traffic authority recommends when walking with children, up to age 10 years in traffic environment (eg. roads, pedestrian crossings, bicycle tracks, footpaths, driveways, and car parks), all children should hold an adult's hand. If an adult's hand is not available, children should hold onto a pram, stroller, wheelchair, bag, or clothing, and should be kept in sight of an adult (ie. not walking behind).
- **5.** Promote awareness in children of road safety by using a walking commentary about all things you are doing to keep safe while on excursions and when out walking.
- 6. Ensure children are protected from sun exposure with appropriate clothing and hats.
- **7.** Ensure children are supervised at all times, with staff-child ratios as set out in the Regulations and be alert to children's whereabouts, activities and safety.
- 8. Never leave children standing alone by the side of the road or road crossings.

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GRIEVANCE

A "grievance" shall be defined as an event or situation considered as grounds for complaint, which can potentially be resolved.

POLICY:

- 1. To provide a mechanism within the Scheme structure to deal with grievances in a just and effective manner.
- 2.1. To ensure participants in Family Day Care, parents, staff and Carers have the right to raise grievances without fear of retribution or jeopardy to their position within the Service.
- 3.1. To establish an appropriate consultative body to mediate in disputes which require to be resolved at a level beyond the Co-ordination Unit thereby enabling an independent view point to be brought to bear on the dispute.
- 4.1. To ensure parties privacy, confidentiality and professionalism.

PROCEDURE

STAGE 1 - Internal complaints handling mechanism.

- 1. In most circumstances it is envisaged that the majority of problems will be resolved at this First Stage, fairly and equitably. It also facilitates timely and informal resolution of complaints.
- 2.• Where the grievance is between a parent and a Carer, those parties should attempt to resolve conflict without involving the Coordinator and/ or a Child Development Officer.
- 3. If this can not be done to the satisfaction of both parties involved, then the Coordinator and/-or a Child Development Officer can act as a mediator.
- 4. Note: Participants, whether it includes Parent, Carers or Staff are to be advised of their right to complain to the Ombudsman's Office if they are dissatisfied with the manner in which the investigation has been conducted into allegations of child abuse.

STAGE 2

This second stage would be entered into where those complaints:

- 4-ewere not able to be satisfactorily resolved by the parties and/or Mediator
- 2.e where the Coordinator was directly involved in the complaint.

The complaint at this stage would need to be lodged formally in writing to either the Coordinator of the Family Day Care Scheme, the Manager of Community Services or the Licensee of the Scheme (General Manager of the Council).

The Coordinator of the Scheme must also give written notice to the Director General of the Department of Community Services (DoCS) within one week after the complaint is made. They must then also give written notice to DoCS of the action taken in response to the complaint. DoCS do not respond directly to anyone involved in the complaint except for the Scheme. Only in cases where the complaint is made directly to DoCS will they respond to individuals.

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STAGE 3

This is the third and final stage of the Grievance Procedures. The process would be formal, and independent of the First and Second stages of procedures and decisions binding.

Participants may include

- **1.** Those directly involved in the dispute.
- 2. Representative from the Family Day Care Association.
- 3. Representative from State, Federal, or Local Government.
- 4.• Representative from Community Justice Organisation.

PREVENTATIVE MEASURES

- **1.** Clear consistent information is required for all participants in a Family Day Care Service.
- 2.• The Family Day Care Scheme will therefore endeavour to develop and distribute written* information to Carers and parents including the roles and responsibilities of Scheme Staff, parents and Carers and the problem solving mechanism adopted by the Scheme. This is to be carried out via Registration/ Enrolment procedures, letters, newsletters, policy statements, Carer and parent handbooks and training.
- 3. Analysis of complaints received, actions taken and respective outcomes are to be complied and considered in an effort to improve practices and procedures while at the same time ensuring confidentiality of those involved in the grievance procedure.

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HYGIENE

POLICY:

- 1. To reduce the risk to children and Carers of disease carrying germs.
- 2.1. To ensure that hygiene procedures are carried out consistently and continually whilst children are in care.
- 3.1. To teach young children appropriate hygiene practices.

PROCEDURE:

Hand washing

Carers are follow the hand washing procedure. They are to wash their hands with soap and water.

- 4. before preparing food / eating
- 4.e_after nappy change and toileting of self or children
- 4.e. after dealing with body fluids (nose secretions, blood, vomit)
- 2. before (if possible) and after giving first aid
- 3.__after cleaning handling garbage
- 4.__after handling animals

In situations where soap and water are not available, a non-water cleanser or antiseptic such as alcohol based hand rub/foam/gel are adequate.

Children are to be taught to wash their hands with soap and water:

- 4-• before meals / snacks or handling food (cooking)
- 4. after they use the toilet or potty
- 1. after handling garbage
- 2. after handling animals

Nappy changing / Toileting

Carers are to follow the Nappy Change and Toileting procedures to minimise the risk of the spreading of infectious diseases, and to ensure that children are clean and comfortable and have their dignity preserved.

Food

Carers are to follow the Food Handling Policy/ Procedure. They are to supervise children while they are eating and discourage direct sharing of food between children. Encourage children to be calm and seated while eating and drinking. It is suggested that children's drinks and food are labelled with the child's name.

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Cleaning

Carers are to regularly clean floors, play areas, nursery equipment and toys. It is recommended that 'mouthed' toys should be washed daily using warm water and soap. Clean books/ puzzles by wiping with moist cloth and drying, preferably in the sun. Sandpits should be cleaned with 1:10 bleach: water.

Bodily Fluids

Carers are encouraged to wear disposable gloves when dealing with urine, faeces and blood. It is recommended that urine, faeces and blood should be cleaned up with a bleach solution1 part to 10 parts water.

Any significant cuts to the Carer or child's skin should be covered.

Sleeping / Rest

Children are to have their own bedding / linen.

Smoking / Alcohol

There is to be no alcohol/ unlawful substances consumed on any part of the premises while care is being provided. The Carer must provide a smoke free environment (See Smoking Policy).

Appendix:

<u>4.I.</u> Hand Washing Procedure 2.II. Nappy Change Procedure Formatted: Numbered + Level: 1 + Numbering Style: I, II, III, ... + Start at: 1 + Alignment: Right + Aligned at: 0.95 cm + Tab after: 1.27 cm + Indent at: 1.27 cm

Appendix I – Hand Washing Procedure

The following procedure is recommended to encourage effective hand washing.

- Wet hands.
- 2. Apply liquid soap and rub hands vigorously.
- 3. Wash hands all over paying particular attention to palms, back of hands, between the fingers and around the wrists.
- 4. Rinse hands thoroughly with running water to remove all soap suds.
- 5. Use individual sheets of paper towel to pat your hands dry, and then dispose of appropriately.

In situations where water is not available (eg: excursions, during outside play), non-water cleanser or antiseptic such as alcohol based hand rub/foam/gel are adequate. Use the same method as point 3.

We encourage you to count to at least 10 when applying soap and then again when washing it off.

Individual cloth towels are acceptable to dry hands if they are only used by one child. Paper towel is preferred

It is recommended that Carers and children wash their hands often, in particular -

Carers are to wash their hands

- 4. before preparing food / eating
- 4.e after nappy change and toileting of self or children
- 4-e after dealing with body fluids (nose secretions, blood, vomit)
- 2. before (if possible) and after giving first aid
- 3.• after cleaning / handling garbage
- 4.•_after handling animals

Children are to be taught to wash their hands

- 4-• before and after meals / snacks or handling food (cooking)
- 2. after they use the toilet or potty
- 3. _after outdoor and other messy play activities
- 4. after handling garbage
- 5. after handling animals

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Appendix I – Nappy Change Procedure

- 1. Ensure all nappies and necessary supplies are easily accessible to the area where you will + change nappy.
- 2. Put on disposable gloves.
- 3. Remove the child's soiled nappy, clean child's bottom and dispose of the wipes and nappy.
- 4. Remove gloves. We suggest peeling the gloves back from your wrists turning them inside out as you go. Put the gloves in the bin.
- 5. Put a clean nappy on and dress the child.
- 6. Wash the child's hands.
- 7. Clean the change table with soapy water.
- 8. Wash your hands.

It is recommended that Carers place a paper towel on the change mat / table before placing the child on the mat / table, but it is not essential.

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INCLUSION OF CHILDREN WITH ADDITIONAL NEEDS

POLICY:

- 4...To ensure the optimum development of all children.
- 2...To enable the smooth integration of children with additional needs into the overall program.
- **3.** To ensure these children with individual needs are programmed for accordingly.

PROCEDURE:

- 1. Children with additional needs are to include gifted children, mentally delayed, learning disabled, emotionally disturbed, physically handicapped, disorder of speech and language, impaired hearing or impaired sight.
- 2. At all times parents are to be included in the program and consulted regularly on the child's progress.
- 3. Professional resource people and agencies are to be consulted when necessary in order to develop effective individual programmes.
- 4. Parental approval must be given for all liaisons concerning the child.
- 5. All services and personnel working with the child are to be coordinated.
- **6.** ISS funding for Carers and encourage Carers to take on children with special needs.
- Z.• Wherever possible, a child with additional needs must not be segregated from the main group. Small group and one-to one learning excluded.
- 8. Placement of additional needs child must be such that there is not prolonged detriment to the other children in the group or the staff involved.
- 4. Where possible, a written referral should accompany enrolment.
- 2. Provision must be made for children who are identified as having a problem after enrolment.
- 3.• An assessment period of six weeks would show whether the placement is appropriate for the child, the parent, and the other children in the group.
- 4.• If the placement is not successful, the child's parents and other professionals must be consulted immediately and a more appropriate placement be implemented as soon as possible.
- 5.• Coordination unit staff and relevant Carers will be involved in training where appropriate. Training should relate to the conditions of the children currently enrolled.
- 6. Within budgetary constraints, the Scheme will provide resources and materials for children with additional needs.

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INFECTIOUS DISEASE

POLICY:

- 1. To implement and oversee the public health principle of preventing the introduction of infections throughout Family Day Care.
- 2. To ensure the protection of Children's health by excluding those children/relevant adults who have contracted an infectious disease.
- 3. To meet requirements of the Department of Community Services and the Department of Health.

PROCEDURE:

Exclusion of infectious children should be considered within the following framework:

- 1. Site conditions that warrant exclusion using NSW Department of Health and National Health and Medical Research Guidelines.
- Establish diagnosis of infectious condition "Staying Healthy in Child Care Preventing Infectious Disease in Child Care" National Health and Medical Research Council (Edition 4 2006).

Making a diagnosis should follow the observation that the child is ill. The signs of illness need not indicate an immediate diagnosis to the untrained eye, but the child should then be considered potentially infectious. In the vast majority of cases, an adequate diagnosis can be accomplished by the Carer or the Coordination Unit staff. Such description diagnoses include high fever, rash with fever, diarrhoea, skin infections and discharging red eyes.

- 3. Match the diagnosis against the exclusion list -Using guidelines by the NSW Department of Health and the Department of Family and Community Services and the National Health and Medical Research Council:
 - 4.i) Should the child be determined to have an infectious disease, the parents should be contacted and the exclusion explained to the parents. Other families and carers will be notified of infectious disease, maintaining confidentiality of people involved. In general the doctor's certificate has no validity in overturning the Services Policy or the Department of Health's Guidelines. However, in the public health sense, the major role of the doctor is to assist in making a diagnosis.
 - 2-ii) If considered appropriate, parents may be requested to present a Doctor's Certificate to the Carer, "clearing the child" prior to recommencing care.

4. Deciding how long to exclude a child

The final step is to determine when the child may return to the Scheme. Some conditions may only require exclusion as long as the symptoms are evident, diarrhoea for example. For other, particularly the viral infections such as measles, mumps, chickenpox and hepatitis A, for which there is not specific treatment, the duration of exclusion is determined by the known and fixed contagious period and generally requires no further medical opinion.

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Where there is an accepted treatment for bacterial infections (such as with impetigo), or for infestations such as head lice, it is usual to allow the child to return the day after appropriate treatment has started.

In a small number of cases the child's risk to others will depend on the course of the disease. With these conditions - whooping cough and tuberculosis for example - a doctor will need to assess the child. Tables which state the duration of exclusion for the common infection can be found in the NSW Health Department's "Guidelines for the control of Infectious Diseases in Child Care" and the National Health and Medical Research Council's "Staying healthy in child care".

The Coordination Unit Staff should seek the advice of local public health personnel when difference of opinion between the service and the parents or doctor cannot be resolved. When an outbreak of an infectious disease occurs at the service, public health advice should be sought in case more strict exclusion policies than usual for staff, Carers or children are required, especially in the case of "notifiable diseases".

EXCLUSION OF UNIMMUNISED CHILDREN

Legislation currently in force in NSW requires that well children may be excluded from the services during outbreaks of vaccine-preventable diseases such as measles unless they have written immunisation records or the parents agree to have the child immunised immediately. Under these laws, Children's Services are required to maintain up-to-date records of the immunisation status of all children attending and to report details of children with notifiable vaccine-preventable infections to the public health authority.

The National Health and Research Council have advised that homoeopathically immunised children are to be considered unimmunised.

EXCLUSION OF STAFF MEMBERS / CARERS / PERSONS RESIDING IN A CARERS HOME

Staff members and Carers suffering from infectious diseases should follow the same principles used in the management of children.

If a person residing in the home of a Family Day Carer contracts an Infectious Disease, then exclusion periods to the Carers service would apply.

Criteria for exclusion may depend on the exact role of the staff member.

AIDS POLICY

Although infection from contact with blood is relatively rare, all cases of external bleeding should be dealt with carefully. Carers and Staff are required to observe wherever possible, the following precautions:

- 4.i) Avoid contact with blood especially if your hands or lower arms have open cuts or unhealed wounds.
- 2-<u>ii)</u> Use disposable gloves and wash hands and lower arms and any other part in ← contact with blood with soap and water.
- 3.jii) Place waste after contact with blood in a plastic bag and seal for disposal.
- 4.iv) Thoroughly wash any instrument in cold tap water to remove any blood --instruments can be effectively sterilised by soaking them in household bleach for 30 minutes.

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INTERACTIONS WITH CHILDREN

POLICY

To ensure:

4.• that the dignity and rights of children are respected.
2that children's self-esteem is fostered in a supportive environment.
3. that children have opportunities for freedom of expression.
4. that children are encouraged to become curious, active and creative learners.
5. that children are encouraged to be independent and self-reliant.
6.e that all interactions with children will be appropriate according to their developmental age/stage and current circumstance.

PROCEDURE:

Coordination Unit staff and Carers will:

- **1.** be approachable and responsive towards all children.
- 2. communicate with all children in ways which convey understanding and respect.
- 3.• actively listen to children, answering questions and showing interest in what they are saying.
- 4. use positive techniques for guidance and behaviour management
- **5.** foster co-operation, encouraging turn-taking and talking to solve problems.
- 6...recognise individual differences and social, academic and emotional needs.
- 7. actively involve children in the selection of activities/books and toys.

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NUTRITION

POLICY:

The Mid-Western Regional Family Day Care Scheme promotes healthy eating in childhood by;

- Helping to educate children, Carers and parents about healthy food and nutrition, and its*
 importance in the early years of a child's life and development.
- 2.1. Encouraging both parents and Carers to provide children with ample, nutritious food and drinks for their time in care.
- 3.1. Endeavouring to take into account the culture, religion and overall health status of individual children.
- 4.1. Providing an eating environment that aids communication and social skills, and develops independence in eating habits.

PRACTICES:

- 4.• Children's eating habits likes / dislikes etc are to be discussed between parents and Carers before care commences.
- 2.• To be aware of and cater for the needs of children with food allergies. Parents are to provide allergies and fluids.
- 3. ____ "Junk foods" high in sugar and / or fat content to be strongly discouraged.
- 4. Children will have access to their snacks if they are hungry between meals.
- 5. Carers will make water available to children at all times.
- 6. If children have not eaten their main meal they may still receive 'dessert'; that is dessert is not to be withheld as punishment.
- 7. Food awareness activities for children will be included into the Carers program.
- 8. Children will be encouraged to get hands on experience and awareness in food preparation, through cooking and food activities.
- 9. Mothers are encouraged to breastfeed if possible or parents are to provide infant formula.

For Carers who choose to provide food for the children in their care:

1. Carers must undertake a Food Handling Course that is recognised by a relevant Health Authority.

2. Carers must follow the nutritional guidelines as set out in Caring for Kids (NSW Health).

3. Carers must display menus of the food they are providing to the children each day.

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For those parents providing food / drinks:

- 4. Parents are to ensure that they supply their Carer with ample, nutritious food and water/ drinks* for their child for the time they are in care.
- 5. If the parent fails to provide either nutritious and / or enough food and drink for their child, the Carer may provide the child with appropriate food and drink. The cost of the food provided will be charged as per the carer Fee Schedule.
- 6. Following repeated requests to parents for nutritious foods, Carers may contact the Coordination Unit for assistance; the Coordination Unit may then contact the parents through written or verbal means to discuss the issue.

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PARENTAL INVOLVEMENT

POLICY:

- 1. To encourage open communication between parents, Carers and the Coordination Unit.
- 2. To allow for parent participation in the Scheme via parent representation on the Parent/ Carer Committee, surveys, newsletters etc.
- 3. To encourage parents to abide by Scheme Policies and Departmental Regulations.
- 4. To encourage parents to participate in the appropriate referral to professional agencies suchas hearing / speech therapists, should the need arise.

PROCEDURE:

- 1. Parents will be encouraged to provide input into their child's' care, service delivery and future directions of the Scheme. They will be informed of any changes / updates to the Schemes policies and encouraged to comment.
- 2. Parents will be advised of their responsibilities in regard to sick children; according to the 2004 Children's Services Regulations, the Australian Government 2005 National Health Guidelines and the Child Care Benefit Guidelines (Department of Family and Community Services).
- 3. Parents will be encouraged to develop an open relationship with their Carer and to discuss any problems as they arise. The Coordination Unit will make themselves available to discuss any problems with both the parent and Carer and act as mediator when / if the situation warrants (following the steps of the Grievance Procedure).
- 4. Parents will be notified of each Parent / Carer Meeting and encouraged to participate.
- 5. Parents will have access to Scheme Policies via the Carer's copy or at the Coordination Unit Office. Parents are also able to access information relating to their particular child/ren on request (Child Developmental records etc).
- 6. Parents will be informed of a Coordination Unit members' observation of their child through 'home notes'. Should the Carer or member of the Coordination Unit feel it need to discuss the child/ren's developmental progress with the parent, a meeting will be organised. Parents may be informed of and encouraged to use appropriate related professionals eg. Speech Therapist.

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GUIDELINES FOR RETENTION AND CONFIDENTIALITY OF RECORDS

POLICY:

- To meet the requirements of Children's Services Regulations 2004 and the Children &
 Young Persons (Care & Protection) Act 1998 No. 157 and Local Government Act &
 Retention of Records for Community Services, as well as the Department of Family &
 Community Services (FDC Handbook).
 - 2. To meet the requirements of the National Privacy Principles of The Privacy Act 1998and Privacy Amendments Act 2000.
- To safeguard the confidentiality of all persons involved in the Family Day Care Scheme; including carers, parents and staff; their respective children and families as well as records of the scheme.

PROCEDURE:

IN RELATION TO RETENTION OF RECORDS

- The licensee of a home based child care service must keep and the licensee of a family day^{4/} care service must ensure that the authorised supervisor of the service keeps the records for the following period according to Children's Services Regulations 2004.
 - 1.a) The licensee of a children's service must ensure that the records referred to inclause 96 (1) (a) and (b) in respect of a child are kept:
 - 1.i) in a safe and secure area at the premises where the family day care service is organised and arranged for a period of not less than two years;
 - 2.i) thereafter at a place approved by the Director-General until the time the child reaches (or would have reached) 24 years of age.
 - 2.a) The licensee of a children's service must ensure that the records referred to interpret Clauses 94 and 95 are kept in a safe and secure area at the premises of the service for a period of 12 months after the record is made.
- 2.1. If the Director General so directs, the licensee must give the records specified in the direction to the person (including the Director General) specified in the direction within one week after the licensee receives the direction.
- 3.1. Subject to clause 92 subclause (1), the licensee and authorised supervisor of a children's* service must ensure that the records referred to in Schedule 1 are made in relation to each child provided with the service and (as appropriate) kept up to date.
- 4.1. Clause 92 subclause (2) requires the family day care carer who provides care for the child* (rather than the licensee or the authorised supervisor) must ensure that the records referred to in Schedule 1 (other than those referred to in clause 4 of that Schedule) are made in relation to each child provided with the service and (as appropriate) kept up to date.
- 5-1. The licensee must ensure that records are made and kept up to date of the attendance of any visitor to the premises of the service and that any record kept under this clause (93 (3), (4)) is signed by the person.

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- 6.1. The licensee is to cause a register of particulars referred to in clause 100 (1) (a) (b) (c) to be kept in relation to each carer of the service.
- 7.1. The licensee or the authorised supervisor of a family day care service must give the parent of a child formerly provided with the service copies of the developmental records for the child kept by the service if requested to do so within 6 months after the child ceases to be provided with the service.

In accordance with Department of Family and Community Services Handbook, records such as Financial Records, Timesheets, Attendance Records and waiting lists are to be kept for at least 36 months. Records concerning RTAG (Appendix 3) are to be retained by the Scheme for 3 years.

Scheme records are also required to be retained in accordance with Local Government Act (Community Services) 3.7.0 – 3.7.6; 15.6.1

RECORD TYPE **RETENTION SENTENCE** Records relating to community services Example of 3.7.0 provided by council such as Child Care Records **CCB** Reports DESTROY **1.** Operational records of community Retain for 10 years - then 3.7.2 Formatted: Bulleted + Level: 1 + services, where summary records are Facsia Reports destroy Aligned at: 0 cm + Tab after: 1 cm + retained (refer 3.7.1). Records include Indent at: 1 cm, Tab stops: Not at requests and applications for services, 1.27 cm assessment of eligibility and entitlements; liaison with other agencies regarding services. Also includes council activities to lobby for service and increase service provision. Records of service coordination, Client/customer DESTROY Retain for 5 years then destroy-4.• Formatted: Bulleted + Level: 1 + 3.7.4 including information about recipients, listing and data; Aligned at: 0 cm + Tab after: 1 cm + Operating hours; volunteer involvement, and daily Indent at: 1 cm, Tab stops: Not at operations. Bookings; 1.27 cm Referrals; Waiting lists; Service requests and applications; Volunteers Files; Social workers' diaries.

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	RECORD TYPE		RETENTION	<u>I SENTENCE</u>	
3.7.5	4 Records of Child Care Service Clients	Client listings/ data; Carer files; Client files; Client record cards.	DESTROY	Retain for 7 years then destroy	Formatted: Bulleted + Level: 1 + Aligned at: 0 cm + Tab after: 1 cm + Indent at: 1 cm, Tab stops: Not at 1.27 cm
3.7.6	2.• Records of Child Care Service Clients <u>Special Cases:</u> Client files; reports to parents; results of investigations; special cases outlines; reports to family or health authorities; or cases that might result in compensation or litigation.	Investigation reports; Special reports; Carer files; Client files; Client record cards.	DESTROY	* Retain for <u>25 years</u> then - destroy	Formatted: Bulleted + Level: 1 + Aligned at: 0 cm + Tab after: 1 cm + Indent at: 1 cm, Tab stops: Not at 1.27 cm
15.6.1	3. Records of terms and conditions of funding and subsidy program, including project management, correspondence with funding bodies, for example community service programs including Family Day Care	Application Forms; Agreements; Guidelines; Form letters; Acquittal forms.	DESTROY	Retain for 10 years ← then - destroy	Formatted: Bulleted + Level: 1 + Aligned at: 0 cm + Tab after: 1 cm + Indent at: 1 cm, Tab stops: Not at 1.27 cm

IN RELATION TO CONFIDENTIALITY OF RECORDS:

IN RELATION TO RECORDS 1.

All records and registers relating to Family Day Care are to remain confidential, however may be made available to the following persons

- the Licensee or his delegate <u>1.i)</u>
- the Manager <u>2.ii)</u>
- 3.iii) a member of staff
- 4.iv) the Carer
- an authorised officer of the Department of Community Services and the Department 5.v) of Family and Community Services.
- a person otherwise authorised by law to inspect the Records or Registers 6.vi)
- 7.vii) a parent of a child
- 8-viii) any person authorised in writing to inspect the Records or Registers by a parent of a child.

A person previously provided with the service as a child may be given access to their records. (Children's Services Regulation 2004 Inspection of Records (a to h))

2. STORAGE OF RECORDS

Carers and Co-ordination Unit Records are to be stored in a secured manner when not in use. Carers are to forward all completed forms and authorisations to the Co-ordination Unit for the retention of such records after care has ceased.

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3. RECORDS RELATING TO PARTICIPANTS OF THE FDC SCHEME

All matters relating to Staff, Families and Carers are to remain confidential; including information about:-

- 4.•_Staff and/or their families;
- 2. Children Registered in the Scheme;
- 3. Families of the Scheme;
- 4. Carers and/or their families.

Failure to comply with this Retention and Confidentiality of Records Policy may result in Breach Action whereby a Grievance Procedure may be entered into between the Management of the Scheme and the Participant of the Scheme who is the subject of the Breach.

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SICKNESS AND MEDICATION

POLICY

To ensure that each child receives appropriate care whilst sick and appropriate treatment involving medication.

PROCEDURE

SICKNESS:

- 1. Carers are not obliged to accept into care children who are obviously unwell.
- 2.1. Guidelines from the National Department of Health will apply in relation to 'sick' children. ✓ (See Occupational Health and Safety Folder).
- 3.1. It is a Scheme Policy that children with a communicable illness are not to be received into care, unless the Carer has no other Family Day Care children in care and chooses to do so.
- 4.1. Children or Carers with a communicable disease shall be excluded from care for periods as determined by the Department of Health Guidelines.

MEDICATION:

- 1. Any Medication is only to be given to a child with the written permission of the parent.
- 2.1. Medication is to be clearly labelled and not to be left in the child's bag.
- 3.1. Children should not be given medication that is prescribed for another person.
- 4.1. There should be one medication form per child / family.
- 5.1. Medication Authorities are to be completed by the Carer and parent and kept in the appropriate Family Files.
- 6.1. Medication to be stored at safe, prescribed temperatures and inaccessible to children in care.
- 7.1. If it is necessary in an emergency to administer medication to a child without the prior consent of the child's parent, every attempt is made to secure that consent.

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STORAGE AND USE OF DANGEROUS SUBSTANCES AND EQUIPMENT

BACKGROUND

Chemical products routinely used in the home are potentially dangerous and hazardous. Common examples, that are hazardous either by ingestion, inhalation or skin contact are; bleach, cleaning agents, detergents, pesticides, solvents, medicines, and materials used for building, gardening and hobbies. Pesticides and volatile chemicals such as solvents are easily inhaled. Information on chemical products can be obtained from manufacturers on Material Safety Data Sheets that provide information on chemical toxicity, health effects, safe handling and storage together with first aid instructions. There will be a phone number on the product container which you can call to obtain the Material Safety Data Sheets.

POLICY:

To protect Carers and children from the risks of chemicals products, medicines and other potentially dangerous substances and / or equipment used in Family Day Care Homes.

PRACTICES:

Carers should NOT be using dangerous chemicals, substances or equipment whilst children are in care. However if a chemical must be used for hygiene purposes using, Carers should:

- 4. Choose the least hazardous or least toxic cleaning products that can do the job effectively eg. soap and warm water.
- 2. Purchase household chemicals or medicines with childproof caps and use the smallest quantity required to do the job.
- 3.• Read the label and follow the manufacturer's direction for use, storage and first aid instructions.
- 4.• Store all chemicals and medicines in cool, dry locked cupboard or room, inaccessible to children, and ensure all stored and decanted chemicals are labelled with descriptions of contents, hazards and precautions for use.
- 5. Ensure adequate ventilation when using chemical products and use appropriate personal protective clothing and equipment eg. gloves, apron and facemask.
- 6. Seek medical advice immediately if poisoning or injury occurs. Follow the Accidents and Emergency Procedures. Call 000 or the Poisons Information Centre 131126. Notify the Coordination Unit etc.
- For medication that requires refrigeration, (eg eye drops, antibiotics, syrups) store at the back of the top shelf in a childproof container.
- 8. Have storage facilities that are secure and inaccessible to children for the following types of items;
 - 4.• All cleaning materials, including detergents
 - 2. Poisonous and other dangerous substances

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3.• Dangerous tools and equipment

4. Toiletries

5. Medications

6. First aid equipment

Z. Jagged or sharp objects that pose a hazard to children

- 8. Have storage facilities that are secure and inaccessible to children for any tool or equipment that is operated by an engine or any tool or equipment that poses a possible hazard to children or Carers.
- 9.• When disposing of unwanted hazardous chemicals, substances or equipment, do so safely or in accordance with manufacturer's instructions, OHS Regulation, local council regulation or Department of Health advice as relevant. Do not flush chemicals or medications down the drain, sink, toilet, sewer or gutter.
- **10.** All broken or dangerous equipment must be immediately removed from children's access.

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SUN PROTECTION

POLICY

- 1. To acknowledge that most sun damage occurs in the first fourteen years of life and thereby strive to protect young children from the harmful effects of the sun.
- 2. To teach children good health habits in relation to protecting themselves when exposed to the sun.

PROCEDURE

Carers and Coordination Unit Staff will:

- **1.** Be aware that sun safety precautions need to be in effect all year, not just in the warmer seasons.
- Ensure that all children wear a hat when playing outside. Children not wearing a hat will*play in shaded areas. (It is recognised that a broad brim hat offers protection of face, ears and neck).
- 3.• SPF 30+ broad spectrum sunscreen is to be applied to all children (over 12 months) whotolerate it, before exposure to the sun. Those unable to wear sunscreen must be encouraged to play in the shade. (*The Cancer Council recommends that sunscreen be applied 20 minutes before going outside*).
- 4. Promote the use of protective clothing to cover as much of children's skin as possible.
- 5. Organise outdoor activities to minimise peak sun exposure; particular care is taken between 11am -3pm during day light saving time (late October to late March) and between 10am – 2pm the rest of the year.
- 6-• Organise outdoor activities under shade where possible.
- 7. Aim to minimise babies' exposure to direct sunlight.
- 8. Role model the above outlined sun safety precautions.

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WATER SAFETY

POLICY:

- 1. To ensure the safety of children at all times.
- 2. To provide parents and Carers with information in regard to safe practices in relation to water and children.
- 3. To minimise the risk of accidents to children in relation to activities involving water.
- 4. To ensure Carers abide by Local Government Regulations in respect of pools, fencing and water safety practices.

PROCEDURE:

AT THE CARERS HOME:

Children may have access to sprinklers, hoses, wading pools;

- 4.• with the parents permission
- 2. with direct and constant adult supervision
- 3. Wading pools must be emptied immediately after use and stored to prevent the collection of water.

SWIMMING POOLS:

- 4.● Fencing of the pool must meet requirements of Swimming Pool Act 1992 and Local Government requirements.
- The licensee of a service must ensure that no child enrolled for the service swims in a swimming pool at the home of the Carer for the service unless the licensee has obtained written authorisation for the child to do so from a parent of the child.
- **1.** If children are to swim at any pool situated at a Carer's home, there must be present within the fenced area of the pool at least one adult for each child using the pool.

IN THE COMMUNITY:

Excursions to the local pool with Family Day Care children are discouraged except where the children are directly involved in swimming lessons, and the parents have given written permission. When children are taken on such an excursion the adult to child ratio of participants in the excursion is one adult for each child.

OTHER BODIES OF WATER:

- 2.• If children are taken on an excursion to an area that has access to a river, dam, or other place that has a significant water hazard such as a pond or fountain, the minimum adult to child ratio of persons participating in the excursion is:
 - (a) 1 adult for each (1) child under 3 years of age
 - (b) 1 adult for every 2 children 3 years to children attending school
 - (c) 1 adult for every 5 children who normally attend school

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CARERS MUST BE AWARE OF THE POTENTIAL DANGER OF BODIES OF WATER SUCH

AS:

- 3.• Washing Machines
- 4. Spas and Baths
- 5. Nappy Buckets
- 6. Animal Drinking Bowls (more than 6" in depth)

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